



GIVING IS HOW I GIVE BACK.

ANNUAL CAMPAIGN 2020-2021

Case for Support



Friends
OF THE MONCTON HOSPITAL
FOUNDATION

ADVANCING CANCER CARE AT THE MONCTON HOSPITAL



Every year, 3,300 patients from across southeast New Brunswick and beyond receive cancer care at The Moncton Hospital (TMH). Your gift will help us provide superior care by funding two vital projects.

Project 1

A rooftop sunroom and garden space for cancer patients to empower hope and healing.

Project 2

Leading-edge technology to diagnose lung cancer.



Take a moment to learn about how you can help to make life-changing moments experienced every day, by patients, *a little easier.*

ROOFTOP SUNROOM AND GARDEN SPACE INVESTMENT \$550,000

Inspiring Patients to Heal

An outdoor area off the 30-bed oncology inpatient unit on the fourth floor (4200) of TMH will be transformed into a bright, hope-inspiring four-season sunroom and garden space for patients to relax and heal. This much needed area will foster wellness in a homelike environment for patients who are yearning for some peace, quiet and time to reflect outside of their hospital room. **This is not currently possible.**

One cancer patient who spent prolonged periods of time on the oncology unit, was delighted to hear about this much needed addition and remarked:

“To be able to feel the sun on my face, sit quietly with my thoughts or share a private moment with family...that’s medication for my soul!”

Sadly, Lynn Perry passed away before seeing this project completed. In her final days, she expressed how pleased she was that future cancer patients would have access to an area to reflect and heal.

Oncology Unit Nurse Manager, Peggy Carter Emery, says a tranquil space, which will provide a significant improvement to a patient’s physical and psychological wellbeing, **is needed now more than ever.** The pandemic greatly reinforced and highlighted the need for this project.

“Covid-19 restrictions have been extremely difficult on our patients as, until recently, they were not permitted visitors unless they were in the last hours of life,” says Carter Emery.

A four-season sunroom and garden space will offer a comforting environment to escape to, where patients can experience the peace of nature and a break from the reality of being hospitalized.



An acute care unit can be a noisy and chaotic place. While staff do everything possible to create a restful environment, the reality is our patients require care 24 hours a day, 7 days a week. Our patients are often cooped up in their rooms for days or weeks at a time without a break.

I can only imagine what it would mean if they could just walk down the hall and escape to a quiet, sun and plant filled room that does not feel like a hospital room. This would be a place for quiet reflection, to read uninterrupted or even enjoy some simple gardening. I also imagine this could be the highlight of their day.

Peggy Carter Emery
Oncology Unit Nurse Manager



Conceptual drawing of sunroom (480 square feet) and garden space (280 square feet), which will be located on the 4th floor of The Moncton Hospital.

Space Details

The funds will cover the complete cost of construction including renovations, two mini-splits for heating and cooling, comfortable furniture for the sunroom and garden space, garden plants, a small water feature to generate the tranquility of running water while serving to reduce noise. The sunroom dimensions are approximately 480 square feet; the garden area 280 square feet. This space will be wheelchair accessible.

By the Numbers

Based on fiscal year 2019-2020

724 adult patients per year were admitted to the Oncology Unit representing 10,462 patient days per year with an average length of stay of 15 days.

This is one of the busiest oncology units in the province and one of the most active units within Horizon Health Network. The number of patients cared for each year is anticipated to increase based on current trends.

We all understand the importance of wellness on our healing journey. This calming space will provide a significant improvement to the physical and psychological wellbeing of patients. Having access to sunlight can help ease mild depression and improve sleep quality. Our patients deserve to be given the tools to inspire healing during their health journey, offering hope that they have a life beyond their illness and symptoms.

About the Unit

The 30-bed oncology inpatient unit, located on the fourth floor (4200) of The Moncton Hospital, provides patient and family-centred care throughout the patient's cancer care journey. The unit, which is close to 40 years old, previously housed orthopedics.

Patients are cared for by a team of 60 dedicated and professional healthcare professionals including: two Hematologists (soon to be 3); 30 RNs (Registered Nurse); 15 LPNs (Licensed Practical Nurse); one PCA (Patient Care Attendant); two GPOs (General Practitioner in Oncology); three Ward Clerks; one Ward Aid; one Oncology Pharmacist; one Family Practice/Internal Medicine Pharmacist; and a Nurse Manager. Support staff include physiotherapy, occupational therapy, speech language pathology and a dietician.

This team provides medical consultation, diagnosis, treatment planning, symptom management, education, counselling and follow-up support, rehabilitation and palliative care. Pediatric cancer care (up to 18 years of age) is provided in another area. The oncology unit and clinic work in partnership offering the best cancer care possible.

