

## IN PRAISE OF DEDICATED MEMBERS



**John P. Herzog**  
**FCMC, President**

As I conclude my additional year as President, I can't help but reflect on the important results your Alumni has achieved during the past three years. There are many, such as improvements to our administrative practices thanks to effective collaboration between the Foundation and the Alumni, joint ventures with University of Ottawa Heart Institute (UOHI) health care professionals as part of our outreach program, update of our Long Range Plan, and development of a communication strategy to help

raise our profile in the community.

Thanks to the generosity of our members, during this period the Alumni funded over \$900,000 for UOHI initiatives to help improve patient care and comfort. This brings the total since inception to almost three million dollars!

To me, one of the most far-reaching accomplishments has been the growth of our volunteer team to a total of twenty-five highly dedicated individuals. While we come from many walks of life, we share one common desire: to serve the UOHI in a meaningful way as thanks for the lifesaving help received. We are also proud to be associated with a world-class organization and participate in as well as benefit from its excellence.

Everyone contributes to the advancement of the Alumni in different ways, based on ability, location preference, and time commitments. Whether one keeps the books, writes articles for the Bulletin and the website, administers the office, including mailing thousands of letters to members and potential members, updates the computer system, or serves on the Board in various capacities,

everybody contributes to keep the Alumni an ongoing force. We also provide over 5,000 members with information about advances in UOHI in the prevention and treatment of heart disease and, through our website, to over 50,000 world-wide visitors a month.

It has been a most rewarding and satisfying experience for me to be a volunteer with the Alumni and to meet so many highly dedicated members, volunteers, as well as professional and administrative staff at the UOHI. I look forward to be of assistance as Past President, and who knows, thereafter. In the meantime thank you for allowing me to be part of the team.

My heartfelt thank you goes to every volunteer and donor for keeping Dr. Keon's and Mary Clinckett's dreams alive; for making the Alumni a success.

### Mark Your Calendar!

Spring Lecture – April 20, 2010 - [Page 12](#)

Annual General Meeting - June 1, 2010 - [Page 10](#)

## THE STEMI PROGRAM: STEMMING THE DEATH RATE IN EMERGENCY HEART ATTACKS

In September 2009, we had the opportunity to meet with Dr. Michel Le May to discuss the STEMI protocol and his thoughts on the program since its inception. The STEMI protocol, developed at the Heart Institute (HI), is a remarkable collaboration among healthcare leaders mobilizing a team of doctors, nurses, paramedics and technicians who are on call and available 24 hours a day, seven days a week to treat the most frequent form of heart attack. "STEMI" is an acronym for **ST** segment **E**levation **M**ycardial **I**nfarction. It is identified on an electrocardiogram (ECG) as elevation of the "ST segment" (a particular blip on the trace) which indicates an arterial blockage that can result in severe damage to the heart muscle (myocardium) if blood flow is not restored within 90 minutes after the onset of pain. The procedure involves an angiogram followed by an angioplasty and the insertion of stents in order to restore blood flow.

Dr. Michel Le May, Director of the Coronary Unit Research Group at the Heart Institute has devoted his practice to stemming the death rate by

researching, developing and refining the STEMI protocol and promulgating it throughout sixteen Eastern Ontario hospitals that make up the Champlain Local Health Integration Network (LHIN).

Dr. Le May speaks with great enthusiasm and respect for the HI medical team and its extension in the sixteen base hospitals as well as the EMS paramedics who collaborate effectively and unselfishly for the benefit of patients. He is stimulated and excited by the ability to save lives quickly when every minute counts.

There are now seven experienced cardiologists at the HI who can render the life-saving service any time of day or night, including week-ends. With the aid of the healthcare professionals on the team and the availability of state of the art equipment and technical support, they have been able to expand their services to embrace the outlying hospitals and deal with the ever-increasing workload. They have managed to reduce the mortality rate from ten percent to less than five percent. The team immediately snaps into action when a patient arrives at the HI. Each member knows exactly what his or her role is, whether it is administering medication to reduce chest discomfort, assuring the patient that help is at hand or starting a timer to ensure that the procedure takes place well within the ideal time

of 90 minutes from first hospital presentation. Pictures are taken of arterial blood flows both before the procedure and after and a copy is given to the patient as a souvenir of success.



