



# DIVINE

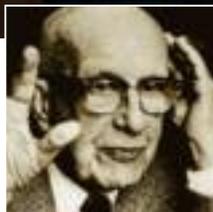
P R O V I D E N C E

Issue 5 • Volume 11 • July/August '09

## BC's First Rapid Access Breast Clinic



*Nancy Aldoff-Coghlin, an MSJ Radiology Technician, shows Minister of Health Kevin Falcon a new state-of-the-art digital mammography machine used to provide diagnostic mammograms to women.*



### INSPIRATION:

*"You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete."*

*Buckminster Fuller, Architect*



*Strategic Direction: Foster a Culture of Innovation & Improvement*

## A Message From d'Vine

d'Vine has undergone a bit of a facelift to reflect reader feedback we have received over the last year. More feature stories, more people profiles and larger photos!

Look for healthy recipes from our nutritionists and get great tips on green living. Hear from the staff that walk our halls, as we interview them on important and fun issues.

Through our stories we will learn about the people and work that are at the heart of PHC, helping build a stronger sense of community.

Thank you for reading d'Vine. We hope you continue to enjoy it! Share your feedback at [d'vine@providencehealth.bc.ca](mailto:d'vine@providencehealth.bc.ca).

### INSIDE THIS ISSUE:

- 3 **Introducing Two Compassionate and Strong Women at PHC**
- 4 **Keeping Families Together**
- 5 **New Online Staff Resource for End-of-Life Care**
- 6 **Best Employers for New Canadians Award**
- 7 **Emergency Researchers Pursue Real Life Health Solutions**
- 8 **St. Paul's Hospital Smoke-Free, Inside and Out**
- 9 **Paying it Forward**
- 10 **Hear in the Halls**

# Innovation Fast Tracks Breast Cancer Diagnosis at BC's First Rapid Access Breast Clinic

*For any woman who's just learned of a suspected breast abnormality, waiting to rule out cancer can be emotionally agonizing.*



Patients at risk of breast cancer currently require many separate visits to different health care providers at different locations at each stage of the diagnostic and treatment pathway, often creating unnecessary gaps and delays in care. The newly opened Rapid Access Breast Clinic at Mount Saint Joseph Hospital aims to change this, cutting down wait time to diagnosis and catching breast cancer more quickly.

BC's first comprehensive breast cancer diagnostic clinic is based on the European best practice model, where diagnostic testing is coordinated and organized in a streamlined manner all under one roof. Providing a diagnosis within 21 calendar days (the European standard) is the target. Since the clinic's opening in May, the average wait time has been reduced from about 45 days to just six.

The "one-stop shopping" approach is popular with patients. "Waiting is one of the worst parts of hearing that you may have breast cancer," said 40-year-old Lynda Cho, a breast cancer patient at the MSJ clinic. The shortened time to diagnosis alleviated her stress during a very "nerve-racking experience".

"As a busy mom of two kids, it was especially convenient having everything done in one place, from my mammogram to receiving my diagnosis to surgery, and very comforting to deal with only one health care team."

The clinic's multidisciplinary team conducts a "triple assessment" for each patient, starting with a diagnostic mammogram and/or diagnostic ultrasound, followed by a physical examination by a breast specialist, and then an ultrasound-guided or stereotactic core biopsy.

If the diagnosis is positive, the clinic prepares a co-ordinated care plan, organizing direct referrals for surgery and other breast services (such as radiation and chemotherapy), avoiding the need for the patient to go back to their family physician for referral. The clinic also arranges further diagnostics, surgical bookings, medical

oncology consults, radiation oncology consults, BC Cancer Agency consults and provides direct referrals to MSJ's breast reconstruction program, providing immediate or post-surgical breast reconstruction by a plastic surgeon.

"This innovative approach is already paying dividends," said Dr. Urve Kuusk, medical director of the Mount Saint Joseph clinic and breast surgeon. "With our streamlined process, all tests and exams are done on site, with a core team of multidisciplinary staff working together to carefully follow the patient. Everyone wins – the patients don't fall through the cracks, we eliminate duplication of services and multiple visits and we can ensure all aspects of the patient's diagnostic journey are addressed."

