



2023 | ANNUAL REPORT | 2024



LEADING THE WAY IN CARE,
SCIENCE, AND HUMANITY



LAND RECOGNITION

St. Boniface Hospital is located on the traditional territories of the Anishinaabe, Cree, Oji-Cree, Dakota, and Dene peoples, and on the national homeland of the Red River Métis.

We acknowledge that our water is sourced from Shoal Lake 40 First Nation.

We respect the treaties that were made on these territories and we acknowledge the harms and mistakes of the past. Recognizing that we are all treaty people, we dedicate our efforts towards a more loving and compassionate world as we all move forward in a spirit of reconciliation and collaboration.

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Throughout this annual report, the masculine form has been used for ease of reading, without any discriminatory intent.



Message from the Board Chair Debbie Brown

This past year it has been an honour to serve as Board Chair St. Boniface Hospital. Firstly, being of service meant a great deal to me as a former nurse at the hospital, and secondly serving as the first female Chair since the Grey Nuns was indeed a great honour.

I am satisfied that we are headed in the right direction as we strive to uphold the traditions and values of our hospital's founders, The Grey Nuns. Being of service to those in need is something that requires dedication, tact, credential and humility and I am very proud of the staff of St. Boniface Hospital as they carry those values in their work here every day.

Of particular note, we strived to make things better here for

our staff and patients with the realization that the decisions we made as a board were going to have a long-term effect on how we would provide the best quality health-care as we head into the future.

I wish to thank our President and CEO, Nicole Aminot whose hard work, empathy and core values allowed us to move forward as an organization and aligned with the historical core values of our founders through our Truth and Reconciliation work as we head into a future with our Indigenous partners.

The much needed update to our Emergency Department is a challenging task, one that has been met by our leadership with competence and an energy that is truly remarkable.

I would also like to thank our Volunteers whose dedication through countless hours, whether it's assisting patients, running our Gift Shop, or offering kindness in what may be the most trying hours for patients and their families, is truly remarkable. Their service to others is not only noteworthy but one that defines the true meaning of giving of one's self.

To leave my position as Chair with St. Boniface Hospital with our board in good hands is something that I am particularly proud of. I wish to thank my fellow board members, the executive team and the entire staff of the hospital. It was indeed an honour to have served.

Sincerely,

Debbie Brown, Chair
St. Boniface Hospital



Message from the President & CEO, Nicole Aminot

Bonjour, Aneen, Tansi!

Every year has challenges and this past one was no different. Striking a balance between meeting those challenges and growing as a leading health care facility can be difficult. In 2023/24 my feeling is we not only met the challenges presented to us, we exceeded our expectations.

The redevelopment of our Emergency Department is now 80% complete in terms of new construction (as I write this in May 2024), which is significant progress. We're looking forward to having a larger waiting room, diagnostic imaging suite, new triage area and mental health treatment area, which will enable our ER staff to better serve our patients. Our thanks to our generous donors and the Foundation for their continued support of this project and so many others.

Our Emergency staff's performance and commitment to providing top-notch health care during the renovations

has been unwavering and quite frankly, inspiring. All of our highly professional and compassionate staff are the reason we achieved the results we did. We know this because our patients have repeatedly told us about their positive experiences thanks to the staff. That is something I am particularly proud of, the quality of people who work here everyday makes us a leader in health care in this province.

The completion of the renovation project as well as the reputation of having dedicated and highly skilled staff sets us up to look forward toward a future where we can attract more high quality health care staff to our hospital.

Our recruitment and retention of nursing staff is ongoing and our goals there remain steadfast. We want the best people to come join us.

The past year also saw us partake in several Truth and Reconciliation initiatives, which meant we recognized our connection to the

Catholic Church which included an honest desire to do better in the future in our relationship with Indigenous peoples of this country. For us, the future is now and we have taken action which we believe will benefit the future.

We partnered with River East Transcona School Division and created the Indigenous High School Students Work Experience Program, where this year 8 students job shadowed various departmental staff throughout our hospital. We wanted to plant seeds in Indigenous youth where they see a future joining us in health care and that they're needed, valued and would make a vital part of our team going forward. It was a small step forward as we learn to walk together in harmony once again.

Our commitment to sustainable, high-level, respectful and professional health care is ongoing as we move toward the future together here at St. Boniface Hospital.

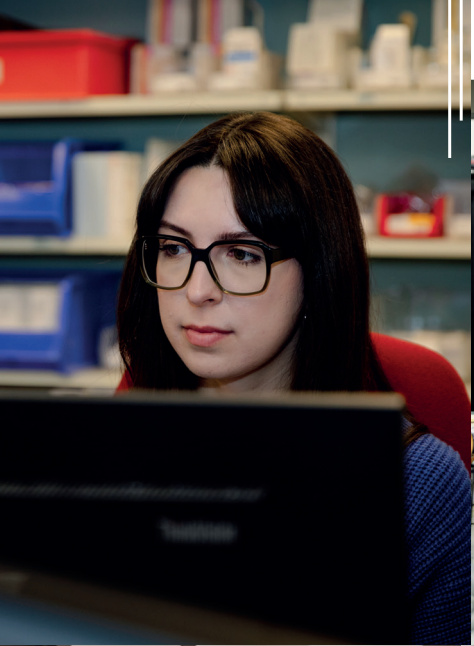
Nicole Aminot, President & CEO
St. Boniface Hospital

Spotlight on the Pharmacy Department

The Pharmacy Department at St. Boniface Hospital employs some 90 pharmacists, pharmacy technicians and pharmacy assistants, who are called upon to carry out a wide variety of tasks, including:

- a comprehensive review of incoming patients' medication histories;
- double checking of the dosage of any medication ordered for hospital patients before it can be administered;
- patient rounds with the physicians on some wards, with the aim, among other things, of advising on the discharge prescriptions for patients about to leave the hospital, and teaching them about this medication;
- stock management, including in the SBH's satellite pharmacies, to ensure that patients have everything they need, as well as ordering and receiving drugs;
- and also packaging and making sterile pharmacy products.







SPIRITUAL PURPOSE

Compassion uplifts us as individuals, enriches our relationships, and enhances our hospital's capacity to heal. To uphold our longstanding dedication to compassionate care, we will foster the conditions in which the spirit of compassion can flourish throughout our hospital – personally, interpersonally, and organizationally.

We will demonstrate compassion for future generations by considering our impact on the environment.

We will seek to deliver care for all our patients with compassion at every step, and, in doing so, we will be a leader and a model for other Canadian health-care organizations.

We will prioritize safety, holistic wellness and work-life balance.

In partnership with the Réseau Compassion Network and its communities of service, with the St. Boniface Hospital Foundation and other community providers, we will strengthen links with our various constituencies via collaborations and outreach in communal learning, healing and health promotion initiatives.

‘Outside Light’: A New Mural for our Patients and Community



Photo : Courtesy Toby Gillies

January 2024: Completed mural with title, artists names, dedications, and thanks.

On February 26, 2024, St. Boniface Hospital unveiled ‘Outside Light’, a 300-foot hallway mural painted by local artists and outpatients. The artwork now on view benefits our mental health patients, their loved ones and our community, when using this tunnel to access the McEwen Building.

