Compassionate. Innovative. Person Centred.

Providence Health Care Annual Community Report 2011 - 2012
A Message From Dianne Doyle and Geoff Plant

Compassionate. Innovative. Person Centred.

It’s clear that Providence Health Care – and health care in general – attracts the kind of people who see caregiving, teaching and doing research as more than just a vocation or career – it’s a calling.

Providence’s 118-year history in BC is built on a foundation of such a calling, as demonstrated by the five congregations of Sisters that founded our care sites.

At Providence, this shared vision is continually demonstrated through an emphasis on compassionate care for all, including society’s most vulnerable members; on continuous improvement and innovation; and on always striving to put the patient or the resident at the centre of care.

We know that to continue the pace of innovation, improve care experiences and better care outcomes, and successfully address ever-increasing complexities and future service challenges, we need to work closer than ever with patients, residents and families.

For that reason, this past year we took intentional steps to transform our organizational culture for the long-term through a comprehensive person- and family-centred philosophy and initiative.

Person- and family-centred care is an approach to the planning, delivery, and evaluation of the health care experience that is grounded in mutually beneficial partnerships among the people we serve, families, and health care providers.

It is founded on the understanding that the family plays a vital role in ensuring the health and well-being of people of all ages.

Providence partnered with Bethesda, Maryland’s Institute for Patient- and Family-Centered Care (IPFCC) to determine our organization’s capacity, readiness and opportunities for implementing person-centered care strategies.

We have started on an exciting path to a visionary undertaking that builds on our existing foundation of quality care, teaching and research – one that is absolutely necessary in effectively delivering our mission.

This transformational change must be viewed as a journey, not a final destination, as it requires an ongoing relationship with our patients, residents, families and communities.

This past year was another exciting one for Providence and our caregivers, highlighted by numerous new care programs and services, amazing research breakthroughs and innovations, and important milestones with our health care, academic and government partners in BC.

This annual report highlights just a small portion of the breadth and diversity of the accomplishments and their positive impact on patients, residents and families. We look forward to a successful and ever-closer partnership with you as we continue our mission to deliver compassionate, innovative, person-centred care.

Dianne Doyle Geographic Plant
President and CEO Board Chair
Providence Health Care

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Who We Are

Our Vision: Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.

Providence Health Care (Providence) is one of the largest faith-based health care organizations in Canada, operating 16 facilities in Greater Vancouver, BC. Providence’s programs and services span the complete continuum of care and serve people throughout BC.

Guided by the principle “How you want to be treated;”, Providence’s more than 1,200 physicians, 6,000 staff and 1,600 volunteers deliver compassionate care to patients and residents in British Columbia, with a focus on six “populations of emphasis”: cardiopulmonary risks and illness, HIV/AIDS, mental health, renal risks and illness, specialized needs in aging, and urban health.

In coordination with its health partners including the BC Ministry of Health, Vancouver Coastal Health and the Provincial Health Services Authority, Providence operates one of two adult academic health science centres in the province and is renowned for its research in more than 30 clinical specialties. Research is conducted through the Providence Health Care Research Institute (PHCRI), which ensures research activities are aligned with Providence’s priority care programs. With over 100 principle investigators, PHCRI enables the pursuit of real-life health solutions for the patients and residents cared for at our sites and across the province of British Columbia.

Providence is home to the Institute for Heart + Lung Health at St. Paul’s Hospital, Heart Centre, BC Renal Agency, BC Centre of Excellence in HIV/AIDS, Centre for Health Evaluation and Outcome Sciences, UBC James Hogg Research Centre, Centre for Healthy Aging at Providence, Prevention of Organ Failure Centre of Excellence, CIHR Canadian HIV Trials Network, and Centre for Practitioner Renewal.

And while large enough to support the most advanced medical technologies, Providence remains a patient-focused, community-oriented organization that values leadership, independent thinking and courageous choices. Providence’s teaching and research programs are affiliated with the University of British Columbia (UBC) and Simon Fraser University (SFU).

Holy Family Hospital is a recognized leader in the provision of specialized rehabilitation for older adults and residential care. As one of the largest provincial referral centres, patients from across BC come to Holy Family Hospital for rehabilitation. As well, the site is home to 142 extended care residents.

Mount Saint Joseph Hospital is located on the east side of Vancouver. The hospital offers both acute care (101 beds) and extended care services (100 residents), and is respected throughout the province for its multicultural focus and community programs.