ENDOBRONCIAL ULTRASOUND SYSTEM (EBUS) INVESTMENT \$190,000

A Tool to Diagnose Lung Cancer

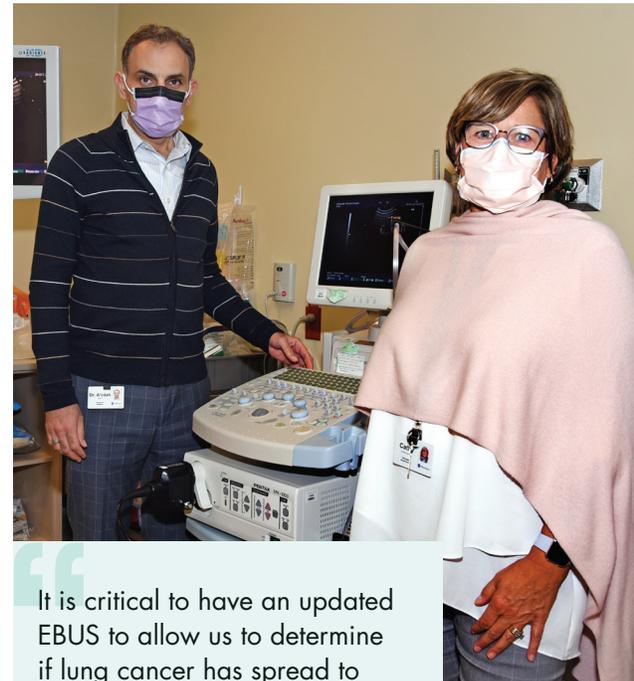
When you consider that lung cancer is the deadliest cancer and the most commonly diagnosed cancer in Canada, it is critical that the medical team at The Moncton Hospital have the most modern device for diagnosis.

This **Endobronchial Ultrasound System** allows patients to have their diagnostic procedure in a clinical setting with procedural sedation, eliminating the need for the operating room and a general anaesthetic.

The Moncton Hospital was the first centre to offer this service in the Maritimes with the current donor funded EBUS purchased more than ten years ago. That technology is now beyond its life expectancy and must be replaced.

The EBUS is a highly effective, minimally invasive diagnostic tool and the method of choice for respirologists and thoracic surgeons to accurately diagnose pulmonary diseases, principally lung cancer and other infections and diseases causing enlarged lymph nodes in the chest. In some cases, there is a 2-3 hour surgery, followed by 5-6 days in hospital and an 8-12 week recovery period. This modern EBUS allows patients to get back into their daily routines and activities, and permits them to spend more time doing what they personally enjoy, much sooner than ever before!

Dr. Maen Alqdah, a respirologist and one of two physicians at TMH trained to use the EBUS, says there have been major advances in the EBUS technology, which is the gold standard of care for staging and diagnosing lung cancer.



It is critical to have an updated EBUS to allow us to determine if lung cancer has spread to the lymph nodes in the chest. During an EBUS procedure, a thin, flexible instrument called a bronchoscope is fitted with an ultrasound device and guided through the patient's mouth and trachea. This allows us to obtain real-time images in and around the lungs and to identify difficult-to-reach tumours. We can also use EBUS to biopsy a tissue or fluid sample from the lungs and surrounding lymph nodes in the chest. Most importantly, this procedure saves the patient anesthesia and any cuts into the chest."

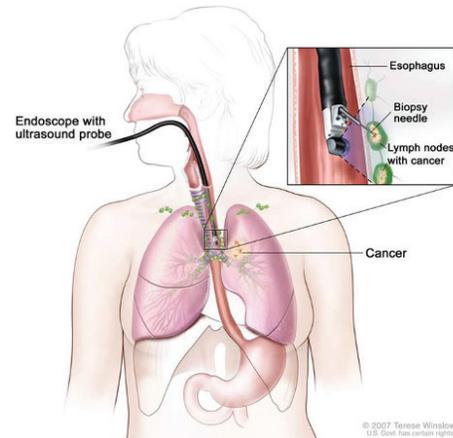
Dr. Maen Alqdah, Respirologist

Shown above, in the EBUS room with Clinic E Nurse Manager, Cathy Arnold Cormier

Did you know?

Statistics show that New Brunswick leads the country for the incidence rate of new lung and bronchus cancers. In 2017 and 2018 (latest stats available) 292 new patients were diagnosed with lung cancer at The Moncton Hospital. It is anticipated that the EBUS diagnostic procedure will be used on approximately 150 patients in the coming year.

Lung cancer is the leading cause of death from cancer for both men and women in this country. The sad fact is that lung cancer patients generally don't live long after being diagnosed. Detecting and treating cancer earlier could change the number of survivors significantly. Very early stage lung cancer (stage 1) is still confined to the lung tissue and can be treated with surgery.



