The past year saw Providence Health Care continue its focus on transforming our programs and services into ones that always put patients and residents at the center of care. The continuous evolution of our health care system is a reflection of the changing needs of our communities and our citizens. New knowledge, scientific breakthroughs, new technology, and new medications and care techniques are all resulting in longer and healthier lives for British Columbians. At the same time, BC – like other jurisdictions – is faced with significant increases in service demand, driven by a number of factors, including a growing, aging population.

Sustainably meeting these needs for the future requires health care providers to not just react to changing needs, but to get ahead of the change curve by transforming and readying our system now. Our caregivers, physicians, researchers and leaders know finding and delivering the care solutions of tomorrow means getting outside of our traditional thinking – outside of our traditional comfort zones, and outside of our traditional settings such as hospitals; it means accelerating improved health outcomes for youths, adults and seniors in all the patient populations and communities we serve by working together and utilizing our world-renowned care, outreach, research and education programs to their full potential.

It means that we re-imagine Providence Health Care, and all our diverse programs, services and sites, and transform them into a seamless, non-fragmented, patient-focused and highly integrated health network for the long term. The exciting announcement in April 2015 by Providence and the Ministry of Health to build a new St. Paul’s Hospital and Integrated Health Campus at Station Street in Vancouver gives special momentum to that journey. Aligning with the Ministry of Health’s bold new vision to transform BC’s health system for the future, the new St. Paul’s project will put the patient at the centre, designing all aspects of care delivery from that focus point outward. Based on our continuing accomplishments, we are confident Providence is pushing the boundaries of traditional thinking and acting as a catalyst for this bold new vision.
Who We Are

Providence Health Care is one of the largest Catholic health care organizations in Canada.

Populations of Emphasis
- Heart & lung risks and illness
- Renal risks & illness
- Mental health & addictions
- Specialized needs in aging
- HIV/AIDS
- Urban health

245,467 Residential patient days

1,597 Babies born

1,600 Volunteers

102,277 Annual ER visits

564,097 Total patient encounters

5833m Operating budget

132 Kidney transplants

4 Research centres

699 Residential care beds

209 Researchers

6,675 Staff

Facilities & Services

St. Paul’s Hospital
- Acute care, teaching and research hospital
- 452 beds
- Serves 383,000 patient encounters from across BC every year

Mount Saint Joseph Hospital
- Acute care community hospital with 101 beds
- 100-bed extended care unit for residents
- Multicultural focus

Holy Family Hospital
- Extended care for 142 residents
- Specialized rehabilitation for older adults (65 acute rehab beds)

St. Vincents: Langara
- Complex care residential facility
- 139 residents
- Specialized unit for 20 adult mental health clients

St. Vincent’s: Brock Fahrni
- Complex care residential facility
- 184 residents – many armed forces veterans

Youville Residence
- Complex care residential facility
- 42 residents
- Specialized unit for 32 older adult mental health clients

St. Vincents: Honoria Conway
- Assisted living for 60 tenants
- Supportive housing for 8 young adults with disabilities

St. John Hospice
- 12-bed hospice, end-of-life care

Providence Crosstown Clinic
- Addictions clinic

Granville Youth Health Clinic
- Primary care and outreach services for youth and young adults, ages 24 and under

Vancouver Community Dialysis Unit
East Vancouver Community Dialysis Unit
North Shore Community Dialysis Unit
Richmond Community Dialysis Unit
Squamish Community Dialysis Unit
Powell River Community Dialysis Unit
Sechelt Community Dialysis Unit
Pushing the Boundaries: Beyond the Hospital

From a 25-bed cottage to a dynamic hub of care, research and teaching, we’ve made a point to grow with purpose.

To evolve our “how” while retaining our “why.”

On April 13, 2015, it was announced that St. Paul’s Hospital will be moving to Station Street, an 18.5-acre parcel of land located in Vancouver’s East False Creek Flats area, to realize its potential as both a hospital and a state-of-the-art campus of care.

“The new St. Paul’s and integrated health centre will be designed in a way that puts the patient at the centre of care,” said Dianne Doyle, President and CEO, Providence Health Care. “And by integration, we mean improving links and strengthening care continuums with other health partners, services and neighbourhoods.”

The redeveloped St. Paul’s Hospital complex—featuring core acute, emergency, critical care facilities and St. Paul’s major provincial care programs and research—will extend beyond the hospital to a campus of community, residential and primary care services. Designed to provide unimpeded care for our key populations, this model focuses on the person, with care delivered in the right place, at the right time throughout each individual’s health care journey, rather than just at the acute points or moments of trauma.

“Our integrated solution will ensure the patient’s journey through the care system is smooth, where there aren’t silos of programs or episodic care,” said Doyle.

Shifting from a model of reaction to one of prevention insists that we, as caregivers, physicians, researchers and leaders, get outside of our usual approach to health care delivery: that we look at the future health needs of our province and in particular, the future health needs of the key populations of emphasis that we serve.

As we look to the future, we know that improving patient care is contingent on our ability to provide consistent and appropriate support to the populations we serve through every continuum of their health care journey: whether it happens within the walls of our sites, in the community, or across the province.

