The road to patient advocacy

Patients bring tremendous knowledge that can help make the system better
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**Who We Are**

One of Canada’s largest academic health organizations with a mandate of care, teaching and research, London Health Sciences Centre (LHSC) cares for the most critically ill patients in the region. Located in London, Ontario, Canada, LHSC encompasses:

- University Hospital  
- Victoria Hospital  
- Children’s Hospital  
- Byron Family Medical Centre  
- Children’s Health Research Institute  
- Lawson Health Research Institute  
- Children’s Health Foundation  
- London Health Sciences Foundation

LHSC is the home of:

- CSTAR (Canadian Surgical Technologies and Advanced Robotics)  
- Fowler Kennedy Sport Medicine Clinic  
- London Regional Cancer Program  
- Children’s Health Research Institute  
- Lawson Health Research Institute  
- Children’s Health Foundation  
- London Health Sciences Foundation

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**Patient feedback:** Your feedback is important to us and helps us to be better. The Patient Relations office is here to support you. Whether you have a complaint, a suggestion, a compliment or a good story to share, we’d like to hear from you. The Patient Relations office can be contacted at 519-685-8500 ext. 52036.

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And don’t miss the next issue of insideLHSC!
Some health-care journeys begin with an injury, a heart attack, a stroke — a moment that someone can pinpoint and explain. Michelle Easden’s journey began with a scream the moment she woke up a few weeks before Christmas in 2015. There was no explanation.

“It was a burning pain, like a match being lit that ran from my neck, through my shoulder and down my left arm,” describes Easden. Her husband Andrew was downstairs preparing breakfast for their children, Hannah, then two years old, and Haden, then nine, and ran upstairs to check on his wife. They went to the Emergency Department at LHSC’s Victoria Hospital in search of relief. In the meantime, Easden, a visual arts teacher in the Bealart program at H. B. Beal Secondary School, could not return to the classroom.

“Teaching art is physically demanding, and the movement of my arm was increasingly becoming restricted,” she says.

At home, she was unable to help with basic tasks, in addition to the usual Christmas preparations in a household with two children. Haden, her oldest, understood Easden’s limitations, but it was hard for Hannah to understand why her mother couldn’t hold her.

“Andrew had a lot of conversations with the kids to help them understand why I wasn’t myself or doing the things I normally did. It was difficult for all of us.”

Easden is also a professional artist who paints abstract landscapes using a variety of mediums such as acrylic and oil, watercolours, and ink, and her artwork appears in galleries and in private collections. She was unable to complete her paintings.

“Every aspect of my life, and my family’s life, suddenly froze. I was bedridden with my left arm raised above my head. That was the only position where the pain wasn’t as intense. It was the worst Christmas of our lives.”

As the pain worsened, Easden returned to the Emergency Department at LHSC’s University Hospital. She received a CT scan, then an MRI, and was eventually referred to neurosurgeon and orthopaedic surgeon, Dr. Fawaz Siddiqi.

Her diagnosis: a compressed nerve between two vertebrae was causing severe pain and lack of mobility.

“This can happen for a variety of reasons, but the most common cause is a slipped or herniated disc in the neck,” says Dr. Siddiqi. “Her pain was debilitating.”

Her care plan began with medication and physiotherapy. Within the first minutes of meeting Dr. Siddiqi I felt I would be ok. Having a team I could trust, an explanation, and a plan alleviated a lot of stress,” says Easden. “I appreciated starting with physiotherapy instead of surgery and being part of those decisions.”

Unfortunately, Easden’s condition did not improve after a few months and surgery became her only option.

While I was going through physiotherapy, I had time to mentally prepare for surgery. Since it is a spinal surgery, I was worried about losing the ability to move my arm completely, or even my ability to walk. As a teacher, I was also worried about losing the ability to move my arm completely, or even my ability to walk. As a teacher, I was also worried about my voice changing because the surgery is performed near the throat, but once the decision to operate was made, I felt confident in Dr. Siddiqi.”