**Dr. Michel Le May**

Dr. Le May recalls the support he received from Drs. Keon and Higginson when he first explained his vision for a radical change in the treatment of STEMI-type heart attacks. He proposed replacing clot buster medication at local hospitals with the establishment of a centre of excellence in the HI and organizing the speedy delivery of patients to the centre. This was the genesis of the STEMI Protocol. Dr. Le May appointed a coordinator to review continuously how well the protocol is being observed and to recommend improvements based on experience. The program started in 2004 and focused on Ottawa and the immediate vicinity. As its beneficial impact was quickly recognized, the network grew to include the hospitals in Almonte, Arnprior,

Carleton Place, Kemptville, and Winchester, forming a “ring” around Ottawa that could be relied on to expand the service to the 11 other hospitals within the LHIN. As of May 2009, due to this expansion, the HI STEMI network became one of the largest in North America and indeed a model for the rest of this continent as well as Europe. It is expected that the HI will perform close to 500 STEMI procedures a year.

Dr. Le May also points out that the HI is in a unique position to provide full, comprehensive support to the patient, well beyond the STEMI. Such services include cardiac education through the Heart Health Education Centre, smoking cessation and rehabilitation programs, telehealth monitoring and diagnosis services.

Notwithstanding the many achievements realized by the STEMI program, supplementary funding to support the infrastructure has been limited. The Alumni will be examining how we can provide some financial support directly to the STEMI program through your donations to aid this most worthwhile, highly recognized life-saving initiative.

Dr. Le May is a perfect example of a person who believed in a vision, persevered in its realization and overcame all obstacles, whether bumps along the road or mountains. In

fact, mountains do not present the slightest challenge to him since he is an avid mountain climber who, accompanied by his daughter, scaled Mount Kilimanjaro (elevation 19,340 feet!) two years ago.

Our sincere congratulations and gratitude go to Dr. Le May and his incredibly devoted and dedicated team for their major contribution to heart health, locally and far beyond. Thank you, Dr. Le May, from the bottom of our HEARTS!!!

The Alumni would like to take this opportunity to congratulate Dr. Le May on receiving The Canadian Institutes of Health Research (CIHR) and the Canadian Medical Association Journal (CMAJ) first-ever CIHR-CMAJ Top Canadian Achievements in Health Research Award, recognizing and celebrating Canadian health research and innovation excellence. Dr. Le May, of course, was recognized for the development of this new way of handling heart attacks at the Ottawa Heart Institute via the STEMI Process.

*(By John Herzog and Michael Doherty)*

## JOEL PERELMUTTER'S STEMI EXPERIENCE

Almost four years ago in December 2005, at the age of forty-two, Joel Perelmutter bent down to pick up something he had dropped on the floor. Suddenly, a sharp pain grabbed his chest, followed by a tingling sensation in his arms. At that moment, with terrifying clarity, Joel realized he was having a heart attack.

Joel had been to the doctor earlier that day, complaining about a very bad stomach ache. His doctor checked him over but did not find anything wrong at the time. On his way home, Joel stopped in briefly at his father's house. His dad was out of town and he had promised to check and make sure everything was OK. Everything was OK until he bent down to pick up something on the floor. Somehow he managed to drive himself home, at which point his wife promptly called 911.

The ambulance took him first to the Queensway Carleton Hospital, then immediately from there to the Ottawa Heart Institute. In less than two hours, he was in the Catheterization Lab, having a life-saving STEMI procedure performed on his blocked artery by Doctor Lemay. Like many people, Joel did not have any warning that a storm was brewing in his heart. Yes, he had experienced

shortness of breath from time to time, but that was easily chalked up to being a smoker. Besides, how many forty-two-year-olds have heart attacks? Joel remembers being surprised at how painless the heart procedure was compared to the hip replacement he had a few years earlier. Dr. Lemay explained everything he was doing, and showed him where he could watch the progress on an overhead monitor.

