

PHC Named One of BC's Top 55 Employers For the Second Year in a Row

PHC was recognized as offering employees progressive work policies, opportunities for growth, competitive compensation and excellent benefits. Pictured below, staff from PHC's Maternity Unit (back row from left to right: Dr. Shaila Misri, Ying Wong and Roman Dejene; front row: Rita Gill, Mary Radmanovic and Lori Bailey).



Caring Hearts

To all the doctors, nurses and hospital staff who provided care for my father - a short note to thank you all for being the best organization on this earth.

My dad was sick with cancer and we wanted him to go in peace as comfortably as possible. Because of Marion Hospice, this was made possible. You provided dignity to my dying father and healing to a hurting family. You folks shall forever hold a special place in our hearts for all that you did for Dad in his final days.

My father's death changed our family in ways we would never have imagined. The love and care we received from Marion Hospice has also changed us for the better.

Thank you to every person affiliated with Marion Hospice. You are all God's Special Angels in our hearts and we'll be forever grateful.

*With sincere appreciation,
Ingram*

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Dianne Doyle, President and CEO.

Providence Health Care Once Again Named One of Top 55 Employers in BC

"It is truly an honour for Providence Health Care to be chosen two years in a row as a leading employer in this province," said Dianne Doyle, President and CEO. "This is a testament to our unique culture here at PHC, and because of that we have been able to attract and retain some of the best health care professionals from BC, Canada and around the world."

The sixth annual BC's Top 55 Employers competition is organized by the editors of Canada's Top 100 Employers and presented by Mediacorp Canada Inc.

The 2010 winners of BC's Top 55 Employers competition were announced in special editorial supplements in The Vancouver Sun and the Victoria Times Colonist October 17, and The Province October 18.

H1N1 Flu Shots Coming

This fall, a complex flu scenario has emerged with the prevalence of H1N1 influenza, now the predominant flu strain around the world. Over the past several weeks, public health officials from across the country have been evaluating the most effective way to protect Canadians from both seasonal and H1N1 influenza through immunization.

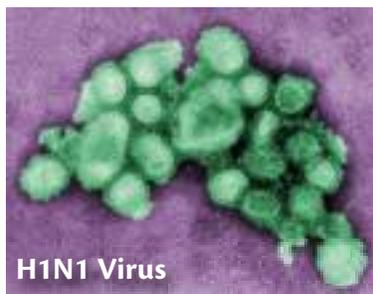


Because we care for a population at risk of developing complications from the flu, as health care workers we have a professional and ethical responsibility to protect ourselves, our patients and our residents, by getting the recommended flu vaccines each year.

Providence has reviewed its approach to flu vaccination to be consistent with this year's provincial guidelines. This year, TWO influenza vaccines are recommended for PHC staff: 1) seasonal influenza vaccine, which protects against 3 strains of influenza and 2) the H1N1 vaccine, which protects against pandemic H1N1 influenza. The vaccines can be given at the same time in separate arms and will be available FREE to all staff in the weeks to come.

Stay tuned for information on flu vaccinations from Workplace Wellness and Safety and check their intranet site (http://phconnect/hr/occupational_health_and_safety/page_13375.htm).

Meanwhile, Infection Prevention and Control (IPAC) will continue to monitor the H1N1 influenza situation and to communicate updates and revisions to H1N1 recommendations with all staff, physicians, patients and residents about how to best protect themselves and others from transmission of H1N1. IPAC's intranet site (http://phconnect/programs_services/infection_control) serves as the central source of information for the most current PHC IPAC guidelines and general H1N1 info, updated as new information becomes available. Please check this site frequently to ensure you have access to the most current information.



H1N1 Virus

Announcing Providence Health Care's 2010 Olympic Torchbearers

Dr. Clifford Chan-Yan and Michael Coleman have been selected as Olympic torchbearers based on their winning writing submissions found below. Dr. Chan-Yan is a nephrologist and Coleman is a clinical social worker.

With only one week to respond, over 50 staff, physicians, researchers and volunteers submitted heartfelt and impassioned answers to the question: *What makes Providence Health Care the unique, value-based organization it is?*

Their 150-word submissions took the form of stories where PHC's uniqueness was demonstrated or articulated through personal reflections that answered the question above.

PHC will be sharing many of these entries, including the ones below, over the months leading up to the Games.

50 staff, physicians, researchers and volunteers submitted heartfelt and impassioned answers to the question: *What makes Providence Health Care the unique, value-based organization it is?*



Dr. Clifford Chan-Yan's winning entry:

AIDS in the early 1980s was an emotionally, socially and politically charged epidemic, presumed by too many a life style affliction of homosexual males. AIDS was a lethal disease and fearsome for health care workers. A patient with AIDS was quarantined in another city hospital ER and was denied admission because of his potentially lethal infectivity. Without hesitation, he was accepted in transfer for care in St. Paul's Hospital, following which a multidisciplinary AIDS Care Team was formed and which coordinated heroic, confidential and compassionate care for almost all of British Columbia's AIDS patients for several years. The rest is history - the HIV Centre for Excellence at Providence Health has become an internationally renowned leader in HIV care and research. The founding Sisters of Providence pledged Compassionate Care for all. Respect is one of our five values: "We respect the diversity, dignity and interdependence of all persons."

