You did it! Thanks to the generous donors in our Heart Institute family, the Critical Care Tower is open and the first procedures took place on April 3rd.

The Heart Institute staff is ecstatic to be working in the new facility which offers increased capacity to deliver the best cardiac care and treatment possible for patients, and access to equipment and innovations that are second to none.

It’s exciting and we’re grateful, but we still have work to do — together!

The Foundation will continue to connect with donors like you to help complete the purchase of thousands of pieces of specialized life-saving equipment – including the da Vinci Surgical Robot – that cannot be purchased with public health care funding. In addition, renovations are underway to the existing building which will add escalators and a central registration area – among other improvements – which will enhance our patients’ overall experience. Thank you for your patience during the renovations, they will be complete by the fall of 2019.

You will hear about these and other improvements over the next few months. For now, please enjoy your Spring edition of Foundation Connection and find tips to beat summer heat, see some great photos of the new building, and get to know a few Heart Institute patients who have generously shared their Heart Institute connection with you.

It’s a privilege to be a recipient of gifts from donors like you who are investing in exceptional cardiac care. I hope you find that the information provided is helpful in explaining how your donation is making a difference in changing and saving lives every day.

All of this is happening because of your continuing support — Thank you!

Jim Orban, President and CEO
Heart Institute Foundation
Exercising in the heat can put a lot of stress on your cardiovascular system to maintain a core body temperature and fluid balance. As you exercise, more heat is generated and your body temperature increases. In order to compensate, blood flow is directed to the skin and sweat at the skin surface evaporates and cools the body.

In this way, body temperature returns to normal. However, environmental factors such as bright sunlight, high humidity and lack of wind challenge your body’s ability to dissipate heat and maintain a normal body temperature.

**HEAT INJURY**

**Heat Rash**
Heat rash appears as areas of small red pimples or blisters. This condition is usually not uncomfortable, but severe enough to cause itching or burning.

**Heat Exhaustion**
Heat exhaustion is caused by excessive exercise in high temperatures, such that your body’s cooling mechanism becomes overwhelmed. Symptoms include chills, nausea, dizziness, weakness, loss of coordination and profuse sweating. The skin may also become pale and cool or clammy.

**Heat Stroke**
Heat Stroke is a more serious form of heat injury that requires immediate medical attention. Many of the symptoms are similar to heat exhaustion but also include disorientation, loss of consciousness and seizures. Sweating is generally absent, but the skin may also be moist from earlier sweat production.

Should you experience any of the symptoms of heat injury, be sure to stop exercise immediately, find a cool shaded area and drink plenty of fluids.

**TIPS FOR EXERCISING IN WARM WEATHER**

**Stay Hydrated**
Simply drinking water when you are thirsty is not enough to offset the fluid lost during exercise. The general recommendation is 1-2 cups prior to exercise, 1 cup every 15 minutes during exercise and 2-3 cups after exercise.

**Choose Your Timing**
Avoid exercising in the heat of the day. Instead, choose to exercise early in the morning or in the evening during the coolest part of the day.

**Clothing**
Clothes should be light coloured, loose and comfortable. There are unique fabrics that offer UV protection and are lightweight and breathable. Some other fabrics are designed to keep you cool and dry; these include Dri-Fit™ and Omni-Dry™. Wear a hat to limit sun exposure.

**Wear Sunscreen**
Apply sunscreen to prevent sunburn. A sunburn can decrease the body’s ability to cool itself.

**Reduce Your Pace**
You may need to reduce your pace for the first few weeks when the weather is warm. It generally takes 7 to 14 days to acclimatize to the heat. There may be times when the heat and humidity are too high to exercise outdoors. Make sure you have an indoor option for exercise at these times. You can even stroll around an airconditioned mall.

**Medication**
Certain chronic diseases such as high blood pressure, diabetes and heart disease can impair your body’s ability to regulate temperature, thereby increasing your risk of heat injury. Some medications can also impair your body’s ability to regulate body temperature. Examples include beta blockers, diuretics, vasodilators and anti-depressants.