The surgery Easden received was an anterior cervical discectomy. The procedure involves reaching the damaged disc of the spine through a small incision in the throat area and moving the neck muscles, trachea, and esophagus, until the spine is exposed. The disc is replaced and a titanium plate and screws are
attached to the bone to ensure proper spinal alignment and assist with healing.

As soon as Easden woke up in the recovery room, she tried walking to make sure she could. While her pain was immediately lessened by the surgery, she would be in a neck brace for six weeks. Eventually, she was able to return to the classroom and her own art.

“I jumped right into teaching and painting as soon as I was able and they were like my therapy. After worrying I’d never work again, working felt like freedom.”

Easden wanted to return to large canvas painting as soon as she could. “I still feel like I’m a thousand paintings behind.” Easden returned to the series and pieces she was working on before the morning that stalled her life. She finished “Fireworks of Gold Reflecting Over Big City Shorelines,” an extra-large five-foot by seven-foot canvas depicting water, a cityscape and golden fireworks.

In her latest series, the New World Collection, she uses a pouring technique to create an almost marble-like appearance. “Pouring is very physical and I try to maintain as much control as possible. I have even lifted the canvas above my head to achieve a desired result,” Easden explains. “There are times where I completely forget what happened, and I’m beyond grateful for the care I received and the family support I have.”

Easden has recovered from her surgery, but there is some lingering nerve damage. It hasn’t slowed her down and she’s working on catching up on some of those thousand paintings. Her paintings and other artwork can be viewed on her Instagram page and her New World Collection will be available for viewing in a gallery soon.

“I jumped right into teaching and painting as soon as I was able and they were like my therapy. After worrying I’d never work again, working felt like freedom.”

– Michelle Easden

Michelle Easden (left) with Dr. Fawaz Siddiqui in front of her painting “Fireworks of Gold Reflecting Over Big City Shorelines.”

Michelle Easden’s “Night in the Galaxy” is part of her New World Collection.
Dr. Asfaha, a clinician-scientist at Lawson Health Research Institute and gastroenterologist at London Health Sciences Centre, is studying these mini-guts to understand the role of stem cells in colorectal cancer.

Colorectal cancer, cancer of the colon or rectum, develops over several years. “For a cell in the gut to be mutated over several years, it is reasonable to think it’s a stem cell since they have a long lifespan and regenerate other cells,” says Dr. Asfaha.

In one project, Dr. Asfaha is studying how inflammation can mutate stem cells and lead to colorectal cancer. During his time at Columbia University, Dr. Asfaha’s team discovered a unique cell that has a long lifespan but is resistant to genetic mutation. As soon as they added inflammation to the cell’s environment, the cell led to the development of tumours. The team termed it a facultative stem cell; it only takes on the characteristics of a stem cell in the condition of inflammation.

Dr. Asfaha’s team at Lawson is now growing mini-guts to understand how inflammation changes this cell and transforms it into a cancer. This includes studying two proteins expressed by the cell called COX-1 and COX-2 which are targets of aspirin, a drug previously shown to reduce patients’ risk of colorectal cancer.

Dr. Asfaha is examining whether taking aspirin or other anti-inflammatory drugs can prevent the transformation of this cell. “Unfortunately, aspirin can be toxic to the gut,” he explains. “But if we better understand how aspirin might inhibit the transformation of this cell, we can develop a new class of drugs with less toxicity.”

While stem cells of the gut were first identified in 2007, Dr. Asfaha identified a second stem cell population in 2015 and proved its importance to the growth of colon cancer. When mutated, these particular stem cells lead to tumours that are resistant to radiation therapy.

“Radiation therapy is very important for treatment of rectal cancer, but not all patients respond to it,” says Dr. Asfaha.

“In another of our projects, we’re trying to determine if radiation-resistant tumours form from mutation of this particular stem cell.”

Dr. Asfaha’s team is currently studying both stem cell populations in the GI tract using their mini-gut system. They want to further understand each stem cell and the tumours that develop. They hope to understand the mechanisms that make some tumours resistant to radiation and identify a drug that can make these tumours more sensitive.