MSJ's Rapid Access Breast Clinic received \$1.25 million through the BC Ministry of Health Services' Lower Mainland Innovation and Integration Fund (LMIF) as part of a \$5-million pay-for-performance pilot program to open four rapid access breast cancer diagnosis clinics in the Lower Mainland. The LMIF funding will allow the MSJ Clinic to diagnose up to 3,000 patients annually, once fully operational.



*Dr. Quoc Tran, a general practitioner, discusses the results of a breast exam with a patient at Mount Saint Joseph Hospital's new Rapid Access Breast Clinic.*



Strategic Direction: Engage and Develop our People

## Introducing Two Compassionate and Strong Women With Two Very Different Roles at Providence Health Care

*Cheryl McDonald and Katerina Kefallonitis were recognized earlier this year with the 2009 Mission Services Award for Individual Acute & Residential Care.*

Meet **Cheryl McDonald**, registered nurse (RN) mentor, Mount Saint Joseph Hospital. A former clinical nurse leader (CNL) in the coronary care unit, Cheryl was brought to MSJ during a time of change and re-growth to work as a mentor for the nurses on the 3rd floor medical unit and help with the MSJ Medicine Advancement Initiative.

Cindy Elliott, operations leader, medicine, MSJ, explained that further support was needed to ensure staff were delivering the best patient care possible. "One thing identified was the need for nurses to have clinical expertise that was readily available to them."

With 34 years of nursing experience under her belt, Cheryl had plenty of knowledge and experience available to share with staff.

"As a mentor on the 3rd floor medicine unit, I am there for the nurses to support them clinically at the bedside," said Cheryl. "I go around to each nurse and ask them to tell me about their patients and ask if they have any concerns or questions."

Cheryl looks for opportunities to teach the nursing staff, build their confidence and improve their practice.

"For me personally, I like consulting Cheryl because she helps me make clinical decisions and makes everything so easy, helping me build my confidence," said Evangaline Carlos, LPN, MSJ.

"Cheryl has contributed to patient safety, enhanced nursing practice and helped to infuse positive culture change for MSJ medicine," said Candy Garossino, director, nursing education, MSJ. "The nurses have experienced Cheryl to be 'gentle' in her approach while assessing, validating and teaching clinical competencies."

Cheryl hopes that her passion for nursing can serve as inspiration to other staff as they build their careers.

Meet **Katerina Kefallonitis**. As a resident care aide (RCA) at Holy Family Hospital (HFH), Katerina addresses the physical and emotional care needs of the residents.

Taking her job beyond the day-to-day, Katerina really gets to know the residents at HFH on a personal level, not just listening to their stories and opinions, but really hearing them and remembering them as individuals.

"It is important to make residents feel comfortable and at home, especially at the beginning when someone is new and they come here...just a hug or a smile makes them feel wanted," she explained.

Known for her expertise in the kitchen, Katerina can often be found making fresh bread or soup for residents in her spare time.

"The smell of her cooking in the air is heartwarming and makes staff and residents feel as though we are at home. The food always tastes fantastic," said Rochelle Visser, CNL, HFH.

*"It is important to make residents feel comfortable and at home, especially at the beginning when someone is new and they come here... just a hug or a smile makes them feel wanted."*

*Katerina Kefallonitis, RCA*

For the past several years, Katerina has been coaching a long-term resident to speak. This resident has limited social interaction and until recently, had not spoken in the more than 20 years she has been living at HFH.

"Katerina encourages this resident constantly and brags to all the staff about every little improvement she makes. She treats the resident like a family member," said Visser.

According to Cecilia Moore, Pastoral Care, Katerina lives and models the values of Providence Health Care and is an inspiration to all staff at Holy Family Hospital.

Both of these women were recognized earlier this year with the 2009 Mission Services Award for Individual Acute (Cheryl) and Residential (Katerina). The individual acute and residential awards are presented to someone who constantly lives the mission of PHC and is a role model for others.



