We care.

04-05 Community Report
At Providence, providing health care is more than just about having state-of-the-art technology, the latest medicines, or the newest surgical techniques. Our care professionals and staff know the power of compassion and understanding play an equally important role in the healing process. To give a smile, a reassuring word, to build trust and take the time to listen to a patient, resident or family member's concerns – it's all part of making every individual feel special in their care experience.

We have been serving British Columbians for over 100 years. In living the spiritual message and mission of our founding Sisters, we understand the more personal capacity we can dedicate to caring for others, the deeper significance and meaning we can find in our lives.

That translates into an enduring commitment to our patients, residents and communities – a commitment that makes “we care” both an apt descriptor of our mission and of our staff's empathy.

Caring for Patients: A Tradition of Quality, Expertise and Empathy

Providence Health Care's people and facilities have developed and fostered strong bonds with the communities and people we serve.

Bonds based on trust and faith; bonds based on an understanding that when patients need treatment, we can deliver on our promise of quality care and timely access in a safe and effective manner.

As a world-class acute-care, academic and research organization, care at Providence encompasses a wide continuum of specialty and general areas – cardiac, intensive care, ear, nose and throat, palliative, respiratory, maternity, gynecology, ophthalmology, renal, pain management, gastro-intestinal, diabetes, geriatric psychiatry, geriatric medicine, specialized rehabilitation services, emergency, radiology, mental health, eating disorders, HIV/AIDS, and general and specialized surgery.

With an aging population and mounting pressures on our health-care system, one of the biggest challenges we all face is to meet the fast-evolving needs of patients, families and the community.

New and innovative technologies are greatly enhancing the delivery of care to patients at Providence. Last year, Mount Saint Joseph Hospital added a new CT scanner – the most current technology available – allowing radiologists to perform an array of procedures not possible before.

Continuously improving quality of care, access and patient safety requires a well-integrated use of new technology, medicine, better clinical processes and pathways, and enhanced planning on a regional and provincial level.

Providence's 1,500 physicians, and over 5,000 nurses, specialists and staff made significant progress in addressing these challenges over the past year.

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Making Meaningful Connections with Patients

John Currie knows first hand that words such as “compassionate care” and “commitment to patients” would be empty platitudes unless backed by real action. The life-saving treatment he received from Providence doctors, nurses and staff defined for him what care should be about.

“I was in the intensive care unit for just over a month, near death,” says John. “St. Paul's staff literally saved my life.”

John was on an overseas flight back home to Vancouver when he experienced severe flu-like symptoms. John was hospitalized immediately after that flight, and was rushed to the intensive care unit where he was intubated and put on life support. Influenza had led to severe double pneumonia, staph infection, septic shock, and later, E.-Coli. He knew many of the staff on the 3rd floor, as his premature identical twin boys had spent months in the Special Care Nursery, which just happens to neighbour the intensive care unit.

“In addition to the high level of medical expertise shown by St. Paul's Hospital staff, of equal importance was the true sense of empathy and support they provided to my pregnant wife and family, while I lay in a coma.”

After his recovery, John organized a Nova Scotia style lobster dinner at the hospital to thank about 150 staff members for their life-saving efforts.

“The doctors and nurses made a meaningful connection with our family and had an open line of communication that helped us all get through our ordeal. Words cannot describe my gratitude for their life-saving skill sets, and the support they consistently delivered to family and close friends.”
addressing increased ER traffic. Renovations at St. Paul’s Hospital ER added a four-bed triage unit to expedite urgent ER cases. Improved timeliness of bed cleaning and additional clinical and patient-access staff at St. Paul’s and Mount Saint Joseph hospitals enhanced ER traffic coordination and flow.

In addition, Providence secured future funding for 15 more mental health beds, 20 more medicine and four intensive-care unit beds – new resources that will further reduce ER wait times for greater numbers of patients.

Providence’s Intensive Care Unit started its participation in a national project to improve the care to patients on ventilators and, in coordination with medical emergency teams, reduce the incidents of cardiac arrest.