Hepatitis C treatment

Approximately 80,000 British Columbians carry the hepatitis C virus and as many as half of them are unaware that they’re carriers. By expanding the same Treatment as Prevention® (TaqP®) approach to hepatitis C as was applied to HIV, Dr. Julio Montaner, director, BC Centre for Excellence in HIV/AIDS, and his team are confident that with sufficient resources and 30 years of world-leading HIV/AIDS research, care, knowledge translation and advocacy, they will be well-prepared to stem the hepatitis C crisis as well as other communicable diseases.

First-ever rapid HIV test

We know early detection of HIV prolongs people’s lives and reduces transmission up to 96 per cent; however, only those at high risk for HIV—such as those who use intravenous drugs—are typically offered a test.

In May 2014, Providence and Vancouver Coastal Health became the first jurisdictions in Canada to look at whether HIV testing in pharmacies can complement existing HIV testing programs. During the year-long pilot, trained pharmacists at two Vancouver community pharmacies offered customers a free, rapid HIV test, which processes test results in under five minutes. Walk-in clinics can complement existing HIV testing programs.

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Mood disorders clinic partnership

Recognizing a way to better serve the province’s mental health patients while more effectively managing resources, the Mood Disorders Association of BC (MDABC) and St. Paul’s entered into a unique partnership.

St. Paul’s Hospital’s mid- to moderate-outpatient psychiatry cases will now be handled by the MDABC’s outreach programs, freeing up hospital staff and resources to focus on acute and complex mental health cases and helping patients receive care more rapidly in the community.

Renfrew House

Located in Vancouver’s east side, the six-bed group home (pictured below) was opened by our dynamic Inner City Youth (ICY) team in October 2014 to provide comprehensive mental health and addictions services to young adults, aged 16-24.

The community between all housemates is that they’ve experienced homelessness in Vancouver’s inner city, faced mental health/addiction issues, want treatment and want to recover in a safe, structured environment that is substance-free.

Granville Youth Health Centre

Opened by our ICY team in March 2015, the Granville Youth Health Centre (pictured top left) is an innovative, one-stop integrated care model, providing primary care, mental health, substance use counseling, peer support and life skills programs for youth who are vulnerable and homeless, or at risk of homelessness.

COPD Outreach Team

Chronic obstructive pulmonary disease (COPD) is the leading cause of hospitalization at our hospitals, which makes the work of our COPD outreach team particularly impactful. Our nimble outreach team, made up of an educator, spiritual health practitioner and respiratory therapist, are supporting moderate to severe COPD patients, through the teaching of self-management skills, home visits and emotional counseling.
International

As a teaching, training and research-driven organization, our goal is to lead at the forefront of innovation, leading the way in life-changing procedures and practices for our patients, our country and the international medical community.

1,000th heart valve replacement procedure

In June 2014, Dr. John Webb, medical director, Interventional Cardiology and Interventional Research, performed his 1,000th Transcatheter Aortic Valve Implantation (TAVI), commenting what was thought to be a very rare procedure as common practice for patients who are not fit candidates for open heart surgery. TAVI was pioneered and honed at St. Paul’s by Dr. Webb and his team over a decade ago and is now embraced by the international medical community and taught around the world.

Vancouver 3M Clinical Pathway for TAVR

Invented and currently being refined at St. Paul’s Hospital, the Vancouver 3M Clinical Pathway for transcatheter aortic valve replacement (TAVR) is a ground-breaking laparoscopic procedure, set to be tested in New Zealand’s major study of 1,200 patients. The Multidisciplinary Multi-modality but Minimalist (3M) procedure takes less than an hour, has a full recovery time of under a week and patients are typically up and walking four hours later.

Pilot study on Vivitrol

St. Paul’s is the only Canadian site involved in a US-based pilot study looking at the effects of Vivitrol on people with HIV who also have opioid or alcohol addiction. Our participation will help to gain insight into the work we do in aboriginal schools, residencies and fellowships in the near future.

Goal of introducing the study, and Vivitrol as a treatment option, on an international scale.

Biomarkers for COPD

In BC, chronic obstructive pulmonary disease (COPD) is responsible for $1.3 billion in health care costs. Researchers at St. Paul’s, UBC and the PROOF Centre of Excellence are working to develop blood tests that use genomics to recognize potential biomarkers. The medical community will be able to identify patients in the early stages of COPD, signal when patients are at high risk for lung attacks and in need of preventative drugs, and single-out low-risk patients who can avoid unnecessary medicine and any potential side-effects.

Maori Health Director Delegation in Sacred Space

On a 10-day international study tour, eight Māori executives, representing 10 of New Zealand’s 20 District Health Boards, made a stop at St. Paul’s to gain insight into the work we do in aboriginal health and the actions we’ve taken to create cultural safety for BC’s First Nations, Inuit and Métis populations. The information exchanged between the two groups will no doubt inform the future work done in indigenous communities here, and on the other side of the world.

Hand-held ultrasounds

Thanks to hand-held ultrasounds at St. Paul’s, the first hospital in Canada to use the devices—patients with potentially life-threatening conditions are being diagnosed and treated up to 30 hours faster than had they had to wait for test results from a full ultrasound or echocardiogram.

This technology has already spread beyond the hospital, with expected expansion into medical schools, residences and fellowships in the near future.

Dr. Julio Montaner, director, BC Centre for Excellence in HIV/AIDS

Pushing the Boundaries: Internationally

In the early ‘80s, Dr. Julio Montaner was a young respiratory doctor at St. Paul’s when cases of a previously very rare form of pneumonia started to emerge among otherwise healthy men.

The illness would eventually be linked to one unknown until that point: HIV and AIDS.

