

HERE

FALL
2019

WHY STOOL IS COOL

Who benefits from bacteria transplants?

PASSIONATE PHILANTHROPY

Kelly Scott-Gray makes giving to the UHF a personal mission

DON'T TAKE IT LYING DOWN

A patient's stay in the hospital inspired a bed donation



WHY EDMONTON IS LEADING THE WAY IN BRAIN CARE



DR. JAYAN NAGENDRAN, MAZANKOWSKI ALBERTA HEART INSTITUTE



A MACHINE THAT BREATHES



MEDICAL INNOVATION COULD CHANGE THE WAY TRANSPLANTS ARE PERFORMED



University Hospital Foundation



Alberta Health
Services

Congratulations on the 2019 Lifetime Achievement award from Alberta Health Services

The Lifetime Achievement award recognizes the extraordinary efforts and achievements of an individual who has had significant impact on healthcare for at least 20 years.

There is no one more deserving than Joyce Mallman Law, President of the University Hospital Foundation (UHF).

Throughout her 32-year career with the UHF, Joyce has shown tremendous leadership, passion and dedication towards maximizing the impact of philanthropy to improve healthcare for Albertans and western Canadians. In the past 10 years alone, her team has raised an amazing \$187 million to support healthcare at the University of Alberta Hospital, Mazankowski Alberta Heart Institute and the Kaye Edmonton Clinic.

Joyce's impact will be felt for generations.

JOYCE
*Mallman
Law*



University Hospital Foundation

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University Hospital Foundation is proud to have achieved High Performer status from the Association of Healthcare Philanthropy and Imagine Canada accreditation in recognition of the Foundation's commitment to applying its mission – advancing excellence – to its governance, daily operations and financial integrity.



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by **DON TREMBATH**

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University Hospital Foundation

MESSAGE FROM THE CHAIRMAN AND PRESIDENT

UHF Board Chair Jim Brown and President Joyce Mallman Law

Hayley Mackenzie (name has been changed due to privacy request) was just 21 when she suffered a stroke in the fall of 2017. The care she received at the University of Alberta Hospital (UAH) ensured that not only would she survive the stroke, but there would be no devastating impact – paralysis, loss of vision, reduced cognitive ability – to live with. She’s now working full-time and has resumed her university studies.

Without philanthropy, the outcome of her stroke would likely have been very, very different.

Canada’s only stroke ambulance, equipped with a CT Scanner, travels from the University of Alberta Hospital for up to two hours to treat patients in rural areas. The stroke ambulance – where Hayley received a dose of the clot-busting drug tPA to dissolve the blood clot that was preventing blood from getting to her brain – is part of a research project that’s fully funded by donors to the UHF’s Brain Centre Campaign. And it’s helped cut stroke-to-treatment time almost in half.

Because the drug didn’t fully dissolve the clot, Hayley was rushed to the University of Alberta Hospital for

a clot retrieval procedure that successfully removed it from her brain, restoring blood flow immediately. The procedure requires very sophisticated imaging equipment in a uniquely designed operating room using technology funded by UHF. The University of Alberta Hospital is Alberta Health Services’ designated centre in Edmonton set up to perform these procedures – thanks again to donor support.

Hayley’s story is just one of thousands of examples of how community donations enable our medical teams to drive innovation in patient care at the University of Alberta Hospital – which includes the Mazankowski Alberta Heart Institute and Kaye Edmonton Clinic – and save lives.

There are many specialized programs that Albertans count on such as cardiovascular surgery, trauma and transplants. Donor generosity has advanced care and research in every corner of the University of Alberta Hospital site by recruiting world-renowned doctors, and giving them the best equipment and technology with which to work, in environments that support healing.

The University Hospital Foundation continues its work of connecting the

generous people of our communities with important priorities at the University of Alberta Hospital – a Canadian leader in complex care.

In 2018, the University Hospital Foundation raised \$40 million – our best year ever – for priorities that impact patients at the hospital and beyond. Our flagship Brain Centre Campaign has raised more than \$60 million and counting, since the need to remain at the forefront of ever-changing and advancing brain care will never end.