Michael Coleman's winning entry:

A patient came for surgery and was found to have inoperable end-stage cancer. His dying wish was to see his ex-wife, who was in Vietnam. All attempts to get her to come to Canada through Immigration failed and he was declining rapidly. However, with the help of administration and IMS, special internet lines were hooked up and run into his room. With help from family in Vietnam and webcams there and in his room, he was able to see and talk to her, through the internet,

before he passed away peacefully. This compassion, allowing us to go the extra mile and treat others the way we would like to be treated is congruent with the Mission, Vision and Values of PHC and is why PHC is a unique organization that I love to work at.

Julie McArthur, Manager, Transcription Services and the whole Medical Transcription Group

As medical transcriptionists, we listen and transcribe detailed descriptions of operative procedures, consultations and discharge summaries. At times it seems as if the dictating provider isn't even aware that there is someone "on the other end".

Often the summaries dictated can be quite emotional, especially when it relates to end of life. I think most transcriptionists have shed a tear or two while transcribing a particularly detailed dictation.

One year, a physician on the Palliative Care Unit was dictating his summaries when he stopped dictating the summary and instead "dictated" that he wondered how we as transcriptionists felt after transcribing these reports, and that it must be hard on us as well and that he hoped we were "okay". He then went on to tell us how important the work that we did was to patient care.

The compassion from everyone to everyone is truly unique to PHC.

Providence Health Care – Definitely Unique!

by Anne Schretlen, Manager, Recruitment

With our hearts on our sleeve and our values in hand At Providence Health Care, we know where we stand.

Our mission is to help all those in need of care We are respectful, compassionate, honest and fair.

Through stewardship we demonstrate respect and trust Integrity and excellence are absolute musts.

The care we give our patients is truly undefeated We live by our tag line "How you want to be treated".

We are dedicated to serve and support one another When it comes to Spirituality, we ask Tom, our Brother.

Patients recommend us, our programs are renowned, The testimonials are unanimous, we're the best around.

Applicants want to work here as they've heard from the rest They've checked out the others and agree we're the best.

We at Providence Health Care, stand proud and stand tall Our mission, vision and values truly says it all.



Strategic Direction: Foster a Culture of Innovation & Improvement

Donor Honours St. Paul's Eye Specialist Who Saved Sight

A new fellowship to train the world's best future eye specialists at St. Paul's Hospital and UBC has been created with a \$1.375-million donation from Gwyn Morgan, retired founder of EnCana Corp., and his wife, community leader Patricia Trottier.

The William H. Ross Fellowship in Vitreo-Retinal Excellence was established in honour of Dr. William H. Ross, director of Providence Health Care's Retina Service. Morgan and Trottier were inspired to make their visionary commitment to St. Paul's Hospital Foundation after Dr. Ross saved Morgan's sight.

During his many visits to the Retina Clinic at St. Paul's Hospital, Morgan came to appreciate the care and attention Dr. Ross gave to all of his patients.

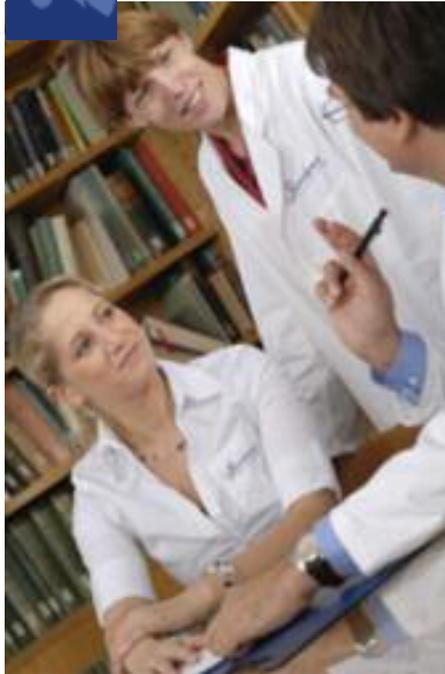
The chairman of the UBC Vitreo-Retinal Fellowship Program, Dr. Ross has trained 38 of the world's leading post-graduate vitreo-retinal specialists at St. Paul's Hospital. This prestigious new fellowship ensures that every year for at least 25 years one post-graduate fellow wishing to specialize in the treatment of retinal diseases will receive a highly coveted training position under Dr. Ross at St. Paul's Hospital.