Art has played a significant role at St. Boniface Hospital historically, and this specific project was in the works for a long time. Thanks to the generous support of The Winnipeg Foundation, The Manitoba Arts Council, The Jewish Foundation of Manitoba, and the St. Boniface Hospital Foundation, the project was made possible. One of the goals of the mural was

to beautify the physical space. “It was a dingy tunnel to get from one part of the hospital to the mental health building”, explains Dr. Jane Moody, Medical Director for Outpatient Psychiatry at St. Boniface Hospital.

“Some patients are being brought from the ER to the McEwen Building through that tunnel. We wanted to make it something a little bit more enjoyable to walk through.”



Photo : Courtesy Nigel Moore

Toby Gillies & Natalie Baird painting in the tunnel.

Local artists Natalie Baird and Toby Gillies were artistic directors in this project. They were involved with Artists in Healthcare Manitoba in the past, with for example, their work at the Misericordia Health

Centre. “We enjoy working with people who are actually accessing these services and the idea that they could not only bring their lived experience to the process, but also the actual painting of it”, says Baird.

“That’s why we decided to work in collaboration with outpatients at the hospital. It was good to learn from them what color choices, patterns or type of imagery would be comforting or pleasant to go through.”

Baird and Gillies managed to obtain a grant from the Arts Council, enabling funding to pay the out-patient collaborators. “They thought they would be doing volunteer work, so they were happily surprised. It was important for us to honour their time and

what they were bringing to the project.”

The initial idea was to bring in outside light into the space. In terms of process, it was decided to draw inspiration from the hospital environment.

“We went down by the river, tracing the abstract shapes in the light and in the shadows of the natural environment”, says Gillies. “Then we learned a bit about each other as well. In learning about the collaborating artists, we developed the next stages for the mural.”

A few steps later in the process, which included art workshops and conversation, came the painting phase, which took about two weeks. For Baird and Gillies, it was a meaningful experience.

“The patients brought a lot of insight and their own personal experience to the process. [According to them], it was transformative and really positive to leaving such a large mark.”

- Natalie Baird



“The patients brought a lot of insight and their own personal experience to the process. They shared that it was transformative and really positive to leaving such a large mark on a place that, at least one of them shared, was *one of the hardest times of his life*. We also heard that they all had a lot of gratitude for the health care they received and felt good to be able to contribute and to give back to the hospital.”

A feeling of pride and accomplishment was observed

from the group. Dr. Moody shares that “it was a fantastic opportunity. The mural is something that we know was created by some of our patients, so for other people who look at it, it’s a reminder of what is possible.”

“We know that being involved in creative activities or expressing oneself creatively has proven benefits in reducing symptoms of anxiety and depression and improving mental health” adds Dr. Moody. “It’s particularly helpful

“Dealing with mental health issues is not just about taking medications. This project is an example of how people can be involved in creating something that can enhance their life, that has nothing to do with their illness.”
- Dr. Jane Moody

for stress reduction and resilience. One of my patients was involved and she said creating art helps her feel productive. She’s contributing something and overall it helps to feel better.”

“Dealing with mental health issues is not just about taking medications; it is about improving patients’ lives in other ways. This kind of project is an example of how people can be involved in creating something that can enhance their life, that has nothing to do with their illness.”

The mural was created in loving memory of late Tom Carson, former Chairman of both St. Boniface Hospital and of Artists in Healthcare Manitoba boards, who shared our belief in the healing power of the arts.

Photo : Courtesy Natalie Baird



The mural design process started with studying dappled light along the Red River behind St. Boniface Hospital. The team traced plant shadows on tracing paper and amassed a huge pile of drawings that they then cut out, exploring how the lineworks could interact.

Spiritual Care: For All, at All Times, in All Circumstances

At St. Boniface Hospital (SBH), whatever the unit, spiritual care is always available to patients, families and staff. Just ask.



While the office of the Health Service Manager for Spiritual Care and Palliative Care, Benjamin Bakulu, is located on the palliative care floor of SBH, he is keen to clarify: “The spiritual care service is there for the whole hospital.”

In order to honor all faiths, Bakulu has “more than 17 employees, including chaplains, priests and casuals. Every day, at least four employees and a priest are present at the hospital, and at least one in the evening and one at night. Our services are available 24 hours a day”.

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- Benjamin Bakulu

Of these 17 employees, he estimates that “two or three are Catholics, the others have other beliefs. But I don’t ask about religion”.

In addition to this contingent of employees, he also has “a list of Jehovah’s Witnesses who can come and see our patients, a rabbi for our Jewish patients, priests available for our Catholic patients in the evenings and at night, chaplains, and so on. At any time of the day or night, we can reach out to someone”.

In the Electronic Patient Records filled in on admission, a box is provided to indicate the patient’s religion if the patient so wishes. Bakulu uses this information to ensure that he will be able to contact someone of the same faith if the patient so requests.

“The only beliefs my service doesn’t cover are indigenous ones, because spiritual care for indigenous patients is provided by the SBH’s Indigenous Health Department. Therefore, I refer these patients to that department. At the end of the day, everyone is covered, in one way or another. Plus, our two departments collaborate a lot together.”



Benjamin Bakulu in St. Boniface Hospital' clothing store.

Everyone's choice

Whether or not to benefit from spiritual guidance is always the individual's choice. "When it's not requested but we think it could be useful, we sometimes ask *Do you think consulting a chaplain could be useful for you?* But we always respect the person's wishes."

Bakulu also reminds us that even non-denominational people can benefit from spiritual care services. "Spiritual care is really a compassionate accompaniment to help you feel more at ease with what's happening to you, understand your health and get through the ordeal better. It has nothing to do with the teaching of religion."

This offer of support often extends to families. "The patient suffers, of course, but the family suffers too. It's not easy having a

sick relative. So we often accompany the family as much as the patient. We help them understand and cope with the situation. We offer resources."

"We're also very present when there's a Code Blue, for example when a patient goes into cardiac arrest. It's an unexpected event, so we're there to talk to the family, comfort them during this difficult time."

According to Bakulu's observations, spiritual care does make a difference. "Patients are much calmer afterwards. They're happier. They often say *Thank you so much, you helped me understand and accept what was happening in my life.*"

After the initial consultation, the spiritual care service continues to meet regularly with the individual until he or she is discharged from hospital, unless he or she requests a cessation of visits.

For employees

At staff level, the spiritual care service organizes CISM (Critical Incident Stress Management) groups. "We bring together everyone involved in an incident so that they can understand what has happened and how to get through these terrible circumstances."

"The patient suffers, of course, but the family suffers too. It's not easy having a sick relative. So we often accompany the family as much as the patient."

- Benjamin Bakulu

“For example, when a young patient with no medical history dies. Instead of bringing that pain, that stress home, we bring everyone together to try to understand what happened and see which help we can get.”

In addition, the spiritual care department is about to launch a new project in collaboration with SBH’s Workplace Wellness Consultants: the Safe Space to Talk project.

Bakulu explains: “If two staff members want to talk to each other in a confidential space, with or without a member of the spiritual care team, instead of having to do it in my office, they will now have the option of using one of the five Safe Space to Talk rooms spread across the hospital. We know that sometimes it’s stressful to come and talk in a management office.

“If someone realizes that a patient doesn’t have the clothes he or she needs to leave the hospital, he or she can call Spiritual Care and we’ll provide the clothing requested, free of charge.”

- Benjamin Bakulu

We wanted to remove this component to facilitate conversations.”