One day, Dr. Asfaha hopes to use the mini-gut system to study patient-specific tumours. “No two cancers are the same,” explains Dr. Asfaha. “We hope to eventually take individual patient samples, grow a mini-gut from their tumour and see what therapies work best against it.”

Through continued innovation, the team hopes mini-guts will help drive colorectal cancer research forward.

This article is adapted from Lawson Link magazine. To read the full article visit www.lawsonresearch.ca/lawsonlink.

A mini-gut reaction: Tackling colorectal cancer using ‘mini-guts’

From left: Dr. Samuel Asfaha, Lawson clinician-scientist; Hayley Good, PhD candidate; and Elena Fazio, postdoctoral fellow, working in Dr. Asfaha’s lab.

In Dr. Samuel Asfaha’s laboratory you will find the hallmarks of medical research from petri dishes to microscopes. More unusually, you will find ‘mini-guts’ – gastrointestinal (GI) structures developed from stem cells. While the mini-guts are only one cell thick, their structure is similar to a normal GI tract in humans.
When Jeff Preston was born, his parents were warned their son would likely struggle to achieve anything in life – independence, mobility, education – as a result of his diagnosis of Congenital Myopathy, a gene mutation that causes defects in various proteins necessary for muscle tone and contraction.

As a child, common treatment protocol required Preston to endure hours of torturous therapy in an effort to walk. This was believed to be the best chance at allowing him to live a full, ‘normal’ life. That all changed, however, when around the time he was to begin elementary school, Preston’s care was transferred to London Health Sciences Centre’s Children’s Hospital, where rather than prescribing the treatment he would receive, he was asked for the first time what he wanted out of his care. As it turned out, walking wasn’t Preston’s biggest concern. Going to school, making friends, and playing with other kids his age topped his list.

“My life changed the day Dr. Angelica Hahn (now retired) brought me and my parents into the decision making process. She heard what I wanted, and from that day forward she was one of my biggest advocates in helping me live the life I wanted to live,” says Preston. “Dr. Hahn, along with my nurse practitioner, Wilma Koopman, and my parents advocated for me to attend regular classes at school when the school board insisted I go into a special education class because I was in a wheelchair. What’s more, they encouraged me from a young age to be vocal and advocate for myself, something that has shaped me into the person I am today.”

Major spinal surgery at the age of 13 would see Preston facing a new challenge – the fusion of his spinal cord, permanently limiting his movement even more than it already was. “Going into the surgery, I was worried about what would come next – a painful recovery and the potential loss of further ability, all while my classmates back at school were worrying about grade eight prom and graduation,” says Preston. “Coming out of surgery, I was extremely sore and didn’t feel like doing much of anything. Worse still, I was told the recovery process could take up to six months, so it was difficult getting motivated to begin rehab. Thankfully, I had a nurse who wouldn’t put up with any self-pity from me… and I mean none. She made me work at my recovery, and kept me moving ahead when I easily could have stopped trying. She knew she needed to push me. It’s funny, but when I look back at all the time I spent in and at the hospital in my younger years, my memories are of the people and relationships we formed, rather than the pain or the procedures.”

It wasn’t until Preston moved from his home in Port Elgin to London to attend Western University that he really began to realize how unique his experience of living with a disability had been. He grew up in a community that rallied around him, had parents who
Dr. Preston is an Assistant Professor of Disability Studies at King’s University College in London, Ontario.

“Many of my friends shared stories of their concerns being brushed off by others, their education limited, no one advocating on their behalf,” says Preston. “And once I was on my own, it became increasingly clear that in many ways, the world was trying to push us out – maybe not directly, but by excluding us from having the chance to do all the same things our nondisabled friends could do. The advocacy skills my parents had instilled in me were put to good use.”

Fast forward a decade and you can now refer to him as Dr. Jeff Preston. With a PhD in Media Studies, Preston is an Assistant Professor in Disability Studies at King’s University College – a brand new major that can help make the system better.