Patients benefited from Providence’s emphasis on best practices and quality care. New effective processes of treatment called “clinical pathways” – for Foot & Ankle Clinic, Fractured Hip Clinic, and Major Bowel Surgery patients – continued to decrease lengths of stay, increase patient satisfaction, improve pain management and enable better recovery outside of hospital settings. The Foot & Ankle Clinic received the 3M Award of Innovation in 2004 for its breakthrough work in developing the new pathway.

Our Laboratory Services are also being recognized with a 3M Award of Innovation for improving service to patients and staff.

A redesign of processes has resulted in 50-60 per cent improvement in turnaround times for lab results, reduced administrative costs, decreased potential for errors, and improved working environment and safety conditions. The benefits are especially helpful for the emergency department, where quick turnaround times for lab tests are essential for delivering timely and effective care.

Along with assurances of quality care through best practices and use of new technologies, patient safety is of the highest priority at Providence. Last year, the Patient Safety Committee focused on further improving such areas as infection control, medication delivery, clinical alarm systems, patient information and identification, inter-unit communications, and fostering a blame-free culture that encourages problem solving and early identification of safety barriers.
Caring for Residents:
Making Improvements, Meeting Changing Needs

Enhancing the quality of life and care for one of Providence’s main populations of emphasis – seniors and elders – requires continuously improving elder-care facilities and work practices.

We have a comprehensive approach to residential care renewal, ensuring our residential complex-care services, delivered at Youville Residence, Brock Fahrni Pavilion, Holy Family Hospital, Mount Saint Joseph Hospital and Langara, remain at the forefront of providing compassionate programs and services.

Last year, Providence made important progress toward this vision, initiating the development of a new “campus of care” at the former St. Vincent’s Hospital, Heather site. Providence held two public information sessions to detail its first-phase plans for 60 assisted-living units at the campus. Once planning and development of more care components are completed, the campus will enable seniors to “age in place” with a range of available services, including access to on-site clinics, support services such as meals or rehabilitation, and complex or extended-care services providing around-the-clock professional care.

At the heart of our priorities is the on-going implementation of the Eden Alternative philosophy of care. With the adoption of this philosophy in our care environments, Providence is moving from a traditional institutional model, with its three major challenges of loneliness, helplessness and boredom, to one that supports vibrant residential communities.

These communities aspire to care for the body and for the human spirit.

With the adoption of the Eden Alternative in our care environments, Providence is moving from a traditional institutional model, with its three major challenges of loneliness, helplessness and boredom, to one that supports vibrant residential communities.

Whether it’s building new social-activity rooms for seniors – such as the Sun Room at Langara or the Bamboo Lounge at Mount Saint Joseph Hospital that opened last year – or responding to special needs of elders – such as the special care neighbourhood at Youville, or new rehabilitation technologies at Holy Family Hospital – family members and staff grow together and interact to find solutions and create healthy and supporting relationships. Solutions such as the Primary Care project and the new Residential Care Staffing Model are designed to meet the evolving needs of seniors.

The Primary Care project will redefine and enhance the physician model of care – a model capable of providing 24/7 access to physician services and improving interdisciplinary care at residential sites. The Staffing Model Redesign is improving the ratio of resident care aides to residents, which results in more hours of care per resident, allows other professional staff to focus on their priority roles, and ensures that staff are available to support residents and activities on days and evenings.

Remaining at the forefront of providing the best available care requires staff to be well informed of changing resident needs. Providence staff use a tool called the

(continued on facing page)

Nurturing the Mind, Body and Spirit

Providence’s priorities focus on providing our residents with an environment that cares for the mind, body and spirit. By helping them have the greatest independence possible and offering many activities to bring variety to their daily lives, staff work with residents to eliminate helplessness, boredom and loneliness.

Rose Cosco, a resident at Youville Residence for seven years, takes full advantage of several of the activities offered at the care home. Rose, 86, is an avid participant in Youville’s weight-training program, which takes place three times a week.

“I find that it makes quite a difference, especially with my balance and mobility,” says Rose. “The staff are so encouraging and have a great sense of humour—they make the class fun and enjoyable for everyone.”