Youville Residence is a complex residential care home to 42 residents and a specialized unit serving 37 older adult mental health clients. Located in a garden setting, the residence has a full complement of staff trained to care for seniors with advanced care needs.

St. Vincent’s includes three residential care sites; Langara (a complex residential care home to 197 residents and a specialized unit servicing 20 adult mental health clients), Brock Fahrni (a complex residential care home to 148 residents, many of whom are armed forces veterans) and our newest site, Honoria Conway-Heather (assisted living for 60 tenants and supportive housing for eight young adults with disabilities).

St. Paul’s Hospital is an acute care, teaching and research hospital located in downtown Vancouver. It is home to many world-class medical and surgical programs, including heart and lung services, HIV/AIDS, mental health, emergency, critical care, kidney care and numerous surgical specialties.

Marion Hospice has 12 hospice beds for people who are at the end of their lives. Located at Windermere Care Centre, it is the first hospice to be located in Vancouver’s Westside.

Providence Dialysis Clinics serve a total of 480 hemodialysis patients at 124 dialysis stations at eight sites operated under the St. Paul’s Hospital program.

Providence Crosstown Clinic provides an optimized methadone maintenance program, and is home to the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) research trials.
St. Paul’s Researcher Investigates Cause of Common Interstitial Lung Disease

Idiopathic pulmonary fibrosis (IPF) is a relentless disease characterized by scarring of the lung tissue between the air sacs and blood vessels. IPF affects over 200,000 people in North America alone, and 40,000 die each year. IPF has no cure, no effective treatment and has a mortality rate worse than heart failure and many cancers, with a median survival of only three years from diagnosis. Equally important is the poor quality of life, as patients with IPF suffer with persistent shortness of breath that feels like they are drowning. Dr. Darryl Knight, Canada Research Chair in Airway Disease; Michael Smith Foundation Career Investigator; Associate Director, UBC James Hogg Research Centre of the Institute for Heart + Lung Health at St. Paul’s Hospital is currently investigating the cells that produce a thick connective tissue that can build up inside the lungs and cause the scarring that impairs the ability to transfer oxygen to the bloodstream. These cells are called myofibroblasts. His research team, based out of St. Paul’s Hospital, has identified a protein that might regulate how myofibroblasts appear and function but do not die. Through the study, Dr. Knight hopes to determine how to reduce the activity of this protein, and therefore reduce the production of the connective tissue at the root of this disease.

Above: Dr. Darryl Knight in his lab at St. Paul’s Hospital, where he is currently investigating idiopathic pulmonary fibrosis (IPF). He describes IPF as having lungs as scarred and stiff as crushed pop cans. Breathing with IPF is comparable to trying to inflate a crushed can.
Heart, Lung, Kidney Care and Research

“Idiopathic pulmonary disease is often a painful, drawn-out death sentence for patients, with an enormous impact on their quality of life. We are working to learn more about the disease to create new, and much-needed treatments for patients.”

Dr. Darryl Knight, Canada Research Chair in Airway Disease; Michael Smith Foundation Career Investigator; Associate Director, UBC James Hogg Research Centre of the Institute for Heart + Lung Health at St. Paul’s Hospital

New Research Program Investigates Leading Cause of Death for Women

In October 2011, Providence, the St. Paul’s Hospital Foundation, Cardiac Services BC, the Heart and Stroke Foundation of Canada and the University of British Columbia (UBC) announced the first research program in British Columbia to focus on gender-based differences on heart disease and stroke. The UBC Heart and Stroke Foundation Professorship in Women’s Cardiovascular Health is based out of St. Paul’s Hospital, which is known around the world for its work in the prevention of heart disease and for the care, treatment and support of people living with heart conditions.

Surgical Procedure Pioneered at Providence Saves Lives of Cardiac Patients

Dr. John Webb and his colleagues at St. Paul’s Hospital are making open-heart surgery a thing of the past. Instead of the traditional valve replacement technique of open-heart surgery, Dr. Webb’s procedure uses a replacement valve threaded up to the heart using a special catheter inserted into the patient’s artery above the leg. This procedure is a life saver for patients with significant valve problems who would not be able to endure open-heart surgery. The recovery time from this surgery is shorter than for open-heart surgery. Patients may be discharged from hospital as early as within two days of the procedure. Dr. Webb and his team have taught this technique to medical staff in more than 25 countries, who have gone on to perform more than 50,000 of these procedures.

