Official Spectator Hospital Participates in Lower Mainland Olympic Preparedness Exercise

On Thursday, November 5, Providence Health Care staff, volunteers and doctors participated in the organization’s largest and most in-depth functional emergency exercise ever in preparation for the upcoming Winter Olympic Games.

Nazma Tarmohamed (right), Assistant Head Technician, Nuclear Medicine at St. Paul’s Hospital, scans volunteer Betty to detect radiological contaminant.
Dear PHC,

I was referred to St. Paul’s Hospital (SPH) for chronic pain management issues as a result of a car accident 20 years ago. My experience with the Pain Centre at SPH has been excellent and the implanted neurostimulator I have been given has literally been life changing. I would like to thank Dr. William McDonald, and the entire team for everything they have done.

I have also been dealing with a chronic sinus condition that progressed from a deviated septum to a complete necrosis of the septum, in less than a year. Dr. McDonald helped put me in touch with Dr. Ken Blocks and subsequently Dr. Amin Javer, who I was able to see in a matter of months.

Please accept this thanks to the medical staff for their help and assistance; it is very much appreciated and I feel that it is important to take the time to recognize the excellent care I have received.

Best regards, Keith M.

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Official Spectator Hospital Participates in Lower Mainland Olympic Preparedness

On November 5, Providence Health Care (PHC) staff, volunteers and doctors participated in the organization’s largest and most in-depth functional emergency exercise ever in preparation for the upcoming 2010 Olympic and Paralympic Winter Games.

PHC’s St. Paul’s Hospital was the site of a mock mass casualty emergency scene in a two-part exercise that began at nearby Via Rail train station early in the morning with a staged hazmat incident. From there, 48 volunteers acting as injured victims arrived at St. Paul’s Hospital for triage, with 20 of them requiring decontamination. Luckily the mock incident resulted in only minor injuries, with “patients” being treated for shock and artificial wounds.

Members of St. Paul’s Hospital psychosocial team were activated to support staff and volunteers to deal with what would be a traumatic event in the case of a real-life incident. The hospital portion of the activity occurred in an outside courtyard behind the real Emergency Department, minimizing the impact of the exercise on real emergency patient care and staffing.

Julie Topolniski, Coordinator, Emergency Preparedness Program at St. Paul’s Hospital said a key component of the exercise was having enough volunteer mock ‘patients’ to simulate a real mass casualty event.

“This exercise would not have been possible without the volunteer casualties (mostly Providence Health Care staff, friends, family members, and volunteers made up of Emergency Social Services volunteers, hospital volunteers and students). They took their roles very seriously, contributing to the realism of the event. Feedback from these community-minded citizens was extremely positive."

Learnings included the need to improve communication flow between staff in the Emergency Department and staff in the Emergency Operations Centre (EOC), the need for additional decontamination training for staff and the need for an enhanced overhead paging system.

St. Paul’s Hospital will be the official spectator hospital during the Games. The exercise was an opportunity to validate the hospital’s current response plans to a chemical, biological, radiological, nuclear, explosive (CBRNE) event at all levels.

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 Olympic and Paralympic Winter Games. This three-part program was broken down into Exercise Bronze (Nov 2008), Exercise Silver (Feb 2009) and Exercise Gold (Nov 2-6, 2009).

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

Tapestry Foundation's Doreen Lam (left) and Ann Corrigan prepare special angel gifts for donors.

Tapestry Foundation for Health Care is once again ushering in the holiday season with a chorus of angels. The Foundation's annual Angel Campaign, now more than 20 years old, raises funds to support priority needs at seven Providence Health Care sites.

Paper Angel tree decorations are mailed in November and are returned to sites bearing the names of special donors. They are then hung on Angel Trees at each of the sites. Donor contributions to Tapestry Foundation also reflect the angel theme with special Guardian Angel gifts, and wings and halo pins presented to donors at an annual Angel recognition event.

“The Angel Campaign is a time-honoured tradition that started at St. Vincent’s Hospital and continues to be meaningful for our contributor,” said Ann Corrigan, Foundation CEO. “We’re counting on ‘angels’ again this year to help us purchase a new Automated Chemical Analyzer for Mount Saint Joseph Hospital.”

Angels are also reaching out to donors online this year, thanks to generous support from Scotiabank. For more information about the Angel campaign, or to make a donation online, visit www.tapestryfoundation.ca.