“The PEAC offers the opportunity to insert the patient’s voice into all levels of the hospital system,” says Preston. “Hospitals can be important support systems for families, but we know that there are situations where that support can break down. Patients bring tremendous knowledge that can help make the system better. We need to empower them, and allow them the opportunity to collaborate with their care providers rather than simply being told what their care journey will look like.”

For Preston, the idea of health care being a collaborative effort is not a distant hope – it was his reality – and because of that, he seeks to be the example of what a quality, patient-centred care experience can look like.

“Access to supportive health care plays a critical role in changing outcomes for individuals with disabilities,” says Preston. “I don’t think anyone goes into the field to make it harder for patients, but sometimes what seems obvious to people with disabilities is foreign to those who haven’t had to face the same challenges. And the same can be said for patients from various ethnic or cultural backgrounds, patients from the LGBTQ+ community, and patients from different socio-economic situations. How you’re treated as a patient shouldn’t be determined by who you are. The work the Patient Experience Advisory Council does isn’t about sharing the profession or the system; it’s about reframing the discussion to imagine health and recovery in more equitable ways.”

The PEAC is one of five formal patient and family advisory councils at LHSC, and there are currently approximately 200 Patient and Family Advisors throughout the hospital. The work of these advisory councils signals a continuing shift in health care delivery from an institutional approach to a holistic, patient-centric focus. Patient and Family Advisors make recommendations regarding access to care and service delivery improvements and, in some cases, participate in quality improvement projects, policy development, and research.

At the heart of that work are advocates and everyday people, just like Preston, who willingly give of their time to help ensure that health care is equitable and accessible for all.

“When I look back at all the time I spent in and at the hospital in my younger years, my memories are of the people and relationships we formed, rather than the pain or the procedures.”

– Dr. Jeff Preston

Q: What do Patient and Family Advisory Councils do?

They volunteer their time to serve on committees or get involved in short-term projects to improve patient and family-centred care at LHSC and Children’s Hospital.

Q: Who can join a Patient and Family Advisory Council?

A person who has recent experience of being a patient or a family member of a patient (generally in the past 3 years) and is open to partnering with staff and physicians to improve care experiences at LHSC.

Q: How can I apply to become a Patient or Family Advisor?

To learn more about becoming a Patient or Family Advisor, contact LHSC’s Patient Experience office at patient_experience@lhsc.on.ca or 519-685-8500 Ext. 75457.
Awareness of concussion has risen dramatically in recent years due to news reports of serious concussions from devastating collisions in sport, and tragic events like the one that resulted in Rowan’s Law.

According to a study published in 2014, this awareness has resulted in a dramatic rise in the number of paediatric concussion cases coming into the Emergency Department (ED) at London Health Sciences Centre’s Children’s Hospital.

Dr. Rod Lim, an emergency physician at the ED, explains when a patient arrives with a suspected concussion, provincial paediatric concussion guidelines are followed.

“We take into account how they were injured, what symptoms they’re having that could be consistent with concussion, how affected they are, whether they’re oriented, whether they’re processing things properly,” says Dr. Lim. “We also determine whether they’ve had a previous concussion, because you’re going to have more symptoms if you’ve suffered a previous concussion.” Behavioural changes are also considered.

Concussions result from a direct blow to the head, face or neck or a hit somewhere else on the body with an “impulsive” force that is transmitted up to the head and may not involve loss of consciousness. It’s not a structural injury to the brain but it can disrupt the way your brain processes signals. Signs and symptoms can include headache, nausea, dizziness, blurred vision, sensitivity to light or noise, as well as difficulty concentrating and remembering.
“Parents are invaluable in letting us know what’s different from before,” says Dr. Lim. “They know their child best and I often ask them, ‘are they acting normally?’ I want to know, compared to what I see now, is their brain working properly, are they as fast as they usually are, has their personality changed?”

Rowan’s Law
Passed in March 2018, in honour of Rowan Stringer – a 17-year-old rugby player whose death resulted from sustaining multiple concussions – Ontario is the first jurisdiction in Canada to pass concussion safety legislation for amateur athletes.

Patients who have significant concussive symptoms also receive a CT scan to make sure that there isn’t something beyond concussion – for example, bleeding in the brain.