Patients Benefit as Access to Cardiac Rehab Expands

More patients and families have access to specialized heart care closer to their homes thanks to Happy Hearts, a community-based program focused on monitored exercise, nutrition counselling, emotional support and lifestyle change education. The program, designed to help patients and their families recover after a heart attack or other forms of heart disease or surgery, is offered at the Robert Lee YMCA and the Kensington and Dunbar community centres. Happy Hearts was developed by Providence and Vancouver Coastal Health in partnership with Cardiac Services BC, the YMCA of Greater Vancouver and Vancouver Board of Parks and Recreation, with the primary goal of increasing the number of patients able to benefit from cardiac rehab.

Biomarkers to Diagnose and Prevent Killer Lung Attacks

Chronic Obstructive Pulmonary Lung Disease (COPD) affects close to three million Canadians, approximately half of whom remain undiagnosed. It is one of the most common lung diseases worldwide, killing one person every 10 seconds. Dr. Don Sin, Canada Research Chair in COPD and head of the Respiratory Division at St. Paul’s Hospital, is leading a multi-million dollar program at the Centre of Excellence for Prevention of Organ Failure (PROOF) to discover and develop biomarker blood tests to help diagnose the disease more accurately and predict which COPD patients will experience life-threatening lung attacks. The biomarkers will help doctors guide therapy after diagnosis, and may be used to help develop new and better treatments.

BC’s Transplant Teams Set New Records

July 2011 set the record for overall transplants in BC with a record number performed in one month. The total number of transplants performed in July was 35. These transplant surgeries were performed by highly-skilled teams at St. Paul’s Hospital, Vancouver General Hospital, and BC Children’s Hospital.
A clinical trial to test better treatment options for chronic heroin addiction is currently underway. Led by researchers from Providence Health Care’s Centre for Health Evaluation and Outcome Sciences, it’s the only clinical trial of its kind in North America. SALOME, the Study to Assess Longer-Term Opioid Medication Effectiveness, is a carefully controlled three-year clinical trial that will test whether hydromorphone (Dilaudid™), a licensed pain medication, is as effective as diacetylmorphine, the active ingredient of heroin, at engaging the most vulnerable long-term street heroin users, so that they will enroll in treatment programs and end their use of illicit drugs. The interdisciplinary team at Providence’s Crosstown Clinic on Vancouver’s downtown eastside works with those enrolled in the SALOME study, as well as more than 70 methadone clients to provide safe, effective and excellent care. The clinic provides a comprehensive range of primary care services to opiate dependent individuals, including provision of HIV treatment, testing for blood-borne diseases, and treatment of acute and chronic physical and mental health complications of substance use.
Urban Health, HIV/AIDS, Addictions, Mental Health & Research

“As a team, we believe in rising to the challenge of the epidemic of addiction by creating opportunities for care, advocacy and learning. The SALOME study is one step on the road to having diversified treatment options for opiate addiction.”

Julie Foreman, clinic supervisor, Providence Crosstown Clinic

New Specialized Mental Health Services Open at Providence

In 2011, Providence opened two new specialized mental health services – the adult neuropsychiatry service at Alder unit, Langara Residence, and the older adult specialized mental health service at Parkview Unit, Youville Residence. These services are part of a larger provincial plan for mental health services in communities. Providence’s adult tertiary mental health service is for adults 65 years or older with serious symptoms of dementia, which currently prevent them from living at home or in the community. The adult neuropsychiatry service provides a range of specialized supports to address mental health issues. Specially trained staff work with each person to improve quality of life through individualized, meaningful activities in a safe and nurturing environment, with the goal of helping people transition back to a community setting with supports in place.

BC Hospitals Begin Routine Testing for HIV

Physicians now offer routine HIV tests to all patients admitted to St. Paul’s and Mount Saint Joseph hospitals. An estimated 3,500 people are living in BC unaware they are HIV positive. Routinely offering tests in hospitals helps diagnose some of these people, enabling treatment to prolong and improve lives, and reducing transmission to others. Test results are stored in a confidential computer information system and only health care staff directly involved in the patient’s care may access their information. As with all medical tests, the patient has the right to refuse a test, and only those patients able to make a decision on their own are offered one.

HIV Awareness Boosted by “Different” Social Marketing

HIV is a very different disease than it was 20 years ago. “It’s Different Now” – an innovative social marketing campaign – wants people to know just how different. The campaign is using bus shelter ads, guerilla postering, a website and social media to build awareness about how recommendations for testing and the lives of HIV patients has changed. Launched by Providence and Vancouver Coastal Health, a key goal of the campaign is to encourage all adults to get tested for HIV at their next health care visit.