The first William H. Ross Vitreo-Retinal Fellow, Dr. Andrew Kirker, is currently training under Dr. Ross and other retinal specialists affiliated with UBC. For more information about this fellowship, visit www.helpstpauls.com



(l to r) Former EnCana Corp. CEO Gwyn Morgan and his wife, community leader Patricia Trottier, donated \$1.375 million to St. Paul's Hospital Foundation to create a fellowship in Dr. William H. Ross' honour.

Resourceful Actions



Safety Huddles Across PHC

We've all heard the line that "a mistake is an opportunity to learn," but through the use of safety huddles, Providence Health Care (PHC) staff are putting those words into action. Safety huddles are an informal gathering for staff to discuss patient or resident safety issues.

During a huddle, staff are asked if they've noticed any mistakes or near misses (an error which would likely have resulted in a hazard or harm, but was not because it was caught) that day. Safety huddles provide an opportunity to examine factors that led to an error and then to brainstorm on how to change the system to avoid similar events in the future.

It can be hard for people to admit that they've made a mistake, especially when there are such high standards and expectations. PHC is trying to move away from a culture of blame and shame to one that allows people to feel comfortable knowing they can bring an issue forward without being punished. Our mantra is "we can't fix a system if we don't know there's a problem."

Safety huddles provide an opportunity to examine factors that led to an error and then to brainstorm on how to change the system to avoid similar events in the future.

Some issues that arise are specific to the team while others may apply to other hospital units or sites. Often, teams will come up with solutions for local issues and, if applicable, those solutions can be implemented in other units. For global issues that affect multiple areas, a core team determines the best course of action. While some are quick fixes, other issues require a lengthy process to find the best solution. In either case, an incident report is filled out - generally by the facilitator - in order to document the concern and actions taken to correct the issue.

St. Paul's was one of the first hospitals in Canada to introduce safety huddles, with the first one taking place on 7A/B in 2001. Now they are happening across PHC in clinical and service areas in both acute and residential settings.

Canadian Patient Safety Week (November 2 - 6, 2009) is a wonderful opportunity to revitalize PHC's Safety Huddle program. Staff is taking an inventory of PHC safety huddle facilitators throughout the organization in order to identify areas that need assistance. Structured questions concentrating on the week's theme - "Ask, Listen, Talk" will be provided to help learn more about the barriers health care providers face in communicating with one another.

Team Receives Local Hero Award

The Inner City Youth Mental Health Program recently received the 2009 Local Hero Award in recognition of their work in providing mental health services to Vancouver's street youth.

The program is a partnership between St. Paul's Hospital and Covenant House, in which St. Paul's psychiatrists work with youth at the shelter to provide much needed mental health services. The relationship-based care provided through this program has allowed youth to seek and maintain mental health care as they moved from the shelter to supported housing or even if they required inpatient treatment.

The Local Hero Award was started three years ago by St. Andrew-Wesley's Homelessness and Mental Health Action Group. The aim was to recognize the people in the community who worked tirelessly to end homelessness in Vancouver. This year the Homelessness and Mental Health Action Group partnered with the City of Vancouver in giving out the awards, which were presented by Mayor Gregor Robertson at a benefit concert at St. Andrew-Wesley United Church on October 14.

Patient Safety Week 2009

At Providence Health Care, the safety of our patients and residents as well as of our staff, physicians and volunteers is paramount. We are actively building a culture that pursues excellence and innovation in patient safety and quality improvement and are constantly evaluating our practices to ensure we're providing the best and safest care.

We have often been recognized as a leader, both provincially, nationally and internationally for our achievements in these areas. And even with these achievements, we are still committed to doing more to improve the safety of every patient who walks through our doors.

Not only are we constantly looking for ways to improve our processes but we are actively building the safest care environment possible. One of the ways we are doing this is by fostering a non-punitive, supportive environment for all health care providers to report errors and near misses. Incident investigation is focusing on system rather than people problems. 'Good Catch Awards' are given out monthly by the Patient Safety Committee to applaud the efforts of individuals who utilize the Incident Reporting system to record a "near miss", which has been referred to in the literature as a free lesson in risk management. Safety huddles give staff a safe opportunity to discuss vulnerabilities in our systems and processes.

Other ways we are taking action on our commitments include teaching improved communication techniques, moving towards a more transparent model of health care delivery and participating in local and national patient safety initiatives, including celebrating Canadian Patient Safety Week every year.

Between 9,000 and 24,000 Canadians die each year from preventable adverse events in health care. The goal of this week-long event is to increase awareness of patient safety issues and to share information about best



One of the ways we are doing this is by fostering a non-punitive, supportive environment for all health care providers to report errors and near misses. Incident investigation is focusing on system rather than people problems.

practices in patient safety with health care professionals, patients and their families across Canada.