Also, he could feel himself getting better almost immediately. The pain had been quite strong, and it seemed to be just melting away. It was amazing to him that his condition was treatable without major surgery.

That heart attack was the beginning of a life-altering journey for Joel. In the days and weeks that followed, his physical and mental approaches to life were transformed, with the help of the Cardiac Rehab team. Prior to the heart attack, Joel was results-driven and work-oriented. He adored his wife and daughter and enjoyed the times they spent together but he also spent a lot of stressful time at work. The heart attack was a wakeup call. While still in the Catheterization Lab, he came to the realization that his family was absolutely the only thing of importance. Nothing else mattered. It wasn't his job or the money he was

determined to live for. It was his family. As well, his daughter would soon be having her Bat Mitzvah, and Joel was determined to be there. As he told this story, there was no doubt in the tone of his voice that this was to be his number-one goal.



**Joel Perelmutter**

photo by Altagracia Espin

"My heart attack would not have happened if I had been doing the right things in my life," said Joel. At the time of the attack, he was about 10 pounds overweight and smoked. He was fond of frequenting the modern-day equivalent of an opium den, better known as a fast food restaurant. In addition, Joel was the poster boy for worrying about just about everything.

In retrospect, Joel found he had been living a rather indulgent and somewhat selfish life. From now on, he was determined to listen to the lessons both the heart attack and the Heart Institute were teaching him.

Above all, his immediate goal was to be healthy and to attend his daughter's Bat Mitzvah. Joel eagerly embraced the many opportunities offered by the Cardiac Rehab program. For example, even though he stopped smoking after his heart attack, he attended the smoking cessation seminars offered through the program. He accepted a nicotine patch to ensure he was able to truly move from being a smoker to being in the non-smoker category.

The Cardiac Rehab program provided courses on nutrition which taught him how to read labels and to alter recipes to suit his new lifestyle. The fitness program, with its state of the art equipment, allowed him to start shedding some unwanted weight. An exercise routine was created to specifically address his condition and his physical abilities. Joel followed that regime under the excellent guidance of the Cardiac Rehab staff for three months. To this day, Joel still makes time in his busy schedule for exercise.

So, where does that leave Joel today, almost four years after his heart attack? Well, he feels he now has his priorities in order. He is a steadfast non-smoker even though he took up the habit at the age of eighteen. He also lost forty pounds and has managed to keep the pounds off. He thinks about what happened to him every

single day, which helps him to keep his stress levels and priorities in order. And did Joel make it to his daughter's Bat Mitzvah? Indeed he did.

"It was one of the happiest days of my life," he says. "I think I was the proudest father in the world that day, and I was there because of the help that I received from Dr. Lemay, his team and the Heart Institute."

I asked Joel, if he could have the last word, what would it be? Without hesitation he replied, "Life just doesn't get any better."

(By Nancy Lawson)

### FALL LECTURE: "SIZE DOES MATTER": A BURNING QUESTION

Among the nagging questions in the minds of people at cardiac risk – whether they've already experienced a cardiac event or are simply aware they eventually could – are the following: If I feel pain, how do I know whether to act on it? How bad does the pain have to be before I call 911? Am I being melodramatic? Is this feeling just indigestion or heartburn? Such questions can race through our minds as we lie in bed at night experiencing what we think may be ischemic cardiac pain, the absence of blood flow or a lack of blood flow to the heart muscle. Many articles in popular magazines

and ads on TV leave the general impression that the warning will appear in the form of lacerating chest pain. It is also widely believed that women's symptoms are totally different from men's.