Be sure to ask your physician if any of your medications affect your ability to exercise in the heat. Exercise should not be avoided entirely if you are on these medications, but it will help you to better select an appropriate place and time to exercise.

For more information about seasonal safety considerations, please visit [www.ottawaheart.ca/cardiac-rehabilitation-physical-activity-guide/seasonal-considerations](http://www.ottawaheart.ca/cardiac-rehabilitation-physical-activity-guide/seasonal-considerations).

*Courtesy of The University of Ottawa Heart Institute.*
Local entrepreneur Doug Assaly didn’t seem a likely candidate for heart disease.

As the owner of Honey Construction and founder of The Fuel Bar, Doug was passionate about eating well and staying fit, and was a competitive kickboxer.

But in late 2015, at age 54, Doug began experiencing occasional chest pains.

“I’d only feel them when I was training or running, but I was in great shape so I thought the problem was just my lungs—that I needed to train harder to improve my cardio, and I was just hitting a wall. I kind of ignored it,” he says.

During an appointment with his physician, Doug decided to mention the pains in passing.

“I told him pretty much as I was heading out the door—I had barely given it a second thought,” he recalls. “But my doctor took it seriously and decided to send me to the Heart Institute for tests.”

DIAGNOSIS: BLOCKAGE

Preliminary tests at the Heart Institute determined that Doug’s heart rate was not recovering properly after exercise.

Then, using 3D imaging, they identified blood flow issues around his heart.

An angioplasty was scheduled for February 2016. Doug had two artery blockages at 90%, with his main artery at 60% blockage.

“Although they were thinking of using stents to hold the arteries open,” says Doug, “they realized that wasn’t the preferred procedure in my case.”

And so, Doug was scheduled for open-heart triple-bypass surgery in May 2016.

SHOCK, THEN ACCEPTANCE

Doug’s first reaction to learning he needed surgery was disbelief.

“I do come from a family with high cholesterol and heart disease—one of my brothers even had surgery. But I really didn’t think I’d be impacted,” he explains. “I was in really good shape, a very healthy eater, and able to do these extreme sports. I was even the most fit of my friends. Everyone was shocked.”

However, he decided to accept the situation.

“In the whole process, my main concern was leaving my 10-year-old son behind,” he says. “That was my greatest fear, so I played it down in front of my son.”

KEEPING PATIENTS INFORMED

Doug was put on medication to slow his heart and keep him in a temporarily healthier state and took part in a two-hour workshop to learn about the procedure and recovery.

Despite the seriousness of the upcoming surgery, Doug remained calm. He credits the Heart Institute’s staff for keeping him continuously informed and educated.

“The Heart Institute is full of very nice, warm and caring people who explained everything to me, all through the process,” he says. “Never did they leave me hanging or wondering about things. If I had a question, it was answered. In fact, they often gave me answers before I really had a chance to ask!”

The night before his surgery, Dr. Fraser Rubens visited him in his hospital room.

“My doctor wanted to be sure I was okay—and his...
level of confidence made me feel relaxed, right up to the point where I was wheeled into the operating room the next day.”

**A STRONG RECOVERY**

That ongoing communication between professionals and patient continued following Doug’s surgery.

“The nurses were extremely knowledgeable—and particularly after surgery, they were fantastic, explaining things and telling me why they were doing certain things. It was really comforting.”

Within a day of surgery, Doug was up and walking. Within 10 weeks, Doug was able to return to exercising. Within 14 weeks, he was “pretty much going full blast, although not to the level I would have been at, had I not gone through the surgery.”

By September 2016, Doug was even strong enough to travel to Disney World with his son.

“I wasn’t 100% but I was good enough to spend time in Florida for seven days, doing the waterparks and rides and everything,” he says.

Today, Doug is back to work full-time and kickboxing and weight training three times a week.

**LEADERS AT HEART**

Recently, Doug joined Leaders at Heart 2020: a group of community volunteers with strong personal ties to the Heart Institute who are working together to develop future volunteer and philanthropic leadership, and raise funds for the Heart Institute.