“If they have significant symptoms or we’re worried about a more serious injury causing the symptoms, they would be admitted as an in-patient and they would see someone like a paediatric trauma doctor or the brain injury team,” says Dr. Lim.

It is rare for a concussion-only patient to be admitted. Most concussion patients who were admitted had other accident-related injuries that required the admission. For concussion patients discharged from the ED without being admitted, a risk assessment is done to match the patient to the right resource for their recovery.

“If we feel that with good education and with the aid of the primary care physician, that the patient’s going to be well cared for, then a referral to a recovery program is not necessary,” says Dr. Lim. “If we have an elite athlete who has time pressure to return to sport or who has had a really tough time knowing how to align their sport regimen to their concussion routine, Fowler Kennedy Sport Medicine Clinic can be invaluable.”

Children and young adolescents whom ED physicians predict are going to have a tough time – or who have returned with concussion symptoms lasting beyond the normal recovery time – are referred to a resource like the Thames Valley Children’s Centre’s Paediatric Acquired Brain Injury Community Outreach Program, where the recovery process is closely guided by a specialized team.

Older adolescents facing a complicated recovery might be referred to the Return to Learn Program at St. Joseph’s Health Care’s Parkwood Institute.

Dr. Doug Fraser is a member of LHSC’s paediatric trauma team and sees patients with multiple injuries that can include concussion. He’s also a concussion researcher.

According to the 2014 study he co-authored: “Typically, concussions result in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.”

“Every injury is different because your brain is very different from my brain,” says Dr. Fraser. “The brain has the ability to change – it’s always dynamic and modulates. So, when an injury occurs, it’s going to create symptoms that are very different for every single one of us.”

“Children’s brains have a great deal of plasticity – which can be good from a healing perspective but it can also be had because they are much more prone to the injury itself. That’s why, for children, it’s imperative that they’re treated appropriately and that you do everything to ensure they don’t have another one any time soon.”

It’s important that parents are aware of this type of injury, since concussions disproportionately affect youth and more than half of paediatric concussions are not related to either sport or recreational activities. The 2014 study cites falls, being accidentally struck by or against a person or object, motor vehicle collisions, pedal cycle, and intentional injury as the other leading causes of paediatric concussion.

For instance, 73 per cent of concussions in children under five years of age were caused by falls, with the majority occurring in the home from either ground level or a slightly elevated height like a coffee table.

Dr. Rod Lim (left) is a physician in LHSC’s Children’s Emergency Department. Dr. Doug Fraser is a member of the hospital’s paediatric trauma team and a concussion researcher.
Serious than a concussion. Other causes for symptoms or that the injury is more neurological exam and physical exam to rule out any examined in similar fashion to the ED. A full history, perhaps weeks ago but are still suffering. “That’s old-school.”

Some athletes going through these protocols benefit from the guidance of LHSC’s Fowler Kennedy Sport Medicine Clinic, which also offers sport-based concussion physiotherapy. Last year, 309 (63 per cent) of the 491 new concussion patients seen at Fowler Kennedy were under 18 years of age.

The good news is that most children respond well to treatment and symptoms usually disappear within three to five weeks with a guided routine through Return to Learn and Return to Play protocols, where a patient gradually increases their tolerance for activity back to normal.

Once the extent of the injury and any contributing factors are determined, a recovery plan can be put into place.

“Education on how to recover is a big part of what we do: guiding them through on how to get back to school,” according to Dr. Fischer, who says one of the questions often asked is “how much can I do?”

“One of the big things is we don’t want people in a dark room and saying ‘you can’t do anything’.

That’s old-school,” she says. “We’re really encouraging kids to be active. Twenty-four hours rest and then start doing some stuff. Start reading, start looking at your phone, start going for walks.”

Dr. Fischer agrees that a concussion is similar to any other injury where recovery is taken in steps and shouldn’t be rushed. You won’t be running on an ankle sprain the next day but eventually you start putting weight back on it and strengthening it.