It is easy to talk about Dr. Julio Montaner when talking about advances in HIV/AIDS treatment and research. In fact, it might be impossible not to mention his name. For his outstanding achievements, in December 2014, Dr. Montaner was named officer in the Order of Canada and in April 2015, was inducted into the Canadian Medical Hall of Fame.

The director of the BC Centre for Excellence in HIV/AIDS (BC-CfE) has been waging war on HIV and AIDS for more than 30 years. He was instrumental in the development of HAART (highly active antiretroviral therapy), and would later develop the concept of Treatment as Prevention® or TasP®. This strategy consists of widespread HIV testing and the immediate offer of highly active antiretroviral therapy (HAART) and sustained treatment to those who test positive and who are medically eligible.

In September 2014, Dr. Montaner saw his strategy for eliminating HIV formally adopted by UNAIDS. TasP® forms the backbone of UNAIDS’ 90-90-90 global approach to reach an AIDS-free generation by 2030.

The 90-90-90 strategy is as simple as it is ambitious: make sure 90 per cent of people infected with HIV are tested, get 90 per cent of that group on regular treatment and have 90 per cent stay on the therapy to keep their viral loads undetectable. It’s an approach that’s led BC to a 67 per cent decline in new diagnoses and a drop of 88 per cent in new AIDS cases from 1994 to 2013.

“To actually make it the cornerstone of the global fight against HIV/ AIDS is huge,” says Dr. Montaner. “There’s a difference between endorsement and crystallizing Treatment as Prevention® as the theoretical strategy.”

In March 2015, Dr. Montaner presented research on the effectiveness of TasP® to senior officials at the Vatican. A number of jurisdictions have adopted TasP® in their fight against the spread of HIV, including France, Spain, Panama, Brazil, Argentina, the state of Queensland in Australia and major cities in the United States. All of this marks just the tip of the iceberg for TasP®. The strategy has the potential to be applied to other communicable illnesses, such as hepatitis C, as part of a larger targeted disease elimination approach.
Pushing the Boundaries: Patient and Family Centred Care

With the landscape of residential care changing, our ability to provide the best care possible is increasingly challenged. This is where the Residential Care for Me project comes in.

Prompted by the question “How do we improve residential care and ensure sustainability while caring for an increasing proportion of residents with complex mental health issues, in aging infrastructure?” Residential Care for Me started as a group of leaders across Providence struggling with supporting our staff, families and residents.

“We found ourselves asking a number of questions,” says Jo-Ann Tait, site operations leader at Youville Residence. “How can we be expected to do more with less? How can we provide the quality care that we are proud of once again? How do we help our residents and families navigate the system and how do we meet their unique needs? These kinds of questions fueled us to partner with stakeholders in and outside of our organization to develop the vision of helping people find community, honoring their unique journeys.”

And rather than turn and run from what, at times, can seem like an insurmountable task, our site and program leaders, with the support of Providence’s Research & Design team and two volunteer Patient and Family Partners, have started to pull back the layers of all that’s involved in the residential care spectrum, starting at the most logical spot: with the people who live it every day.

“We’re throwing away the map, erasing pre-conceived notions of what we, as health care leaders, think the residential care experience is,” says Sonia Hardern, team lead, Providence Research & Design. “Instead, human-centered design teaches us to use empathy to try to understand what the reality is for residents, families and staff.”

Using a variety of approaches to collect valuable insight and data about life at our sites, the project team has started talking to residents, families and volunteers through focus groups and surveys, by asking residents to take and share pictures of things that are meaningful to them, and observing a day in the life of residents, families, staff and volunteers.

These insights, combined with best practice research and the ongoing engagement with our residents, families and staff are guiding our work as we begin to co-create solutions, ensuring a high-quality, resident-centered care experience for everyone involved.

Patient and Family Centred Care

By asking our patients, residents and their loved ones to partner with us to let us know what is working for them and where we have room for improvement—we build mutually beneficial relationships based on trust and collaboration. Ultimately, these partnerships help us push the boundaries of care for everyone served by Providence, in a way that we never could have done without our patients and families at the table.

Visiting hours on our patients’ and residents’ terms

We know that families play an important role in our patients’ health and well-being and sometimes the visiting hours we set didn’t always work for everyone. We wanted to change the view that families are visitors by creating a Family Presence Policy. By moving away from set visiting hours at all our sites and working with our patients and residents to define who should be present during their stay, Providence’s Family Presence Policy means that, in collaboration with their care provider, patients and residents are welcome to have their family, as they define it, present when they so wish.

Code H expands to surgery

In 2013, we piloted Code H (Help) in the medicine units at St. Paul’s as a way to connect patients and families with a direct line of access to a clinical resource nurse 24 hours a day, 7 days a week. Based on staff, patient and family surveys that saw Code H as a useful patient safety tool, we expanded the project in February 2015 to four surgical units at the hospital. Since the introduction of Code H, we’ve received calls from 80+ patients and families wanting to voice concerns, make note of a medical change, or point out that a matter is not getting its due attention. Most recently, Code H was recognized by Accreditation Canada as a leading practice.

The journey to change

Our Eating Disorders Program’s Patient and Family Advisory Committee was created to seek in partnership with the program, ensuring that the voices, opinions and needs of the program’s patients and families are included, respected, understood and most importantly, acted on. Still new in its infancy, the Advisory Committee’s input can already be seen in the day to day delivery of the program—reenvisioning the current welcome area, bringing new furniture into a space previously thought of as “cold and sterile”—as well as in the development of future projects and care needs. This is just one area where our Patient and Family Partners are collaborating with staff to make a difference in the way we deliver care.