“This group is supporting the expansion of the Heart Institute, including the equipment required, to expand the services they already have,” says Doug. “The Heart Institute staff does such great work, but if they have the funds to do surgery more quickly or even better than they are currently doing, that would be wonderful.”

Doug has personally donated to the Heart Institute, as has his company.

**DON’T IGNORE SYMPTOMS**

Since his heart experience, Doug has been encouraging others to pay attention to their own bodies.

“They say heart disease is a silent killer, which is so true. I only experienced pain when I was training, but I didn’t have any other symptoms,” says Doug. “Thankfully I stopped training—but if I hadn’t, I might have had a heart attack or stroke. That’s the reality—heart disease doesn’t always rear its ugly head the same way for everybody.”

“So if you experience any kind of symptom, pay attention and talk to your doctor about it. If you have symptoms of anything, just mention it. Because if I hadn’t mentioned those pains to my own doctor in passing, who knows where I’d be today.”

**EQUIPMENT WISHLIST**

Critical Care Patient Beds: $35,000 each

Critical care beds that are specialized for use by cardiology and cardiac surgery patients and are vital in patient care and recovery of the compromised patients.
Research Report

Research at the University of Ottawa Heart Institute closely integrates with clinical care. Led by Dr. Peter Liu, Chief Scientific Officer, and Dr. Thierry Mesana, President and CEO, our research efforts are directed by the Ottawa Region for Advanced Cardiovascular Research Excellence (ORACLE) strategy 2.0 (2018-24), and funded in part by the Heart Institute Foundation, through the generosity of our donors.

Our researchers and clinicians work closely together in multi-disciplinary teams, known as Innovation Hubs, in collaboration with our patient partners. ORACLE Innovation Hubs also collaborate with our clinical care teams known as the Heart Teams, a model which promotes complete integration of research innovation and care excellence. Our investigators address key questions to advance research and treatment that will benefit our patients and have a global impact on heart disease prevention, treatment, and care.

SEED FUNDS HELP OUR INVESTIGATORS WIN NATIONAL RESEARCH GRANTS

Seed funding, supported by donations to the Foundation, was made available on a competitive basis to our investigators working in the ORACLE Innovation Hubs. The investigators identified key clinical and research questions that need to be answered based on their clinical observations, discussions with patients or previous research observations. The grant applications underwent a committee review and those deemed excellent were awarded modest seed funds to test out novel, out-of-the-box research ideas. Our researchers, using exciting results from the data produced with the help of the seed funding, have gone on to win national research grants from major funding agencies. With these successes, our donors’ dollars saw a whopping 1:8 leveraging ratio, as the seed funding has helped Heart Institute investigators win over $4.2M in national peer-reviewed grants to address and find solutions for key questions in heart disease prevention, care and treatment.

Dr. Derek So, Cardiologist & Researcher

Dr. Derek So’s research program is focused on precision medicine for patients undergoing interventional cardiology procedures (e.g., stent procedure) or bypass surgeries, and long-term patient outcomes. Leveraging his ORACLE seed funding for a study to determine personalized selection of the best anti-platelet drug for a given patient, Dr. So and his team have gone on to win a total of over $1.1M in peer reviewed funding. Dr. So’s work will inform personalized strategies to ensure each patient receives a treatment specific to them and prevent a future heart attack or stroke.