A leader and motivator, Rose puts her skills to use by representing the residents as chairperson of Youville’s Resident Association Council. The council provides a means for residents to discuss issues of concern and plan activities and special events that interest them.

“The council is a good way to keep all of the residents informed of what is going on,” says Rose, who has been a member of the council for four years. “We are able to discuss what we want to do and changes we would like to see.”

Rose also stays active by delivering mail to all the floors at Youville, playing games of shuffleboard and bowling, tending to her outdoor garden and taking bus trips into the community. Her enthusiasm inspires other residents to be active participants, helping make Youville Residence a vibrant community in which each person finds meaning.
Youville resident Rose Cosco (left) keeps in shape with help from physiotherapist Liz Ball. (See sidebar story opposite page)

Minimum Data Set (MDS) to assess and understand residents’ requirements and to make appropriate care plans. Providence was the first in the health region to implement MDS, and will also use it to measure and evaluate the services we provide.

Further informing and supporting our elder care vision is the Centre for Aging and Health located at Providence. The Centre appointed Dr. Jean-François Kozak as the new Director of Research, who is heading a national study on how physical environments can help manage challenging behaviours in people with dementia.

The Centre is also playing a leadership role in defining the health region’s vision for future campuses of care. The Centre will conduct a precedent-setting outcomes study to understand the impacts of a campus of care on its residents and the community. Last year the Centre also organized and hosted Canada’s first Leadership Program for Medical Directors/Coordinators in Long Term Care.

When Elizabeth Rogers first started visiting her dad at Brock Fahrni Pavilion in 1999, she never would have guessed that six years later she would be accepting PHC’s Mission in Action Award for her exemplary role as leader of the resident weekend gardening program, which she began.

After her father passed away in 2000, something kept Elizabeth coming back to volunteer her time and energy. “This is very much a passion for me,” says Elizabeth who has committed over 1,000 hours as a volunteer. “Hearing the residents’ stories, many who are World War II veterans, and seeing the joy they get from gardening, makes it all worth it.”

The weekend gardening program has enhanced the lives of residents by giving them the opportunity to eliminate boredom and loneliness, and to feel useful.

“Not only do they make the rooftop garden look beautiful, but they also plant vegetables, nurture them, pick them and, of course eat them,” says Elizabeth.

Providence Health Care is blessed to have over 1,400 dedicated volunteers like Elizabeth, who contribute over 60,000 hours of time and energy each year. Every day they make a difference to the lives of our patients, residents and the communities we support.
Caring for Research:

Exploration, Discovery, Solutions

As a University of BC affiliated organization, Providence’s philosophy of compassionate care is greatly supported by its renowned research and academic programs in more than 30 clinical specialties.

Our centres – the Heart Centre, the Centre for Aging and Health, the BC Centre for Excellence in HIV/AIDS, the Centre for Health Evaluation and Outcome Sciences (CHEOS), and the cardiovascular and pulmonary diseases research group ICAPTURE – attract top researchers and clinicians from around the world.

A high percentage of our researchers also have care-giving responsibilities at our health-care facilities, ensuring a strong connection between the benefits of research translating into patient care.

In addition to the appointment of Dr. Yvonne Lefebvre as the new Vice President of Research and Academic Affairs, the past year saw the establishment of the Providence Research Institute. The institute will allow us to take full advantage of future funding opportunities by focusing our research efforts and facilitating research collaborations across disciplines and with industry.

Research and treatment of lung disorders is a main priority at Providence. Last year, the Pacific Lung Health Centre opened, housing research, lung-function testing, clinics, and patient-education services. Using a strong multi-disciplinary approach to lung diseases, the Centre will provide patients with a better quality of life and save health-care resources by lowering instances of acute attacks that require expensive hospital stays.

Our stories of achievement over the past year included everything from influential papers to career awards to the launch of complex studies.

The link between lung and heart disease is also the focus of a new study launched by Heart Centre researchers Dr. Don Sin and Dr. Paul Man. Patients with Chronic Obstructive Pulmonary Disease (COPD) suffer for years from lung disorders. The researchers are working with the ICAPTURE Centre and others across Canada to investigate a suspected blood protein – called C-reactive protein – as a cause for heart disease in COPD patients.