This year, the fifth annual Canadian Patient Safety Week is being celebrated November 2 - 6, 2009. Based on the concept that good health care starts with good communication, the theme of this year's Canadian Patient Safety Week is Ask. Listen. Talk. During Canadian Patient Safety Week, patients and their families are reminded to ask lots of questions, listen to the answers, and discuss any concerns. Likewise, health care professionals are encouraged to celebrate the work they do by asking their patients questions, listening to the answers and discussing any concerns.

Providence Health Care will be celebrating Canadian Patient Safety Week by facilitating a series of special patient focus groups and staff safety huddles with a specific focus on communication.

More information will be provided about these activities closer to Canadian Patient Safety Week through the PHC Daily News, In the Spotlight, and on the Patient Safety site on PHC Connect. As always, patient safety suggestions and/or concerns can be sent to patientsafety@providencehealth.bc.ca or left on voicemail at local 66018.

Thank you for doing your part to make our culture of safety part of your daily work life.



Strategic Direction: Promote Partnerships



Emergency Preparedness

PHC to Participate in Lower Mainland Code Gold Olympic Preparedness Exercise



In preparation for the upcoming Winter Olympic Games, Providence

Health Care (PHC) is gearing up for its largest and most in-depth participation in a functional emergency exercise ever.

In conjunction with VANOC, municipal, provincial and federal levels of government, developed a three-part exercise program designed to test and validate integrated response within the Lower Mainland in the event of an emergency during the 2010 Winter Olympic Games. This three-part program is broken down into Exercise Bronze (Nov 2008), Exercise Silver (Feb 2009) and Exercise Gold (Nov 2-6, 2009).

Over 100 agencies are participating in Exercise Gold during the first week of November including health authorities, police, fire and ambulance, military and all levels of government.

PHC's participation (through St. Paul's [SPH] and Mount Saint Joseph [MSJ] hospitals) will occur on November 5 with a simulated 'incident' occurring during the morning rush hour at the Via Rail station in downtown Vancouver. The scenario will begin as a potential hazmat incident and escalate from there, with a significant number of "casualties" (volunteer actors) arriving at the SPH Emergency Department (ED) for triage and, in some cases, decontamination. Vancouver Fire & Rescue will conduct the decontamination in tents set up in the SPH courtyard, to minimize impact to the real ED, while the simulated transfer of some patients will take place between SPH and MSJ.

The purpose of this exercise is to give participants an opportunity to validate their current response plans to a chemical, biological, radiological, nuclear, explosive (CBRNE) event at all levels. Interested staff can sign up for a scheduled 4-hour shift through ED Nurse Educators. As well, we will be supporting our staff and volunteer casualties with the activation of our multidisciplinary Psychosocial team – the first acute care facility to do this within the province.

PHC is recruiting volunteers to be "actors" in this exercise. For more information, please contact Julie Topolniski, Coordinator EPP at local 63627 or jtopolniski@providencehealth.bc.ca.



Creative Souls



Bruce Stewart
with daughter
Shannon Stewart
(now Shannon
Giesbrecht)

Engaging the Needs and Values of Those We Serve

"We would like to express our appreciation to the cardiac program, for the staff's compassion and flexibility."

The Stewart Family

When James "Bruce" Stewart, a school principal from the Okanagan Valley, found himself in St. Paul's Hospital with heart failure and limited treatment options, his daughter, Shannon and her fiancé Jordon Giesbrecht decided to move their wedding up a month to ensure he could attend. Dr. Lynn Straatman, the attending cardiologist worked with Stephanie Lam, SPH Transplant Social Worker and Reverend Donald Hill, Pastoral Care Worker for Cardiology to arrange a ceremony for the next day.

The bride and groom left the hospital to get their marriage license; bridesmaids purchased matching tops to pair with their jeans; and Shannon's uncle, Rob Stewart, who was officiating the wedding, planned and made arrangements with Reverend Hill. Within 24 hours, the chapel at St. Paul's Hospital was booked for the ceremony; Dining Room 3 was booked for a reception; and family were rushed in from all over the province to celebrate in this special occasion. CCU nursing staff even hand-made boutonnières for the occasion.

40 guests were present for the ceremony, including Bruce, assisted by a nursing escort. The Stewart's were deeply moved by the rapid response of staff at SPH, enabling this event to occur with seamless disruption to the patient's overall care.



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

Navigating a Diagnosis of Breast Cancer

Few things cause more anxiety for women than finding a lump in their breast. The discovery is the beginning of what is often a lengthy and stressful journey to diagnosis.

Whether the outcome is a confirmed diagnosis of breast cancer or a false alarm, emotional support along the journey is essential. For women having diagnostic testing done at Mount Saint Joseph Hospital's new Rapid Access Breast Clinic, caring support is just a hand hold away with a nurse navigator. The nurse navigator is part of the new clinic's team, dedicated to helping patients navigate through the process and keeping them informed every step of the way.