Global Recognition for Treatment as Prevention

Treatment as Prevention, pioneered by Providence’s BC Centre for Excellence in HIV/AIDS (BC-CfE) a decade ago out of St. Paul’s Hospital, was recently named breakthrough of the year by Science magazine and a medical breakthrough for 2012 by Readers Digest. It was also recognized as one of the top-10 medical breakthroughs by Time magazine. In addition, US President Barack Obama and Secretary of State Hillary Clinton both endorsed it as a cornerstone strategy to fight HIV/AIDS at home and around the world. The strategy involves widespread HIV testing and provision of anti-HIV drugs known as Highly Active Antiretroviral Therapy (HAART) to people with HIV. The BC-CfE has demonstrated that early HAART treatment for medically eligible HIV-positive individuals reduces the likelihood of HIV transmission by more than 95 per cent.
The period between discharge from hospital and the first few weeks back at home is a vulnerable time for older patients, particularly those who are admitted unexpectedly, are frail and elderly, or have other exacerbating conditions. Last year, Providence created the role of the geriatric transition nurse at Mount Saint Joseph Hospital, in partnership with Vancouver Coastal Health Community, to monitor patients at high risk for readmission to acute care. Patients are monitored in their homes between 24 and 48 hours after discharge. Robyn Savage, geriatric transition nurse at Mount Saint Joseph Hospital, performs physical assessments, ensures that clients are following their care plans, teaches patients how to self-manage their conditions and serves as a resource for clients and their family members. The first week back home can be difficult as the supports are fewer than what was received in the hospital where meals are provided and staff and rehab specialists are on-hand to assist.

Above: Robyn Savage, geriatric transition nurse, Mount Saint Joseph Hospital, discusses the transition from hospital back home with an older adult client.
Seniors Rehabilitation, Residential Care & Research

“One of the most important things I can do is teach clients and their families about signs and symptoms of their condition and when they should be contacting their GP or specialist, so that if problems do arise, they can be managed before progressing to the point where the person ends up back in the hospital.”

Robyn Savage, geriatric transition nurse, Mount Saint Joseph Hospital

Heart and Elder Care Ambulatory Clinic Opens at Providence

Seniors and heart patients now have access to much-needed cardiac testing and outpatient seniors’ services at Mount Saint Joseph Hospital. The new Heart and Elder Care Ambulatory Clinic brings together cardiac diagnostic testing and outpatient seniors’ care services under one roof, with the goal of combining cardiac and seniors’ care services to help patients transition successfully from the hospital back to the community. This interdisciplinary approach means better health outcomes for seniors in hospital and after they return home.

Providence and St. Michael’s Enter New Relationship

Providence and St. Michael’s Centre (SMC) in Burnaby have entered into a joint working relationship that will see Providence provide operational leadership to SMC, which is governed by a Board representing the Catholic, Anglican and United Church congregations. SMC has 128 complex residential care beds and 16 hospice beds. Located in Burnaby, SMC receives funding for its operations from Fraser Health. Providence’s faith-based approach to innovative care and research-excellence in complex care issues will ensure residents and patients of SMC will benefit from the latest best practices, delivery and knowledge in residential and hospice care.

Modernizing Easy Street and Easy Suite

Established in the early 1990s, Easy Street and Easy Suite (unique care environments in the rehabilitation wing at Holy Family Hospital) simulate community settings, helping with patient recovery from strokes, limb amputations, hip and knee replacements, or other musculoskeletal and neurological conditions. Patients practice essential life skills such as grocery shopping, using an ATM, navigating street curbs, and getting in and out of a car. Donations to Tapestry Foundation have supported extensive redesign projects for both areas, including the installation of a new Toyota Yaris, courtesy of ICBC, upgrades to the grocery store and the creation of an Internet lounge for patients wishing to communicate with family and friends.

Home-Making in Residential Care

Providence undertook renovations of its residential care community to increase the sense of “home” and “belonging” for residents. St. Vincent’s: Langara underwent interior redesign to refresh the main entrance and atrium, chapel, sunroom, and a palliative care suite. Staff engaged residents and families in decision making on many of the design elements. Elsewhere, Brock Fahrni Pavilion officially opened a new garden space offering residents an improved green space in their home. This two-year project, funded through Tapestry Foundation, Royal Canadian Legion groups, and Veteran Affairs Canada, includes a pathway and bridge, greenhouse, wheelchair accessible planters, new furniture, and plenty of space for family visits.