Dr. Jennifer Reed, Researcher, Director, Exercise Physiology & Cardiovascular Health Lab

Dr. Jennifer Reed investigates the role of exercise in the prevention of heart disease and during the rehabilitation following a cardiac event. Dr. Reed received an ORACLE seed grant to conduct a pilot project looking at the benefits of exercise training for patients with atrial fibrillation. Since then, Dr. Reed and her team have leveraged the results generated from this pilot project to obtain a total of almost $1M in peer reviewed funding to support further research in this area. This work will inform clinical practice guidelines in prescribing exercise training for patients with heart rhythm disorders such as atrial fibrillation and other cardiac conditions. Dr. Reed’s overall research program is expected to improve the health and well-being of both men and women with heart disease.
Dr. Sharon Chih, Cardiologist & Researcher

Dr. Sharon Chih’s research looks at ways to improve outcomes for patients undergoing heart transplant. Dr. Chih received ORACLE seed funding to study early changes in the arteries after a heart transplant. This work will help predict the development of artery narrowing in a transplanted heart, and identify transplant patients who have a higher risk in developing this condition and may require closer monitoring and early, individualized treatment. Dr. Chih and her team have leveraged this seed grant to obtain a total of $755,000 from the Canadian National Transplant Research Program and the Heart and Stroke Foundation in peer-reviewed funding.

Dr. Lisa Mielniczuk, Cardiologist & Researcher

Dr. Lisa Mielniczuk studies heart failure and pulmonary hypertension. Dr. Mielniczuk received ORACLE seed funding to study how a subtype of heart failure (affecting the right ventricle) develops. These seed funds have helped Dr. Mielniczuk and her team secure an additional $600,000 in funds. Dr. Mielniczuk’s work will inform the design of novel treatment strategies for patients with heart failure.

Dr. Pablo Nery, Cardiologist & Researcher

Dr. Pablo Nery looks at catheter ablation strategies for the treatment of atrial fibrillation and ventricular tachycardia. His program also evaluates diagnostic and treatment strategies for patients with a condition known as cardiac sarcoidosis. Dr. Nery received ORACLE seed funds to investigate advanced imaging to guide ablation treatment strategies and has since leveraged an additional $205,619 of funding.

Dr. Bob Reid, Researcher, Director, Behavioural Research Group

Dr. Bob Reid’s program aims to improve the quality and efficiency of chronic disease prevention and management. He is one of the two co-founders of the Heart Institute’s renowned program, Ottawa Model for Smoking Cessation (now implemented at over 200 primary care sites across Canada). Dr. Reid has leveraged ORACLE seed funds and obtained two CIHR grants totalling over $600,000. One of the projects will inform strategies in electronic health interventions to help patients with heart disease rehabilitate; the other will determine if a peer support program, developed at the Heart Institute and known as “Women at Heart”, helps women with heart disease improve their psychological and social well-being.

EQUIPMENT WISHLIST

Patient Defibrillator

$9,166 each
6 needed: $55,000

External defibrillators are used either to apply an electrical shock to a patient’s heart during cardiac arrest, or to apply an electrical shock to the heart to correct or remove an abnormal arrhythmia in a patient which can potentially be life threatening.
In its early days, respiratory technologist Fred Sander was invited to help Heart Institute founder Dr. Keon in his research.

It was the late 1960s, and Fred was an employee at the Civic Hospital. (Back then, before the Heart Institute had its own respiratory team, Fred would occasionally provide ventilation for Heart Institute patients.)

Meanwhile, his wife Vivien was also in the healthcare field, working at the Civic as a dialysis nurse and occasionally visiting the Heart Institute.

“Sometimes I would also go to the Heart Institute to treat patients, because some would have acute renal failure after surgery,” she recalls.

Vivien admits she and Fred didn’t talk much about their time with the Civic Hospital or Heart Institute. However, that was deliberate. With both spouses working in the same industry and hospitals, they decided to keep work and home separate, “so we could have our own life outside of work.”

COMFORT AND CARE

Fred’s health began to deteriorate in the early 1990s. After experiencing his first heart attack in 1991, he was forced to retire—and became a regular patient at the Heart Institute.

“We went there for angioplasties, stents, and eventually a triple bypass,” says Vivien. “It was a lot; we’ve had quite a life with the Heart Institute.”

One particular memory which occurred following Fred’s triple bypass surgery stands out in Vivien’s memory.

“I knew some of the nurses there, and one of them said I could come and sit with Fred for a few hours,” she recalls. “I thought that was so compassionate. Being a nurse is so much different when it’s your spouse. The nurses were so good to me there; they just let me sit there and would bring me a cup of tea.”