Tapestry Foundation raises funds to support Brock Fahrni Pavilion, Holy Family Hospital, Honoria Conway at St. Vincent’s, Marion Hospice, Mount Saint Joseph Hospital, St. Vincent’s Hospital: Langara and Youville Residence. Funds raised support seniors’ care, hospital care and physical rehabilitation.

Expanded Scope of Nursing Practice Means Better Patient Care

Beginning next month, Registered Nurses at Providence Health Care (PHC) will be able to add another restricted activity to the list of Registered Nurse (RN) initiated actions, or RNIA. Along with the treatment of nicotine withdrawal that coincided with PHC going smoke-free May 1, 2008 and the treatment of hypoxemia (oxygen therapy) that was established in the spring of 2008, RNs will soon be able to independently manage the catheter care of patients without a physician order.

According to Nassim Adhami, a Registered Nurse on 5A (Cardiac) at St. Paul's Hospital (SPH), this means a greater opportunity for nurses to give the best care possible to their patients. “These changes really recognize the full capacity of the nurse’s role,” says Adhami. “It brings a great deal of job satisfaction to be able to initiate orders quickly and independently.”

Adhami first made use of the expanded scope of practice last year when SPH went smoke-free, and she began to administer nicotine replacement therapy to patients suffering from withdrawal on her unit.

“Smoking cessation is the first and most important intervention for cardiac patients in preventing the progression of heart disease. Because of these new regulations I am able to initiate treatment quickly, making the patients much more comfortable. It also provides a great opportunity for patient education.”

With the introduction of independent nursing activity, RNs have additional responsibility and accountability. RNs must comply with the CRNBC (College of Registered Nurses of British Columbia) Standards Limits and Conditions for acting without an order, as well as other limits and conditions established by CRNBC and PHC.

Before an RN can initiate a restricted activity, he or she must first make a nursing diagnosis of a condition that is treatable with RN intervention – in other words, it must be within the RN scope of practice.

PHC has developed Nursing Care Standards and other clinical practice documents to support and guide nurse initiated practice. PHC has also developed the RNA as a document to be used to guide practice and to maintain a consistent standard of care. Next year, PHC will be introducing RNIA for other Schedule II medications, such as Tylenol and Gravol.

“I’m really looking forward to the expansion to Schedule II medications. I think we’ll see a huge impact in terms of patient satisfaction, and it will help ease the demand on physicians as well,” says Adhami.

For more information about the new RN Regulations, authorized through the Health Professions Act, staff can visit the Nursing intranet site on PHC Connect and look for Professional Practice and Health Professions Act in the Education for Nurses section.

Registered Nurse Nassim Adhami initiates an order for nicotine replacement therapy on 5A, SPH.
In 1972, Bernadet initiated the development of the Family Centred Maternity Care Program at St. Paul’s Hospital. One of the first of its kind in Canada at the time, the program was designated by the Provincial Government as the only alternate to the Maternity Program at Grace Hospital in Vancouver.

Always mentoring other nurses throughout her career, Bernadet passionately believed that nurses were the essential element in providing effective patient care.

In 1979, Bernadet was made Director of Nursing (later Vice-President Nursing), a position she held until 1989. During her tenure, her department was nationally recognized for the quality of its health care, new and innovative approaches to that care and the ‘esprit de corps’ of its staff nurses. The Staff Nurses Journal Club, recently renamed the Bernadet Ratsoy Journal Club after its founder, celebrated its 20th anniversary in 2001.

In the 1980s, Bernadet led rapid and effective response to the AIDS epidemic in Vancouver. In 1989 to 1990 Bernadet spent a year as the Executive Director of the Alberta Association of Registered Nurses, only to return to British Columbia in 1991 to become Associate Dean in the School of Health Sciences at BCIT until retiring in 2002.

In 2002 Bernadet received a Recognition Award for her valuable contributions to the Nursing Profession in British Columbia and in 2003 she received the Lifetime Achievement Award from the Health Care Leaders Association of BC.

Always mentoring other nurses throughout her career, Bernadet passionately believed that nurses were the essential element in providing effective patient care. She dedicated her work to supporting others so that they could become the best possible nurses.

Mary Bernadet Ratsoy passed away peacefully in the Palliative Care Department of St. Paul’s Hospital on October 2, 2009.

The foundation is looking for volunteers to join the event team and help secure “irresistible” items for the auctions, and to assist on the evening of the event. For more information on volunteer opportunities, contact Carolyn Thornton at 604.877.8187.

The event takes place at the Continental Seafood Restaurant in Richmond. For more information about tickets, or sponsorship opportunities contact Doreen Lam at 604.877.8336.