Cheryl McDonald, RN mentor,  
Mount Saint Joseph Hospital



Katerina Kefallonitis, RCA,  
Holy Family Hospital



Moving to the 21st Century – Human Resources Goes Green with *HR Connect*



### *No More Paper Please!*

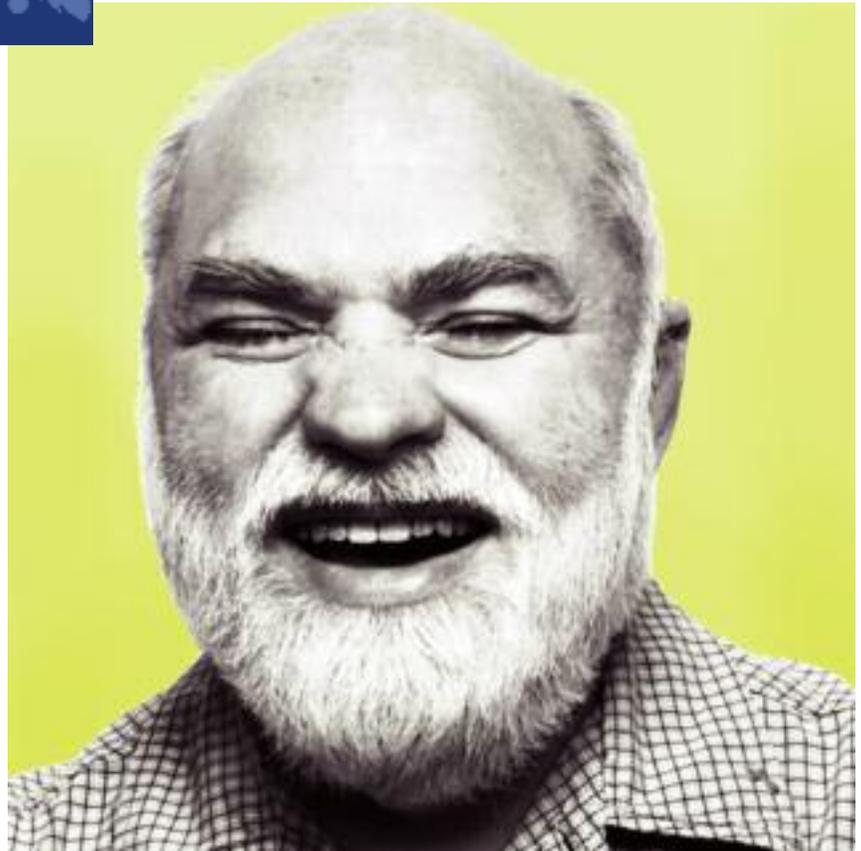
On June 1, Human Resources celebrated the launch of *HR Connect* featuring a paperless applicant tracking system (ATS). This initiative marks a reduction in the amount of paper used for new hires, and in turn will help our environment, as Human Resources no longer accepts paper resumes or application forms.

Using this easy, paperless ATS system, an external applicant creates an online profile account, applies directly to a vacancy and receives an automatic e-mail acknowledging receipt of their application. This efficient system allows HR to respond immediately to an applicant and be environmentally responsible, as all the documents required are filed electronically. *HR Connect* also provides applicants with the ability to track their applications online and return to apply for future opportunities without using a single sheet of paper.

If you are a Providence Health Care employee and refer a friend to apply for a position, you may be eligible to receive a gift through Hire Power, our employee referral program. Potential applicants should visit the 'Careers' section of the PHC website at [www.providencehealthcare.org](http://www.providencehealthcare.org) and follow the easy 'paperless' steps.

Thank you for helping us help the environment.

## Creative Souls



Values in Action: Excellence

### Keeping Families Together

*"My wife and I have always been close. Now, thankfully, despite being apart, we're still close... Honoria Conway has been a blessing for us."*

*Jeryl Taylor, tenant of Honoria Conway-Heather*



Jeryl Taylor and his wife Audrey have always looked after each other. While Jeryl had some sight left on his wedding day, he eventually lost his eyesight due to childhood glaucoma, fuelled by undiagnosed diabetes. In her elder years, Audrey slowly developed dementia. For a while, they looked after each other and coped, happy to be together. However, as her dementia

worsened, it became clear that Audrey could not live independently, and due to his lack of vision, neither could Jeryl.