Interdisciplinary teamwork saves the brain

St. Paul’s Code Stroke Protocol provides rapid assessments and interventions for patients brought to the emergency department, and those presenting with stroke symptoms during their stay with us. On admission, patients are assessed using a standardized National Institute of Health Stroke Scale (NIHSS), which is performed again by one of our 27 “stroke-certified” nurses at the time of discharge. In our stroke unit, patients are cared for by an interdisciplinary team to provide them with continuity in care.

International collaboration for improved patient-centered care

In collaboration with the Institute for Patient- and Family-Centered Care, Providence proudly hosted the 6th International Conference on Patient- and Family-Centered Care, August 6-8, 2014. The success of the three-day conference offered an opportunity for families, patients and health care staff to find inspiration and support to make patient and family centred care a priority in health care organizations all over the world. Over 700 people, from all walks of health care, were in attendance. Eleven abstracts were presented by Providence staff, patients, residents and families.
Research

Transforming the Health of the populations we serve requires a willingness to question, the ability to imagine something different and a heart to make it so. Providence fosters a culture of bold thinking and exploration because we know it’s only in creating space for that innovation happens.

Health Leaders Partnership Forum

On November 28, 2014, the Providence Health Care Research Institute and Providence Health Care hosted a first-of-its-kind forum that brought together big-thinker visionaries, decision makers and doers from multiple industries, for an opportunity to work together with our clinicians and researchers. An economic analysis of personalized medicine, a telehealth-related initiative and a project supporting knowledge translation are the three innovative projects selected by the group.

Type 2 diabetes overtakes Type 1

In January 2015, a new population-based study of South Asian, Chinese and Caucasian young people living in BC, led by Dr. Nadia Khan, researchers, Centre for Health Evaluation and Outcome Sciences (CHEOS), found that Type 2 diabetes has drastically increased in people under 30, surpassing Type-1 diabetes. Of the Caucasian diabetes has drastically increased in people under 30, surpassing Type-1 diabetes and among Chinese youth, there was an 86 per cent increase in the occurrence of diabetes have Type 2. In South Asian youth, there was an increase of 87 per cent.

Practice-based Research Challenge

Now in its fifth year, the Providence Research Challenge works to support evidence-based practice and research engagement by inviting teams to work together big-thinker visionaries, decision makers and doers from multiple industries to conduct their projects and unearth findings that lead to patient care improvements. Past research studies have been published in journals, won awards and shared at professional meetings and dozens of conferences, both locally and internationally.

Finding cancer’s override switch

As part of a joint study, researchers from BC Cancer Agency, Simon Fraser University, LREC and St. Paul’s Dr. Derick Daley are looking at 500 seniors to determine why some people live cancer-free into their 80s, “90s and beyond 100. Deemed as ‘super seniors,’ the participants’ medical, family and lifestyle information will be compared against those of more than 1,000 seniors—some with cancer and some without—in the hopes of identifying possible genetic signals that could eventually be applied to the development of anti-cancer drugs.

The secret to wrinkle-free skin

While hunting for an enzyme related to blood vessel deterioration, Centre for Heart Lung Innovation researcher Dr. David Grenville stumbled across a smooth-skinned byproduct. Mice engineered to lack the enzyme in question finished the experiment with beautiful skin, while normal mice showed typical signs of age. Potentially game-changing news for those seeking eternal youth, this discovery also has significant implications in the prevention of lines, inflammation and facial scarring caused by sunlight in people with a form of lupus, not to mention the impact this might have on aneurysms, especially of the aorta.

The To Bleed or Not To Bleed research team found that personalized prophylaxis didn’t just decrease the bleeds for their patients with severe hemophilia, they stopped them altogether. Increased mobility, including climbing stairs, is just one of the benefits patients have realized. whipped and it’s tough, when they have something in reserve to stop it,” explains Sandra Squire, physiotherapist, BC Adult Hemophilia program. “With daily treatment, their bleeds are kept closer to three to five per cent so they’re actually able to prevent these bleeds.”

While daily treatment was what was being done in Wales, the BC Adult Hemophilia team knew that it wouldn’t necessarily be an option for all of their patients.

The solution was simple: individualized treatment, as opposed to daily. Committed to discovering what an individualized treatment plan could mean for their patients with hemophilia A, Kam and Sandra applied for, and were accepted to, the PHC Research Challenge, setting them up with necessary funding. They were supported by the clinical and research mentorship of Dr. Shannon Jackson, medical director for the Adult Hemophilia program, and Dr. Pat Camp.

Through motivational interviews and ongoing conversation, the team was able to create sustainable treatment plans that work with their patients’ lifestyles.

“We realized that when patients got to say what they thought they could do and what works for their life, they became committed to their program,” says Kam. And the results have been huge.

Currently, the Hemophilia program’s database reports only five bedrooms for the first time in years. For someone with severe hemophilia, a bleed can mean being unable to function for weeks. The To Bleed or Not To Bleed research team found that personalized prophylaxis didn’t just decrease the bleeds for their patients with severe hemophilia, they stopped them altogether. Increased mobility, including climbing stairs, is just one of the benefits patients have realized. The idea behind daily prophylaxis is that people with severe hemophilia have less than one per cent of the clotting protein in their blood, which means that when a bleed happens, they have nothing in reserve to stop it,” explains Sandra Squire, physiotherapist, BC Adult Hemophilia program. “With daily treatment, their bleeds are kept closer to three to five per cent so they’re actually able to prevent these bleeds.”