So it was helpful and informative to hear the Alumni Fall Lecture last October in the Foustanelas Auditorium of the Heart Institute where Advanced Practice Nurse Marlene Adam shared with the audience of about 35 people her years of experience involving thousands of patients and the results of her recent study of symptom recognition. The audience was welcomed by Alumni Board Vice-President Daniel Letouzé, after which Karen Charron, Clinical Manager, introduced the speaker. Marlene joked that the catchy title of her talk - "Size Does Matter" - had filled the room the last time she presented it, while other speakers that conference attracted had poorer showings. She was led to this research by her belief - acquired from listening to numerous patients telling of their pain experience - that the actual surface area encompassed by a certain symptom indicated that the heart may be the "culprit" or origin of the symptom. To set the scene, she used a colourful slide illustrating what happens when plaque forms, causing restricted blood flow in an artery that should be delivering flow to the heart muscle. The resulting

symptom is usually chest pain or chest discomfort, which may occur during activity or at rest and can be characterized as a pressure, a heaviness, a squeezing or a burning sensation. Because of the number of descriptors people use to describe the sensation, confusion arises. Are the symptoms similar to what the patient has read about or what they've seen on television or to what their neighbour had? People are always trying to fit their particular symptom into a category that might be the same as someone else's and that can create confusion, sometimes causing delays in getting medical attention. Recognizing



**Marlene Adam**

the importance of our symptoms is not very straightforward. Nurse Adam told us how much she has learned over the years in her numerous encounters and conversations with cardiac patients about their symptoms. One of the most important things she realized is that 'cardiac pain is not always severe'. It is often just "extremely annoying." Nor is

pain always located in the chest. It may be in an adjacent area such as the neck, the throat, the arms, the shoulders, perhaps the back, or the chest. "In today's environment where we can do so many things somewhat magically," she said, "like opening up arteries with angioplasty, using stents, the early recognition of symptoms becomes very important". In her chats with patients about their discomfort, the most recurring theme was that cardiac pain encompasses a huge surface area regardless of its severity. The intent of her study was to confirm that this is true. Is the size of discomfort an indicator of cardiac ischemia?

The study was designed to explore the patient's perspective. Instead of looking at a chart to find out what the patient's symptoms were, or looking at the diagnosis, they asked the patient to describe what had happened that made him or her come to hospital, in terms of the size and the location of the discomfort. This was done using a questionnaire which was filled out by a group including both inpatients and outpatients. The descriptors of the surface area of discomfort went from the smallest (the size of a quarter) to the size of a fist or a hockey puck, to one outstretched hand, and then to larger than an outstretched hand or two outstretched hands or more. The questionnaire listed thirteen locations where

cardiac discomfort is known to occur, and the person was asked to indicate either No, or Yes as well as the size (from quarter to two outstretched hands) of the surface area. They also wanted to know whether this was the one and only time the person had had the feeling, or whether they had had three or four episodes in the previous three or four weeks. Did they think the discomfort they were experiencing was heartburn or indigestion? Did they think it wasn't important enough to be worried about it? Were they short of breath?

The researchers used the chart to determine whether or not the subjects being studied fit the group in terms of what we know to be the most common risk factors. 51% of the patients had high cholesterol, 52% were smokers, 49% had high blood pressure, 31% were either diabetics or obese and 40% had a previous family history of heart disease.

The findings were very interesting. Women seemed to have a little more discomfort located in areas other than the centre of the chest such as lower jaw, right shoulder and right arm. This, however, doesn't mean they never experience pain in the chest. Although popular magazines strongly argue that women's symptoms are totally different from men's, this is not always

## THE BULLETIN

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the case. If a woman feels severe pain in the centre of her chest, she may say to herself, "I'm not a man so therefore maybe it's not my heart." Such a reaction can be a clear confounder for women. Similarly, men can have pain in the right shoulder or the lower jaw – not exclusively in the centre chest. So anyone can have discomfort anywhere in the area from two inches above the belly button up to and including the lower jaw – an important finding. Among the study population, 91% of them had occlusive coronary disease as seen in angiograms. Of those people, 71% said that the surface area of their discomfort was either one large hand or greater, regardless of where it was located. Considering only the number of locations, 85% of the people said that the pain was located in more than two places – perhaps chest, perhaps left arm, perhaps right arm. In one location the pain could be just the size of a hockey puck but, "if you've got two hockey pucks, that would be the equivalent of one outstretched hand but in two different locations. Another important discovery.