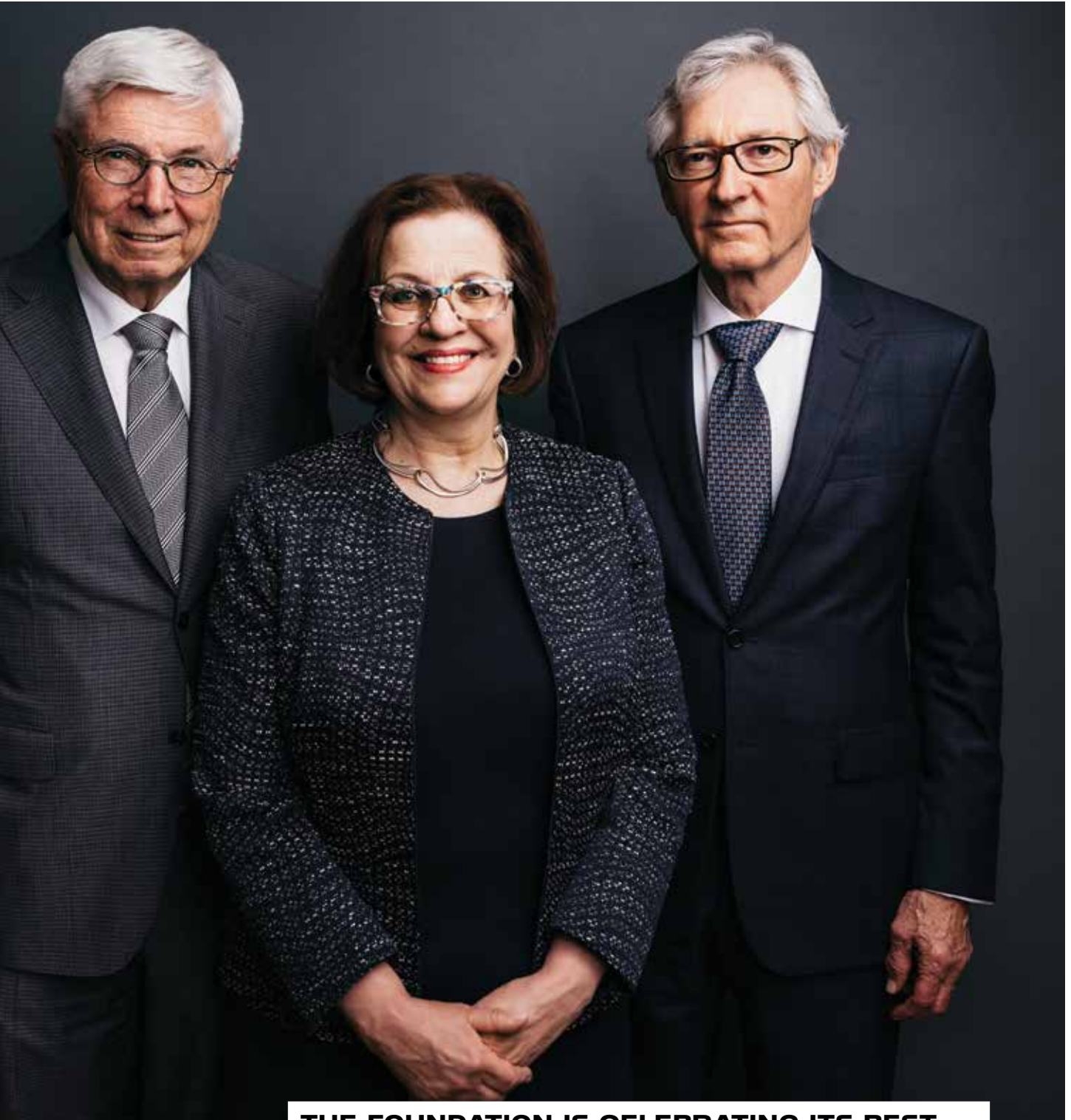
These advancements in care are only possible through strong collaboration with our valued donors, Alberta Health Services, the Government of Alberta and strategic industry partners. These partnerships enable us to push the boundaries of care and knowledge at the University Hospital, and seek cures to some of the world’s most complex health challenges.

“HERE” is the University Hospital Foundation’s new magazine, created to share the stories of innovators who are making a difference. We are extremely proud to share these stories of healthcare innovation made possible by our generous donors.

There are some incredible things happening right “here.” ■



From Left, University Hospital Foundation's outgoing Board Chair Jim Brown, President Joyce Mallman Law and incoming Board Chair David Finlay, Q.C.



THE FOUNDATION IS CELEBRATING ITS BEST YEAR EVER, RAISING \$40 MILLION IN 2018 FOR PRIORITIES ACROSS THE SITE AND BEYOND.

BRAIN GAIN

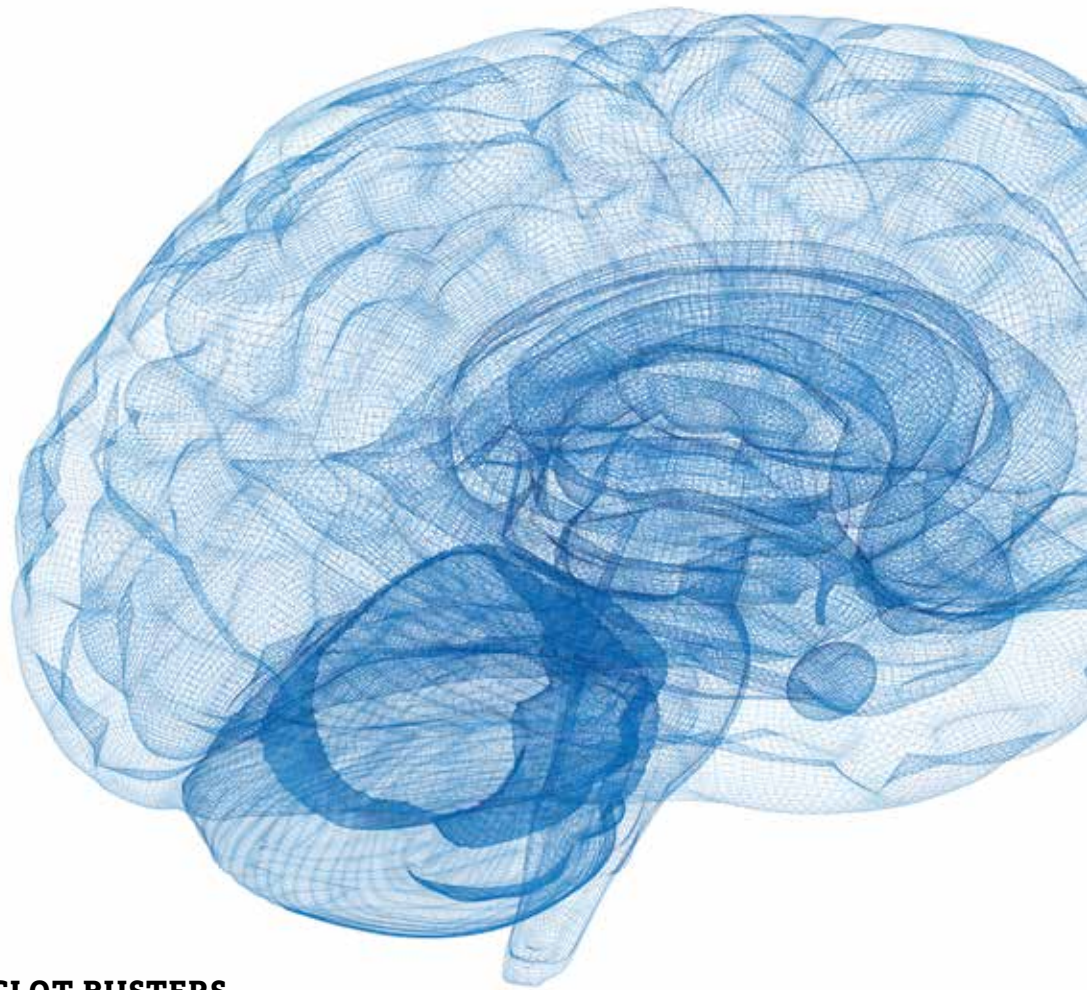
DOCTORS AT THE UNIVERSITY OF ALBERTA HOSPITAL HAVE MORE TOOLS THAN EVER TO TAKE CARE OF YOUR BRAIN

■ In 1999, Health Canada approved the clot-busting drug known as tPA (tissue Plasminogen Activator) for use on stroke patients – an incredible breakthrough considering that, until then, there was no real treatment for strokes at all.