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Pushing the Boundaries
Technology and Accessibility

Tackling a deadly disease, cardiovascular disease, which is the leading cause of death and disability, is on the rise in our country. And while cardiovascular rehabilitation programs (CRP) offer patients the effective and ongoing management required to help them reduce their risk of subsequent events and premature death, as little as 30-35 per cent of eligible patients attend these programs.

“Cardiac rehabilitation programs are generally located in large urban areas and require patients to come two to three times a week for three to four months to do medically supervised exercise, medical management and lifestyle factors,” explains Dr. Scott Lear, professor, Health Sciences, Simon Fraser University and Chair of Pfizer/Heart and Stroke Cardiovascular Prevention Research at St. Paul’s. But rather than sit back and allow time and location to be the patient’s problem, Dr. Lear and a research team from Simon Fraser University piloted a study looking at ways to make care more accessible, via virtual Cardiac Rehab Programs (vCRP).

“We provided patients with heart rate monitors and they interacted with a nurse, a dietician and an exercise specialist. The patients would exercise with a monitor on, come home, hook it up to the computer. It would download the information and it would go onto the website,” explains Dr. Lear.

In addition to accessibility and convenience, participants in the study reported greater awareness and motivation to manage their heart conditions and adopt healthier lifestyles, which in turn contributed to the overall health of the patients.

In addition to accessibility and convenience, participants in the study reported greater awareness and motivation to manage their heart conditions and adopt healthier lifestyles, which in turn contributed to the overall health of the patients. vCRP offers superior results to usual care, resulting in reducing the risks associated with cardiovascular disease and less visits to the hospital, as well as seeing that reduction be sustained even one year after stopping the program.

With these remarkable results in hand, Dr. Lear and team look to roll-out the program throughout the province.

Technology and Accessibility

Our care is only as good as our patients’ ability to access it. Finding ways to more efficiently access patient information and more effectively deliver patient-centred care is top of mind for us. While we’re excited about exploring technology as a tool to help enhance our ability to connect with our patients, we also realize that sometimes the best way to meet a patient where they are is to simply bring the care to them.

Home hemodialysis

If you’re a dialysis patient, coming into a clinic for four to five hours, three times a week, means a lot of your life is either spent in transit or sitting in a hospital-like setting. Our Home Hemodialysis program offers our patients an alternative: have a dialysis machine installed at home and dialyse in comfort. Supported by comprehensive training and a multidisciplinary team of health care professionals, home hemodialysis is appealing for many patients because it gives them more control over location, timing, frequency and duration of their dialysis treatment.

We now have nearly 33 per cent of dialysis pa-

tients from BC and the Yukon on home hemodial-
ysis or peritoneal dialysis.

Clinical and Systems Transformation (CST)

The CST project is designed to improve patient care, streamline process for our staff and tap into smarter technology in the hopes of accomplishing our long-term goal of having a common accessible electronic health record for every patient. This powerful shared clinical information system will include patient data from over 50 current systems, providing access to accurate, up-to-date and complete patient health records to deliver a more seamless care experi-

ence for our patients. Clinical alerts and decision support tools will also allow us to streamline the process to ensure evidence-based and consistent care across clinical areas.

RACE expansion

Based on a 2006 pilot study by the St. Paul’s Hospital Division of Cardiology and our Department of Family Medicine, the Rapid Access to Consultative Expertise (RACE) line was created to increase communication between family phy-
sicians and specialty care and minimize fragmen-
tation and gaps in patient care. With one phone num-
ber, family physicians can access 23 specialty areas, including the Emergency Department (ED). Added on a trial basis, RACE ED provides guid-
ance to family physicians looking for information on whether to refer a patient to emergency and support to those who want to organize commu-
ieration to the ED for a patient they are referring.

A RACE app is now available to increase both the ease and efficiency of accessing the line.

Leading the way in heart disease treatment

For the more than 70 per cent of all Heart Centre patients who live outside of the Lower Mainland, access to our leading cardiac care can mean having to make a trip to St. Paul’s every three months for a 20-30 minute visit. However, lead-

ing cardiologist Dr. Andy Ignaszewski and his team have designed a way to cater to patients’ needs: of who travel up to 1200-km round trip to consult with their heart care team via the internet, from the comfort of their own home.

Dr. Scott Lear, professor, Health Sciences, Simon Fraser University and Chair of Pfizer/Heart and Stroke Cardiovascular Prevention Research at St. Paul’s, is using technology to bring cardiac rehab programs to rural and remote patients.
Pushing the Boundaries: Living Our Values

Whether it’s physically pushing the boundaries of care, rallying against the challenges faced by our most vulnerable populations, or expanding the places in which we serve outside of our clinic walls, our mission sees us constantly reaching out.

Providence in the Park
Twice a year employees from Providence head to Oppenheimer Park for a Saturday devoted to community outreach in the spirit of our founding Sisters. Equipped with used clothing, blankets, toiletries and bagged lunches that have been donated by staff, citizens from the Downtown Eastside are invited to stop at the park to get set up with as much or as little as they need, and stay for as long as they want. Haircuts and eyeglasses were also provided at this year’s spring event.