The B.C. Centre for Excellence in HIV/AIDS performs state-of-the-art research of HIV, treatment of HIV infection and how the HIV epidemic is affecting British Columbians. The rapid incorporation of research results into clinical practice ensures that our patients receive a continually evolving standard of evidence-based care.

The BC Centre for Excellence in HIV/AIDS published an important study last year in the International Journal of Infectious Diseases that tracked more than 1,000 people who began anti-HIV drug therapy over 30 months. Dr. Richard Harrigan and colleagues reported that adherence to the medication regimen had the greatest impact on drug resistance. Patients who missed less than five per cent...
Kidney and heart transplant recipient Gordon Allan (left) supports the research on organ rejection co-led by Dr. Bruce McManus (right).

Patients who took of their medications least likely to develop resistance. Patients who took their medication only 80 per cent to 90 per cent of the time were most likely to develop resistance.

An ICAPTURE team received $9.1 million to develop a new test to diagnose and help in the treatment of organ rejection in transplant patients. The research by Drs. Bruce McManus, Paul Keown and Rob McMaster will try to find a way to monitor and predict organ rejection using a simple blood test. It's the largest study of its kind ever in Canada and will focus on patients who have undergone liver, heart and kidney transplants.

Last year, CHÉOS researchers Dr. Jim Christenson, Dr. Adrian Levy and Dr. Jim Russell further helped establish Providence and BC as a regional centre for research to improve resuscitation outcomes in cardiac arrest and trauma patients.

The Centre for Health Evaluation and Outcome Sciences (CHÉOS) is an interdisciplinary research collective that evaluates, interprets and provides health outcome information to create healthier communities. Last year, CHÉOS researchers Dr. Jim Christenson, Dr. Adrian Levy and Dr. Jim Russell further helped establish Providence and BC as a regional centre for research to improve resuscitation outcomes in cardiac arrest and trauma patients. Dr. Christenson was one of the authors of an out-of-hospital cardiac-arrest study published in the prestigious New England Journal of Medicine.

With its continued strong emphasis on research and learning, Providence is contributing to making BC a national leader in health sciences, while improving direct care for patients.
Financial Statements & Statistics for 2004 – 2005

STATEMENT OF REVENUE & EXPENSES
For Years Ended March 31 (in thousands of dollars)

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2004</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministry of Health</td>
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<td>403,885</td>
<td>22,745</td>
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<tr>
<td>Other Revenue</td>
<td>65,499</td>
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<tr>
<td>Amortization of Deferred Capital</td>
<td>22,427</td>
<td>28,840</td>
<td>(6,413)</td>
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<tr>
<td>Total Revenue</td>
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<td>8,695</td>
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<tr>
<td>Expenses</td>
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<tr>
<td>Salaries, Wages &amp; Benefits</td>
<td>314,860</td>
<td>342,548</td>
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<td>Medical &amp; Surgical Supplies</td>
<td>34,059</td>
<td>31,224</td>
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<tr>
<td>Drugs</td>
<td>58,016</td>
<td>47,997</td>
<td>10,019</td>
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<td>Other Supplies &amp; Services</td>
<td>83,788</td>
<td>64,662</td>
<td>19,126</td>
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<tr>
<td>Depreciation of Capital Assets</td>
<td>22,539</td>
<td>28,840</td>
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<tr>
<td>Total Expenses</td>
<td>422,369</td>
<td>444,718</td>
<td>(22,349)</td>
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BALANCE SHEET
As at March 31 (in thousands of dollars)