However, tPA came with conditions. It could only be used if doctors were sure that stroke symptoms began within four and a half hours of administering the drug and only if the patient had first undergone a CT scan to determine the cause of the stroke. That's because tPA was only effective on ischemic strokes – strokes caused by blood clots. Hemorrhagic strokes, caused by bleeding in the brain, cannot be treated with tPA.

At Alberta Health Services, the challenges that come with caring for the brain, combined with a desire to continually improve and provide leading edge care in the neuro-sciences program, led to the University Hospital Foundation's Brain Centre Campaign. A remarkable \$60 million in community donations has proven to be a catalyst for innovative, out-of-the-box thinking, and the evolution to one of the one of the top brain centres in North America.

With world class neurologists, neurosurgeons and specialized-care teams, supported by incredible diagnostic imaging and various options to treat complex brain conditions including strokes, tumours, epilepsy, Parkinson's, brain injuries and more, the University of Alberta Hospital is the centre for brain care in Western Canada. ■



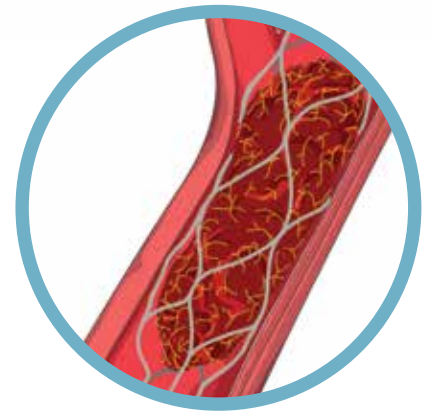
CLOT BUSTERS

With a clot retrieval procedure known as Endovascular Thrombectomy (EVT), Interventional Neuroradiologists at the University Hospital like Dr. Jeremy Rempel can save even more lives of stroke patients. "It's the most significant development in stroke care since tPA," he says.

Starting with an incision in the patient's groin, Rempel passes a tiny catheter up to the brain and deploys a small stent. (No, he does not use Siri to find his way.) The procedure is performed using

a medical imaging device called Biplane Angiography that provides crystal clear, real-time images of our veins and arteries. With a large flat-panel television-like screen in front of him, Rempel follows a literal pathway to the brain and is able to locate, and remove, the offending clot. Blood flow is immediately restored.

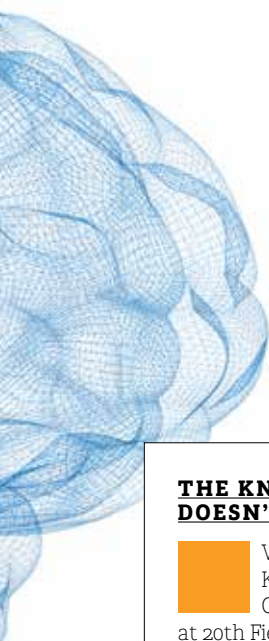
To date, the procedure has cut mortality rates in half for patients who receive stroke treatments, and significantly increases the chances of returning to a normal lives. ■



■ **"IT'S THE MOST SIGNIFICANT DEVELOPMENT IN STROKE CARE SINCE TPA."**

- Dr. Jeremy Rempel

THE UNIVERSITY HOSPITAL FOUNDATION'S BRAIN CENTRE CAMPAIGN RECEIVED \$60 MILLION IN COMMUNITY DONATIONS WHICH HAS BEEN A CATALYST FOR INNOVATIVE, OUT-OF-THE-BOX THINKING.



THE KNIFE THAT DOESN'T CUT

When Major Steve Kuervers, Battery Commander at 20th Field Regiment, Royal Canadian Artillery in Edmonton, was told he had a brain tumour, the silver lining was that as long as it didn't grow, he'd be fine.

A year later, it started to grow. Kuervers envisioned open brain surgery. Three months in hospital to recover. His career? He didn't want to think about it. His family? Let's just take this one step at a time.

Instead, he had Gamma Knife radiosurgery. The most advanced form of non-invasive brain surgery in the world, Gamma Knife uses up to 192 precisely aimed beams of radiation. After being funded with \$17.2 million in donations to the University Hospital Foundation, including \$3 million from the Scott and Brown families, the Gamma Knife has been in use at since 2017. Hundreds of brain patients, with conditions that include growths, malformations and metastatic cancers that have spread to their brains, have benefitted from the treatment. It has literally transformed brain surgery into day surgery.

In Kuervers's case, he was home in time to take his dog for a walk the same day he had his surgery. ■

MAGNET MEDICINE

Dr. Keith Aronyk, neurosurgeon at the University of Alberta Hospital, says the surgeons who visit the hospital from all over the world marvel at what they call one of the most advanced surgical suites they've ever seen.

It's officially called the Dan and Bunny Widney Intraoperative MRI Surgical Suite, in honour of that couple's generous donation, and what's inside is a larger-than-usual operating room with spectacular technology to help surgeons see

deep brain structures like never before – a good thing when it comes to brain surgery.

But the real majesty of the suite arrives when the surgical team steps back to assess its work, and determine next steps. Typically, this would involve wheeling the patient out of the operating room to the closest MRI (Magnetic Resonance Imaging) unit. Shaped like a giant doughnut, the superconducting electromagnet weighs upwards of six tonnes.