Impact of the EBUS

- EBUS is less invasive and can be done under local anesthesia in an out-patient setting.
- It not only eliminates a hospital stay for patients, but it allows the patient quicker access to treatment following diagnosis.
- At The Moncton Hospital, we are very fortunate to have **Rapid On-Site Evaluation (ROSE)** completed by the Cytology staff. The patients have quick access to the procedure and they can then be started on their treatment plan without delays.

ROSE means there is staff at the bedside who can verify with the physician that they have the appropriate tissue/amount to get a diagnosis. This prevents the patient needing a repeat procedure.

- EBUS will be located in Clinic E (Endoscopy and Minor Surgery) in the Irving Ambulatory Care Centre.
- There is no wait list. Any urgent patient can have the procedure performed quickly and get started on the treatment plan right away.
- The procedure is 60 minutes or less and the patient is sent home within two hours.
- At The Moncton Hospital, two physicians are trained to use the EBUS; Dr. Joseph Ojah, thoracic surgeon (operations on organs in the chest, including the heart, lungs and esophagus) and Dr. Maen Alqadah, a respirologist (specializes in the diagnosis and treatment of lung disease, such as asthma, emphysema, or pneumonia).
- It is estimated that the EBUS will be used for 150 procedures in the coming year.
- An added benefit is that it frees up much needed OR time.
- This leading-edge technology not only benefits patients but helps attract surgical staff in the future.



*Dr. Joseph Ojah,
Thoracic Surgeon*

Lung Cancer Stats

Lung cancer is the most commonly diagnosed cancer in Canada (excluding non-melanoma skin cancers). It is the leading cause of death from cancer for both men and women in Canada.

It is estimated that in 2020:

- **29,800** Canadians will be diagnosed with lung cancer. This represents 13% of all new cancer cases in 2020.
- **21,200** Canadians will die from lung cancer. This represents 25% of all cancer deaths in 2020.
- **15,000** men will be diagnosed with lung cancer and **11,000** will die from it.
- **14,800** women will be diagnosed with lung cancer and **10,200** will die from it.
- On average, **81** Canadians will be diagnosed with lung cancer every day.
- On average, **58** Canadians will die from lung cancer every day.

Putting Cancer Into Perspective

- About one in two Canadians is expected to get diagnosed with cancer in their lifetime.
- New Brunswick leads the country in breast and lung cancer rates, and in fact has second highest rate of new cancer cases overall, but drops to seventh when age is factored in.
- New Brunswick has the highest rates of newly diagnosed breast cancer and lung cancer cases in the country, and the second-highest rate of new cancer cases overall, according to new figures from Statistics Canada.
- The province's breast cancer rate was 80.9 per 100,000 in 2017, with 620 new cases diagnosed. By comparison, the national rate, excluding Quebec, was 68.4. And while the national rate decreased from the previous year, New Brunswick's breast cancer rate grew steadily three years in a row, up from 71.1 in 2013.

- The province also led the country for the incidence rate of new lung and bronchus cancers in 2017, at 103 per 100,000. A total of 790 cases were diagnosed.
- New Brunswick's total rate for the 58 types of cancers tracked was 631.9 per 100,000, (4,845 cases), with Nova Scotia virtually tied at 631.8, (6,006 cases).
- Only Newfoundland and Labrador ranked worse at 670, (3,540 cases).

Ageing Population Affects Numbers

- New Brunswick's growing cancer numbers appear worse than they are because the majority of cancer cases are diagnosed in people over the age of 50, and the proportion of the province's population in that age group has been growing rapidly in recent years, forcing the numbers up.
- According to a separate report from Statistics Canada, adjusting for age differences in New Brunswick's population between 2011 and 2017, cancer rates in each age group in the province have been falling, but the total number of cases are rising as more and more people enter the prime years for contracting the disease.
- For example, breast cancer is five times more prevalent in women in their 60s than women in their 30s, and New Brunswick has more 60-year-olds and fewer 30-year-olds than it did 10 years ago. The sheer number of women entering that age group is pushing overall totals up.
- The percentage of people growing older is much higher in New Brunswick than the rest of Canada. Even with the age adjustments, however, New Brunswick still ranks high for breast and lung cancers, in second and third place respectively.

YOUR GIFT MATTERS

Your donation will help us make a significant advancement to cancer care at The Moncton Hospital by giving patients access to **modern diagnosis of lung cancer leading to quicker treatments with improved technology** as well as creating a **sunroom and garden space** to inspire hope and healing.

These projects will give all of us peace of mind knowing that our friends, family and neighbours dealing with cancer, can receive world-class care **here at home**.



DONATE TODAY

FriendsFoundation.ca/Donate

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