In concrete terms, staff wishing to use one of the five dedicated rooms must first reserve it with Spiritual Care. Then, while the room is in use, a sign on the door indicates that the room is occupied, in order to respect the confidentiality of the conversation.

Celebrating the holidays

Bakulu also points out that SBH makes sure to respect all the important dates for the various faiths.

“Hospital-wide, we celebrate Christmas. We also have a Menorah lighting ceremony for people of the Jewish faith. And once a year, we have a special celebration, for all faiths, in memory of all pre- and perinatal bereavements: miscarriages, ectopic pregnancies, stillborn babies, and those who died shortly after birth.”

“For all other celebrations, we’re always ready to offer accommodations so that someone can observe an important day of their religion. And we can also celebrate weddings on request,” he adds. In addition, a room is available for Muslims to do

their prayers.

Clothing for all

In collaboration with the Volunteer Department and the SBH Foundation, Spiritual Care can also provide clothing for anyone who needs it.

“The clothing store isn’t a new concept at SBH, but this is the first year it has been centralized and available to all units,” said Bakulu. “If someone realizes that a patient doesn’t have the clothes he or she needs to leave the hospital, he or she can call Spiritual Care and we’ll provide the clothing requested, free of charge.”

“It can be shoes, coats for winter, pants, shirts, sweaters, light clothing for the heat in summer... We want everyone to be comfortable when they leave.”

The clothes that fill the store’s shelves most often come from donations from the hospital community. “We have to meet certain standards, including infection control, so it’s easier to get donations from people who already know the hospital,” explains Bakulu.

He also points out that the store is accessible at all times thanks to the support of a financial donor through the SBH Foundation.



MEETING UNMET NEEDS

We are dedicated to fulfilling our role as a leading bilingual hospital in Manitoba for patients requiring tertiary and cardiac care.

We will be sensitive to the cultural needs and practices of all communities.

We will endeavour to secure the required space, time and resources to sustain and stimulate cutting-edge research that paves the way for state-of-the-art patient care.

We will nurture our entrepreneurial thinking.

We will further strengthen partnerships with the University of Manitoba, other universities and innovation hubs locally, nationally and abroad, to support novel and large-scale research collaborations.

Our scientists and clinicians will work together to increase our clinical research.

We will work closely in concert with our post-secondary partners to continue building transformative learning opportunities for trainees, from a diversity of backgrounds and constituencies, across disciplines that contribute to provincial and national patient care excellence.

The Faces of the Emergency Department

There are many of them working behind the ever-open doors of the emergency department. It's a world where days and nights are like no others, and where the pace can accelerate in a split second without warning. Who does what, and above all, what keeps the staff coming back? Here's what three of the many employees of the St. Boniface Hospital's Emergency Department have to say.

Photo : Marta Guerrero - POP Comm



Melanie KISCHUK
Continuing Education
Instructor in the
Emergency Department.

A Continuing Education Instructor in the Emergency Department since January 2024, Melanie Kischuk had already been working in the department since 2012 as a nurse, and at St. Boniface Hospital since 2009.

As a continuing education instructor, she is a clinical educational resource for the department's nursing staff, including support staff.

"My coworker and I provide on-site orientation specific to

each emergency department level of training. We also provide educational opportunities not only within the department, but for the entire region, as we are instructors for all emergency departments in the Winnipeg region. In fact, most of the theoretical training to pass the levels takes place at the Health Sciences Centre or virtually."

"In the emergency department at St. Boniface Hospital, nurses are required to take training at levels 1, 2, 3, triage or charge. It's up to us to send them through their levels when they're ready and facilitate that process."

While there's no shortage of work, Kischuk gets a lot of joy out of it. "The most rewarding thing for me is being able to help staff achieve new goals, and see their eyes light up when they understand something new. I love helping them master new skills and troubleshoot. At any time, they can call me."

And since in an emergency department, "you never know what's coming", she has to deal with a wide variety of problems. It's a role that's all the more dear to her heart, as she often remembers "the

educator doing that for me once upon a time".

Indeed, Kischuk was a nurse before becoming a continuing education instructor. She confides that "the hardest part for me has been leaving patient care. But I tell myself that I'm still helping patients, indirectly. Besides, I've always wanted to teach, so when the opportunity came, I had to give it a try!"

The other attraction factor of the Emergency Department, whatever the position, "is the sense of family," adds Kischuk. "We all support each other. If someone is going through some difficult times, we make sure he or she can take a break to recover."

A message for the public? "Even if the wait in the emergency room can be long, we'll do everything we can to make it as pleasant as possible. Offering a blanket or a glass of water can go a long way. But we can't be everywhere. I want people to know that we're truly doing the best we can, as quickly as possible, with the resources we have. And for us too, it's frustrating to keep you waiting."



Kyle PENNY
Emergency Department
Manager

Kyle Penny is one of three Managers in the Emergency Department. “We oversee or help oversee the day-to-day operations of the ER, including patient flow, and assist with our staff for troubleshooting certain issues. We’re also responsible for hiring and managing nursing and clinical support staff.”

“Finally, at present, we are actively involved in the development of the new Emergency Department. We’re meeting with all the teams who work with emergency to get our day-to-day stuff done, from security to housekeeping to the Winnipeg paramedic service, with the aim of transferring and adapting to the

new department the processes we want to keep, but also changing those that could be improved. This new department is our chance for a clean slate start. We want to bring all the best.”

For Penny, this is the most rewarding aspect of his job. “I love it when we can make meaningful changes to processes that solve challenges and improve the staff’s and patient’s experiences.”

He points out that the work is far from over. “Without being there, it’s very hard to wrap your brain around how everything will be organized in the new department, and therefore to pull out those optimal processes. There will for sure be issues we haven’t thought of because we don’t have them in our current configuration. But we have access to do simulations, and we are going to road test the processes as much as we can before opening to patients.”

“Then we will continue to adapt as necessary. It can take time, but you have to not be discouraged. The emergency team is very resilient and united. We’re like a family.”

Penny knows a thing or two about this, having always worked in the Emergency Department at St. Boniface Hospital. First as a

nurse for ten years, then as manager for the last four. It’s also where he did his senior practicum.

“I’ve always liked the dynamic or chaotic side of the ED, navigating the unknown. In the ED, there’s always something new. We meet everyone across the social strata, with a broad range of issues, and we help them get through what is often the worst day of their lives.”

A message for the public? “Emergency departments are one of the most challenging environments modern healthcare has to offer. Our staff copes because they understand the importance of the service they provide for the city and province. They are dedicated, skilled and passionate. And they are really doing everything they can to make things better for patients, sometimes even bringing them back from the dead. That’s pretty gratifying!”

When the Emergency Department gets too busy, other units in the hospital often send staff to help in the waiting room. “It makes a world of difference,” says Penny. “That’s the one good thing about COVID. It really brought the whole hospital together towards a common goal. Mutual help seems better than ever.”



Jennifer AHI
Clinical Resource Nurse
in the Emergency
Department.

Jennifer (Jenn) Ahi is a Clinical Resource Nurse in the Emergency Department at St. Boniface Hospital. “My role is to provide my experience and expertise to the ER nursing team, but also to organize and be a positive leader for the team, and to ensure that patients receive good care.”

“On an average shift, I’m responsible for 19 nurses, eight healthcare aides, two to three unit clerks, three registration clerks, up to four physicians, and at least two housekeeping staff. There’s always a new issue to work on!”