It is used to create spectacular images by sending radio-frequency waves through the brain at all angles, while under the influence of a powerful magnetic field.

In the intraoperative suite, two large steel doors slide open, and an MRI enters via a track mounted to the ceiling.

Images of the patient are taken immediately. If more surgery is required, it happens in the moment, sparing the patient the anxiety of waiting for results – and another surgery. ■

THANKS TO \$4.8 MILLION IN COMMUNITY SUPPORT, INCLUDING A TRANSFORMATIONAL GIFT FROM DAN AND BUNNY WIDNEY, THE UNIVERSITY OF ALBERTA HOSPITAL HAS BEEN HOME TO ONE OF CANADA'S MOST ADVANCED SURGICAL SUITES SINCE 2012.



B

The Ex-Vivo Organ Support System, currently being tested at the University of Alberta Hospital



by **STEVEN SANDOR** + photography **COOPER & O'HARA**

REATHHE

Two surgeons design a machine that keeps **lungs** alive, outside the body

W

e've all suffered more travel-related headaches than we can remember. We know what it's like to get stuck in rush-hour traffic on Whitemud Drive or have an unexpected snowstorm reduce visibility to zero, leaving us inching down the highway.

We've shown up at the airport on a snowy day to see the departures board covered in "delayed" and "cancelled" notifications.

At worst, delays like these mean we end up late for work or miss a flight connection. But for Dr. Jayan Nagendran and the rest of the lung-transplant team at the University of Alberta Hospital's Mazankowski Alberta Heart Institute, delays can mean the difference between life and death. >

The catchment area for the University of Alberta Hospital's lung-transplant program is huge, covering the better part of four provinces and three territories – a total of approximately six million square kilometres. That's one-third the size of Russia.

Patients from as far away as Winnipeg, Regina, Yellowknife and Prince George are all eligible to be treated at the hospital. And organ donors can come from anywhere in the area as well.

"The geographic isolation we face is unlike anyone else in the world," says Nagendran.

Despite the unique challenges posed by these vast distances, Edmonton is one of the busiest transplant hubs on the planet. In 2018-19, the University of Alberta Hospital performed 60 lung and two heart and lung transplants, which puts it in the top 10 per cent globally.

THE PITFALLS

It's what Nagendran calls a "dramatic" operation. When the team gets word that a donor has been identified, members fly to that city, where they will operate to remove the organs. This is an incredible gift – in death, the organ donor potentially passes on the gift of life. Meanwhile, back in Edmonton, other team members begin preparing the recipient for the lungs that are scheduled to arrive in a few hours. It's a ballet performed on two stages. The problem is, the doctors can only control so much.

Not even taking into account travel-related setbacks, with the current system, only about one in four donated sets of lungs are healthy enough to be transplanted. Many are too damaged, meaning that one in three people on the waitlist die before they can get their life-saving procedures.

Even if the removal goes smoothly, the lungs have to get to the airport as quickly as possible. Of course, the ambulance rushes the team there with the lungs on ice, but, even with sirens on,

ambulances can be slowed by heavy traffic, bad weather or an accident that blocks the road.

Meanwhile, while sitting on ice, lungs deteriorate. After six hours on ice, damage starts to show. After eight hours, irreparable damage overtakes the lungs.

Once on the plane, the team can fall victim to flight-crew changes or weather delays. Nagendran recalls a time when headwinds forced a plane to make an unscheduled fuel stop, which cost hours.

Once in Edmonton, it's back to the ambulance where, once again, traffic can be a factor.

There can also be unforeseen problems with the recipient. "All the imaging in the world can only tell me so much," says Nagendran. He can only really know what he is dealing with after he's begun surgery, made the incisions and seen what needs to be done. Sometimes, at that stage, the doctor will discover hours of surgery are needed before the transplant can actually be performed. And that means the lungs sit on ice that much longer.

THE TECH

Thanks to the innovative work of Nagendran and Dr. Darren Freed – a cardiac surgeon and associate professor with expertise in keeping organs alive outside of the body – putting lungs on ice and all the problems that come with that may become things of the past.

Together, the two doctors have created a system they call EVOSS (Ex-Vivo Organ Support System). This machine, which looks a bit like a mini refrigerator with valves and tubes mounted to its shell, has the potential to change the way organ transplants are performed. Instead of being stored on ice, lungs are put in the new machine, which supplies blood and oxygen. Because EVOSS uses a vacuum chamber, which mimics how humans breathe (see sidebar on page 12), the lungs actually stay alive in the machine.

The University Hospital Foundation has granted \$450,000 to set up the lab at the University of Alberta, and more than \$520,000 to support multiple research projects. ►



Dr. Jayan Nagendran
is part of the lung-
transplant team at the
Mazankowski Alberta
Heart Institute

This second grant generated the results to initiate a first-in-patient clinical trial another \$100,000 came from the Alberta Transplant Innovation Fund, specifically to support the trial. The two doctors have formed a company, Tevosol, to help advance the technology.

Nagendran and Freed's work is in the clinical trial stage, with 12 patients scheduled to receive transplants with lungs preserved by EVOSS. Eight of them have already received their transplants, and so far none have shown signs of severe lung dysfunction, the usual sign of rejection.

"It's beyond what we expected," says Nagendran.

Because EVOSS keeps lungs alive, transplants will no longer be races against the clock. If a plane is delayed, EVOSS keeps the lungs warm and breathing. This innovation could allow surgeons to schedule transplant surgeries.

"We want to take time right out of the equation," says Nagendran.

But there's more. EVOSS could also increase the number of organs that could be used in transplants. As mentioned, only about 25 per cent of donors' lungs are healthy enough to be used in transplants. In the EVOSS clinical trials, doctors have used lungs that would have failed the viability tests. That's because living lungs can be treated and repaired in the chamber, something that can't be done with lungs on ice.