Along with education and correctly pacing the recovery, reassurance is a big factor says Dr. Fischer. “Some people are terrified of this injury, and they really don’t need to be. Parents come in, their child has had one concussion and they’re worried: ‘that’s it, they’re done.’ So, the reassurance is pretty important,” she says.

Patients whose recovery isn’t straight-forward can also have multi-faceted causes for prolonged symptoms in addition to the concussion such as upper neck complications, soft tissue strain, jaw pain, or pre-existing mood disorders like depression or anxiety.

“The acute injury is pretty straight forward. Seventy to 80 per cent of concussions just get better,” says Dr. Fischer. “The ones that are complex or persistent are a different story. However, most people are not in that second group.”

Dr. Fischer explains that it’s a simultaneous rehabilitation. “There is more of a focus on Return to Learn during the school year because when students miss a lot of classes, they get stressed, they get anxious which can lead to headaches, sleep deprivation, and more symptoms – so Return to Learn is prioritized because we want to avoid the secondary loss.”

“We want to ensure that piece is really well-controlled. And while they are doing that, they are exercising, but nobody is allowed body contact until they have achieved full Return to Learn and full non-contact exertion.”

She doesn’t see resistance from coaches to this approach. “They’ve really bought into the message ‘don’t mess with a kid’s brain,’” Dr. Fischer says. Many coaches and trainers also use the sideline version of Sport Concussion Assessment Tool (SCAT), a checklist to help assess an injured player.

“With athletes who want to push their return to sport, we deal with that gingerly, educating them on why we are following protocols,” says Dr. Fischer. “We emphasize the short-term and the long-term. For instance, do they really want to feel this rotten for the next few months or even end up losing their entire academic year?”

Dr. Fisher emphasizes that the most important thing for parents is to be aware of what a concussion is and if they suspect their child is concussed, do not let them go back to play that day. See a doctor right away and get it managed properly.

“For young athletes, don’t be afraid that coming to see a doctor means we are going to make you stop playing,” she adds. “We’re just going to make sure you do it safely and we’ll get you back playing as quick as we can.”

Links and resources
Concussion guides for parents, teachers and coaches are available at: http://www.parachutecanada.org/resources
Funded by Children’s Health Foundation and published in 2014, the study compared statistics from the Children’s Hospital Emergency Department over a five-year period for patients from birth up to 18 years.

- **2,012** concussion cases seen over five years
- **1,965** (93%) were not admitted to hospital
- **1,009** (48%) occurred during recreational or sporting activities
- **490** (23%) required a CT Scan
- **75** (3%) of previously concussed patients returned with a second concussion
- **526** (25%) of falls were the single leading cause outside of sport
- **1,330** (63%) occurred away from sport fields/arenas
- **211** (10%) of patients suffered loss of consciousness
- **Cases rose from 289 to 488 annually (69% rise)**
Donald McKay was at his friend’s property cutting wood with his trusty chainsaw, which he’d been using for 40 years. He was shaving off twigs from the tree and throwing them into a nearby burn bin when he suddenly caught the tip of the chainsaw on the edge of the bin, and the blade bounced back into his face. In an instant, his face was bleeding profusely. McKay was alone on a farm property outside rural Thorndale.

McKay needed to act quickly – he held a handkerchief to his face to stop the bleeding as he drove down the road in search of help.

A close call with a chainsaw is the stuff nightmares are made of, and in fact for several weeks afterwards, McKay would wake in the night dreaming about the incident. Amazingly, that was the only lasting consequence of this injury.
On this day, the Trauma Team Leader, Dr. Ian Ball, oversaw the work of each trauma team call. As a teaching hospital, LHSC empowers residents to refine their medical skills under the supervision of more experienced physicians. In McKay’s situation, Dr. Christine Nicholas, a fifth-year plastic surgery resident, led the team which included Nurse Practitioner Amy Makish, and Dr. George Pang, a first-year general surgery resident on rotation with trauma.

When McKay entered Victoria Hospital, they began examining him immediately in the trauma room.

“It was like something you see on TV. They cut off my shirt, checked my eyes and nose, they checked from one end to the other to make sure I could feel everything on both sides. Everybody explained what they were doing,” McKay remembers.