An Introduction to Health Care Ethics
At Providence, we see ethics as the discipline that keeps us accountable to our values, which underpin all that we do. Our biennial Health Ethics Seminar aims to equip clinicians and leaders with the tools needed to tackle health care’s most trying questions and decisions. Head on. Over four days, participants discuss mainstays to clinical and organizational contexts of health care.

Spirituality Conference/mindfulness training
In fall 2014, we hosted our 5th biennial Spirituality Conference, which focused on compassion and using mindfulness to better access our innate compassion. Building on this, Providence has created space in the work day for staff to practice guided meditation and is offering an eight-week program on Mindfulness Based Stress Reduction (MBSR) to all staff, medical staff and researchers in hopes of increasing our ability to deliver compassionate, patient-centred care. Outcomes realized by staff will also become the basis for a UBC research study to further understand the association between mindfulness practice and workplace performance, the first study of its kind in British Columbia.

Long Service Awards
In 2015, we were honoured to thank and acknowledge the achievements and enormous contributions of our long service award recipients, which included the following highlights:

• In total, we recognized the hard work and commitment of 443 staff.
• 7150 years of service contributed by staff, physicians and volunteers who have been with Providence for more than five years.
• A total of 9,145 dedicated by our 25, 30, and 35 and 40 year service award recipients.
• The average tenure for all part-time, casual, and full-time PHC employees is 10.6 years.
• On average, our staff held 2.6 positions during their time with PHC.

We knew securing access to diacetylmorphine for participants of our SALOME study would be a challenge, but we also knew it was the right thing to do.

Pushing the Boundaries: Leading our mission of compassion and social justice isn’t always the easy way to do things. But we believe it’s always the right way to do things.

We knew that securing ongoing access to diacetylmorphine (prescription heroin) was the key to successful treatment of patients who had taken part in the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) for more than a year, we waded through red tape, federal regulations, legal claims and finally, the passing of a court injunction. In November 2014, the Providence Crosstown Clinic became the first site in North America to administer prescription diacetylmorphine outside of a clinical trial to a small, and mighty, group of patients for whom methadone programs don’t work.

“This is safe, evidence-based treatment,” says Dr. Scott MacDonald, lead physician, Providence Crosstown Clinic. “When people first come off the street, they are often unstable. But within a few weeks here—and sometimes it’s just days—we see a remarkable turnaround.”

Currently treating 135 patients—two-thirds on diacetylmorphine and one-third on hydromorphone, the efficacy of which was being tested in the internationally ground-breaking SALOME study—Crosstown doctors anxiously await study results, which could revolutionize heroin addiction treatment.

For Brent Olsen, who was part of the first group of patients to receive prescription diacetylmorphine and is a testament to his doctors efforts to keep him alive: “Getting me to come off the street, they are often unstable. But within a few weeks here—and sometimes it’s just days—we see a remarkable turnaround.”

In addition to receiving their supervised injections three times a day, Crosstown patients have access to a social worker, addictions counselor, nurse and dietician who are onsite to support and care for patients, in addition to offering life skills counseling, housing assistance and direction to legal assistance.
The Providence Plan

If our mission and values provide our foundation, then our Providence Plan supplies the materials we use to build our organization, pushing beyond the boundaries of traditional bricks and mortar to touch the lives, and the health, of some of BC’s most vulnerable populations.

Guided by three foundational strategies and five strategic directions, our multi-year plan infuses our delivery of compassionate care, inspires our leading research and learning, ensures our commitment to quality and safety, guides our infrastructure redevelopment and fosters an environment where our staff can thrive.

The circular shape demonstrates the interdependent relationships between our strategic directions, creating a connection between the work we do and the connection it has to the evolution of Providence. Everyone, at every level of the organization needs to understand how they support the Plan’s objectives and that we all have a role to play. Partnerships and relationships are imperative to our success and ensure that our reach extends outside of our organization. We partner with like-minded care providers, education and research bodies, and work alongside government, health authorities and research funding agencies. Our key partners are the Ministry of Health, Vancouver Coastal Health, the Provincial Health Services Authority and the University of British Columbia.

People

Staff are the lifeblood of our organization, which makes fostering communities where people thrive imperative to our success. This past year saw us focusing our efforts on taking the bar on respect at work, which included the development of a number of resources and tools to support staff and leaders. We also put the spotlight on mental health and mental wellness in an effort to de-stigmatize these issues in the workplace and provide staff and leaders with easy, confidential access to resources through a soon-to-be-launched website and leader training.

Innovation

Few words capture the combination of original thinking and the drive to generate, implement and spread new ideas and solutions that add value to the lives of those we serve as succinctly as “innovation.” Whether pioneering treatment of MRSA (page 5), performing groundbreaking heart valve procedures (page 6) or using human-centered design to revolutionize the residential care experience (page 8), our ability to provide exceptional care for patients and residents is aided by our culture of innovation and driven by a desire to ensure the best possible health outcomes and experience for those who pass through our doors, and beyond.

Quality & Safety

Patients and residents are our top priority, which is why we work to reduce needless harm and improve quality and safety by providing standardized, evidence-based care. As an example, our early adoption of hand hygiene improvement initiatives in our hospitals and residential sites, has allowed us to consistently meet the Ministry of Health target of 80 per cent compliance. Overall rates of antibiotic-resistant organisms and C. difficile infection in our facilities are stable or decreasing, and targeted interventions and overall improved infection prevention and control practices have contributed to the declining rate of cases related to antibiotic-resistant organisms this year.