Donations supporting the Scotiabank Feast of Fortune can be made online at www.tapestryfoundation.ca.
Providence Cardiac Researcher Named Inaugural Cardiovascular Prevention Chair

Renowned BC kinesiologist and heart disease researcher Dr. Scott Lear has been named the inaugural holder of the Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research at St. Paul’s Hospital (SPH), established in partnership with Simon Fraser University (SFU).

Working in the Providence Heart + Lung Institute (HLI) at SPH, and holding a full-time tenured appointment in SFU’s Faculty of Health Sciences, Dr. Lear will investigate why people get heart disease and what they can do to prevent and manage it.

This cardiovascular prevention research chair will build on the strengths of HLI’s clinical and academic programs and leverage the public health research strength of SFU’s rapidly growing Faculty of Health Sciences.

One project Dr. Lear plans to focus on as the new Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research is to develop and evaluate a new Internet-based, chronic-disease-management provincial program for patients with ischemic heart disease, heart failure, diabetes, chronic kidney disease and/or lung disease. In partnership with the University of British Columbia, University of Northern BC and regional health authorities, this program aims to provide comprehensive care for patients with more than one chronic disease who live outside of urban areas in BC.

*Dr. Lear will investigate why people get heart disease and what they can do to prevent and manage it.*

Dr. Lear is also a Canadian Institutes of Health Research (CIHR) New Investigator and holds an appointment in the Division of Cardiology at SPH. Dr. Lear’s work to date has focused on the prevention and management of cardiovascular disease, and he is a leader in using telehealth strategies to care for patients with chronic diseases across the province.

Current projects include:
- studying body fat and cardiovascular disease risks in different ethnic groups;
- investigating how our environment relates to our risk for obesity, diabetes and cardiovascular disease;
- using the Internet to deliver a “virtual” cardiac rehabilitation program to patients in rural and remote areas of B.C.

The key contributors to the Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research are: Pfizer Canada Inc. ($1.25 million); the Heart and Stroke Foundation of BC & Yukon ($750,000); St. Paul’s Hospital Foundation ($1.18 million, including $1 million from an anonymous donor); and SFU ($1.5 million).

Know the Truth (Share The Heart Truth)

Heart disease and stroke are the leading cause of death for Canadian women, but most don’t know it.

The Heart Truth is one in three women die of heart disease or stroke, but women can reduce their risk by as much as 80 per cent by making lifestyle changes including:
- Staying smoke free or quitting smoking.
- Exercising and eating right – 30 minutes of exercise and 7 to 10 servings of vegetables and fruit each day plus limited consumption of saturated and trans fat and sodium puts women on the right track.
- Knowing, controlling, and talking to their doctor about their blood pressure and cholesterol levels. For some women, medication may be required.

Women are less likely to believe they are having a heart attack or stroke and more likely to put off seeking treatment, even though prompt treatment can save their lives.

Recognizing the five warning signs of heart attack and stroke can save women’s lives. Call 911 or emergency immediately at the sign of a heart attack or stroke:

**Signs of a heart attack are one or more of:**
- chest pain or discomfort;
- pain in arm, neck, jaw, shoulder or back;
- sweating;
- nausea;
- difficulty breathing;
- fear or anxiety.

**Signs of a stroke are one or more of:**
- sudden weakness;
- numbness;
- loss of muscle strength in face, arm or leg;
- trouble speaking;
- vision problems;
- severe headache;
- dizziness.

Find life-saving information and tools at www.thehearttruth.ca.
What was once considered a “man’s disease” is now recognized as the number one killer of Canadian women.

The Changing Face of Heart Disease

When asked what their number one health concern is, heart disease and stroke wouldn’t be the first thing most women would name. Yet, more women in Canada die of cardiovascular disease than any other condition.

In Canada, stroke kills 45 per cent more women than men. And women are 16 per cent more likely than men to die after a heart attack. Several factors may account for women’s higher risks: women are less likely to recognize the symptoms of these diseases or seek treatment quickly; men and women are often treated differently by the health system, with men receiving more prompt and proactive treatment; women have unique risks, such as pregnancy and menopause.

Awareness—of risks, warning signs, and of prevention and treatment options—is the best defense against heart disease and stroke.

Martha Mackay, a Clinical Nurse Specialist in the provincial Heart Centre at St. Paul’s Hospital, recently led a study with a team of investigators revealing that heart attack symptoms between men and women are more alike than some previous studies had indicated. No difference was found in the reporting of chest pain (the most common symptom linked with heart attacks) and other common symptoms like sweating, shortness of breath and pain in the left arm.