Geriatric Medicine Unit Set for Renewal

Renovations for an elder-friendly care environment are currently planned for the Geriatric Medicine Unit at Mount Saint Joseph Hospital, focusing on the unique care needs of a predominantly older, ethnically diverse patient population. Renewal of the space will include upgrades to patient areas, multi-language signage, and equipment to ensure safety, falls prevention, rehabilitation and communication on the unit. In 2011, the Geriatric Medicine Unit was the recipient of the John F. McCreary Prize for Inter-professional Teamwork in the Health Professions. The Geriatric Medicine program is expected to become a model for elder care services in the future.
Stable support groups improve health outcomes for people with numerous chronic conditions, including heart failure. In 2011, Jennifer Kealy, patient and nurse educator, Acute Heart Failure, St. Paul’s Hospital, started an online Ventricular Assist Device (VAD) support group on Facebook to complement monthly in-person meetings, solving challenges of time and accessibility for patients from across the province and beyond. With almost 100 members from around the world, the virtual community has expanded the support possibilities for VAD patients and caregivers. Patients frequently post new content – sharing personal stories, offering suggestions, and providing supportive comments to each other. The online format reduces the time and distance barrier, eliminates restrictions on group size, increases the diversity of members, and improves access to peer expertise and support.

Above: VAD patient Cam Shuttleworth and his wife Trish Leach have been advocates of the VAD Facebook group from day one, posting updates and tips for living with a VAD, as well as providing support for other members of the group. Pictured with Jennifer Kealy (right), patient and nurse educator.
Education, Innovation & Knowledge Translation

“We recommend the Facebook support group to all the Ventricular Assist Device (VAD) patients we meet. When one first gets a VAD, it’s pretty scary; you don’t know what to expect or how you’re supposed to feel. When you find out there are so many other people going through the same thing, you realize that you and your family are not alone in what you are going through. It helps immensely.”

Cam Shuttleworth, recipient of a Ventricular Assist Device at St. Paul’s Hospital and member of the online Facebook VAD support group

State-of-the-Art Videoconferencing and Telehealth Facility

St. Paul’s Hospital has a new lecture theatre following renovations stemming from the UBC Faculty of Medicine Medical Provincial Academic & Affiliated Campus Technology project. The UBC Faculty of Medicine has been developing videoconferencing space at St. Paul’s Hospital to support their distributed medical education program, enabling attendees across BC to fully participate in events from lectures and academic rounds to Telehealth sessions. Renovations included installing a state-of-the-art video-teleconferencing system, adding a high-definition video facility, major upgrades to all audiovisual systems, and the development of two additional videoconferencing suites at St. Paul’s Hospital.

Increased Access to Specialists and Improved Communication

The Rapid Access to Consultative Expertise, or RACE model, is a telephone advice line where family practitioners can phone a number and choose from a selection of specialty services for real-time consultation. RACE is part of a partnership between Providence and the provincial Shared Care Committee (a joint committee of the BC Ministry of Health and the BC Medical Association) to facilitate collaboration between specialists and family physicians for improving and transforming care for patients with complex chronic conditions. To date, family practitioners have agreed that they would use the service again and view it as an excellent resource, allowing for practical and specific advice in real time. RACE is reducing the number of unnecessary referrals to specialists, preventing some ER visits, reducing costs and placing less of a load on specialists.

Building a Culture of Innovation

ThinkPHC (Transforming Health/Innovative Solutions and New Knowledge at PHC) is an initiative that began in 2011. Aimed at building an organization-wide culture of innovation at Providence by finding new ways to enhance performance throughout the organization, ThinkPHC’s ultimate goal is to improve the quality of care to patients and residents. ThinkPHC is helping Providence focus on effectively spreading innovation, change and new methodology through which new ideas and solutions can be generated. Providence partnered with the Institute for Healthcare Improvement (IHI) to help inform our ThinkPHC innovation vision and planning.