Her role requires great communication and leadership skills to get everyone working in harmony. “I try to know everything!”

Before accepting the position of Clinical Resource Nurse in the fall of 2023, Ahi was a bedside nurse in the Emergency Department for 13 and a half years. She had begun

her nursing career a year and a half earlier, in the Department of Medicine at St. Boniface Hospital.

“I came to work in the Emergency Department because I was looking for something more challenging. I was lucky enough to do a shadow shift with a friend who was already working in the Emergency Department. It was exciting, a little overwhelming at first, and today I can’t imagine working anywhere else!”

What she loves most about her role is “being able to provide care for those who need it, and working with such an amazing team. It’s lovely to watch everybody come together and help each other out, like a family. The mutual support within the team is excellent, and that’s what makes our ED work so well.”

Ahi adds that above her, the management team also provides unwavering support to the ER team. “Their support is invaluable.”

As for the biggest challenge, she points to it without hesitation: “It’s when the department is well over capacity and we lack treatment spots to care for those who need us. That’s the hardest part for me. But we always make it work somehow.”

A message for the public? “Healthcare is experiencing wait-time challenges everywhere, but I sincerely believe a change is coming. It takes time, but there is hope. In the meantime, we will all continue to work our hardest to provide you with the best care possible.”

An Update on the New Emergency Department

Construction of the new Emergency Department at St. Boniface Hospital is well underway in 2023-2024. Erin James, Director of Health Services - Emergency Program and Specialty Resource Team, reports that “we are now at 80% completion of the project”.

Beyond the physical building of the department, a lot of work has also been done in regards to organization.

“We worked a lot with the operational readiness team of the company managing the project, Colliers. Every month, we met separately with all the groups who will play a role in this new department to think about the most efficient processes for carrying out their tasks, ensuring patient flow, etc.”

“Let’s remember that the new Emergency Department will be almost five times larger than the current one! So it’s important to think ahead about who will do what, where, when, how... Because of the change in space, processes will inevitably be different from now. We need to be as prepared as possible.”

The first part of the new Emergency Department is still scheduled to open to the public in September 2025, with full completion of the project in July 2026.

New Beds to Improve Patient Flow

On January 10, 2024, the Province of Manitoba announced that 36 new beds would be opened at St. Boniface Hospital (SBH). This is excellent news, and SBH is working to implement it as quickly and responsibly as possible.

Photo: Marta Guerrero - POP Comm



Kristjan **THOMPSON**, Chief Medical Officer and Executive Director of the Clinical Care Program, and Karen **SAMSON**, Executive Director of Health Services and Chief Nursing Officer.

“Of the 36 beds announced, we opened six shortly after the announcement, across three internal medicine units,” says Karen Samson, SBH’s Executive Director of Health Services and Chief Nursing Officer. “We are now working on opening the remaining 30 beds.”

Kristjan Thompson, Chief Medical Officer and Executive Director of the Clinical Care Program, explains

that “these 30 beds will form a new internal medicine ward on the sixth floor”.

The site, which is currently being renovated, was previously occupied by the cardiology department and clinics. Cardiology will move where the clinics are, the latter will be relocated elsewhere in the hospital, and where cardiology was will become the new internal medicine ward.

The 36 new beds will undoubtedly help solve a critical problem at SBH, said Thompson: "At any given time, there are anywhere from five to more than 20 patients in our emergency department waiting for an internal medicine bed. They've been seen by the ER physician and officially admitted to the hospital, but they have to wait for a bed to become available upstairs before they can be moved up to an internal medicine unit."

"If we have more beds to accommodate them, they'll be able to move up faster, and this will relieve access block in the emergency department. We'll have less wait time issues."

Indeed, he points out that these patients take up beds in the emergency department while they wait. These beds are therefore not available to accommodate other emergency patients.

"We're the second largest ER in Manitoba, so it's really important to find solutions," says the Chief Medical Officer. Because even though, SBH "really works as a united front on this issue, and when other units, such as OB/GYN, have beds available, we will put our patients there, it wasn't enough", Samson points out.

A long process

Opening up new beds in a hospital is not so simple, however. It's not just a matter of setting up physical beds somewhere.

"Before we can open these beds, we have to make sure we have the requisite staff to do rotations," said Samson. "We've already posted a manager position for the unit, now we're working with finance on posting the other positions. We need nurses, healthcare aides, allied health... An entire team."

Thompson agrees: "Adding a bed doesn't mean anything if you don't have the staff to take care of it. The most precious resource that we have in healthcare today is people. We just don't have enough folks. Making sure our patients are safely cared for is going to take time. It's just beginning."

Recruitment efforts at SBH are now in full swing. The Chief Nursing Officer explains: "We're looking for three new nurses around the clock, a new healthcare aide, and we have additional funding to recruit an occupational therapist, a physiotherapist, unit clerks, an extra internal medicine physician and a physician assistant."

"We are grateful for the Province's financial support through this announcement, and for the additional support we have received. It really does take a village for every patient, and we're proud that the entire SBH team is working so hard together to improve the situation. Everyone is willing to help, even though they know that opening new beds is a lot of work."

"At any given time, there are anywhere from five to more than 20 patients in our emergency department waiting for an internal medicine bed."

- Kristjan Thompson

Beyond SBH, Thompson expresses that it's "reassuring to see that this new government has made increasing patient capacity in hospitals a priority. Karen and I have been advocating this for a long time. We're grateful to this government for listening to frontline workers and health leadership".

Samson confides that SBH is looking at possibly opening "another 18 beds in internal medicine by the end of June, if the cardiology unit has been moved by then". At the time of the announcement in January, all 36 beds were to be opened within the next 18 months, i.e. by June 2025.

"Not all our issues will be solved with these 36 beds, but it's a big step to something better. 36 beds promised at the same time, that's a huge number," concludes Thompson.



ETHICS

We are committed to understanding, respecting, supporting, empowering and celebrating our team members. Our workplace will be one where uniqueness is valued and that is accessible and equitable for all.

We will build leadership capacity across the hospital to enable employees, physicians and volunteers to be leaders in their respective functions.

We will listen to and learn from each other, developing enhanced internal communication processes organization-wide.

We are dedicated to working with our Indigenous staff and physicians, our Indigenous patients and visitors, and with the Indigenous community at large, in acknowledging truth and advancing reconciliation.

We will set an example in making reconciliation and the removal of all forms of discrimination a priority.

A Step Closer to Truth and Reconciliation

On November 27, 2023, St. Boniface Hospital (SBH) signed the *Winnipeg Indigenous Accord*. It is the first hospital to become a partner.



Photo : Courtesy of City of Winnipeg-Indigenous Relations Division

Nicole Aminot, President and CEO of St. Boniface Hospital, signed on November 27, 2023 the *Winnipeg Indigenous Accord*, in the presence of Winnipeg Mayor Scott Gillingham. SBH was the first Hospital to sign this *Accord*.

It was the SBH Board of Directors who, as part of the strategic plan review completed in February 2023, had decided that “the hospital needed to make greater efforts towards Truth and Reconciliation”, recalls SBH President and CEO Nicole Aminot, adding that “this is very important to us because of SBH’s historical ties with the Catholic Church”.

The signing of the *Winnipeg Indigenous Accord* is part of these efforts, as is the hiring, in May 2023, of Ryan Thomas as Truth and Reconciliation Specialist.