Dr. Pang is inspired by what the trauma team can accomplish during these rapid and comprehensive examinations. “Trauma can be so unpredictable. It’s a team sport, everyone has a role to play.”

The team quickly determined that McKay’s injury was not life-threatening, and was isolated to the wound on his face: a laceration from underneath his left eye, down across his nose and lips.

“He was incredibly lucky,” explains Dr. Smith, “He didn’t hit his eye or throat. It could have been much worse.”

During this time, McKay’s wife Monica – called at work and given few details – was anxiously waiting at the hospital to hear about her husband’s condition. After a very positive prognosis from Dr. Smith, Monica was shown to the trauma room to see her husband. McKay had a dressing covering his wound, but she could see that his lips were split apart as he talked to her. Dr. Smith, Dr. Pang and Makish all recall how McKay was laid back and pleasant.

“Many patients in a similar situation would be understandably panicked and nervous. If the patient is conscious, usually a major part of the trauma team’s work is calming the patient down and assuring them of the care plan,” says Dr. Smith.

Throughout his ordeal McKay stayed incredibly calm and reserved. “It happened. You’ve got to get it fixed,” he says. “It doesn’t help anybody if someone is wound up like a corkscrew.”

When Monica asked if the pain was unbearable, McKay’s response was that he had felt worse.

“I thought ‘Really? Worse than a chainsaw to the face?’” says Monica. It turned out the freezing agent used to numb McKay’s cut was so close below his eye, the skin around his eyelid has been monitored to make sure the lower eye hasn’t been exposed by a thickened scar pulling down the skin.

McKay says he appreciates the painstaking effort that Dr. Nicholas took to carefully stitch his wound.

“Dr. Nicholas is a great doctor. She talked the whole time she was working by telling me what she was doing and how it was going. I felt involved in the care. She kept me calm with her kindness and humour.”

After the stitches were completed, McKay remembers Dr. Nicholas jokingly reassuring him that he was now pretty noticeable months after his injury.

The nightmares McKay experienced faded away after a few weeks, so other than a few follow-up appointments with the plastic surgery service, and a faint scar across his left cheek, McKay has made a full recovery from the incident.

“Everybody we saw that day said he was very lucky and it all worked out best-case scenario,” says Monica. “This very scary day for us was routine and manageable for the team. My husband is okay, and in large part that is due to the amazing treatment he received.”

And for McKay, he says he’s learned a valuable lesson.

“I’ve cut wood with that saw for over 40 years. I’m not new to cutting wood, but it only takes one time for something to happen. I still cut wood regularly, but I now have a brand new chainsaw with the proper safety features.”

“Everybody we saw that day said he was very lucky and it all worked out best-case scenario.”

– Monica McKay

LHSC’s Trauma Team

When a trauma patient arrives, the core trauma team activation occurs. This includes the Trauma Team Leader, Nurse Practitioner and residents assigned to trauma. When injuries are multiple or critical, the full Trauma Team is brought in. This includes representatives from several disciplines, such as general surgery, anesthesia, critical care, emergency department, and respiratory therapy. The team attends a trauma call in the emergency department to complete a comprehensive two-part survey to determine if there are life-threatening injuries.

Primary Survey

“ABC” check ensures a patient’s airway, breathing and circulation are functioning normally.

Secondary Survey

Head to toe examination to check for potential internal injuries.
The hospital provides a range of support for expectant parents

London Health Sciences Centre, home to the city’s only hospital-based birthing centre since June 2011, welcomes nearly 6,000 babies to the world each year.

At LHSC, women deliver in the Birthing Centre following their assessment at Triage. Women may also have received prenatal care at LHSC in the Women’s Ambulatory Care Centre or on the Antenatal Care Unit. Following delivery, most will receive care in the Mother Baby or Neonatal Intensive Care Units. While there, in addition to continued high-quality medical care, nurses take a family-centred care approach to helping families prepare for the transition home with a wide range of support and education on self and infant care, including lactation consults and awareness for the Period of PURPLE Crying.