When a space was offered to him at Honoria Conway-Heather, Providence's newest site offering assisted living for seniors, Jeryl seized the opportunity although due to his wife's very different needs, she could not be cared for at the same location. Providence staff worked hard to move Audrey into a secure space for adults with dementia at Youville Residence, just across the street from Honoria Conway. Providence caregivers showed Jeryl a safe route to get from Honoria Conway to Youville to visit Audrey, something he does almost every day, happily and independently.



Strategic Direction: Engage and Develop our People

## New Online Staff Resource for End-of-Life Care

*Thanks to a new online resource, Providence Health Care staff now have access to a wealth of information on palliative care services at the click of a mouse.*



The Palliative Care Companion site, located under Programs and Services on **PHC Connect**, is designed to aid primary care teams in caring for people with life-limiting illnesses by answering common

questions and providing quick access to resources.

The new site features information on the palliative care system in Vancouver, common questions about terminal care and symptom management information, links to information for supporting patients and their families and much more.

"The website was developed to offer a new means of support to other teams when they are dealing with the issues that are common in palliative care," says Dr. Tim Sakaluk, palliative care physician at PHC and creator of the site. "We hoped through the website we could help expand the capacity in the system as well as support skill development in all health care professionals."

So far, staff response to the new site has been very positive.

"I'm really pleased with the site. It's very systematic and will be valuable for everyone," says Emily Mak, a social worker at Mount Saint Joseph Hospital, who has already printed information from the site to give to patients and family members. "Information on palliative and hospice care used to be spread out and from different resources, now it's all in one place."

The new Palliative Care Companion site is an extension of the services offered by the Outreach and Consult Team, who assist staff in identifying patients that would benefit from symptom management, advanced care and goal planning, and end-of-life care. The team offers outreach services to all units and programs, and continues to welcome consults, questions and comments from all health care providers.

If you have any questions about the Palliative Care Companion site or its contents, please contact Dr. Tim Sakaluk at [tim.sakaluk@vch.ca](mailto:tim.sakaluk@vch.ca) or Dr. Romyne Gallagher at [rgallagher@providencehealth.bc.ca](mailto:rgallagher@providencehealth.bc.ca).

## Resourceful Actions

### The Pocket Talker

*New audio device introduced at St. Paul's Hospital has people talking!*

Hearing loss is a very common sensory disability, impacting the ability to communicate. In the context of the hospital setting, hearing loss can result in frustrating or even dangerous errors in communication between patient and hospital staff.



The Pocket Talker

Project started in the audiology department at St. Paul's Hospital, bringing Assistive Listening Devices to patients with hearing loss, so that important lines of communication can stay open during their stay in hospital. As a means of living the vision and values of Providence Health Care, the Pocket Talker Project raised \$800 through audiology and ear, nose and throat (ENT) staff to purchase six pocket talker devices.

A pocket talker is a portable one-to-one communication device that assists people who are hard of hearing and who may not be wearing a hearing aid, to have a conversation. The speaker talks into the lapel microphone and the sounds are then carried directly to the headset of the hard-of-hearing person. Pocket talkers amplify the sounds that are closest to the listener while reducing background noise. This is different from hearing aids, which amplify all sounds, potentially making comprehension more difficult.

The devices have been donated to various units, departments and programs that care for patients with hearing loss. For more information on this initiative or to inquire about the pocket talkers, contact the audiology department at 604-806-8660.



(l to r)  
 St. Paul's  
 Hospital  
 audiologists  
 Jolene  
 DiCecco and  
 Heather  
 Southam  
 converse  
 using a  
 pocket talker  
 device.



## Eden Corner

### Belly Dancer for Father's Day

*Who doesn't like music or dance?*



*Yasmina (above & inset) entertains residents at Langara with a belly dance performance for Father's Day.*

Langara Residence hosts a number of cultural and entertainment activities each year to encourage excitement, laughter and

participation amongst residents. A recent exotic, cultural performance by Vancouver belly dancer Yasmina mesmerized all those who attended.