Examples? Nagendran was able to clear a

blood clot from a pair of donor lungs by administering anti-clotting agents while they were in the EVOSS chamber. In another case, lungs from a donor who suffered from pneumonia were given massive doses of antibiotics and cleared out before transplant.

While on the machine, these lungs aren't connected to a human body, so doctors can use extraordinary measures to treat them. Doctors don't have to worry about massive antibiotic dosages that would cripple livers or damage kidneys. They don't have to worry about the collateral damage that extreme lung treatments could inflict on other organs. Extreme measures to make the lungs viable can be taken.

The possible applications are incredible. What if a patient suffering from lung cancer could have a lung removed and put on EVOSS? The lung could be subjected to heavy chemo-therapy, then returned to the patient. This innovation opens up the possibility of treating sick organs outside of the body, the stuff of what was once science fiction.

"We want to make sure that no one dies on waiting lists," says Nagendran. "And it would make transplants global. If we found a perfect match in Germany, we'd be able to do the transplant. This also opens us to medical collaborations we can only dream of. We want everyone to know that we're going to do everything possible to honour the organ donor's precious gift of life to others in dire need." ■

HOW WE BREATHE

EVOSS mimics human breathing by using negative pressure. What does that mean? As Nagendran explains, we breathe by expanding our chest cavity and creating a vacuum in our lungs, which sucks in the air.

Currently, in any form of medical procedure, assisted breathing uses a ventilator that pushes air into the lungs. That's called positive pressure. Since positive pressure is not how we breathe, it causes damage to the lungs over time. Doctors Freed and Nagendran have created a way to preserve lungs by avoiding harmful positive-pressure ventilation and doing it the way we all breathe right now, by negative-pressure ventilation.

The sealed chamber in EVOSS creates a vacuum and the lungs inflate naturally, just like we breathe. So the lungs are functioning normally; they're actually "breathing" inside the chamber. They are, essentially, alive.



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Thank You for the

Gift of a Lifetime

Dianne and Irving Kipnes recently gifted \$10 million to the University Hospital Foundation. In recognition of their generosity, Alberta Health Services has announced the newly named Dianne and Irving Kipnes Urology Centre at the University of Alberta Hospital's Kaye Edmonton Clinic.



University Hospital Foundation

GiveToUHF.ca



by **LISA CATTERALL** illustration **PETE RYAN**

S---T HAPPENS

A doctor explores the science of stool

A**T FIRST MENTION, THE** concept of a fecal transplant might conjure up a wealth of emotions in prospective patients, ranging from curiosity and disbelief to squeamishness and disgust. But, for patients suffering from a potentially life-threatening *Clostridioides difficile*, or *C. diff*, infection, these procedures may hold the key to their recoveries.

Often by the time *C. diff* patients arrive in Dr. Dina Kao's clinic at the University of Alberta Hospital, they're desperate for relief. Recurring episodes of *C. diff* can have a devastating impact on a patient's life, causing symptoms ranging from severe diarrhea and cramping to weight loss and even kidney failure.

"Their quality of life really goes down the drain," says Kao. "They lose weight, they have no appetite and no energy. Or we see patients present with severe anxiety and depression. It takes a huge toll, not just on their physical health, but on their psychological wellbeing as well."

The human body normally contains an abundance of bacterial cells, which, when kept in balance, allow for healthy day-to-day functioning. In *C. diff* patients, the bacterial balance has been thrown off, leading to inflammation and illness. Kao notes that in more than 98 per cent of the recurrent cases she sees, the problems can be traced to routine antibiotics.

For Jane MacDonald's* father, John* (*names have been changed due to privacy request), the

problems began shortly after he was placed on antibiotics for a urinary tract infection (UTI). Although he recovered from the UTI, his condition deteriorated as the *C. diff* bacteria proliferated. Four months, five hospital admissions and a 40-lb. weight loss later, the MacDonalds were anxious to try anything.

"*C. diff* really took a toll. By the fifth time my father was admitted to hospital, his care had turned to palliative, and we were starting to make arrangements for his funeral," says Jane. So when a doctor mentioned Fecal Microbiota Transplantation (FMT), they were all ears. "With the condition he was in we knew this was something we had to do, no matter how disgusting it sounded."

Fortunately, for patients like John, Kao and her University of Alberta colleagues have spent the last seven years developing the FMT program at the University of Alberta Hospital, work that has been supported from day one by donors like LeRoy Sonnenberg, whose life was also saved by FMT, and his wife, Karen — through the University of Hospital Foundation. Today, the University of Alberta Hospital is one of few institutions in Canada to perform fecal transplants, treating an average of 80 *C. diff* patients annually. And, the program has expanded to include all of Alberta Health Services.

For the MacDonalds, it made all the difference.

"It was the best thing that could've happened," says Jane. "It was so successful and so immediate. To be perfectly honest, we were shocked at how well it worked, and how quickly." >



Simple Procedure

Fecal Microbiota Transplantation, Kao explains, is a process that is as simple as it sounds: The transfer of fecal matter from a healthy donor into the colon of a sick patient. Although the treatment has been explored as a treatment for a variety of conditions, it is considered to be extremely effective for recurrent *C. diff* infections, delivering near-instant relief.

“Our success rate within our program is at least 90 per cent with a single treatment,” says Kao. “We’ve done quality of life assessments before and after fecal transplants, and the results are impressive. You definitely see this amazing reversal.”

Since the program was established in 2013, Kao and her colleagues have explored a range of delivery methods for fecal material, including retention enema, colonoscopy or endoscopy. Each method offers its own advantages, as some may be less invasive but others may be more effective due to their ability to deliver higher amounts of transplant material. The least invasive, yet still one of the most highly effective methods, involves the use of capsules containing treated fecal matter, which are then frozen and administered orally to patients.

In 2016, Kao and her team won the President’s Excellence Award for Outstanding Achievement in Innovation and Research Excellence from Alberta Health Services.