“Not only did they look after Fred, but they looked after me too,” she adds. “That’s the thing—the Heart Institute looks after the families as well. We experienced their care firsthand, but also saw the good care they gave other people.”

When it was time to leave Fred for the night, Vivien recalls being given a phone number.

“The nurses told me to call at anytime—whether it was 2, 3 or 4 in the morning. They reassured me, and I was able to go to bed knowing he would be okay. It gave me great comfort.”

“In fact, any time Fred had to go into the Heart Institute, I always felt very comfortable. It was a relief because I knew he’d be in a place where they could properly care for him. I could be totally relaxed. That’s the one thing that will always be in my memory—how good the Heart Institute always was to us.”

Sadly, Fred passed away in 2016. This year, Fred and Vivien would have celebrated their 46th anniversary.

“He loved being at home in the country, being with the animals, going to the cottage, and gardening,” Vivien says in describing her late husband. “In fact, before he got sick, Fred would always be working in the garden—if you showed up unannounced, he’s probably have a shovel in his hand.”
A LASTING LEGACY

Fred and Vivien have supported the Heart Institute through the years and included a Legacy Gift in Fred’s will to be used to support equipment purchases and education. In 2017, through Fred’s legacy and Vivien’s ongoing support, The Fred and Vivien Sander Fund for Nursing Education was established to support Heart Institute nurses’ professional development.

“Having been a head nurse and seeing how medicine is moving so fast, I know it’s very important that nurses receive extra education,” she says. “Nursing has to keep up—that’s the only way you keep up with medicine and the best nursing care possible. But you don’t learn all of that at school.

“Meanwhile, hospitals are under restraints when it comes to sending nurses on for additional education,” she adds. “So this fund will be there for nurses to tap into if they are looking for extra training to become better cardiology nurses.”

The first award will be given out later this year and the fund will be available to any nursing staff at the Heart Institute who wishes to pursue professional development.

LOOKING TO THE FUTURE

Recently, Vivien attended the Heart Institute’s Community Open House event to view the hospital’s new state-of-the-art facility.

“My eyes popped when I saw it; I was so impressed by the light and openness and expanse of the building,” she says. “And, putting my nurse’s cap on, it was wonderful to see the technology. Patients will not have to be opened from the chest anymore—surgery can be done through smaller incisions, and post-operative care will be so much easier.”

Vivien also believes the layout and features of the building will help patients with recovery, simply by being in it.

“I went to the fourth floor, where they have an open deck where patients can go outside and get fresh air,” she said. “And having all those windows and light will help with their circadian rhythm—which will help with recovery so much more.

“I really was blown away; it’s just beautiful. And I know Fred would have loved seeing that new hospital.”
Healthy Living
TIPS AND RESOURCES

Tips for Managing Your Medications

When you were diagnosed with heart disease, you probably received a prescription for some new medications. Doing the following things will make it easier to manage your medications:

1. MAKE SURE YOUR DOCTOR KNOWS ALL THE MEDICATIONS you were taking previously so that you can both feel confident you are getting the right prescription.

2. WHEN YOU RECEIVE A PRESCRIPTION, MAKE SURE YOU FIND OUT FROM YOUR DOCTOR:
   - The name of the medication
   - Why it is being prescribed
   - When and how it should be taken
   - How long you will need to take it
   - What side effects you should expect to have
   - What you should do about the side effects

3. WHEN YOU PICK UP YOUR PRESCRIPTION, ASK YOUR PHARMACIST TO:
   - describe the best way to take the medication
   - explain what is written on the labels
   - provide written information about the medication

4. CARRY YOUR MEDICATION LIST WITH YOU. MAKE SURE THE LIST INCLUDES:
   - All of your medications as well as any vitamins or supplements
   - Your allergies, immunizations, and pharmacy phone number