Yasmina has been visiting Langara regularly for the past few years giving spectacular performances to residents. Her movements, bright costumes and sparkling personality bring youth and beauty to the atmosphere.

About 150 residents enjoyed the thirty-five minute show, some even sitting in the front row, where they could be sure to touch the colourful scarves as they flew past. Many of the staff and residents watching could be heard commenting on the artistic quality and rhythmic movements of the ancient dance.

Resident Ken Walker spoke after about having a great time taking in the performance: "People found it fun and entertaining. I even got to dance with the lovely Yasmina."

For another resident, the performance was a whole new experience. "It was my first time seeing a belly dancer and I think it was very interesting," said Margaret Wong.

Steph Gocklin, rehabilitation assistant (RA) at Langara Residence, loved seeing the excitement on residents' faces as they watched the beautiful performance. "The residents were completely into it. The excitement and joy in their eyes was so phenomenal to see."

The event was held on June 19, the Friday before Father's Day. In addition to the belly dance performance, staff held a special BBQ lunch for male residents to honour fathers everywhere.



*Strategic Direction: Advance our Leadership in Health Care*

## Best Employers for New Canadians Award

*Dianne Doyle, President and CEO of Providence Health Care, was recently presented with the Best Employers for New Canadians Award for 2009.*

The Best Employers for New Canadians Award is presented to employers from across Canada that lead their peers in creating workplaces that welcome new Canadians and allow them to make the most of their diversity, their skills, education and talents.

In addition to Providence Health Care, the winning BC employers included Rescan Environmental Services Ltd. and Vancouver Coastal Health Authority.

Launched in 2007, the Best Employers for New Canadians competition is entering its third year and is managed by the editors of "Canada's Top 100 Employers" in partnership with ALLIES, a joint initiative of The Maytree Foundation and The J.W. McConnell Family Foundation — two foundations with long histories of strengthening Canadian communities. This special designation recognizes the nation's best employers for recent immigrants. These employers offer interesting programs to assist new Canadians in making the transition to a new workplace — and a new life in Canada.

PHC was recognized in 2009 for its progressive work policies, educational and training opportunities and competitive compensation that assist new Canadians in making the transition to a new workplace and a new life in Canada. The recognition once again points to the excellence, innovation, compassion and commitment PHC staff demonstrate on a daily basis in providing the best service and fostering a positive workplace environment.

This is the second year in a row that PHC has been selected as a Best Employer for New Canadians.



*Dianne Doyle, PHC President and CEO, accepts the Best Employers for New Canadians Award for 2009.*



Strategic Direction: Lead Through Exceptional Care, Service, Teaching and Research

## Emergency Researchers Pursue Real Life Health Solutions

*“Ideally, patients could avoid hospital admission and get healthier in their own communities; but for this to happen, the infrastructure outside the hospital system has to be in place”.*

*Dr. Robert Stenstrom, Research Head, St. Paul's Hospital Emergency Department*



Dr. Robert Stenstrom, head of research, St. Paul's Hospital Emergency Department.

The Providence Health Care Research Institute's slogan is “Pursuing real life health solutions”. Nowhere is this more evident than in one of Canada's most diverse emergency rooms at St. Paul's Hospital. Patients who access St. Paul's Emergency Department (ED) come with a broad spectrum of health needs ranging from critical to chronic. A diverse urban population provides an opportunity for innovative research. Dr. Robert Stenstrom, head of research, St. Paul's Hospital Emergency Department, and his colleagues are discovering how research can be translated into higher quality care and improve patient quality of life.

### What makes the research at St. Paul's Emergency Department stand apart?

**The people** - SPH has many highly qualified researchers, including three MD PhDs, which is more than any other emergency department in Canada.

**The training** - As part of the University of British Columbia's Department of Emergency Medicine, SPH's ED offers a fellowship in academic emergency medicine (research, education, or informatics).

**The technology** - SPH's ED has an intricate and highly functional information system that allows staff to link to medical imaging, microbiology, pathology and other SPH departments. By linking ED visits to provincial databases (Vital Statistics, Pharmanet, etc), long-term health outcomes can be studied.