74% of the patients experienced symptoms prior to their admission: 16% said they felt it days before, 33% said weeks before and 13.5% said months before. "So," said Nurse Adam, "a lot of people are saying they're having a whole lot of

warnings of cardiac ischemia and may or may not be seeking medical attention. That's worrisome." 26% of people have no warning at all. It was impossible for the study to reach statistical significance with the sample size they had – 97 people. However, people experiencing cardiac ischemia describe the surface area of discomfort as large every time. Is the size of surface area discomfort a potential self-evaluation tool which can assist patients in identifying a cardiac symptom as important enough to require prompt medical attention? "Maybe," says Nurse Adam. "Maybe it should be added to our definition, particularly for public education, of the symptoms of cardiac discomfort that require medical attention rather than saying that only "severe, clenching, dramatic discomfort is worthy of medical attention. Not so."

What should we be doing then if we experience a burning pain in the middle of the chest? Maybe we should refocus and start to look not only at the chest but at the upper body, asking ourselves whether the pain covers a large area. So then it doesn't really matter whether or not you describe it as a heaviness, a pressure, a burning or indigestion, as long as it's big and in the upper part of the body. Maybe that is sufficient. The pain may or may not be severe; it will be annoying and it will probably be

very persistent. If it lasts more than fifteen minutes or causes sweating or weakness, uneasiness or fear, you should be calling 911. Pain that causes sweating is clearly not normal. Shortness of breath is another signal for action, sometimes your first one, and is not always associated with chest discomfort. Sudden dizziness or passing out are also medical emergencies.

In the light of the interesting research she had described, this review of warnings and symptoms became more meaningful. The lecture was followed by a question period where people showed their interest in and appreciation of the work done by Marlene Adam and her team. It is to be hoped that people left the Heart Institute that evening with a new perspective on the recognition of cardiac symptoms.

*(By Judy Hamelin)*

## **OTTAWA HEART INSTITUTE ALUMNI INC. (OHIA) REPORT OF THE SECRETARY-TREASURER - DECEMBER 31, 2009**

### **Financial Summary**

As the Alumni Secretary-Treasurer it is my pleasant duty to report that your Alumni's finances are sound and that there are appropriate reserves to see us through most

unforeseeable event(s). The reserves incorporate both operational and donations. The operational reserve is an accumulation of all the operational surpluses from previous years - as is the reserve for donations. Please note 100% of all donated funds support UOHI Projects, whereas only the OHIA Membership fees are used for administrative purposes.

### Financial Statements

The Ottawa Heart Institute Alumni Inc. audited Financial Statements for the year ended December 31, 2009 are presented in this issue of The Bulletin. Copies will be available at the OHIA's upcoming Annual General Meeting (AGM) in June – or accessible on line at

<http://www.ottawaheartalumni.ca/>  
Over this past year, due to your valued donations, the Alumni contributed \$215,000 to much needed University of Ottawa Heart Institute (UOHI) projects and services. They help directly in our mutual quest to improve the care and comfort of heart patients or indirectly by freeing up our hard-working nurses and doctors - thus enabling them to work more efficiently and effectively – which, in turn, has contributed significantly to improving the health of our fellow heart patients.

"The Alumni funded a total of \$215,000 for projects in 2009 for UOHI initiatives in various departments." A comprehensive list of these initiatives may be accessed on the Alumni Web Site.

### Membership

I wish to report our membership is growing steadily. We continue to notify prospective members to join the Alumni and seize the opportunity to help the University of Ottawa Heart Institute.

Once again, thank you all so much for your generosity and support.