Opened in May 2009, the Rapid Access Breast Clinic is B.C.'s first breast cancer diagnostic clinic of its kind, offering all the tests required for a confirmed breast cancer diagnosis within an average of seven days of being referred. The clinic's "one stop shop" approach eliminates the need for numerous appointments and tests at different locations and greatly reduces the agonizing wait time to diagnosis.

Imelda Villeneuve, a registered nurse and breast cancer survivor of 14 years, knew when she applied for the position of nurse navigator that she had a lot to offer. "Because I am a breast cancer survivor, I am able to put myself into my patients' shoes. I knew this was a role I could embrace," she explained.

Villeneuve works closely with patients and the clinic's team of health care professionals to provide a streamlined and seamless journey through the complex health care system.

Emotional emergencies often occur once a patient has learned they have a breast abnormality. At this time, the nurse navigator's role is vital in helping patients to clearly comprehend each of the steps within their unique diagnostic plan.

Most importantly, Villeneuve acts as a strong support to patients when they receive the news that they do have breast cancer. "A patient's attitude and outlook on life is so important during this process," she explains. "So many of them come in believing they have received a death sentence. I tell them 'Look at me – I had breast cancer 14 years ago'. Then they relax a little and start to accept their news."

"Because I am a breast cancer survivor, I am able to put myself into my patients' shoes. I knew this was a role I could embrace."

Imelda Villeneuve, Nurse Navigator

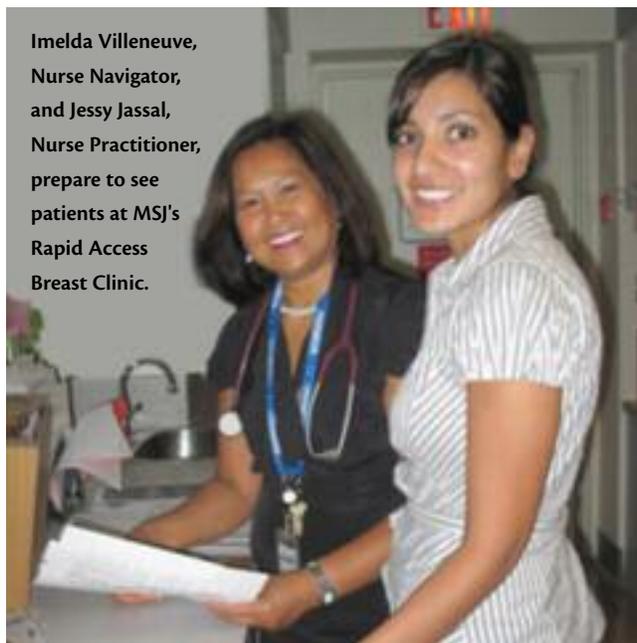
For patients, the nurse navigator becomes a trusted friend, the one person they can call with any concerns or questions during the process. "I always tell my patients to call me if they have any questions," said Villeneuve. "It is important for them to have that one person they can reliably call upon. That continuity of communication is important." On average she handles six phone calls per day.

"Patients tell me they appreciate coming to just one place for their tests and appointments, and that they are especially thankful they don't have to wait so long for their diagnosis," continued Villeneuve. "And as horrible as it can be to go through this experience, patients tell us they are grateful to have a friendly person who can help them through it all."

Villeneuve's role in the MSJ RABC is unique. The hospital currently has the only patient navigation system for breast cancer diagnosis in B.C. Other health authorities currently have patient navigation systems focused on breast cancer surgery and post-surgery services. The ideal model would combine patient navigation services from diagnosis through to post breast cancer surgery.



Imelda Villeneuve, Nurse Navigator, and Jessy Jassal, Nurse Practitioner, prepare to see patients at MSJ's Rapid Access Breast Clinic.





Strategic Direction: Live our Mission



**EDEN
CORNER**

Brock Fahrni Makes the Small Things Count with the Magical Mission Moments

Brock Fahrni Residence has created monthly awards to acknowledge ordinary acts of everyday heroism. Called the *Brock Fahrni Magical Mission Moments*, the awards seek to notice everyday moments lived magically. It's about noticing how often the ordinary moments make a difference. It is not about the "extra mile" – it is about the ordinary mile traveled in an extraordinary way.

Not just limited to staff, the awards have been a big hit. Residents and staff have been quick to recognize each other, with awards being presented at the monthly Mission Team Meeting which staff and residents attend together.

Nomination forms are read out at Mission Team Meetings and those who are recognized receive an ovation and a Brock Fahrni pen. Participation has been high so far, with an average of fifteen nominations per month.

Here are a few examples of recent nominations:

A Unit Coordinator nominated an RCA. The nomination read: "This person goes out of her way to be kind. Recently, she went in search of a chocolate chip cookie for a resident who approached her from another wing. Although not under her direct care, she didn't hesitate to find this small pleasure for the resident – the resident was very happy!"