LHSC’s maternal newborn care teams are comprised of highly-skilled maternal fetal medicine physicians, obstetricians, registered nurses, registered practical nurses, anesthesiologists, social workers, residents, medical students, nursing students, and lactation and dietitian consultants, as well as midwifery teams and community-based primary care physicians.

There were 5,737 deliveries at LHSC in 2017

LHSC averages 120 twin births each year

The 36-bed Mother Baby Care Unit admits anywhere from 10-24 patients each day and accounts for roughly a third of the hospital’s total daily discharges and admissions

The average stay in the Mother Baby Care Unit for a vaginal delivery is 24 hours

July, August & September are usually the busiest months, while the Christmas season typically has the lowest number of births

This July and August there were near records of 538 & 543 births respectively, though the 555 births in July of 2012 remains the highest

We have an average of 475 births each month

The maternal newborn care team at LHSC developed a new Obstetrical Triage Acuity Scale that is used to assess patients as they present in our obstetrical triage, which has since been accepted as a best practice at birthing centres across Canada

The average labour for a first-time mom is 12-36 hours

LHSC has the lowest C-section rate among academic hospitals in Ontario and one of the lowest rates in the country
In addition to the wide range of education and support provided to both expectant and newly postpartum parents in our maternal newborn care programs, the hospital’s Injury Prevention program also helps to make it easier for first-time parents to prepare a safer physical home environment with the provision of home safety kits.

Each year, LHSC’s Children’s Hospital, treats thousands of injured children. Injuries are the leading cause of death for children and many of these – especially those that occur in the home – are both predictable and preventable. As the regional trauma centre, we do what we can to help prevent injuries in children by helping to keep home safety top of mind.

At LHSC, all first-time parents are offered home safety devices and education during pre-admit appointments. Additional education and resources are provided by the nursing team on the mother baby care and neonatal intensive care units.

The safety kit includes a few key products such as plug protectors, cabinet locks, and toilet latches, along with a home safety checklist, which is available in multiple languages. Typically the kit will include five to eight products that are directly based on the feedback LHSC receives from parents. The contents of the safety kit are continually changing to ensure that it provides the items most helpful and most used by families.

Last fiscal year LHSC gave away 1,455 kits to first-time parents thanks to the generosity of Children’s Health Foundation, which graciously provides funding for these kits and other paediatric injury prevention programs.

Home safety kits have also been provided to families visiting the Children’s Emergency Department at LHSC, by community partners such as public health nurses and midwives, and at a series of community events, including one to welcome newcomers to Canada.

Common types of home injuries
- Falls
- Accidental poisonings
- Burns/scalds
- Choking
- Water-related injuries
- Unsafe sleeping

Quick tips to a safer home
- Review the home safety checklist to minimize hazards in your home – https://www.healthunit.com/home-safety-checklist
- Remember that even with safety measures in place, nothing can take the place of good supervision.
WHAT IS THE PERIOD OF PURPLE CRYING?

The Period of PURPLE Crying is a way for parents to understand their baby’s crying. At LHSC, the campaign is used to educate parents and caregivers about the normal crying characteristics that are common in the first few weeks or months of their baby’s life. The word PURPLE is an acronym, which reminds parents in an easy to remember way all of the characteristics of normal infant crying.

The campaign is a grassroots public education movement organized by the U.S.-based National Center on Shaken Baby Syndrome (NCSBS) and delivered in partnership with hospitals, public health, and child abuse prevention groups.

Through generous support from the Children’s Health Foundation, Children’s Hospital at LHSC was the first hospital in Ontario to adopt the education program in their maternal newborn care units. The program includes nursing staff providing individual education to each woman/family, including a take-home 11-page colour booklet and DVD, focusing on positive messages on coping with infant crying.

November is the awareness month for the Period of PURPLE Crying. Each year LHSC receives thousands of donated knit or crochet purple baby hats from individuals near and far in support of this initiative, which are then offered to all babies in the hospital during the months of November and December.

To learn more about this important acronym visit http://www.purplecrying.info