“It’s important that women are aware that their symptoms are more similar than different to men, and that they are very likely to have chest pain and other typical symptoms, just like men,” says Mackay, who is also a doctoral student at the University of British Columbia School of Nursing.

According to clinical psychologists, Dr. Sarah Cockell, women face different barriers when coping with risk factors or living with heart disease. In cardiac rehab programs, women face higher depression, greater co-morbidity, lower initial exercise capacity and less available social support.

“Women are frequently in a caregiving role and take care of others as a way to feel valued,” says Dr. Cockell. “Coping with heart disease can affect a woman’s ability to continue this role, which can have significant emotional and psychological impacts.” When it comes to disease prevention and looking after themselves, Dr. Cockell suggests that women often put other people’s needs before their own, finding it challenging to make time for themselves. Women often neglect their health or cope with stress by distracting themselves through things like binge eating, shopping, watching television, or keeping busy, instead of addressing the problem. Working in the Heart Centre, Dr. Cockell often hears from women that they feel lonely and isolated. Without adequate emotional and social support, distraction may reflect their best attempt to cope.

Dr. Cockell and Mackay join other heart experts from the Providence Heart + Lung Institute at St. Paul’s Hospital to speak with experts from our provincial Heart Centre.

Women’s Heart Health Forum & Health Fair

Join leading cardiac experts from the Providence Heart + Lung Institute at St. Paul’s Hospital for an interactive discussion about women’s heart health in support of The Heart and Stroke Foundation’s The Heart Truth campaign.

Health Forum: Saturday, November 28, 2009 - 9:30 a.m. - 11:30 a.m. (doors open at 9:00 a.m.) New Lecture Theatre, Level 1 St. Paul’s Hospital, 1081 Burrard Street, Vancouver

Presentations include:

- What is a woman to do? Preventing cardiovascular disease in women
  Dr. Ali Zentner, General Internist, Metabolic Syndrome Program
- Pregnancy & heart health
  Dr. Marla Kiess, Medical Director, Pacific Adult Congenital Heart Clinic
- Coping with the risk factors of heart disease: a woman’s perspective
  Dr. Sarah Cockell, Clinical Psychologist, Pacific Adult Congenital Heart Clinic
- The journey from symptoms to treatment

Visit the Health Fair (11:30 - 1:30)

After the forum, have your risk factors assessed & speak with experts from our provincial Heart Centre. Ask your questions to our dietitians, exercise therapists, psychologists and other experts. Learn about different risk factors and how you can improve your heart health!

The forum is free to the public but space is limited. Registration is advised.

RSVP: nordano@providencehealth.bc.ca or call 604-806-9139.
Visit www.heartandlung.ca for more information.
Nurturing the legacy of the Founding Sisters through our commitment to practical charity and compassionate care.

Providence in the Park

Twice a year, Providence Health Care staff and volunteers help hundreds of residents of the Downtown Eastside, by providing clothing, blankets, healthy lunches and a variety of toiletries to those in need at Vancouver’s Oppenheimer Park. The fall 2009 Providence in the Park event saw PHC distribute a total of 400 cups of coffee, 300 sandwiches, 200 hot meals, 120 boxes of clothes, and 300 toiletry kits. Especially popular with male residents is the opportunity for a haircut. Staff and volunteers provide the grooming service free of charge.

Our faith-based organization has a 115-year history of serving the needs of our community and province. Inspired by this rich history, our staff and volunteers continue to give contemporary expression to the compassionate legacy of the Sisters who founded our hospitals.

“I feel like a new man.
Ten years younger and ten pounds lighter.”

Downtown Eastside resident, after receiving a free hair and beard trim from Providence Health Care staff.

St. Paul’s Hospital Auxiliary – Endless Thanks for Decades of Giving

The St. Paul’s Hospital Auxiliary dates back to the late 1800s when the Sisters of Providence founded the hospital. For more than 100 years members of the Auxiliary have donated their time and services to greeting people in the halls, running the gift shop and fundraising for special projects and equipment needed in the various departments of St. Paul’s Hospital (SPH).

As of November, the St. Paul’s Hospital Auxiliary has retired its services and will be greatly missed. Angela White, Acting President of the Auxiliary would like to thank staff and patients for their support over the years.

“We thank all of you for helping us raise funds through your patronage of our gift shop and for the kindness shown to our members who helped in services over so many years.”