Yours truly,



Karen M. Meades, CA

Secretary-Treasurer  
Ottawa Heart Institute Alumni Inc.

**THE OTTAWA HEART  
INSTITUTE ALUMNI INC.**  
Statement of Financial Position  
as at December 31, 2009

**WATSON FOLKINS COREY LLP**

	2009	2008
		(Unaudited)
<b>CURRENT ASSETS</b>		
Cash	\$ 186,970	\$ 178,550
Accounts receivable	4,983	-
Term deposits	86,062	83,711
	278,015	262,261
<b>CAPITAL ASSETS (note 4)</b>	516	646
	<b>\$ 278,531</b>	<b>\$ 262,907</b>
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	23,871	14,028
GST payable	6,445	3,913
Deferred membership revenue	39,805	46,931
	70,121	64,872
<b>NET ASSETS</b>		
Unrestricted	208,410	198,035

**THE OTTAWA HEART  
INSTITUTE ALUMNI INC.**

Statement of Revenue and Expenses  
and Changes in Unrestricted Net Assets  
for the year ended December 31, 2009

WATSON FOLKINS COREY LLP

	2009	2008 (Unaudited)
<b>REVENUE</b>		
Memberships (note 8)	\$ 62,612	\$ 64,652
Donations	7,120	-
Interest	3,197	12,180
Annual General Meeting	2,550	3,450
Other	595	-
Donations in kind	200	8,206
	<b>76,274</b>	<b>88,488</b>
<b>EXPENSES</b>		
Charitable programs	-	190,858
Postage and printing	18,750	32,549
Bulletins	15,638	16,281
Honorariums (note 6)	10,190	2,000
Hospitality	4,124	3,162
Office and administration	3,599	10,970
Annual and general meetings	3,486	5,385
Professional fees	2,825	1,500
Insurance	2,313	2,313
Awards	1,500	2,500
Computer and website	1,358	9,038
Interest and bank charges	1,041	2,039
GST not available for rebate (note 8)	745	1,639
Volunteer awards	200	1,095
Amortization	130	161
	<b>65,899</b>	<b>281,490</b>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>	<b>10,375</b>	<b>(193,002)</b>
Unrestricted net assets, beginning of year, as previously reported	217,657	396,589
Correction of prior years' revenue and expense (note 8)	(19,622)	(5,552)
Unrestricted net assets, beginning of year, as adjusted	198,035	391,037
<b>UNRESTRICTED NET ASSETS, END OF YEAR</b>	<b>\$ 208,410</b>	<b>\$ 198,035</b>

**NOTICE THE OTTAWA  
HEART INSTITUTE ALUMNI  
INC. TWENTY-FOURTH  
ANNUAL GENERAL MEETING  
JUNE 1, 2010 AT 6:30 PM**

The 2010 AGM will be held in the Richmond Room at the Nepean Sportsplex, at 1701 Woodroffe Avenue. There is ample parking behind the Sportsplex (on the east side), where the entrance to the Richmond Room is located. Go in Entrance C. There is a fairly short stairway up to the Richmond Room. If the stairs pose a problem, inside the entrance there is a door on the right that leads to an elevator to the Richmond Room level. Catering is by Capone's.

**NOTICE IS HEREBY GIVEN  
THAT:**

Pursuant to Section III, Articles 30 - 37, inclusive, of the Constitution of the Ottawa Heart Institute Alumni Inc., the Twenty-fourth Annual General Meeting of the Alumni will be held on June 1, 2010.

**AGENDA**

- Call to order
- Minutes of the Twenty-Third Annual General Meeting, June 4, 2009
- Financial Report for the year ended December 31, 2009
- Appointment of the Auditor for 2010
- President's Report
- Report of the Nominating Committee: Board of Director Nominees for 2010-2012
- New Business
- Adjournment of the Annual General Meeting

**POST MEETING PROGRAM**

**Dinner - 7:15 PM**

Two choices for your main course are offered:

- Roast Spring Chicken, served with a Madeira wine sauce **\$ 35**
- or
- Fillet of salmon, served with a limone sauce **\$ 40**

Included are: salad, seasonal vegetables, potatoes, rolls and butter; glass of red or white wine; and dessert with coffee or tea.