“A few years ago, we completed a study to compare the success rates of transplants if done by colonoscopy versus these frozen capsules,” says Kao. “What we found was that it was essentially the same: 96 per cent with a single treatment. This is about as high of an effectiveness rate as we can ever see in medical trials.”

But as is the case for any physician on the frontiers of medicine, Kao’s work has only just begun. The exact mechanisms of how FMT works are still not yet well understood, so she and her colleagues at the University of Alberta are working with peers around the world to narrow down the possibilities.

“Put simply, stool is a very complex mixture. We don’t know what exactly is in it, or why it works. We’re essentially just throwing everything at our patients in hopes it will cure their illness,” she says.

So, over the last couple of years, Kao and her colleagues have been looking for a more targeted FMT treatment. Working with researchers across Canada and around the world, they’re tracking longer term data on donors and recipients, and attempting new methods to administer transplants.

“We know that our current therapy is not perfect. It’s far



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CURE THEIR ILLNESS.”
— DR. DINA KAO**

from it. But without doing this research to advance our knowledge and our thinking, we won’t be able to improve our patient care,” she says.

One of the most promising new treatment ideas Kao and the FMT team are working on is a clinical trial, in which patients ingest a compound of 40 different strains of bacteria isolated from a healthy stool donor. The bacteria are then freeze-dried and encapsulated, with patients ingesting them similarly to taking a probiotic supplement. The University of Alberta Hospital is one of two centres in the world working on this potentially groundbreaking trial. And although the study is in its infancy, results thus far are promising.

“Again, it’s just a more targeted treatment. In this study, you know exactly what you’re giving to patients. It’s just 40 strains of bacteria, nothing else,” Kao says. “So far we have treated six patients and it seems to be working.”

Although the implications for this research are most immediately applicable to those suffering from *C. diff*, Kao believes it has the potential to affect many

other patients as well. Dysbiosis, or this disturbed gut bacteria population, has been linked with conditions ranging from obesity and metabolic syndromes to autism and colon cancer. Kao is hopeful that these trials will help to shine light on these conditions and possible new treatments.

“Just about every condition is linked where there is some disturbed bacteria population. But we don’t know is it a cause or an effect. We see it in a lot of the neurodegenerative conditions, Multiple Sclerosis for example, rheumatoid arthritis, or even chronic kidney disease, we see that gut bacteria just is not quite right compared to in a healthy individual,” she says. “Our hope is that this research will not only give us a more refined therapy for *C. diff*, but also some insight into other conditions if we can narrow down which mechanisms work and how they work.”

For example, Kao notes that several clinical trials for patients with ulcerative colitis have shown that fecal transplants are an effective treatment option 30-40 per cent of the time. While these numbers may sound low, they are actually on par with current treatments available for ulcerative colitis patients.

Although the full implications of Kao’s innovative research are yet to be seen, she is confident the work she and her colleagues are undertaking is worthwhile.

“I never saw myself as a researcher. I went into medical school thinking I was just going to do clinical medicine, and just see patients,” she says. “But now I cannot imagine a career without research. It truly is the only way for us to advance patient care.” ■



RUNNING IN THE FAMILY

Inspired by her parents, **Kelly Scott-Gray** is the driving force behind the Silver Bell Soiree by **ELIZA BARLOW** photography **AARON PEDERSEN**

PHILANTHROPY IS A FAMILY TRADITION for Kelly Scott-Gray. Her parents, Guy and Dr. Shelley Scott, have long been dedicated supporters of the University Hospital Foundation, and Scott-Gray is just as passionate about giving back. Now, the 32-year-old is looking for ways to spread her love of giving to the next generation of supporters, for whom even the word “philanthropy” might conjure up images

of fundraising galas in evening gowns and tuxedos. And she’s already meeting with success as co-chair of the Silver Bell Soiree, along with Laura Kinghorn-Smythe, the other co-chair. The inaugural event at last year’s Festival of Trees attracted 375 guests, raised over \$60,000 for the University Hospital Foundation and won Outstanding Event in the fundraising event category at the Edmonton Event Awards with a hip and fun cocktail party that any 25- to 45-year-old could enjoy. ▶



Q You spent time in Vancouver working with companies such as lululemon. What brought you back to Edmonton?

A: I grew up in Edmonton and lived in Arizona for a short time. My husband, Darren, and I had moved out to Vancouver where he

was doing his medical residency, so we could have a bit of an adventure. We decided we wanted to have kids, and decided to move home to be closer to family. We moved home two weeks before my daughter, now two, was born, and have another baby due any day! (She gave birth to a boy after the interview.) Edmonton has that small-town feel, it's a little friendlier here. As a community, Edmonton really pulls together and has a philanthropic spirit.

Q: Your parents are well-known philanthropists Guy and Dr. Shelley Scott. What did they pass on to you, growing up, about philanthropy?

A: They taught us that it's important to be involved in the community where you can and give back when you've been lucky.

Q: What is it about the University Hospital Foundation that inspires you?

A: My mom worked at the University of Alberta Hospital as an anaesthesiologist for the majority of her career... so we always had a connection to the University Hospital.

Q: How does philanthropy fit into the health-care picture here in Edmonton?

A: We have such a great health-care setup here, but that doesn't all come from government, and can't all come from government. There's endless need, but there's not endless financial support. If you have a community that supports health care, you've got a leg up.

Q: The phrase "giving back" is used so often - what does it mean to you personally?

A: It means expending what time or energy you can into providing a benefit to other people in your community. I've been fortunate to have a very supportive and caring family, and a lot of people don't have that, even some of my friends don't have that. I don't have endless resources from a financial aspect to give back, but what I can give back is in time and energy and thought.

Q: Where did the idea for the Silver Bell Soiree come from? What's your vision for this event?

A: I love Christmas, and I love the (University of Hospital Foundation's) Festival of Trees. There was an opportunity to create a new event, and I kind of got carried away! At first there was an idea to create a date night, but it evolved into the idea of a cocktail party - a less formal version of the big fundraising



event, which is the galas. There was a gap - the Festival would bring in a lot of people with kids and a lot of school groups. The idea for the Silver Bell Soiree was to attract people who are 25 to 45 to introduce them to the Festival of Trees and the University Hospital Foundation.