At one time, the officers of the auxiliary were doctors’ wives and society women, but with changing times, these wives were soon themselves becoming doctors. In recent years the auxiliary was made up of virtually anyone wanting to donate their time to supporting the hospital, with an average of 70 to 80 members at any given time.

Millions of dollars have been raised, mostly going to the St. Paul’s Hospital Foundation for diagnostic testing and equipment to enhance patient care, but also used to provide treats to various departments, supply the SPH clothing depot, and to fund clothing specifically for emergency room patients.
Improving Patient Safety – One Patient at a Time

It’s almost noon and time for Mr. K to be discharged from the hospital. Mr. K’s son notices his father’s hands and feet seem rather swollen. He also knows his 73-year-old father doesn’t always take his pills like he should.

Through discussion with Mr. K’s nurse, it is discovered that the admission medication orders written two weeks earlier do not contain the diuretic medication his father has been taking for several months. The nurse contacts the physician and the diuretic is scheduled to start the following morning and a decision is made to keep the patient in for a longer period of observation. By 1 a.m. Mr. K is experiencing respiratory distress requiring a quick and effective response by the ICU Outreach Team to return him to a stable state by morning.

Mr. K’s story is just one example supporting the evidence that more than half of all patients in North America experience at least one unintended medication discrepancy at hospital admission.

Are situations like this preventable? Yes, says Dr. Steve Shalansky, Clinical Coordinator of Pharmacy at Providence Health Care.

“Without checking what medications the patient has been taking at home, and in what doses, using their Pharmnet profile to write admission orders can lead to medication errors.”

This is exactly why Accreditation Canada requires a formal systematic process called medication reconciliation to capture and communicate information about every patient’s at-home medications early in the admission process.

Barb Fraser, a registered nurse in Surgical Day Care at St. Paul’s Hospital, agrees with Dr. Shalansky.

“Medication reconciliation can dramatically reduce the number of adverse drug events by greatly improving communication amongst all members of the health care team. Having only one place to look for at-home medications really helps the nurses and other staff on the floor who receive our patients.”

“Once you learn how the process works, it also saves time processing admission medication orders because the forms used are clearly printed and easy to understand,” says Dale McElroy, a Unit Coordinator at Mount Saint Joseph Hospital. “It is not often that a change in process actually reduces workload. With this one, I say bring it on!”

For more information, staff can check out the PHC Connect section on medication reconciliation found under the Pharmacy section: http://phcconnect/programs_services/pharmacy/medication_reconciliation/page_65763.htm

Dr. James Hogg Named to Canadian Medical Hall of Fame

Dr. Hogg’s brilliant career and uniquely-blended background in pathology, pulmonary physiology and molecular biology has leveraged over 40 years of influential contributions to the world’s understanding of lung disease. An outstanding researcher, teacher, lecturer and colleague, Dr. Hogg has arguably had a greater influence on the medical community’s knowledge of Chronic Obstructive Pulmonary Disease (COPD) and asthma than any other individual worldwide.

Dr. James Hogg, Professor Emeritus, UBC

Dr. Hogg was recruited to UBC and St. Paul’s Hospital in 1977 from McGill University, and went on to build a world-renowned centre for pulmonary and cardiovascular research, with 120 trainees and 30 principal investigators a year. The laboratory was named the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research in 2003.

An Officer of the Order of Canada, Dr. Hogg was also elected to the Royal Society of Canada. Among the many professional awards he has received, is the American Society for Investigative Pathology Chugai Award. His impact is perhaps best attested to by his highly sought-after lectures around the world and by his training of distinguished pulmonary scientists. Dr. Hogg joins 76 other Hall of Fame laureates who have previously been inducted for pushing the boundaries of knowledge to improve human health. This year’s inductees were selected by an independent committee of prominent leaders from Canada’s medical community.
Residents, families, volunteers and staff gathered at Brock Fahrni Pavilion on Wednesday, November 11, for a Remembrance Day ceremony honouring military veterans, both living and deceased, for their service.

The program included a full colour parade, a reading of the Prime Minister’s letter by Steve O’Brien from Veteran’s Affairs Canada, the traditional act of remembrance with the laying of wreaths, a reading of “In Flanders Field,” a moment of silence and a very moving live performance of the Piper’s lament. Each veteran and their spouse were presented with a specially designed rainbow rose in honor of their service, followed by a sherry reception. Later, the Vancouver Medical Core marched in from Oak Street to the memorial stone outside the front doors of Brock Fahrni for a brief wreath laying ceremony – the piper repeated the Lament outside. Some of the veterans then went to the cenotaph and to a nearby legion for lunch.