PHC Practice-Based Research Challenge

In 2011, Providence held its first Practice-Based Research Challenge, with 14 teams receiving funding to implement their projects. The Research Challenge is a unique program offering point-of-care nurses and allied health staff the opportunity to participate in mentored research projects with the objective of increasing the participants’ knowledge of research methods and their level of job engagement. Participants attend research methods and ethics workshops and take part in mentoring sessions to develop a research question and proposal that they present as part of the challenge. The winning teams are offered funding to conduct their small-scale research projects. The Practice-Based Research Challenge is a platform to help identify and bridge the gap between knowledge and practice.
Saskatchewan has seen a substantial increase in new HIV cases since 2003, and as of 2010, has the highest rates in Canada at twice the national average. Earlier this year, a group of Providence nurses, experienced in working with HIV patients in marginalized populations, responded by sharing best practices with their Saskatchewan counterparts. With a focus on ensuring people with HIV everywhere get the best care, the Providence nurses – who are also members of the Canadian Association of Nurses in AIDS Care – created the Pacific to Prairies Partnership with Regina Qu’Appelle Health (RQH) Region. Supported by Providence, RQH and the BC Ministry of Health, the team has reached a wide audience of nurses, social workers and physicians in Saskatchewan to pass on expertise and ideas for improving care. BC is the only province in Canada seeing a consistent, steady decline in new HIV diagnoses, with rates having decreased 60 per cent since 1996.

Above: (right) Scott Harrison, program director, Urban Health & HIV/AIDS, Julie Kille, operations leader, HIV/AIDS & Addiction Services; and (centre) Blaine Bray, operations leader, Mental Health recently participated in a knowledge exchange with their provincial counterparts in Saskatchewan.
Living Our Mission

“Nurses have joined hands across provincial boundaries to share best practices in HIV care. As a result of the valuable knowledge they can share, our frontline staff are becoming front runners in the fight against HIV.”

Scott Harrison, Providence program director, Urban Health & HIV/AIDS, and president-elect of CANAC

St. Paul’s Hospital Code Orange Response

Last year, following the Stanley Cup final, a riot in downtown Vancouver flooded St. Paul’s Hospital with injured patients. The hospital and staff had spent weeks preparing for such a scenario, focusing on the development of a rapid response team, security, extra staffing levels and hospital response plans. During the riot, St. Paul’s and Vancouver General Hospital were forced to call a Code Orange, activating Emergency Operations Centres in preparation for a mass influx of casualties. Approximately 60 patients were treated in the first two hours of the incident, with a final total of 147 casualties at St. Paul’s from the riot alone. Injuries included stabbings, minor head injuries, abrasions, fractured jaws, sprained ankles, and tear gas and pepper spray exposure. Emergency and support teams were integral to the successful response.

New Partner Joins Event for Downtown Eastside Residents

Providence in the Park, the popular bi-annual community event for the homeless, was joined by a new community partner last year to help address the care needs of vulnerable populations. Clearly Contacts – the largest online eyewear retailer in Canada – joined the event, offering free sight tests and reading glasses to visitors at Oppenheimer Park in the Downtown Eastside. The eyewear service was a welcome addition to the nutritious lunches, warm drinks, clothing, blankets, toiletries, and haircuts that Providence provides with the help of volunteers and community partners. Those unable to volunteer their time, show their generosity of spirit by donating clothes, toiletries or money donations towards the event.

Live for Change

Nancy Chow, nurse patient educator in the John Ruedy Immunodeficiency Clinic at St. Paul’s Hospital, recently applied her experience to a four-week Uniterra, Leave for Change volunteer program at Mulanje Mission Hospital in Malawi. It is the second year Providence has participated in this international community development program, and Nancy was the third staff member to take part. Nancy was able to share her skills with the team in Mulanje, coaching staff in clinical nursing skills; developing patient education programs and educational material for patients and family members; and coordinating nursing education programs.

Volunteer Resource Scholarship

Last year saw the launch of Providence’s Volunteer Resource scholarship program. The program awards two volunteers annually (one from acute care and one from residential care) with $1,000 scholarships each. There were nearly 70 applications from the organization’s current pool of volunteers who have completed at least three months of service for PHC. Funds for the scholarship are raised by Volunteer Resources, mainly through vendor sales outside the cafeteria. Almost 90 per cent of Providence volunteers are university students – most with plans to pursue a career in health care – squeezing volunteer work around part-time jobs and studies. Requirements for the scholarship include: being an active volunteer with at least nine months of completed service (about 100 hours), at least three months of service for Providence, and the completion of an application form that includes questions about community service.
Donors continue to play a vital role in helping St. Paul’s Hospital remain a centre of world-leading care, research and teaching that supports more than 380,000 patients from across British Columbia, as well as internationally. Donors gave to more than 20 areas and departments last year, including heart and lung, HIV/AIDS, mental health and addictions, renal (kidney) and organ transplantation research.

We saw an example of the difference donors can make during the Stanley Cup riot in June, when the Teck Emergency Centre faced one of the busiest nights ever experienced by a BC emergency department – just months after the completion of a three-year renovation project made possible by donor and government support.