Q: What is it about the Silver Bell Soiree that makes philanthropy more accessible to that younger crowd?

A: The crowd at gala is more established members of the community, and the price point is a little higher. At the Silver Bell Soiree, you're not required to wear formal attire and it's not a sit-down dinner. You can wear something you probably already have in your closet. It's a free-flow event, more like a holiday party. It's meant to alleviate the pressure, and it's supposed to be easy. You can look at the silent-auction items, have some drinks, have some food, and there's a live auction and a super-short program. It's meant for the guests to get into the spirit of the event and experience the Festival of Trees in a different way.

Q: Are Gen Xers and millennials interested in philanthropy?

A: I definitely think so, but I think philanthropy feels like a really big word. I think people in the younger demographic think of how they can be involved in causes that they care about, and I think they care about giving back to the community. Having an event like the Silver Bell Soiree is an easy way to show people that literally giving even \$20 makes a difference. It's not about being able to give \$1,000 or \$500, it's about being able to give within your means. It's about giving what you can, where you can. And it might not even be about giving financially - you might have an idea about how to make the event even better. ■

The second annual Silver Bell Soiree is set for Friday, Nov. 29. Visit festivaloftrees.ca/silverbelloiree



35th Anniversary

SAVE THE DATES

See the displays: **Nov. 28 – Dec. 1, 2019**
Edmonton Convention Centre | festivaloftrees.ca

Wed.
Nov. **27**

Gala Evening & Auction
*Invitation only

Fri.
Nov. **29**

**Luncheon &
Fashion Show**

Silver Bell Soiree

Sun.
Dec. **01**

Santa's Breakfast



For more than 25 years, **Landmark Homes** has partnered with the University Hospital Foundation to push the boundaries of care and innovation. The Foundation is grateful for Landmark Homes' leadership as presenting sponsor of the Festival of Trees.

Become a Sponsor! Opportunities available at festivaloftrees.ca

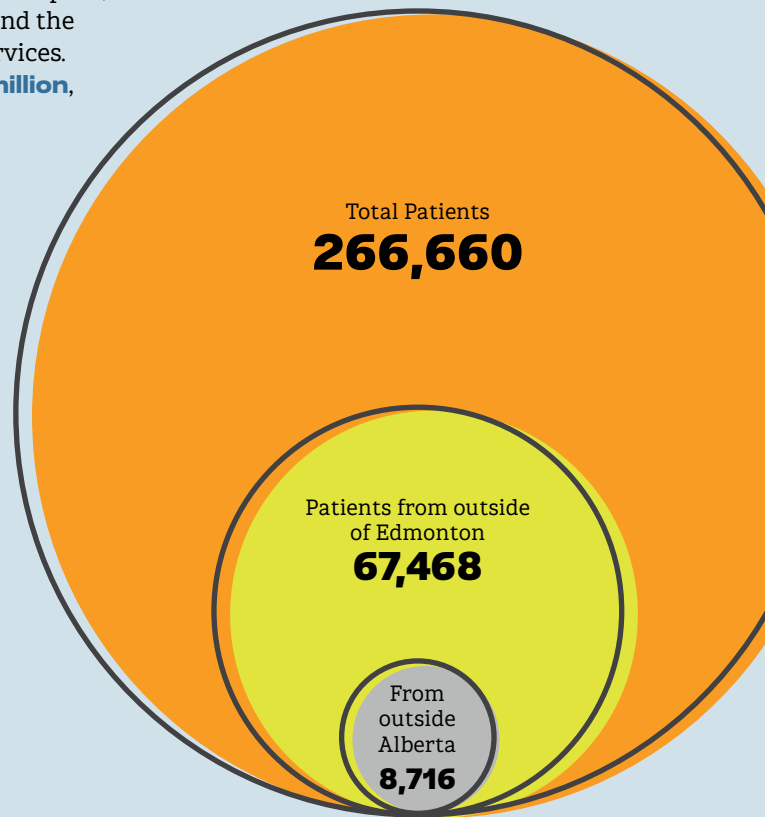
LEADING THE WAY

Since 1963, donors to the University Hospital Foundation have supported every corner of care at the University of Alberta Hospital, which includes the Mazankowski Alberta Heart Institute and the Kaye Edmonton Clinic, operating within Alberta Health Services.

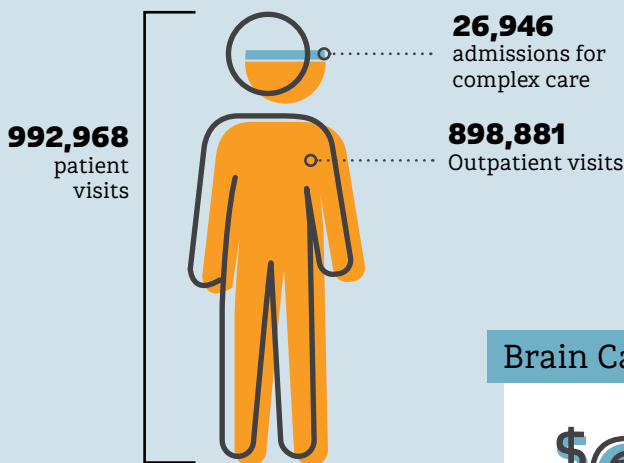
In 2018-2019 – our best year ever – **we raised over \$40 million**, advancing patient care in areas ranging from brain and cardiac to urology and the Emergency Department.

RESEARCH & INNOVATION

In 2018-2019, more than **\$8.4 million** was distributed to research projects and competitions, including potentially game-changing work on Alzheimer’s disease, diabetes and obesity, and further research on Canada’s first Stroke Ambulance.