Aminot explains: “We wanted to get involved in this *Accord* and respond to the Truth and Reconciliation Commission’s Calls to Action concerning us, but as we all have full-time jobs, it was

difficult to do everything. So we went to the SBH Foundation, which agreed to fund the salary of a Truth and Reconciliation specialist to help us advance our goals.”

A Cree and Ojibwe man himself, Thomas is working with board members, including two Indigenous members, to move forward together in the right direction.

“We want to increase Indigenous representation on our staff, but also take better care of our Indigenous patients by better respecting their practices,” said Aminot. “We haven’t established any new protocols yet, but we will.”

At the signing ceremony on November 27, a delegation from the SBH executive was present, including Thomas. He recalls, “It was more than a signing ceremony, it was a whole day of sharing, learning and networking. It was a truly enriching experience.”

As part of the *Accord*, the hospital must produce an annual progress report to demonstrate its ongoing and active commitment to Truth and Reconciliation.

Thomas reviews some of the early achievements: “We were successful in establishing the *Indigenous High School Student Work Experience Program* with the River East Transcona School Division, for grade 11 and 12 students identifying as Indigenous.”

“We also created Indigenous digital content. In the SBH atrium, there is now a large screen that broadcasts a variety of Indigenous cultural content, as well as the Land and water recognition, in both English and French. In fact, we’re in the process of translating this recognition into all the local Indigenous languages.”

He also mentions weeks of activities around the Day of Truth

and Reconciliation on September 30, and National Indigenous Peoples’ Day on June 21.

“Last year, for example, we had guest speakers, a group that drummed during lunch, and we organized a community smudge in the atrium. And for September 30, we raised the orange flag and changed the color of the cross on the SBH roof to orange.”

Thomas says that before taking action, he always consults with members of the Indigenous community. “I want to know what’s important to them. Part of my role is to make sure that everything the hospital does for Truth and Reconciliation is appropriate.”

Another success of the year was ensuring that SBH directors, supervisors and executives received Manitoba Indigenous Cultural Safety Training. “We made a commitment that 75% of them would take it, and now we’re at 87%! I think being a signatory to the *Accord* pushes people to do more.”

At the same time, Thomas has himself created and given presentations to staff, notably on cultural safety. “It’s very important to educate people. So I get asked to come and speak in various departments.”

Finally, he has entered into key partnerships to move SBH forward on the path to Truth and Reconciliation, including with

the National Center for Truth and Reconciliation.

In addition, with the executive, he continues to work on the issue of Indigenous representation on staff, starting with how to quantify it.

“Knowing our starting point is necessary, but it’s not easy to get real numbers. When you do a survey, you know that not everyone will respond. For some people, it’s still uncomfortable to identify themselves as Indigenous. We don’t want to force anyone. But if our Indigenous patients could know that the person caring for them is Indigenous, they’d feel better understood and more at ease.”

While the signing of the *Winnipeg Indigenous Accord* is a major step forward, Aminot remains lucid. “We’ll never be 100% reconciled, but we really want to move forward, and that’s what this signing represents. We want to acknowledge the Truth and be held accountable for our actions. It’s a really important priority for the whole hospital.”

Thomas confirms that, for him, this *Accord* represents “change, and the sincere commitment of the organization as a whole. And we now have a whole network of *Accord* partners to help each other. Every year, we all get together for a day, during which new signatories are welcomed”.

A Project to Honour All Our Experiences

In 2023-24, the Post-Pandemic Postcards Project, held in partnership with the Galerie Buhler Gallery, offered a unique and heartfelt platform for staff and visitors to share their pandemic experiences. The project aimed to both celebrate the lifting of restrictions and acknowledge the diverse and complex experiences of individuals during this particular time.



Photo : Marta Guerrero - POP Comm'

hannah_g
Galerie Buhler Gallery curator.

hannah_g, Galerie Buhler Gallery curator, explains: “The project was initially the idea of Paul Turenne, St. Boniface Hospital’s Senior Corporate Affairs and Engagement Officer. After all of the restrictions were lifted from the hospital, there was a feeling or a wish to try and celebrate, but also to acknowledge the experiences that people had in the hospital.”

An idea then came to life: participants—not only staff but visitors as well—were invited to write their thoughts on specially designed postcards, anonymously or not. These postcards, created by local designer Jonato Dalayoan, featured one side for comments and the other with various patterns. They were distributed and made

available in the atrium, and once collected, a few hundred postcards were displayed in the hospital atrium, creating a visually striking mosaic that drew people in to read the personal stories.

Tanya Gadd, Manager at Commercial Services of St. Boniface Hospital, adds: “When I think back to our original goal for this project, it was a success! Based on the number of postcards completed, we truly heard about personal experiences, stories and feelings about the pandemic. It was quite emotional to hear.”

hannah_g emphasized the inclusive nature of the project, highlighting that it allowed for a wide range of expressions, from humorous and ironic to more reflective messages.



The postcards filled with messages and displayed in the hospital atrium.

“The fact that it was a place where people could be critical, could share very difficult stories, or be funny or courageous, was really important,” she said. “Some talked about depression or anxiety, others about the government, losing people to COVID, or about being yelled at for going the wrong way down a grocery aisle. We all have different beliefs and they all matter.”

This openness demonstrated the hospital’s commitment to honouring all experiences, no matter how challenging or diverse. Gadd said that “it represents those who have shared their own account of a very tireless and demanding period of time in healthcare.”

“Some talked about depression or anxiety, others about the government, losing people to COVID. [...] We all have different beliefs and they all matter.”

- hannah_g

One notable aspect of the project was its organic, collaborative nature. “It was a team effort. It was kind of a leaderless project,” hannah_g remarked, noting the collaborative work of herself, Paul Turenne and Tanya Gadd. This approach fostered

a sense of community and shared purpose among those involved.

Following the display, the project took on a new life. The postcards, along with other pandemic-related memorabilia, will be collected to create a time capsule.

Crafted by local artist Robert Tate, the wooden box will be stored in the Galerie Buhler Gallery’s art storeroom and will be opened in 25 years. “Staff will be invited to contribute to this time capsule as well,” hannah_g shares.

This time capsule serves as a lasting testament to the resilience and varied experiences of the Saint-Boniface Hospital community during the pandemic.



SUSTAINABILITY

We will work collaboratively to encourage and enable innovation, improved programs and processes, increased efficiency and reduced waste, all in areas that will have the most impact on care and on our environment. To complement these efforts, we will better optimize and harmonize evaluation, reporting and risk management to ensure that useful, timely and accessible data inform our care decisions.

We will strive for appropriate staffing ratios and engage in proactive and inclusive recruitment and retention strategies.

We will promote a workplace of collaboration, inter-professional teams, and cross-organization cohesion.

We will increase our focus on learning and development opportunities.

We will aim to set an example in seeking thoughtfully developed care solutions for our patients and families, with a view to advancing overall regional and provincial healthcare.

High School Students at the Hospital

An initiative financially supported by



Hôpital St-Boniface Hospital
FONDATION • FOUNDATION

In 2023-2024, St. Boniface Hospital (SBH) created a partnership with the River East Transcona School Division (RETSD). From February to June 2024, eight grade 11 and 12 students spent one day a week, their Tuesdays, at the hospital to learn about the many different professions available there.

Ryan Thomas, SBH Truth and Reconciliation Specialist, coordinates the program. He explains how it came about: "It was initiated by two of our

board members who are Indigenous and had had relationships with the RETSD. They approached the Division to see what we could work out together. We started working on it as soon as I took office in May 2023."