Donors helped St. Paul’s become home to BC’s first research program to focus on the impact of gender differences on cardiovascular health – the University of British Columbia Heart and Stroke Foundation Professorship in Women’s Cardiovascular Health. Dr. Karin Humphries is the inaugural holder of the Professorship; made possible through the support of the Ministry of Health through Cardiac Services BC, an agency of the Provincial Health Services Authority. Another accomplishment was the purchase of a $1-million vascular angiography system, thanks to more than 400 donors. This technology provides images of the inside of patients’ blood vessels to diagnose and intervene in problems such as blood clots.

During the 14th annual Lights of Hope campaign, donors and volunteers united in their support for St. Paul’s by giving more than $2.27 million for our hospital’s greatest needs – including a record total contributions from members of our St. Paul’s Hospital staff.

St. Paul’s Hospital Foundation is truly grateful for the generosity of our donors, caregivers, researchers, physicians and staff who inspire this support. Thank you for playing a central role in helping St. Paul’s continue to advance care, research and teaching for patients in BC and around the world.

www.helpstpauls.com

Together, Providence and Tapestry Foundation are building a bold vision of care for seniors. From residential improvements to the creation of new health services, we are developing stronger care communities.

Tapestry Foundation recognizes that comfort and compassion are cornerstones in quality care for the elderly – working in partnership with Providence leaders and donors to fund clinical services and environments that meet the unique and often complex needs of seniors. In 2011, $1.5 million was distributed for priority projects across Providence sites.

In bringing vision to reality, donors supported renovation projects that fostered community and a sense of belonging in our residential homes. At Brock Fahrni Pavilion, residents expressed renewed pride in a green space that boosted the gardening program and hosted outdoor recreational activities. The relocation of a cenotaph to the centre of the garden brought dignity and solemnity to Remembrance Day ceremonies for the site’s war veterans.

At St. Vincent’s: Langara, residents and staff were consulted on the decision making around an interior redesign project. With up to four residents per room, greater emphasis was placed on creating common spaces that would feel like home.

While donors also supported other large-scale projects such as the Heart and Elder Care Ambulatory Clinics at Mount Saint Joseph Hospital, they also set their sights on funding the ongoing needs of smaller projects. Tapestry Foundation is grateful that donors recognize the impact of smaller equipment on day-to-day experiences in residential and hospital care. Items such as pocket talkers to amplify conversations between hearing-challenged residents and staff or family; recreational equipment to help build muscles and minds of wheelchair-bound individuals; and specialized bathing equipment are all fundamental to the well-being and recovery of residents and patients.

Tapestry Foundation is grateful to a diverse community of donors who have supported projects both large and small; the donors’ inspirational support continues to make a significant difference in the lives of those in care.

www.tapestryfoundation.ca

Statement of Financial Position as of March 31 (in thousands of dollars)

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</tr>
<tr>
<td>Current portion of long-term disability benefits</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
</tr>
<tr>
<td>Retirement allowance</td>
</tr>
<tr>
<td>Long-term mortgage</td>
</tr>
<tr>
<td>Long-term disability benefits</td>
</tr>
<tr>
<td>Reserves</td>
</tr>
<tr>
<td>Deferred capital contributions</td>
</tr>
<tr>
<td>Net assets</td>
</tr>
<tr>
<td>Total Liabilities &amp; Net Assets (Deficiency)</td>
</tr>
</tbody>
</table>

* Certain comparative figures have been restated to conform with the presentation adopted in the current year.
### Statistics & Financial Statements for 2011 - 2012 (continued)

**Statement of Operations for years ended March 31 (in thousands of dollars)**

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>Unaudited 2012</th>
<th>2011*</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver Coastal Health contributions</td>
<td>494,114</td>
<td>476,642</td>
<td>17,472</td>
</tr>
<tr>
<td>Pharmacare</td>
<td>105,100</td>
<td>97,064</td>
<td>8,036</td>
</tr>
<tr>
<td>Medical Services Plan</td>
<td>59,861</td>
<td>58,073</td>
<td>1,788</td>
</tr>
<tr>
<td>Patients, clients and residents</td>
<td>29,472</td>
<td>30,524</td>
<td>(1,052)</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,451</td>
<td>882</td>
<td>569</td>
</tr>
<tr>
<td>Other</td>
<td>68,801</td>
<td>30,118</td>
<td>38,683</td>
</tr>
<tr>
<td>Amortization of deferred capital contributions</td>
<td>30,897</td>
<td>31,623</td>
<td>(726)</td>
</tr>
<tr>
<td>Designated contributions</td>
<td>4,632</td>
<td>5,381</td>
<td>(749)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>794,328</strong></td>
<td><strong>730,307</strong></td>
<td><strong>64,021</strong></td>
</tr>
</tbody>
</table>