### So how does all of this translate into benefits for patients and real life health solutions?

Approximately 65,000 patients per year access the SPH Emergency Department for emergency medical care. This includes many patients from the Downtown Eastside who use the emergency room as their main point of primary care. Dr. Stenstrom is mindful of the harsh realities facing many in the inner city.

One of the ways Dr. Stenstrom hopes to achieve this goal is through a recently completed multi-year randomized controlled trial, that is currently undergoing statistical analysis. The research project compares oral versus intravenous antibiotics as treatment for skin and soft tissue infections (a bacterial infection that is common in injection drug users). Dr. Stenstrom along with co-investigators Drs. Eric Grafstein, Frank Scheuermeyer, Grant Innes, Devin Harris, Garthe Hunte, Jim Christenson, Glen Brown, Gabriel Loh, Fong Hyunh and Val Montessori, is hopeful the evidence will reinforce that the less expensive and less invasive oral therapy can help to improve patient quality of life and decompress the overcrowded emergency room.

Dr. Stenstrom and the research team in the SPH Emergency Department continue to look for ways to improve patient quality of life through ongoing and new research projects. The research group in the ED frequently partners with other services in the hospital to design and conduct studies including, ICU, Infectious Diseases, Microbiology, HIV, Nephrology, Neurology, Pharmacy, Psychiatry and Cardiology. The ED research group also collaborates extensively with Centre for Health Evaluation and Outcome Sciences (CHEOS) on many studies. The diversity of research resources available at SPH and UBC helps to support the efforts of clinician investigators in the ED.

Current ongoing research in the ED includes areas such as infectious diseases (skin and soft-tissue infection, sepsis, septic shock), stroke care, patient safety and medical decision-making, mental health, acute myocardial infarction, biomarkers, toxicology and educational research. With the capacity of people, training and technology this team is leading Emergency Research in Canada and will continue to pursue real life health solutions.

### PHC Research Statistics 2008/09



- Research at PHC attracted over 32.4 million in external research awards in 2008/09. This represents an 11% increase over 2007/08.
- Over 70% of the research awards come from competitive, national and provincial research grant competitions.
- Research at PHC has grown 200% since 2000/01.

For more information about research at PHC visit: [www.providenceresearch.ca](http://www.providenceresearch.ca)

## HEALTHY LIVING

**Ancient Grain Salad\***

This summer, why not enjoy a new healthy recipe from the Providence Health Care clinical nutrition department? Ancient Grain Salad is an easy dish to prepare ahead of time and it is an excellent add-on to a picnic lunch or pot-luck barbeque.

The two main ingredients – spelt and wild rice – add the nutrition of whole grains and plenty of fibre. Spelt is a type of wheat that has been harvested since 5000 B.C., while wild rice is a type of grass native to North America.

**Salad:**

- ½ cup uncooked wild rice
- ½ cup uncooked spelt kernels
- ½ cup canned corn, drained
- ½ red pepper, chopped
- ½ cup dried cranberries
- 2 tbsp sliced green onions
- 2 tbsp chopped fresh cilantro
- Salt/pepper to taste

**Dressing:**

- 1 tbsp plus 1 teaspoon rice vinegar
- 1 ½ tsp honey or maple syrup
- ¼ tsp. Dijon mustard
- ½ tsp salt
- 2 tbsp olive oil
- 1 tbsp shallot or onion, minced
- ¾ tsp grated ginger

Add the rice and spelt to a pot of boiling water. Turn down heat to medium and cook until done, about 40 minutes. Drain and rinse with cold water to cool down. Drain well. Add the corn, dried cranberries, green onions, cilantro, salt and pepper. Mix all ingredients of dressing together. Pour over grains. Refrigerate until ready to serve.

\*Adapted recipe from Linda Lim, Renal Dietitian, SPH.