He points out that the eight participating students all identify as Indigenous. "Created as part of my position as Truth and Reconciliation Specialist at SBH, this program is called the *Indigenous High School Student Work Experience Program*. So, the basic idea was to provide opportunities for young Indigenous people in particular."

Planning had to be done not only with the School Division, but also with the various sectors of SBH. "We had to decide which jobs we could show them, and how. In the clinical positions, the students could just do job shadowing. But in the non-clinical areas, such as nutrition, volunteering, Indigenous health services, the gift store and the Galerie Buhler Gallery, we wanted their experience to be more hands-on."

"In the clinical positions, the students could just do job shadowing. But in the non-clinical areas, we wanted their experience to be more hands-on."

- Ryan Thomas

All about health

The internship was a good way "to expose young people to a variety of jobs in healthcare, at a time in their lives when they need to start thinking about their future and the career they want to pursue. It's quite common for young people their age to be unsure of what they want to pursue," said Thomas.

And so, not only did the students gain a better understanding of what doctors and nurses actually do, but they also discovered other areas of the hospital world that we don't think about as much: radiology, labor and delivery, respiratory therapy, pharmacy, kitchens, souvenir shops...



Ryan THOMAS

Truth and Reconciliation Specialist.

He is coordinator of the Indigenous High School Student Work Experience Program at St. Boniface Hospital.



“Every Tuesday was different,” said Thomas. “The students changed shifts every week, and even every half-day. And they usually were alone or in pairs at their station, with a mentor.”

“Although we encouraged them to try everything, each week we would ask them what areas they’d like to see, and we tried to make this possible. At the end of each day, we would also talk about how their day went. Debriefing is important.”

The students also spent two days at the Youth BIOlab Jeunesse, where they dissected pigs’ hearts, for example, and one day in the simulation lab with dummy patients, where they learned how to perform cardiac massage, intubate a patient or hook him up to a ventilator.

Besides, at the beginning, like anyone getting a job at SBH, the students had to undergo an orientation. “We told them about safety and privacy rules, potential hazards and risks in a hospital, but also the fact that they might be witnessing serious medical events,” recounts Thomas.

He points out that the parents all had to give their signed permission beforehand. In addition, a School Division staff member, Cora Fast,

“The students showed a lot of enthusiasm. And those they had shadowed in the hospital thought they were great.”
- Ryan Thomas

was always on site at SBH when the students were there, to support them if necessary.

A success story

From Thomas’s point of view, this unprecedented experience with high school students was very positive. Indeed, many of them told him that they now really wanted to work in healthcare. “The students showed a lot of enthusiasm. And those they had shadowed in the hospital thought they were great.”

Full of admiration, Thomas admits it was a big commitment on the part of these youth. “They spent all their Tuesdays here, so then they had to catch up on their classes. But what’s cool is that they received

special credits for participating in this program.”

SBH also organized a special ceremony to mark the end of their internship, with the presentation of official internship certificates.

What’s next? “We’re exploring the possibility of offering one or two summer jobs to the students, but it’s not finalized yet,” said Thomas.

For next year, he has already received requests from two other school divisions to set up a similar internship program. For now, however, accommodating multiple school divisions would be a challenge.

“This program is very demanding on staff, who have to make themselves available to welcome students into their departments. When an area is already short-staffed, it’s very complicated. We don’t want to put any extra pressure on them. But we’re hoping to do this program again with the RETSD, who are interested.”

Thomas says now that things are running smoothly with the RETSD, there’s even talk of running two internship sessions in 2024-2025: one from September to December, another one starting in January.



An Introduction to Respiratory Therapy

As part of their internship at St. Boniface Hospital (SBH), eight grade 11 and 12 students from the River East Transcona School Division had the opportunity on April 30 to learn about respiratory therapy.

Supervised by SBH respiratory therapists Carlos Molina, Scott Coley and Kwabena Osei-Bonsu, the students learned on dummies how to perform cardiac resuscitation, intubation and connect someone to a ventilator.



From left to right in the group photo: Shurease Lavallee, Ainsley Fontaine, Harmony Copenace-Bird, Kai Parenteau, Katelynn Birel-Clearsky, Emma Belyk, Matthew Telenko, Hailey Chubaty, and SBH Truth and Reconciliation Specialist and internship coordinator Ryan Thomas.



Ten Years of Making Science Fun

In the fall of 2023, the Albrechtsen Research Centre at St. Boniface Hospital (SBH) celebrated the tenth anniversary of its Youth BIOLab Jeunesse. An undeniably successful decade.



Photo: Courtesy Karen Hiebert

With Youth BIOLab Jeunesse, young people not only have fun with science, they also develop health literacy and a better understanding of the role of research.

“We organized a big party with various people involved in the success of Youth BIOLab Jeunesse over the years,” says Stephen Jones, Director of the Youth BIOLab Jeunesse. “The Minister of Education was there.”

“We also invited students from Nelson McIntyre Collegiate who had been to Youth BIOLab Jeunesse, sometimes several times. We had set up five stations in the lab, and they were the ones who taught the adults! Then they gave them report cards based on their performance at the stations. It was super fun! The kids were able to share what they’d learned here.”

Since opening in October 2013, the Youth BIOLab Jeunesse has welcomed some 1,045 classes and over 38,500 young people from grades 5 to 12. Every school year, by the end of September, “our calendar is already full,” said Jones. “Even though we’re starting earlier and earlier in September and finishing later and later in June.” The Youth BIOLab Jeunesse has programs in both French and English.

“I’m very grateful for all the support from SBH and the SBH Foundation, but also from the school divisions and teachers,” said Jones. “Without them, we couldn’t have been as successful as we are.”

Teaching science

The Youth BIOLab Jeunesse is the story of a double passion for scientific research and education. Jones was a researcher in the cardiovascular science unit at the Albrechtsen Centre when he decided to study in education.

“I still loved research, but I didn’t want to spend my entire life at the lab bench,” he says. “When I graduated in 2005, we started thinking about how we could use our building as an educational resource. An outreach program for young people in grades 5 to 12 was born.”

Initially, a partnership was formed with the Louis-Riel School Division, and Jones would go meet young students in their schools. "I spent five or six years in schools, with pig hearts in the back of my car!"

Eventually, a special lab was set up in the research center to accommodate the students on site. "That had always been the dream. It could happen because our program was successful enough that Manitoba Education invested \$450,000 in building this space in 2011-2012. The SBH Foundation then matched these funds. In October 2013, we opened the Youth BIOLab Jeunesse!"

The Youth BIOLab Jeunesse director points out that with provincial funding, the program could no longer be limited to the Louis-Riel School Division. "We started bringing in other school divisions. Our approach has always been collaborative. We develop our programs according to the needs of each division, each school, each teacher, each community, each group of students."

An authentic experience

The Youth BIOLab Jeunesse has all the modern equipment needed for authentic research experiments. Extracting stem cells from rat bones or DNA from bacteria, observing the behavior of a cell when subjected to certain substances...

"We're doing experiments that will interest young people. The

idea is to give them a positive, fun experience of science, but also of the hospital. And demystify research."

Another important driver of the initiative remains "health literacy," adds Jones. "If we can help children understand the science behind health, and the impact of their actions on their health, they'll make more healthy choices as they grow up. That's good for the hospital and the community."