| EXPENSES                                       |                |       |        |
| Compensation and benefits                     | 462,736        | 418,236 | 44,500 |
| Drugs                                         | 126,123        | 118,116 | 8,007 |
| Supplies                                      | 69,186         | 71,340 | (2,154) |
| Referred out and contracted services          | 51,306         | 34,544 | 16,762 |
| Equipment and building services               | 25,351         | 26,550 | (1,199) |
| Sundry                                        | 22,660         | 21,550 | 1,110 |
| Depreciation of capital assets                | 32,136         | 32,537 | (401) |
| Designated expenses                           | 4,632          | 5,381  | (749) |
| **Total Expenses**                            | **794,130**    | **728,254** | **65,876** |

**Deficiency of Revenues over Expenses** 198 2,053 (1,855)

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

**Patient Care Volumes for years ended March 2012**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011*</th>
<th>Inc. / (Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>22,319</td>
<td>21,858</td>
<td>461</td>
<td>2.1 %</td>
</tr>
<tr>
<td>ER visits</td>
<td>94,802</td>
<td>88,822</td>
<td>5,980</td>
<td>6.7 %</td>
</tr>
<tr>
<td>Dialysis &amp; kidney clinics</td>
<td>84,590</td>
<td>85,486</td>
<td>(896)</td>
<td>(1.0) %</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>258,534</td>
<td>249,440</td>
<td>9,094</td>
<td>3.6 %</td>
</tr>
<tr>
<td>Day care surgery</td>
<td>15,312</td>
<td>15,348</td>
<td>(36)</td>
<td>(0.2) %</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td><strong>475,557</strong></td>
<td><strong>460,954</strong></td>
<td><strong>14,603</strong></td>
<td><strong>3.2 %</strong></td>
</tr>
</tbody>
</table>

**Special Procedures**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011*</th>
<th>Inc. / (Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open hearts</td>
<td>924</td>
<td>917</td>
<td>7</td>
<td>0.8 %</td>
</tr>
<tr>
<td>Heart transplants</td>
<td>13</td>
<td>17</td>
<td>(4)</td>
<td>(23.5) %</td>
</tr>
<tr>
<td>Internal defibrillators</td>
<td>394</td>
<td>466</td>
<td>(72)</td>
<td>(15.5) %</td>
</tr>
<tr>
<td>Angioplasties</td>
<td>1,301</td>
<td>1,365</td>
<td>(64)</td>
<td>(4.7) %</td>
</tr>
<tr>
<td>Angiograms</td>
<td>2,739</td>
<td>2,893</td>
<td>(154)</td>
<td>(5.3) %</td>
</tr>
<tr>
<td>Kidney transplants</td>
<td>100</td>
<td>107</td>
<td>(7)</td>
<td>(6.5) %</td>
</tr>
</tbody>
</table>

**Inpatient Days**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011*</th>
<th>Inc. / (Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute patient days</td>
<td>210,713</td>
<td>213,812</td>
<td>(3,099)</td>
<td>(1.4) %</td>
</tr>
<tr>
<td>Residential patient days</td>
<td>242,131</td>
<td>242,238</td>
<td>(107)</td>
<td>(0.0) %</td>
</tr>
<tr>
<td>Residential patient days (assisted living)</td>
<td>21,668</td>
<td>21,151</td>
<td>517</td>
<td>2.4 %</td>
</tr>
<tr>
<td><strong>Total Inpatient Days</strong></td>
<td><strong>474,512</strong></td>
<td><strong>477,201</strong></td>
<td><strong>(2,689)</strong></td>
<td><strong>(0.6) %</strong></td>
</tr>
</tbody>
</table>

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Please support Providence through our foundations:

**St. Paul’s Hospital Foundation**
178-1801 Burrard Street
Vancouver, BC V6Z 1Y6
Phone: 604-682-8206
Fax: 604-806-8326
www.helpstpauls.com

**Tapestry Foundation for Health Care**
(supporting all other Providence facilities)
3080 Prince Edward Street
Vancouver, BC V5T 3N4
Phone: 604-877-8335
Fax: 604-877-8124
www.tapestryfoundation.ca

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www.providencehealthcare.org

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