5. REVIEW THE LIST REGULARLY WITH YOUR DOCTOR OR PHARMACIST.

6. IF YOU HAVE TROUBLE REMEMBERING TO TAKE YOUR MEDICATIONS, TRY THE FOLLOWING:
   - Take your medications at regular times each day
   - Associate your medications with daily activities like:
     - brushing your teeth
     - eating meals
     - going to bed
   - Use a pill organizer with different compartments for different times of the day
   - Keep a second bottle in your car or at the office
   - If your medications are too complicated, ask your doctor if something simpler can be prescribed
   - Put a note on your calendar to remind you to pick up your prescription refills

7. TAKE THE MEDICATION AS IT IS PRESCRIBED BY YOUR DOCTOR:
   - If you have concerns about taking medications, discuss them openly and honestly with your doctor
   - Discuss troublesome side effects with your doctor—you may be able to take a different kind of medication

8. IF YOU ARE WORRIED ABOUT THE COST OF YOUR MEDICATION, ASK YOUR DOCTOR IF A LESS EXPENSIVE MEDICATION CAN BE SUBSTITUTED or check with the Ontario Trillium Program for possible assistance: Phone: 1-800-575-5386

Making healthy changes in your life will lower your risk of heart disease and improve your overall health!

Courtesy of The University of Ottawa Heart Institute.
On December 17, 2017, the Fuller family bid farewell to their mother, grandmother, matriarch — and the community lost an advocate and steadfast champion.

Married to Thomas Fuller for more than 40 years, until his death in 1994, Jeanne Fuller was a beloved member of the community in Ottawa, a philanthropist, a patron of the arts, and a long-time benefactor of the University of Ottawa Heart Institute.

Together, the Fullers’ contributions to our city are unmistakable. Supporters of the University of Ottawa Heart Institute since its beginning 1976, they founded the annual Fuller-Keon Golf Tournament 26 years ago and led to the establishment of the Institute’s Electrophysiology Laboratory. Proceeds from the Tournament were then directed to support the purchase of our cardiac MRI.

Jeanne later established the Jeanne Fuller Red Dress Charity Golf Classic (the 12th edition of the tournament takes place on September 17, 2018). All proceeds from the event are now directed to support programs focused on women’s heart health through the Canadian Women’s Heart Health Centre at the University of Ottawa Heart Institute.

Mrs. Fuller will be missed, but those who knew and cared about her and her family, will live on in her image of grace and generosity of spirit. We will raise a glass and tee off in Mrs Jeanne Fuller’s honour at the Fuller Keon Golf Tournament and the Jeanne Fuller Red Dress Charity Golf Classic this year.

UPCOMING EVENTS

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<th>SEPTEMBER 17</th>
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When Giving Back is Second Nature

As a child, one of Tom Foulkes’ first memories of living near the Civic Hospital campus is of seeing troop trains going down the railway tracks (now the Queensway).

With no history of heart issues in his family, Tom never imagined he may one day need the services of the nearby Heart Institute. But in late 2017, he became a patient.

DISCOVERING THE PROBLEM

Last May, Tom discovered he had an aortic valve issue and would need heart surgery.

However, “I’d experienced side effects from anesthesia in the past, so I told the doctor that if I needed to have the surgery with general anesthesia, we’d have to figure out a way to do the procedure without it,” says Tom.

As a result, Tom qualified for transcatheter aortic valve implantation (TAVI), a procedure that allows an aortic valve to be implanted using a catheter (TAVI is sometimes recommended when open heart surgery is considered too risky for the patient).

Tom’s procedure was scheduled for late December. In the interim, his physical condition began deteriorating.

“Normally I would walk a couple kilometres every morning, about 25 minutes—and all of a sudden I couldn’t do it,” he recalls. “I started declining in August, and was getting worse by the week. By December, I couldn’t complete a sentence without running out of air. So by the time the day came, I was good and ready.”

PEACE OF MIND

As the date for surgery approached, Tom met with Heart Institute staff, who helped explain what was to come.

“The first thing I noticed was that as a patient, I wasn’t a number; I was a person,” he recalls. “I met with the x-ray people and other hospital folks for all kinds of tests, and the things they told me that were going to happen after my surgery put me at ease.”