It's also a good thing when youth can become aware of the role researchers play in health, but also that researchers can come from all walks of life.

"Many people who walk past the Albrechtsen Research Center have no idea what's really going on in there. With the Youth BIOLab Jeunesse, we can show young people the value of what we do, how research is an essential part of healthcare. We're helping to solve major health issues."

Undisputed success

In ten years, the Youth BIOLab Jeunesse has been a complete success. "We're often told that it was the best field trip the students have ever done," reports its director. "Every day, we see students who are interested, curious and engaged, no matter where they come from."

"And many teachers come back year after year with their students. They don't see the Youth BIOLab Jeunesse as just a field trip, but as a

real resource for their teaching, an integral part of their curriculum."

To his knowledge, "the Youth BIOLab Jeunesse is the only one of its kind in all of Canada, located in a real research center and with so many resources available," said Jones.

More recently, one of the goals has been to better reach students too far away to attend, and those from communities under-represented in healthcare, such as Indigenous communities and women.

"The Manitoba Métis Federation donated \$75,000 in August 2019 through the Foundation to reach out to Métis youth, and we've partnered with Frontier School Division. We travel to their schools. We also train their teachers to teach science. We also do a lot of things virtually. And thanks to a donation from the MMF, we've been able to bring a hundred students here to the Youth BIOLab Jeunesse. We'll continue to work with indigenous communities."

What also remains to be done in the future is to measure the long-term impact of the Youth BIOLab Jeunesse. "That's something I'd like to do," concludes Jones. "I've had millions of good testimonials about the program, but now we need to find out if it's really made a difference to young people's health choices when they grow up. We also need to see if we've sparked any vocations in research."



EXCELLENCE

We will aim to ensure tertiary patient care excellence.

We will continuously work towards better recognizing and understanding health disparities, and increase our efforts to involve patients and families in designing care delivery and in day-to-day care provision.

We will be a strong voice at regional and provincial decision-making tables.

We will persist in our efforts to stand up for the best possible care for our patients, families, and employees.

A Leading Researcher to Advance Women's Heart Health

An initiative financially supported by
 Hôpital St-Boniface Hospital
FONDATION • FOUNDATION

Photos: (left to right) POP Commr, Courtesies



Dr. Michael **CZUBRYT**,
Executive Director
of Research at
St. Boniface Hospital.



Dr. Inna **RABINOVICH-NIKITIN**,
Assistant Professor
at the Institute of
Cardiovascular Sciences of
St. Boniface Hospital Research
Centre, has been recruited
as leading researcher for the
Women's Heart Health Institute.




Dr. Lorrie **KIRSHENBAUM**,
Director of the Institute of
Cardiovascular Sciences,
St. Boniface Hospital
Research Centre.

St. Boniface Hospital (SBH) is embarking on a groundbreaking initiative aimed at revolutionizing research in women's cardiovascular health. This endeavour, spearheaded by Dr. Lorrie Kirshenbaum, Director of the Institute of Cardiovascular Sciences, and Dr. Inna Rabinovich-Nikitin, the hospital's first recruit under the Women's Heart Health initiative, seeks to address the critical gap in research and understanding surrounding cardiovascular diseases in women.

Dr. Inna Rabinovich-Nikitin is an Assistant Professor at the Institute of Cardiovascular Sciences of St. Boniface Hospital Research Centre. Her post-doctoral fellowship focused on myocardial infarction, and her current primary research focus is women's heart health.

"Some of the research we are doing relates to heart failure in women and pregnancy



complications that can lead to cardiovascular disease during pregnancy or later in life, both in the mother and the baby," she explains.

Dr. Rabinovich-Nikitin was officially recruited in September 2022 as Lead Researcher for the Women's Heart Health Institute. She emphasizes the need to close the gap in women's health knowledge because, historically, most research has been conducted on men or male subjects.

"We simply cannot take findings in men and treatments that are good for men and just reapply them to women," she emphasizes. "We know now that women experience heart disease differently than men and that they have different types of heart disease. For example, pregnancy-related complications."

Dr. Lorrie Kirshenbaum adds, "It's only within the past 10 years or so that doctors and researchers have recognized that the female heart is much different from the male heart. Actually, next to the reproductive system, it's the second most different organ in the body."

This pressing need for specialized expertise in women's cardiovascular health created momentum for a Women's Heart Health Institute at SBH.

"We had a blind spot, and that was completely unacceptable," says Dr. Michael Czubyrt, Executive Director of Research at SBH. "Many people don't realize that cardiovascular disease is still the number one killer of women. The way women get sick and the way they recover, including their symptoms, can be very different from men."

A pivotal aspect of the initiative is its commitment to gender-inclusive research practices and addressing disparities in healthcare access and treatment faced by women. Additionally, having a Women's Heart Health Institute in Manitoba makes history, as such a focus doesn't currently exist in the Prairies.

"It's a big privilege," shares Dr. Rabinovich-Nikitin. "I feel very honoured to lead this research. We are addressing a very important gap in knowledge and changing the whole perspective of women's health. We are helping to move the scientific field forward. Plus, in the long term, it can reduce the financial burden on the health-care system."

"I'm happy to be the beginning of this program, yet there should be more focus and resources put into this kind of research. It can change

the lives of women. And we all have women in our lives that we care about. My hope is to discover new mechanisms that will help design treatments specifically for women, so that we can affect women's lives in the long run."

Dr. Kirshenbaum says it's an "opportunity to enhance the research excellence of St. Boniface Hospital. Many of us don't recognize the jewel that this place really is. We are leaders in the cardiovascular area. And I'm tremendously happy that we were able to recruit Dr. Rabinovich-Nikitin. She is an outstanding researcher. Within the next three to five years, I hope to recruit at least another three or four people."

Crucially, Dr. Czubyrt expresses gratitude to the St. Boniface Hospital Foundation and donors for their unwavering support. "This would not be happening without their significant, steadfast support. Without that support, we would still just be talking about it rather than actually doing it. A big *thank you* to everybody who supports this initiative. We're really excited that this is finally moving forward. It is needed. And St. Boniface Hospital is the right place for this important work to happen."

A Less Invasive Procedure for Heart Patients

Photos : Marta Guerrero - POP Comm



Reid **LOVE**
Director of Health Services,
Cardiac Sciences Program.



Drs. Zubair **LUQMAN** (left) and Aaron **SPOONER**,
both cardiac surgeons at St. Boniface Hospital, are trained in
minimally invasive surgery techniques.

Two cardiac surgeons at St. Boniface Hospital (SBH), Drs. Aaron Spooner and Zubair Luqman, have perfected minimally invasive methods of heart surgery. The positive impacts are numerous, for patients, the hospital and society in general.

In April 2022, SBH's cardiac surgery department began offering some of its patients the option of a less invasive procedure than the traditional sternotomy.

"Minimally invasive means we don't cut open the sternum," explains Dr. Aaron Spooner. "We go between the ribs, so we don't fracture any bones. There are several types of minimally invasive surgeries possible, including one we perform quite often with

Dr. Zubair Luqman: mitral valve surgery. It is well accessed through a small incision under the breast or armpit."

"We also do coronary artery bypass grafting, or aortic valve surgery," adds Dr. Luqman.

Director of Health Services, Cardiac Sciences Program at SBH, Reid Love points out that "not everyone is eligible for minimally invasive heart surgery. There are criteria".