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2004</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSETS</td>
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<tr>
<td>Cash &amp; Investments</td>
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<td>Accounts Receivable</td>
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<td>Inventory &amp; Other Assets</td>
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<td>623</td>
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<tr>
<td>Total Current Assets</td>
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<td>64,565</td>
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<tr>
<td>Investment in Parkade</td>
<td>1,458</td>
<td>1,701</td>
<td>(243)</td>
</tr>
<tr>
<td>Land, Buildings &amp; Equipment</td>
<td>171,066</td>
<td>172,311</td>
<td>(1,245)</td>
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<tr>
<td>Total Assets</td>
<td>246,303</td>
<td>238,577</td>
<td>7,726</td>
</tr>
<tr>
<td>LIABILITIES &amp; NET ASSETS (DEFICIENCY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>64,042</td>
<td>59,773</td>
<td>4,269</td>
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<tr>
<td>Accrued Vacation &amp; Retiring Allowance</td>
<td>14,678</td>
<td>16,337</td>
<td>(1,659)</td>
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<tr>
<td>Total Current Liabilities</td>
<td>78,720</td>
<td>76,110</td>
<td>2,610</td>
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<tr>
<td>Accrued Retiring Allowance (Long Term Portion)</td>
<td>22,241</td>
<td>22,179</td>
<td>62</td>
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<tr>
<td>Capital Leases</td>
<td>359</td>
<td>1,252</td>
<td>(893)</td>
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<tr>
<td>Accrued Long-Term</td>
<td>12,052</td>
<td>12,757</td>
<td>705</td>
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<tr>
<td>Disability Liabilities</td>
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<tr>
<td>Deferred Capital Revenue</td>
<td>167,609</td>
<td>162,941</td>
<td>4,668</td>
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<tr>
<td>Net Assets</td>
<td>(35,270)</td>
<td>(36,629)</td>
<td>1,359</td>
</tr>
<tr>
<td>Total Liabilities &amp; Net Assets (Deficiency)</td>
<td>246,303</td>
<td>238,577</td>
<td>7,726</td>
</tr>
</tbody>
</table>

EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2004</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation of Capital Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Excess (Deficiency) of revenue over expenses 1,094 (9,210) 10,304

*Certain comparative figures have been restated to conform with the presentation adopted in the current year.

Financial Statements & Statistics for 2004 – 2005

Community Report 2004 - 2005

Message from the President and Board Chair

Delivering on our promise of providing compassionate, faith-based care requires developing the right road map and achieving its milestones. One of our most important accomplishments of the past year was the completion of our Strategic Plan for 2004-2008. The plan is consistent with our vision to “continue to grow as a community, regional and academic health science enterprise that is a recognized leader, and major player, in the provision of health care within British Columbia.” It draws upon our values of developing and fostering the best care environments for patients and residents, enabling our staff to provide programs and services with “caring hearts, creative souls and resourceful actions.”

The Strategic Plan focuses on five key directions: provide excellent care and service; live our mission every day; anticipate of even better things to come.

We continued to make progress in our plans for the long-term renewal of our aging physical infrastructure – the Legacy Project. Detailed business cases are being developed for the future of our acute, research and academic facilities. Our vision is a state-of-the-art facility that addresses BC’s increasing demand for acute care services and builds on our capacity for research and teaching. Whether the new facility is developed at the current St. Paul’s Hospital location or a brand new facility built in Vancouver’s False Creek Flats area, BC needs to continue having a second major academic health-care complex that meets the demands of the future.

Meanwhile, another important, but often overlooked, aspect of the Legacy Project is moving ahead, and that is the renewal of our elder-care homes. At the St. Vincent’s Heather site, demolition work has been completed, allowing us to proceed with the redevelopment and renewal of the site into our first “campus of care.” The campus will be a special place for seniors, with a wide array of residential care services. Work is well underway for the first phase, a 60-unit assisted living residence. Our intention is to renew our existing complex and continued-care facilities and programs to effectively help meet the region’s future needs.

At Providence, we care for our patients, residents and communities. We can look back at the past year with a promise, and forward to the next with faith and anticipation of even better things to come.

Sandra Heath
Board Chair

Providence Health Care Board of Directors 2004 - 2005

For more information about donating to our hospitals, please contact:
Mount Saint Joseph Hospital Foundation: 604-877-8335
St. Paul’s Hospital Foundation: 604-682-8206
St. Vincent’s & Holy Family Health Care Foundation: 604-877-3193

Providence Health Care Society 2004 – 2005

Would you like to support our work?

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President & CEO

Sandra Heath
Board Chair

Providence Health Care