A resident nominated an RCA: "She is always talking to us and being helpful. She reads the newspaper to us, clips our nails and even spends her break time eating with us. She is always with us – even when she doesn't have to be!"

A physiotherapist nominated a housekeeper: "This person does not limit her job to housekeeping. She is always positive, has a joke and smile for residents and makes them feel comfortable. She takes time to get to know something about each resident and gives them light when they feel lost."



Left to right: Pauline Yee CNL, resident Joy Middleton and Jenny Liang RCA are wearing hats made by Brock Fahrni residents during an Eden activity.



Butternut Squash Soup

This is a spicy and flavourful light soup. The swirl of yogurt mellows out the powerful flavour of the spices. Macintosh apples are best in this soup, but any apples will work. Remember soups freeze great!

Butternut squash is rich in vitamin C and beta-carotene. In fact, most squashes including pumpkin are high in these anti-oxidant vitamins. Pureed squashes can be added to any soups or even mashed potatoes to boost the nutrition content.

2 tsp	canola oil	0 mL
1 large	onion, chopped	1 large
2 cloves	garlic, minced	2 cloves
3	apples -peeled, cored and chopped	3
1 Tbsp	fresh ginger, minced	15 mL
1Tbsp	curry powder	15 mL
½ tsp	cumin	2.5 mL
6 cups	butternut squash, peeled, seeded and cubed (2 lbs/900g)	1.5 L
4 cups	chicken broth	900 mL
1 cup	apple juice	240 mL
	salt and pepper to taste	
½ cup	nonfat plain yogurt (optional)	120 mL

In a large soup pot, heat oil over medium heat. Add onions and sauté until softened. Add garlic and apples, and sauté until apples are soft. Add ginger, curry powder and cumin, and cook for 2 minutes. Add squash, chicken broth and apple juice. Bring to a boil. Reduce heat and simmer for 30-40 minutes or until squash is tender. Strain the soup mixture and reserve the liquid. Puree the solids in food processor or with hand blender until smooth. Return liquid and pureed mixture to the soup pot. Heat through. Season with salt and pepper, and adjust spices. Add a dollop of yogurt to each bowl before serving. Serves 8.

Nutritional analysis per serving:

141 calories 4 g protein 2 g fat 0 g saturated fat 25 g carbohydrate
0 mg cholesterol 411 mg sodium 3 g fibre

Recipe from *Eating Light Eating Right*, Frances Johnson & Shauna Ratner, available at Healthy Heart Program, St. Paul's Hospital \$15.00.



Strategic Direction: Advance our Leadership in Health Care

Providence Health Care Recognized for Outstanding Contributions to Patient Care

Providence Health Care (PHC) was the only health care organization to be recognized in two categories at the annual 2009 BC Patient Quality and Safety Awards for advancing patient safety and quality of care. Dr. Julian Marsden, an Emergency Department physician at St. Paul's Hospital (SPH), was the sole recipient of the provincial Leadership in Patient Quality and Safety award and PHC's John Ruedy Immunodeficiency Clinic was a recipient in the Excellence in Quality and Patient Safety category.

The 2009 BC Patient Quality and Safety Awards recognize the dedication of those in the health field who have managed to implement new best practices in patient safety and quality improvement in addition to the daily demands of their profession. Awards for Excellence in Quality and Patient Safety were given to leading quality and patient safety initiatives in each of British Columbia's health authorities. The Leadership in Quality and Patient Safety Award recipient was selected from nominations received from across the province.

"By working together, we can improve patient outcomes," said Dr. Marsden. "And, ultimately, create a community of health care professionals spanning different disciplines and geographical areas." Sponsored by the BC Patient Safety and Quality Council, the awards support the council's objective to support health authorities and other service delivery partners in their continuous effort to improve the safety and quality of care.

Dr. Marsden was recognized for his integral role in launching the provincial Evidence to Excellence (E2E) project, aiming to accelerate improvements in clinical and operational practices in emergency departments across the province. With colleagues at UBC and SPH, and funding provided by the Ministry of Health Services, he developed a plan for how to share knowledge and expertise across the province. Dr. Marsden's vision, passion and leadership have enabled him to link this broad community, the university and the ministry in such a successful partnership.

Since 2003, the Immunodeficiency Clinic (IDC) team within the HIV/AIDS Program at SPH has focused on clinic redesign to provide accessible, flexible and quality patient-centered HIV/AIDS care. In 2005, data became available that showed that only

By working together, we can improve patient outcomes. And, ultimately, create a community of health care professionals spanning different disciplines and geographical areas.