The Patients



The Brain Centre serves central and northern Alberta, the Territories, eastern British Columbia and Saskatchewan



Brain Care

\$60 MILLION

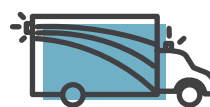
Donations since 2011

\$17.2 MILLION

Funds raised for the incision-free Gamma Knife and 3T MRI



1-2 days to recover from Gamma Knife treatment



Canada’s first Stroke Ambulance services and the **first in the world** to provide stroke patient care beyond the limits of a major urban centre



One of two ICUs in Canada specific to brain and spinal cord injuries

All stats are from the 2018/19 fiscal year unless otherwise stated

Emergency Care

\$2.1 MILLION

Funds from Full House Lottery ticket buyers



120,995 patient visits



UAH is one of Canada's busiest emergency care heliports

18,792

Trauma visits to the Emergency Department

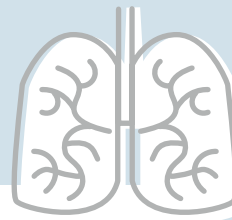
Transplants



2 Heart & lung transplants

60

Lung transplants



UAH is home to the most comprehensive transplant program in western Canada, giving patients who need transplants – such as kidney, liver, bone, pancreas, lung, heart, islet cell and tissue – a **second chance at life**

Trauma



UAH is the **only Level One Trauma Centre** north of Red Deer, providing complex, life-saving care to the most severely ill or injured patients

Gastroenterology

2,662

Hospital admissions to the department



16,860 Endoscopy procedures

UAH is home to **world-leading** care in Gastrointestinal diseases

The Mazankowski Alberta Heart Institute (Maz) provides the **complete spectrum of cardiac care** to patients of all ages and stages of life

Cardiac Care



2,088 Cardiac surgeries



26,299 Outpatient clinic visits

\$80 MILLION

—AND COUNTING!—

Funds raised to date for cardiac patients across western Canada



Kidney Care



Donors advance care for patients in the Alberta Kidney Care North program, including those who choose to do dialysis at home

Alberta Kidney Care North is one of Canada's **longest running renal programs**

Urology & Prostate



55,583 Visits to the Dianne and Irving Kipnes Urology Centre

\$25 MILLION

Donations to date for urology care at western Canada's leading urology centre

July 2019 marked the **10th anniversary** of the admission of the first patient at the Maz

MAKE AN IMPACT!

Select the area of care you want to support and make a donor-designated financial gift! Last year, **\$7.2 million** were donor designated – meaning donors chose where their money would go.

To donate or for more information: GiveToUHF.ca





**DAVE BRODERICK
AND CARDIAC
PATIENT BRAD
SMOLIAK**

Bedtime Story

A targeted donation ensures patients rest comfortably

by **DON TREMBATH**

Shortly before Christmas, 2017,

Dave Broderick suffered heart failure and went into cardiac arrest. Surgeons at the University of Alberta’s Mazankowski Alberta Heart Institute performed two open-heart surgeries that saved his life.

His recovery time was two months. The care and attention he received by doctors and medical teams was outstanding. The hospital beds he practically lived in for much of that time? Not so much. Especially the bed after he was trans-

ferred out of intensive care.

“We know from research that part of the healing journey is dependent on sleep,” says Mishaela Houle, Executive Director of the Mazankowski Alberta Heart Institute. For Broderick, sleep was an endless challenge, and shifting his position only made it worse.

When he returned home, Broderick remembered the roommates he had left behind – fellow patients who were also experiencing longer hospital stays, and

the thousands of patients who would be there for years to come. So, he took action.

After consulting with his wife, Alice, and his three brothers with whom he is co-owner of Trail Appliances, Broderick and his family donated nearly \$600,000 to the University Hospital Foundation for the purchase of 38 new hospital beds for the entire unit he stayed in at the Mazankowski. And not just any old beds. The very best hospital beds money can buy – designed with “Smart” technologies, and to be as comfortable as possible for patients who spend up to 18-20 hours a day in them. Comfort and rest is important for recovery – and no one knew that better than Broderick.

“Many times I thought to myself how different this would be if I was home in my own bed,” says Broderick. “But that wasn’t an option. So for all the patients who have prolonged stays at the hospital, they now have more comfortable new beds to recover in.”

“Our beds are used every day, by hundreds of patients,” says Houle. “When people like Dave step up and do something like this, it’s amazing.”

The University Hospital Foundation is one of the few philanthropic organizations that helps donors designate how they would like their gifts to be used, whether to a specific program at the hospital or to a research area of interest.

In fact, nearly half of all donations the Foundation receives are “donor designated”, meaning that donors can make contributions in really personal and meaningful ways. ■



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1st public-private philanthropic partnership (P4)

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1st multi-innovation based collaborator in the area of chronic diseases

Thank you Janssen Inc. for being our **first strategic partner**. Together we are pushing the boundaries of care and knowledge for all Albertans living with a chronic disease.

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learn more at GiveToUHF.ca



WE MAKE FIRST POSSIBLE

Thanks to our donors, Edmonton is home to Canada's **first** Stroke Ambulance - the **first** in the world to serve patients in rural areas.

firststrokeambulance.ca

University Hospital Foundation

Alberta Health Services



Providing Imaging Excellence

MIC Medical Imaging radiologists provide imaging services at eight Edmonton area hospitals including the University of Alberta Hospital, the Mazankowski Alberta Heart Institute and the Kaye Edmonton Clinic.

Thanks to the University Hospital Foundation, our radiologists work with the most advanced imaging technologies to get answers sooner for patients and their families.

MIC radiologists also own and operate 12 conveniently located community imaging centres throughout the Edmonton area.

mic.ca

MIC Medical Imaging Radiologists are proud supporters of the University Hospital Foundation.

VIRNA
Vascular & Interventional Radiologists of Northern Alberta

MIC MEDICAL IMAGING

**WE PUSH
THE BOUNDARIES
OF KNOWLEDGE
TO DRIVE
INNOVATION
AND
TRANSFORM**

CARE.



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