A retired management consultant, Tom also took note of how hospital staff worked together.

“The hospital was always a very busy place with people coming and going, and what really impressed me was their efficiency and effectiveness. That’s the industrial engineer in me, seeing that kind of stuff.

“So I felt safe, knowing I was where I should be.”

RECOVERY AND MEMORIES

Tom remembers waking not long after the procedure.

“I had cardiologists, the surgeon and anesthesiologists surrounding me. I couldn’t say a lot myself, but they told me the surgery had been successful.”
Tom spent the next 30 hours in the cardiac care unit, before moving to the third floor where he had a window view that brought back memories.

“My hospital room overlooked the parking lot where I played football as a kid. I could see the family church that my parents helped to build (St. Stephen’s Presbyterian) and I could see Fisher Park High School, where I was the first male student. In that sense, I felt at home.”

In less than two weeks, Tom moved from the Heart Institute to stay at Van Horne Retirement Home in Smiths Falls for a few weeks before moving back home—feeling appreciative for the Heart Institute and its team.

“The job of the staff there is to get us all better, and they were so dedicated to me that it made me feel cared for and positive about the outcomes,” he says. “Basically, everything was smooth and well organized—and the staff’s attention and responsiveness were great.”

**A HISTORY OF GIVING**

In addition to being a Heart Institute donor, Tom is well known for supporting many other important community causes.

Among many other accolades, he has been recognized as Citizen of the Year and Senior of the Year in Smith Falls and area, where he moved about two decades ago. He is also the recipient of the Queen’s Golden Jubilee Medal.

“My wife had heard about this cushioned track they were going to use for the London Olympics and said ‘Why not do this in Smiths Falls?’ She told me to do something about it,” says Tom. “So I went to a council meeting to talk to them about it. I asked them for an advance of funds that would make the track work better for our community and last forever. The concept was that people using the track would pay for the cushion gradually through voluntary donations. Pat was the major contributor in making this project happen.” (Like Tom, Pat—who was once the head of Psychiatry at the Queensway-Carleton—was also heavily involved in her community, having received many awards and tributes.)

In the fall of 2011, the cushioned track was laid. “People went crazy over it—they thought it was a great addition to the community.”

The response to the track has been overwhelming. “People have stopped me when I’m walking there, and they’re crying, saying ‘You saved my life, my wife’s life...without this track we’d be dead.’

“We’ve even met people who come all the way from Ottawa to walk the track. Even this morning, what do I see on the railing there? A Heart Institute water bottle. The conversation often goes to that—heart health.”

“Seniors in Smiths Falls wanted a place to walk, and a walking track would help keep people active and out of the hospital,” says Tom. An indoor walking concourse was installed in the arena of the new Smiths Falls Community Centre. When complaints arose about the surface of the track being too hard, Tom and Pat (his wife) took things a step further.

**CONTINUOUS SUPPORT**

In addition to continuing to donate to the Heart Institute, Tom has been sharing his experience publicly.
“The professionals at the Heart Institute saved my life,” he explains. “Given my upbringing and lifestyle of ‘giving back,’ of course I want to do whatever I can to advance the progress of the hospital.

“I owe them that, because I’m still here.”

Recently, he spoke to the Smiths Falls Rotary Club, where he says “almost everybody had a Heart Institute story to tell about themselves or their family—it’s amazing how many people have been affected by it.”

In particular, Tom has been talking about the TAVI procedure he received.

“The TAVI is so much easier on patients than regular heart surgery—you have a shorter recovery because it’s less invasive, and ultimately it’s easier on the healthcare system because it saves them money in time and space and bed costs,” he says. “The issue is that it costs a lot of money. Right now, the Heart Institute has funding to do about 100 TAVIs a year. But they could do so many more if they had more funding.”

Tom plans to speak out more about his story—and in doing so, hopes to increase the public’s awareness and appreciation for the Heart Institute.