Strategic Direction: **Live our Mission**

## St. Paul's Hospital is Going Completely Smoke-Free, Inside and Out



*Over this last year, Providence Health Care has made great strides towards fully implementing our smoke-free premises policy.*

In step with new City of Vancouver and provincial rules, PHC became smoke-free on May 31, 2008, World No Tobacco Day. Smoking is no longer permitted in or on all PHC owned and operated property, including

all buildings, grounds and parking lots. The same policy also went into effect for all Vancouver Coastal Health and other health authority sites.

At the time, we recognized that there were some especially vulnerable patient and resident populations, such as seniors, and patients with mental health, addictions and palliative care needs, who would be most impacted by this change. For this reason, we successfully applied for a one-year exemption (subject to an annual review by Vancouver's Chief Medical Health Officer) to allow tobacco use at some PHC residential sites (designated outdoor areas), on the SPH rooftop garden and in aboriginal ceremonies.

As of September 1, 2009, our exemption comes to an end and smoking will no longer be permitted on the SPH rooftop garden. PHC's residential sites (including MSJ) will request a final extension of their exemption (for their outdoor smoking gazebos) until May 31, 2010.

A PHC steering committee - made up of representatives from across the organization - has built on the previous implementation plan and will ensure staff and patients have the resources they need before this policy is put fully in place.

Part of the plan involves fencing off the old rooftop smoking gazebo, taking down "smoking zone" signage and locking the doors leading to the cafeteria and outdoor rooftop from 2000-0600 hrs beginning on September 1.

With the cafeteria closed during these hours, staff, physicians and patients will be redirected to use patient and staff lounges located throughout the hospital (locations will be communicated in the near future).

As a health care provider, PHC has an obligation to promote good health practices and to protect everyone from the toxic effects of second hand smoke. We are committed to ensuring a safe, healthy and clean environment for our patients, residents, staff, physicians, researchers, volunteers, visitors and the general public.

For more information on the implementation plan, please visit the PHC smoke-free intranet site at:

[http://phconnect/programs\\_services/smoke\\_free\\_premises/page\\_44131.htm](http://phconnect/programs_services/smoke_free_premises/page_44131.htm).





Strategic Direction: Promote Partnerships

## Paying it Forward - a Cross-Country Kidney Swap

*Four Canadians are living a bit more comfortably thanks to one anonymous Vancouverite whose recent selfless act of donating a kidney to no one in particular, triggered a nation-wide chain of events.*

Dr. William Gourlay, surgical director, renal program, St. Paul's Hospital, said there was one specific donor who inspired the cross-country kidney swap involving four donor-recipient pairs.

"I think the real story here is that of the anonymous donor," said Dr. Gourlay. "This is a person who for no other reason than wanting to do good in the world, generated a chain that saw four people receive healthy kidneys."

Typically, donor kidneys come from a deceased organ donor or from a living donor who donates directly to their loved-one. Some willing donors are found to be incompatible with their intended recipient but they may still donate through a "kidney swap" with another donor/recipient pair.

In this chain of events, one anonymous person from Vancouver decided to selflessly donate a kidney to a complete stranger. The donor was not linked to someone waiting for a match. There were no conditions of their loved one receiving a match. They were simply donating. No strings attached.

To some, this may sound simple. Most people have two kidneys, so why not give one away? But, Dr. Gourlay explained that there is more to it than just waking up one morning and deciding to donate one. Both organs must be healthy and strong and potential donors must go through medical exams and meet with surgeons, psychiatrists, social workers and family doctors before making such a permanent decision.

"The concept of swapping kidneys is not new; however, it was the first swap in Canada, involving more than a pair of donor-recipients and involving multiple cities," said Dr. Gourlay.

The organization of this kidney swap goes back over a year with the set-up of a registry where suitable, but incompatible donors are listed, in hopes of being a match for an unrelated recipient.

Donors and recipients are matched through the national registry by complicated computer algorithms. Even once a match is made, a team of specialists must confirm that the match is acceptable. When a chain of several donor-recipients is produced, planning also involves logistics such as transportation, timing and in some cases, multi-city teamwork. Dr. Gourlay was



*(l to r) Michelle Longpre, first year surgical resident and Dr. William Gourlay, surgical director, renal program, SPH recently engaged in a ground-breaking cross-country kidney "swap".*

responsible for evaluating the Vancouver donor before confirming their participation and having them fly back east to donate to their match.