We continue on our path to implement a Clinical and Systems Transformation (CST) project that aligns with PHC’s care needs and are currently planning the next phase of the project to ensure a successful outcome.

Care Experience

We know that to continue providing the best care experience, and to successfully address even increasing complexities and future service challenges, we need to partner with patients, residents and families. We’ve seen many new innovations be introduced at our hospitals and residential care sites to better serve our patients and families at the centre of all we do.

Since launching two years ago, Code H (page 11) gives patients and families 24/7 access to a trained Clinical Resource Nurse who are concerned about their plan of care or feel like they’re not being heard by the immediate care team. Our Family Presence Policy (page 18), which most recently expanded to include the PCC “exemplar hospital” standing by The Institute for Patient and Family-Centered Care, allows families, as defined by each patient, to be present whenever their loved one feels ready.

Infrastructure

St. Paul’s has been serving BC’s patients and families since 1894, which means that in addition to having a rich history, we also have a real need for renewal of our physical infrastructures. The new St. Paul’s Hospital and integrated health campus will offer British Columbians access to a purpose-built, state-of-the-art facility with unparalleled services and the finest in health professionals and researchers (page 4). In the interim until we move, our need to provide stability and consistent care for patients at the current hospital site remains ever present. Upgrading and modernizing our aging electrical infrastructure and elevators at St. Paul’s and Mount Saint Joseph helps to support the everyday work of our staff in their delivery of safe, quality care to those we serve.
St. Paul’s Hospital Foundation

Coming off three consecutive years where donors have helped set new annual fundraising records for St. Paul’s Hospital Foundation, we expect that momentum to continue as we announce our 2014-2015 fundraising total later this summer. Donor generosity enabled us to meet the needs of more than 25 areas and departments at St. Paul’s in 2014-2015, funding everything from modest patient care enhancements to multimillion-dollar priority projects.

For example, we provided $1.27 million in funding to support research – conducted in a renovated lab for the Centre for Heart Lung Innovation (MSJ) at St. Paul’s – to create more personalized medical treatments for patients by examining the link between our genes, the environment, and heart, lung and blood vessel diseases.

Another accomplishment came from the St. Paul’s Inner City Youth Program – lead donor Silver Wheaton – which opened the Granville Youth Health Centre (l to r) Dick Vollet, St. Paul’s Hospital Foundation President and CEO; Health Minister Terry Lake; Steve Mathias, medical manager Inner City Youth Program; Jone Tannahawile, Parliamentary Secretary for Child Mental Health and Anti-Bullying; Dave MacConachie, Variety – The Children’s Charity (donor) and Graeme Fraser, Janssen (donor).

St. Paul’s Hospital Foundation

which donated $375,000 for Variety – The Children’s Charity, donors. Those donors included with key contributions from the Granville Youth Health Centre from the St. Paul’s Inner City Heart, lung and blood vessel – to create more personalized medical Heart Lung Innovation (HLI) at St. Paul’s in a renovated lab for the Centre for funding to support research – conducted priority projects.

Donor generosity enabled us to meet the 2014 Lights of Hope campaign, which raised a record $2.62 million. St. Paul’s Hospital Foundation’s other annual fundraising campaigns – Brilliant! and Strike Out Heart Disease – also played a key role in contributing to this growing donor momentum. Our donors, including members of the community, individuals who bequeathed a gift in their will and the caregivers, researchers, physicians and staff at St. Paul’s Hospital, make it possible for us to reach new heights each year. Their innovative and compassionate care continues to inspire St. Paul’s Hospital Foundation to push boundaries and find innovative and compassionate care to St. Paul’s Hospital.

One of the greatest needs funded thanks to donors to the 2014 Lights of Hope campaign, which raised a record $2.62 million. St. Paul’s Hospital Foundation’s other annual fundraising campaigns – Brilliant! and Strike Out Heart Disease – also played a key role in contributing to this growing donor momentum. Our donors, including members of the community, individuals who bequeathed a gift in their will and the caregivers, researchers, physicians and staff at St. Paul’s Hospital, make it possible for us to reach new heights each year. Their innovative and compassionate care continues to inspire St. Paul’s Hospital Foundation to push boundaries and find innovative and compassionate care to St. Paul’s Hospital.

Meeting the highest Canadian standards, the newly renovated area will be the first in Canada to feature all three equipment items together in an endoscopy suite.

Donors supporting Tapestry Foundation proved there are no limits to what can be accomplished when it comes to supporting quality care for patients and residents.

Investments in advanced technology were made thanks to generous donations, and proceeds from the most successful Scintilicious Feast of Fortune gala to date, with more than $728,000 raised. A 10-year old computed tomography (CT) scanner at Mount Saint Joseph Hospital (MSJ) will be updated with a faster, more efficient model offering higher resolution, three-dimensional imaging, and reduced radiation exposure for patients. A vital diagnostic tool, the CT scanner is used seven days a week and supports close to 3,900 patients annually in departments throughout the hospital.

MSJ’s endoscopy suite supporting the surgical department will soon benefit from a new scope-processing area that includes an automated, height adjustable cleaning sink, pass-through scope disinfection unit and ventilated, pass-through scope storage cabinets.