**ENTERTAINMENT**

A jazz duo, Howard Tweddle and Erica Feininger, playing piano and saxophone, will entertain us with their music and vocals between the end of the meeting and the start of dinner and following the Award presentations.

**N.B. - You must specify your choice of main course when ordering your tickets.**

**Award Presentations**

- The Mary Clinckett Alumni Award
- The Wilbert J. Keon Award
- The Alumni Volunteer Award

**Seating will be limited. Please complete the form on page 11 and mail it to:**

The Ottawa Heart Institute  
Alumni Inc.  
40 Ruskin Street  
Ottawa, Ontario K1Y 4W7

**or telephone the Alumni  
Office at 613-761-4370**

**ANDRÉ PASCAL**

In December 2009, the Board of Directors appointed André Pascal as an Alumni director to

fill the vacancy created by the resignation of Dan Trahan. In accordance with the Alumni Constitution, Mr. Pascal is standing for election at the 2010 AGM to complete the term ending in June 2011.

André Pascal was born, raised and educated in France. When he was 16, a flight in a biplane trainer lead him to get a private

pilot's license. He joined the French Air Force in 1952 and was sent to the United States for training under the Mutual Defense Atlantic Pact (a precursor to NATO) in Texas and Arizona. André later found work in civil aviation with Pan American and moved to Montreal in 1957 as a Reservations Officer. He subsequently held positions

with Air France in Montreal, Vancouver and Ottawa. In 1974, André joined the Canadian Foreign Service as a Trade Commissioner in Buffalo, Boston and Los Angeles in the US and Frankfurt am Main and Bonn in Germany. He also served as Deputy Director, Personnel in Ottawa between postings.

**The Ottawa Heart Institute Alumni Inc.  
Twenty-Third Annual General Meeting  
Tuesday June 1, 2010 at 6:30 PM**

**Or telephone the Alumni Office at 613-761-4370**

I would like \_\_\_\_\_ tickets. Dinner choices are: \_\_\_\_\_ chicken \$35; \_\_\_\_\_ salmon \$40

Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

Municipality: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Total amount: \$ \_\_\_\_\_  Cheque enclosed or charge to:

MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Card No.: \_\_\_\_\_ Expiry : \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**SPRING LECTURE****"Latest Technology Helps Save Lives at the Heart Institute"**

Timothy J. Zakutney, MHSc, PEng, CCE

Mr. Zakutney is Manager of Biomedical Engineering at the world renowned University of Ottawa Heart Institute, providing leadership and guidance surrounding medical and biomedical technology issues for healthcare. Mr. Zakutney will speak on the topic of the changing role of Biomedical Engineering and Technology at the Heart institute as well as the challenges his unit faces with regard to the Capital Equipment process.

Ms. Christine Struthers, RN, BScN, MSc

Ms. Christine Struthers is the Advanced Practice Nurse for the Cardiac Telehealth program at the University of Ottawa Heart Institute. Ms. Struthers will speak about telehealth and its use at the Ottawa Heart Institute

DEBBIE HUBBLE.

*Ms. Hubble is the Manager Clinical Perfusion and Mechanical Circulatory Support Devices*

*UOHI and Cheo. Ms. Hubble will speak on Bridging to Decision-the role of Mechanical Circulatory Support Devices*

**When:** Tuesday April 20, 2010 Refreshments at 7 pm, Lecture at 7:30

**Where:** Foustanelas Auditorium, 2nd floor of the University of Ottawa Heart Institute, 40 Ruskin Street

**Please call 613-761-4370 to confirm your attendance as space is limited. Spouses and guests welcome.**

THE OTTAWA HEART INSTITUTE ALUMNI INC.  
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