In this case, a donor flew in from Edmonton for the operation at St. Paul's Hospital, while the donor's spouse stayed in Alberta to receive a kidney from someone else. The relative of the kidney recipient at SPH flew to Toronto to donate a kidney to someone there, and so forth.

In a chain where pairs are not directly donating their kidney to their loved one, there can be a greater chance of someone backing out. Because of this, surgical teams agree to start the swap at precisely the same moment, across several time zones. These particular procedures started at 7:30am in Vancouver, 8:30am in Edmonton and 10:30 am in Toronto.

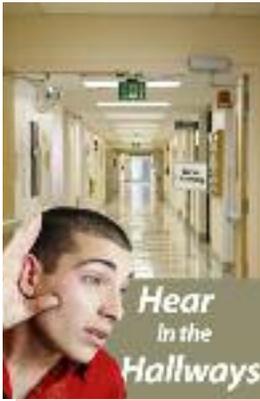
This specific operation team at St. Paul's Hospital, included anesthesiologist James Haliwell, Dr. Gourlay, surgical resident Michelle Longpre and nurses Claudette Morrison, Robyn Staffen and Silvia Sirvinova. Dr. John Gill, a transplant nephrologist at SPH, played a key role in the planning process leading up to the surgeries.



*\*As of July 2009, there are 224 British Columbians awaiting kidney transplants.*

*In 2008, 167 kidney transplants were performed in BC.*

*\*Source: kidney.bc.ca*



*We asked staff...*  
**What are your big summer plans for 2009?**



"This is my first summer in Vancouver and I hear the beautiful weather is somewhat abnormal! My older sister is getting married in August, so I have been preparing for the wedding. My parents are visiting for two weeks from Ontario, so this month will be a busy but celebratory time. Other than that, it will be full of outdoor activities with friends, climbing Grouse Mountain, kayaking, camping, socializing and lots of tanning!"

*Steph Cocklin,  
Float Rehabilitation Assistant,  
Langara Residence*



"I'm hoping this summer to successfully navigate my dualsport motorcycle around Mount Mercer in Chipmunk Creek near Chilliwack. Some of the trails on the mountain are proving tough to conquer. I took a friend over some very tough terrain: creeks, rock bluffs, and loose shale. We made it near the top of the mountain, but couldn't find a trail down the backside that was within our skill level. Perhaps a few weeks from now I'll give it another try going the reverse direction!"

*Dean Fogg, Technical Assistant,  
Planning & Redevelopment, Hornby*



"I am going to France this month with a number of fellow rowers from the Delta Deas Rowing Club to participate in a 200 km, five day race on the Canal du Midi in Southern France from August 16-22. This race attracts rowing crews from all over the world and is reputed to be a fun, although somewhat grueling pursuit. Should be great!"

*Jane McCall, Registered Nurse;  
Nurse Educator, HIV Program,  
St. Paul's Hospital*



"Having spent the past eight years in Vancouver, it seems time to explore BC's Discovery Islands, part of a chain of 6,000 islands extending between Washington and Alaska. In late August I'll be heading up to Quadra and Cortes Islands with friends to paddle through rugged gorges, camp on sandy beaches, dig for clams, jump off cliffs and take in faint, yet haunting, petroglyphs. Now that's what I call work-life balance!"

*Thomas Salley,  
Director Mission Services,  
PHC, Hornby*



**WE WANT TO HEAR FROM YOU**

Send in your stories, ideas, photos, announcements, thank-yous and events (to a maximum of 200 words please) to share with staff across **Providence Health Care.**

Your submission may be edited for length.

You can mail material to:

**Jennifer Laidlaw  
Communications  
4th floor, Hornby  
Ph: 604-806-8350**

or email:

[d'vine@providencehealth.bc.ca](mailto:d'vine@providencehealth.bc.ca)

*Members of the St. Vincent's Hospital Guild recently celebrated their 50th anniversary as an organization at a special luncheon at St. Vincent's - Langara. The group raises funds through sales from the gift shop to help purchase medical equipment for the hospital.*