An initiative financially supported by



Dr. Spooner explains: “First of all, since we go through small incisions in different places depending on the problem, we can only treat one problem at a time during minimally invasive surgery. More complex cases are therefore not eligible.” For example, for a mitral valve, the incision is made under the right breast. But for bypass surgery, it’s under the left breast.

“You also need to have the right anatomy inside, i.e. the heart in the right place and the right size,” he continues. “Sometimes, a heart may be enlarged, or it may have shifted one side a little. In these cases, it’s complicated to do minimally invasive surgery.”

Indeed, he points out that during these procedures, surgeons have to “work from a small hole further away from the heart”, so any anatomical modification makes the area to be treated more difficult to reach.

Minimally invasive heart surgery is performed in the largest operating theatres at SBH because “we have a lot of equipment,” reveals Dr. Luqman.

“Not only medical, but also video equipment, since we use a video endoscope to visualize things through the small incision. The image is then sent to a computer, and that’s what we look at to guide us through the procedure.”

Quickly on their feet

For patients, minimally invasive heart surgery means a smaller scar, since the incision is smaller. “It is therefore more cosmetic,” says Dr. Luqman. “With women especially, we can hide the scar under their breast, and then it doesn’t show at all.”

“The other advantage is that patients generally need fewer blood transfusions. They have less post-operative care and fewer restrictions. As a result, they can be discharged from hospital sooner and are ready to go back to work quicker, sometimes just two or three weeks after their surgery! That’s good for the economy and society, because it means people can work.”

In the case of a sternotomy, the average post-operative hospital stay is seven days, and patients are not allowed to drive for at least six to eight weeks. For minimally invasive surgery, the length of stay is now five days and the team believes it can soon be reduced to three.

“That would cut the stay in half compared with a sternotomy,” notes Love. “So we could have a greater turnover of patients, and thus care for more of them.”

Dr. Spooner points out too that “since the sternum has not been touched, patients can use their arms from day one. This makes things much easier for them. There

is also less risk of arterial fibrillation during the operation”.

Love also explains that “the pain is generally less than after a sternotomy, but it depends on the patient”.

A specialized team

At SBH now, of the hospital’s seven cardiac surgeons, only Drs. Spooner and Luqman are trained to perform minimally invasive heart surgery. Dr. Luqman trained in Ottawa in 2015-2016 and Dr. Spooner trained in Texas in 2019-2020.

“As this is a constantly evolving field, we keep attending many conferences and meetings on the subject,” says Dr. Luqman. “This allows us to continuously improve our techniques.”

Dr. Spooner also reminds us that in an operating room, surgeons aren’t the only ones involved. “It takes a whole team. Anaesthetists, nurses, perfusionists who operate the heart-lung machine... That’s why, about two years ago, we brought everyone to Calgary for training. Only then were we really able to start this type of surgery here at SBH.”

In two years, the two surgeons have performed nearly 70 minimally invasive heart surgeries in total, with almost twice as many in the second year as in the first. “This is a sign that the whole team is becoming quite comfortable with this procedure,” concludes Dr. Luqman.

APPENDICES

Better Together

St. Boniface Hospital Foundation's impact at St. B

St. Boniface Hospital Foundation has raised more than **\$304 million** since 1971 thanks to the support of generous donors. Their gifts have had a profound impact on the tens of thousands of patients and their families who depend on the Hospital each year, and the compassionate professional staff who care for them.

In 2023, the Foundation and its donors made a \$9.2 million impact. These funds were granted to the Hospital in support of dozens of projects. These are but a few examples of the projects and areas funded last year.

\$250,000 granted towards Truth & Reconciliation initiatives

Funding supported St. B's Truth and Reconciliation Specialist, advancing initiatives like providing an Indigenous Health family room and a ceremony room for families to smudge.

\$214,390 granted towards compassionate initiatives

The Foundation contributed to a vibrant, caring campus with grants supporting everything from visiting musicians to the Patient Compassionate Fund, exhibitions in the Galerie Buhler Gallery to the Healing Through the Arts program, and more.

\$454,867 granted to Cardiac Sciences.

Funding supported many facets of the program, including equipment to improve care for St. B's 1,071 cardiac surgery cases (2022/23).

\$3,326,735 in grants to support discoveries that will be tomorrow's cures

This funding powered courageous innovation at the Albrechtsen Research Centre and Asper Clinical Research Institute. Investments in research supported brilliant principal investigators and students who represent the next generation alike.

Other projects supported in 2023 included:

- Bergen Cardiac Care Centre
- Dial Don't Drive public awareness campaign
- Emergency Department redevelopment and expansion
- Mental Health Program
- Nursing Professional Development
- Palliative Care Program
- Research Awards (12)
- Spiritual Care grief support program
- Obstetrics Gynecology Program
- Women's Heart Health
- Wyrzykowski Family Graduate Nurse Awards
- Youth BIOLab Jeunesse

FINANCIAL STATEMENTS

ST. BONIFACE HOSPITAL INC.

March 31, 2024, with comparative information for March 31, 2023 (in thousands of dollars)

	March 31 2024	March 31 2023
CONDENSED CONSOLIDATED STATEMENT OF FINANCIAL		
FINANCIAL ASSETS		
Cash	4,380 \$	44,333 \$
Accounts receivable	23,014	6,425
Future employee benefits recoverable from Winnipeg Regional Health Authority	24,464	24,300
Investments	2	2
	51,859	75,059
LIABILITIES		
Accounts payable and accrued liabilities	65,516	76,157
Future employee benefits payable	29,134	29,006
Unearned revenue	12,796	13,565
Long-term debt	164,262	112,524
Asset retirement obligation	17,303	20,731
	289,011	251,982
Net debt	(237,151)	(176,924)
NON-FINANCIAL ASSETS		
Tangible capital assets	277,511	225,553
Inventories	11,123	10,672
Prepaid expenses	1,554	1,327
	290,189	237,552
Accumulated surplus	53,037 \$	60,629 \$

Year ended March 31, 2024 with comparative information for 2023 (in thousands of dollars)

	2024	2023
CONDENSED CONSOLIDATED STATEMENT OF OPERATIONS		
Revenue		
Winnipeg Regional Health Authority	367,624 \$	361,374 \$
Patient services	10,911	5,981
Non-insured services	15,934	14,766
Government transfers related to capital	14,228	9,011
Other income	6,949	13,690
Total revenue	415,646	404,823
EXPENSES		
Insured services programs	338,075	316,792
Indirects services	71,547	68,693
Non-insured services	13,616	13,957
Total expenses	423,238	399,442
Annual surplus (deficit)	(7,591) \$	5,381 \$
CONDENSED CONSOLIDATED STATEMENT OF CASH FLOWS		
CASH PROVIDED BY (USED IN):		
Operating activities	(24,571)	62,433
Capital activities	(67,121)	(75,264)
Investing activities	-	-
Financing activities	51,738	37,973
Increase (decrease) in cash	(39,953) \$	25,142 \$

These condensed consolidated financial statements have been extracted from audited consolidated financial statements, which on June 18, 2024, KPMG LLP reported an unqualified audit opinion on.



BOARD OF DIRECTORS 2023-2024

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THANK YOU!



Hôpital St-Boniface Hospital

St. Boniface Hospital

409, Taché avenue, Winnipeg, Manitoba, Canada R2H 2A6

Tel : (204) 233-8563