Dr. Julian Marsden

30 per cent of patients were being screened and actually receiving optimal immunization as described in current HIV clinical guidelines. The interdisciplinary IDC team, therefore, identified a need to shift the focus of its improvement work from service redesign to improving clinical quality. Six key process changes were introduced in order to achieve success in increasing uptake of screening and immunization to greater than 95 per cent. While this target remains a stretch goal, significant improvements have been made. Through its dedication and Commitment to Excellence the IDC team has improved care processes and achieved sustainable system improvement.

Read more about the accomplishments of Dr. Marsden or of the John Ruedy Clinic on the BC Patient Safety and Quality Council website: <http://www.bcpsqc.ca>.



Dr. Julian Marsden (right) receives the 2009 Leadership in Quality and Safety Award from Dr. Doug Cochrane, BCPSQC Chair.

Gifts Make Residents Feel Right at Home

Some of life's greatest gifts are often found in the simplest of pleasures. For Mrs. Poi Lin Fong, a resident of the Chrysanthemum Neighbourhood in Mount Saint Joseph (MSJ) extended care unit, simple pleasures include a trip to the end of the hallway to sit in her favourite chair and flip through the pages of family photo albums.

Thanks to a generous donation of more than \$11,000 to Tapestry Foundation for Health Care from MSJ's Gift Shop, Mrs. Fong is sitting pretty these days on a brand new lounge chair with her feet resting on a new ottoman. "I come here every day," Mrs. Fong told Foundation staff contentedly.

Every year, proceeds from the sale of gift shop items are donated to the Tapestry Foundation to help purchase priority equipment needed in various departments throughout MSJ. Volunteers review the priorities list, then make decisions on how they want to direct their donation. More often than not, volunteers choose items earmarked for the care of elderly residents in the hospital's extended care unit.

The group recently approved the disbursement of \$9,000 in proceeds to purchase 30 new slings for MSJ's Elder Care Program. The slings are used several times a day, every day to help move patients to and from beds. A stereo was also funded for residents to enjoy Chinese music, and furniture was ordered to create a cozy "family visiting corner" that is currently being enjoyed by Mrs. Fong. The group also approved a number of smaller items for the Geriatric Psychiatry Department.



Mrs. Poi Lin Fong (centre), relaxes in a new lounge chair while chatting with MSJ Gift Shop Volunteers Pauline Lipp (left) and Anna Chow (right).



Strategic Direction: Engage and Develop our People

Program Will Help Internationally-Educated Staff Grow Professional Communication Skills

In recent years, a lot of progress has been made in British Columbia to support health professionals who received their education outside of Canada and who enter the local health care workforce. A new 10-week program, Communicating at Work, has been designed to help internationally-educated health professionals develop their workplace communication skills.



With funding from the Government of Canada and the Province of British Columbia, Providence Health Care (PHC) and Vancouver Coastal Health are partnering to offer a professional communication skills course for internationally educated registered nurses, registered psychiatric nurses, licensed practical nurses, occupational therapists, physical therapists, and medical residents working in acute, rehabilitation and residential care. By completion of the program, graduates will demonstrate improved communication skills that support teamwork and enhance care.

"Staff can choose to enter the program on their own – they don't need to be recommended for it," said Sandy Berman, project manager. "This isn't about performance. It's about those staff who want to continue learning and improving their ability to communicate effectively in professional situations. Staff attend on their own time, and it's important that they be committed to attending and work toward improvement."

Managers, supervisors, professional practice leads, educators and directors have also been surveyed for their opinions about the need for a post-licensure professional communication course for their staff.

The program will be available at no charge to eligible staff, and project sponsors expect that managers will allow some shift flexibility if necessary to accommodate persons in the program.

If you are interested in attending or would like more details about the program, please phone Candy Garossino, Director, Nursing Education at 604-806-8265 or e-mail communicatingatwork@vch.ca.

Examining the Relationship Between Trauma and Addiction

Three-day international conference

October 27–29

UBC, First Nations Long House



Dr. Michael Krausz, Providence Health Care BC Leadership Chair in Addiction Research, will be speaking at the upcoming conference.

Several Providence Health Care researchers will be presenting at an international conference focusing on the relationship of trauma and addiction, along with experts from around the world.

The conference, Wounded Souls and the Vulnerable Self, is a three-day event organized by Dr. Michael Krausz, Providence Health Care BC Leadership Chair in Addiction Research. It will cover topics including: trauma

and addiction in urban areas; integrated treatment approaches; addiction, abuse and violence in aboriginal communities; sexual abuse, violence and neglect under a family perspective.

Presentations include perspectives from across the globe, aboriginal communities and local experts such as Vancouver's Dr. Gabor Maté. The event also features a strong

Providence cohort, including Dr. Patricia Spittal presenting on the Cedar Project, Dr. Eugenia Oviedo-Joekes speaking about trauma among long-

term opioid injectors, Dr. Steve Mathias discussing youth with trauma experiences, and Dr. Krausz about transgenerational trauma.