Donors helping the Tapestry Foundation invest in specialized equipment for elder care, including sit-to-stand lifts and high-tech pressure-reducing mattresses that ease pain and promote healing of skin wounds of a frail resident population. Additional bed and chair alarms were acquired to ensure greater resident safety as well as fall mats to protect vulnerable elders against potentially life-threatening falls. In the geriatric psychiatry unit at MSJ, a state-of-the-art reclining tub system was recently installed, providing calming bathing experiences that ease agitation in patients with dementia.

Residents, families and donors were delighted to see the first of two new residential care buses roll up to give more residents opportunities for outings outside Providence residential care homes. With increased wheelchair and seating capacity and improved safety features, the buses offer a smoother ride to interesting destinations around the city that stimulate senses, while providing a more relaxing way to take in the scenery of local neighbourhoods.

Tapestry Foundation is grateful for a unique in kind donation of a hotel venue to host the Breast Ever Luncheon. The elegant event drew attention to an urgent campaign to expand the Providence Health Care Breast Centre at MSJ, one of the busiest centres of its kind in BC. Since 2009, more than 12,000 breast cancer patients have come through the Centre. Additional consultation rooms are needed to provide greater patient privacy and meet growing patient numbers in this specialty clinic.

Sit-to-stand lifts are among the many equipment items purchased through donations to support life in Providence’s residential care community.

Tapestry Foundation for Health Care

178-1088 Burnard St. | Vancouver, BC | V6Z 4N6 | Phone (for residents of Metro Vancouver): 604-682-8206
Phone (bill free for patients of the rest of BC): 1-800-720-2983 | Fax: 604-806-8326 | www.helpstpauls.com

18-2015-2016 Annual Report

Providence Health Care

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Tapestry Foundation for Health Care


www.tapestryfoundation.com

Tapestry Foundation for Health Care

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Providence Health Care

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Providence Health Care
Statement of Operations and Accumulated Deficit
For years ended March 31 (in thousands of dollars)

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*Certain comparative figures have been reclassified to conform with the presentation adopted in the current year.
We observe how often health care workers clean their hands before and after they come into contact with patients or their environment.

Rate of nursing sensitive adverse events for all medical and surgical patients aged 55 and older, where a patient is unintentionally harmed as a result of their medical treatment.

PHC Performance Indicators
Providence Health Care is committed to attaining and surpassing health care industry quality, safety and performance standards and targets. We have a comprehensive performance management and measurement system, including regular tracking of performance indicators, which are used to guide our operational and strategic decision making and to improve patient and resident care. Following are some common indicators we use to measure our performance and inform our improvement activities.

We are measuring the percentage of hip fracture patients who have surgery within 48 hours from the time they are first admitted to hospital. We record the time and date patients were admitted to hospital, and the time and date patients entered the operating room, to find out how many patients had hip fracture surgery within 48 hours.

We are measuring the amount of overtime hours our staff work, as an indicator of their workload. We take the total overtime hours and divide by total productive (working) hours.

We track the amount of time our employees are away from work due to illness and divide that total by the total number of productive (working) hours.

We measure the percentage of Emergency Department (ED) patients who rate the care they received at the hospital positively. We take the total number of responses that answered “good,” “very good” or “excellent” and divide by the total number of non-blank responses to the overall quality of care questions.

We track the amount of time our employees are away from work due to illness and divide that total by the total number of productive (working) hours.
Awards List 2014 - 2015

TEAMS/PROGRAMS:

- Clinical Research Excellence Award, LifeLabs; BC: Centre for Excellence in NHHS-PACS
- National Surgical Quality Improvement Program Merit Award, American College of Surgeons: Mount Saint Joseph Hospital Surgical Team
- Focused Mission Team Award, Providence Health Care: Providence Health Care Cardiac Outreach Team
- Takara Prize: International Federation of Trust & Esteem Societies: Providence Health Care: Providence Health Care Nursing Leadership: Coastal Health/University of British Columbia
- Best Safety and Quality Award, Providence Health Care: Providence Health Care: Providence Health Care

Top Innovation – Affiliate Award, Health Employer Association of British Columbia: Providence Health Care: Providence Health Care

INDIVIDUALS:

- Dermalogist of the Heart Program Winner, La Roche-Posay: Dr. Sheila Xu
- Rave Investigator Award: Canadian Institute of Health Research: Dr. Tariq Ahmed, BC: Dr. Tariq Ahmed, BC
- Scholar Award, Michael Smith Foundation for Health Research: Dr. Sarah Bata, CIHR: Dr. Kathleen Denning, BC: Dr. Christine Crean, BC: Dr. Tariq Ahmed, BC
- Scholar Award, Michael Smith Foundation for Health Research: Dr. Sarah Bata, CIHR: Dr. Kathleen Denning, BC: Dr. Christine Crean, BC: Dr. Tariq Ahmed, BC
- Nurse Educator Award, Royal Bank of Canada: Caroline Dasco; Karen Bosco; Alice Chan; Sony Grey; Gwenda Lo; Jennifer Duff; Cindy Elliott; Jennifer Gibson; Marco Gnoato; Charlton; Sally Co; Ellie Hass; Stunning Surgical Award, Providence Health Care: Providence Health Care: Providence Health Care
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2014-2015

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  - Bishop Gary Gordon
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  - Monsignor Stephen Jansen
  - Harry Man
  - Archbishop Michael Miller
  - Elaina Mosmen
  - Kieran Siddall
  - Mark Spelliscy

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Pushing the Boundaries