“There are greater and greater demands as more people are aging; meanwhile, we’ve got a world-ranking hospital sitting here in our city that gets more than 200,000 visits a year and performs thousands of interventions and heart transplants.

“So if you’re going to support something, this is as good a thing as anything. It could be your life they end up saving one day.”

THANK ONE. HELP MANY.

If you would like to acknowledge a doctor, a nurse, one of our allied health care professionals, a volunteer or even an entire unit who made a memorable difference in your care at the Heart Institute, consider making a donation to the Heart of Gold recognition program. Your honouree(s) will receive a beautifully crafted Heart of Gold pin accompanied by a thank you card with your personal message. These pins are proudly worn by the recipients as a reminder of how important and appreciated exceptional patient care is to everyone who comes through our doors, placing their trust and their heart health, in our hands.

You can make a Heart of Gold donation online at Foundation.ottawaheart.ca/gold or call us at 613.696.7030.

Your generous gift will be matched by dedicated Heart Institute volunteers, Elva and Bill Holland. The matched donation means your gift will go twice as far supporting vital programs and saving lives.

HEART OF GOLD: Beth, a volunteer at the Heart Institute lobby desk for more than 18 years, received her first Heart of Gold pin from an anonymous donor. Dr. Marc Ruel, Chief of Cardiac Surgery, recently received his 100th Heart of Gold pin (the first to achieve this milestone) from a grateful patient.
Thank You!

$527,000

Thank you! Your support of February is Heart Month raised awareness and essential funds that will help the University of Ottawa Heart Institute purchase life-saving equipment and support world-class patient care, research, and innovation.

Our thanks to our sponsors, community champions, partners, event organizers and participants, volunteers, and donors. Your generosity will go a long way towards supporting critical cardiovascular care in our community, now and for years to come.

Left to right: Downtown Bank BIA “We HEART Health” event ● Dr. Thierry Messana, Heart Institute President and CEO, Dr. Rob Beanlands, Division Head of Cardiology, Dr. Thais Coutinho, Division Head of Prevention and Wellness and Chair of the Canadian Women’s Heart Health Centre, and Jim Orban, President and CEO of the University of Ottawa Heart Institute Foundation accepting the cheque for the total amount raised by our community during Heart Month; Supporters and event organizers at the Heart Month wrap-up event at the Bell Media Studios; Paper Hearts that were available throughout our community all month long; The Knotty Knitters of Rivera Living Communities in Ottawa; the 9th Annual From the Heart For the Heart Jambooree.

HEART MONTH PARTNERS AND PARTICIPANTS


COMMUNITY CHAMPIONS

COMMUNITY MATCH PARTNERS

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COMMUNITY AMBASSADORS

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Our Open House
CONNECTING OUR COMMUNITY TO THE FUTURE OF CARDIAC CARE

Were you among the hundreds of people who took part in the community open house at the University of Ottawa Heart Institute’s new Critical Care Tower on March 23rd?

Patients and their families, neighbours, and many community supporters, took the opportunity to see firsthand what they generously helped to build. Operating rooms, Catheterization Labs, and Electrophysiology Suites were open and hosted by volunteer staff members who gave all visitors in-depth explanations of the facilities, equipment, and innovations — we even spotted Dr. Ruel stop in the state-of-the-art Hybrid Operating Room during a tour with his family to explain what makes the room, and the new building, so unique.

Da Vinci — the much anticipated robotic surgical system — was on display during the open house and many visitors were excited at what it could do in partnership with the Heart Institute’s skilled surgical teams. In addition to performing minimally invasive surgeries via an incision that is a fraction of the size usually required, it offers three dimensional high definition visuals to the surgeon. This means more surgeries and better recovery time for our patients.

On April 2nd, intensive care patients were moved from the original building to the sun filled Cardiac Surgery Intensive Care Unit (CSICU) in the new tower and the first procedures and surgeries took place there on April 3rd.

The new facility increases the Heart Institute’s capacity to provide critical cardiac care by almost 17% and would not have been possible without support from our community.