The conference is presented by the Centre for Health Evaluation and Outcome Sciences (CHEOS) and the UBC Institute of Mental Health. For more information please contact Ida Chan at ichan@mail.cheos.ubc.ca or call 604-806-8306. For full program visit www.cheos.ubc.ca.



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



October is Health Literacy Awareness Month

Making Connections Between Health Literacy and Patient Safety

"...health literacy is fundamental to quality care."

The 2004 Institute of Medicine report, Health Literacy: A prescription to end confusion.

Canadian health care relies a great deal on 'literacy' and 'numeracy'. Patients generally need to be able to read and write, as well as have skills in using numbers and measurements. Many of our patients and residents, however, have low levels of literacy, even in their first language. In Canada, 42 per cent of those aged 16-65 have low basic literacy skills. This jumps to 80 per cent for seniors.

Health literacy goes beyond being able to read and write. People can be literate but not 'health literate'. People are considered 'health literate' when they can obtain, process, and understand the basic health information and services they need to make appropriate health decisions, and to follow treatment or self-care instructions.

Why does this matter? Literacy and health literacy are powerful predictors of health outcomes.

Now is a good time to think about the importance of making health information understandable and applicable to each patient, no matter what language they speak or what culture they come from. Health care is completely dependent on communication. Patients need to communicate their symptoms, medical history, and needs. Providers communicate to assess, diagnose, treat, gain consent, provide care, and educate. This places a huge onus on providers to communicate health information and services in clear, accessible ways.

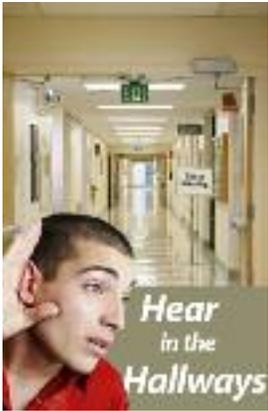
Now is a good time to think about the importance of making health information understandable and applicable to each patient, no matter what language they speak or what culture they come from.

It is no surprise that communication has been identified as the cornerstone of patient safety. Poor communication and miscommunication are main causes of adverse medical events. Patients with limited English skills, from minority cultures, or with low health literacy -- are all at greater risk for adverse medical events. They are also more likely to be involved in medication errors; be misdiagnosed; have more diagnostic tests; be readmitted, and to have difficulty navigating health systems.

The Canadian Council on Learning (2009) found that about 60 per cent of Canadian adults do not have the health literacy skills needed to adequately manage their health and health care needs. In Vancouver, that percentage is 56 per cent. Another recent study (2009) showed that a high percentage of participants did not know the names or locations of their internal organs. Research confirms that health beliefs, sick roles, and treatment preferences vary widely across cultures and religions.

What does this all mean? It reminds us that by removing language, literacy, health literacy, and cultural barriers, we are, in fact, also ensuring patient safety.

To learn more, join us at our November 2 & 3, 2009 conference, Diversity Matters: An Ongoing Conversation. To register, contact Wilma Chang, wchang@providencehealth.bc.ca.



We asked staff...

What are you looking forward to about the 2010 Olympics?



It would be easy to say hockey or speed skating (my son is a speed skater) but what I am most looking forward to is the overall buzz and excitement of the games themselves. The Olympics will be an electric 17 days for the people and city of Vancouver - an experience not soon to be forgotten.

David Eisner, Critical Care Nurse
Intensive Care Unit
Mount Saint Joseph Hospital



You know what I'm looking forward to about the Winter Olympics? The end of them. They are nothing but a hassle and I'll be glad when they're done.

Julie Croot
Clerk, Pacific Adult Congenital Heart Clinic
St. Paul's Hospital



What I am most looking forward to is the excitement the Olympics will bring to our city. I work at Hornby Site and lunch hour will take on a whole new meaning as I head for the pedestrian thoroughfares to enjoy the events and street performers and see the athletes and spectators enjoying our beautiful city.

Garrette McCue
Asst. to Dr. Romayne Gallagher
Division of Residential Care,
Family and Community Medicine
Hornby



I am looking forward to the experience of sharing with the world the great city that we live in and honouring the spirit of the Olympics of coming together in peace for the triumph of sport and striving to be the best within ourselves. I am also looking forward to the parties...ha ha.

Kent DesRochers,
RPN, Clinical Nurse Educator
Mental Health Program, SPH



The St. Paul's Hospital rooftop garden was the site of a recent exhibit titled *Beyond Barriers: Photographs From the Frontlines of Health*. The series of images presented the contributions and challenges experienced by frontline health practitioners who work tirelessly and selflessly in hospitals and poverty-stricken areas with vulnerable populations.

WE WANT TO HEAR FROM YOU

Send in your stories, ideas, photos, 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