There are many armed forces veterans among the 150 residents at Brock Fahrni Pavilion. Marion Briggs, Operations Leader, explains that Remembrance Day is a very important day in the life of Brock Fahrni. “We are so proud of our Veterans. It is an honour to serve the men and women whose sacrifices have contributed so significantly to the life we all enjoy in Canada.”

Non-veteran residents also commemorate this day, as do many family members who come to honour those who have served.

Healthy Living Recipe for November

Carol Dixon, Director of Volunteer Resources at St. Paul’s Hospital has kindly shared her secret chicken noodle soup recipe with d’Vine. With the flu season in full swing, we thought you could use something hot and delightful to soothe your insides. Carol swears it works on runny noses and coughs, upset tummies and sinus pain and works best if you can have someone prepare it for you!

“I think it is the combination of the heat from the soup, the lemon juice and just knowing that someone loves you enough to make you soup, that does the trick.”

**Chicken Noodle Soup**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>6 cups</td>
<td>low salt chicken broth</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>fresh lemon juice (about 2 lemons)</td>
</tr>
<tr>
<td>1</td>
<td>dried bay leaf</td>
</tr>
<tr>
<td>1 (2”)</td>
<td>piece of parmesan cheese rind if you have it - it just melts into the soup</td>
</tr>
<tr>
<td>2</td>
<td>medium carrots peeled and sliced</td>
</tr>
<tr>
<td>1</td>
<td>small handful of spaghetti, broken into 3</td>
</tr>
<tr>
<td>2 cups</td>
<td>diced cooked chicken - great use for your leftover rotisserie chicken</td>
</tr>
<tr>
<td>1</td>
<td>small bunch of fresh parsley</td>
</tr>
</tbody>
</table>

In a large pot bring the chicken broth, lemon juice, bay leaf and parmesan rind to a boil, turn down to simmer. Add carrots and simmer for about 10 minutes until tender. Add pasta, simmer about 8 minutes. Add chicken just to heat through about 3 minutes. Take out the bay leaf, add the chopped up parsley and enjoy!
Hundreds of Volunteers Pump Through the Veins of Providence Health Care Each Year

Red vest or no red vest, there are more than 1500 volunteers behind the scenes at Providence Health Care, contributing over 30,000 volunteer hours a year.

At St. Paul’s Hospital (SPH), there are more than 400 volunteers on the roster at any given time. Most are university students trying to get into medicine and nursing programs. The rest are made up of a variety of people in the community, including retirees or former patients wanting to give back to the community.

Those who are successful applicants are given a general orientation that includes emergency situations, infection control and confidentiality. Charlene Dishaw, a Coordinator, Volunteer Resources at SPH explains that a more specific orientation is often provided by the department or area where the volunteer chooses to focus their time.

“We sit down with potential volunteers to get to know them and help them get a feel for what it will be like volunteering at our sites. Many come in wanting to volunteer in the emergency department because they think it will be like ER or other hospital shows on television, so we have to give them a realistic idea of what it is like.”

At St. Paul’s, volunteer positions include greeters at the entrances of the hospital, working at the hospital clothing depot, bringing magazines and other treats to patients and keeping them company. The Flying Squad at SPH is a group of volunteers that respond to patient requests for special items and treats, excluding cigarettes. Volunteers can be paged through a hotline to respond to each request.

SPH’s Healthy Heart Resource Centre on the fifth floor is home to approximately 31 volunteers who each work a two hour shift during the week. The Centre has a number of computers and a printer for patient and family use, as well as endless literature. Volunteers work to have it open seven days a week from 9 a.m. to 7 p.m. Most volunteers in the Centre are students, with the rest having previously gone through the Healthy Heart Program at SPH. The Centre is run in cooperation between St. Paul’s, the Heart & Stroke Foundation and the Cardiac Society of BC.

The volunteers in the Centre keep track of everyone coming into the unit, interact with patients and families, help with computer use and emailing, order literature, sell cookbooks for the Heart & Stroke Foundation and t-shirts for the Cardiac Society.

Volunteer Jerique Arquiza in the Heart Centre at St. Paul's Hospital

Frank Flynn has been volunteering in the Centre for just over a year after spending a few months going through the Heart Program himself. He recently took over the official title of Volunteer Coordinator of the Centre from Rodney Scarlett (who has banked over 3200 volunteer hours), although Flynn says in reality he and Scarlett share the workload.

He says the biggest challenge probably is coordinating the schedules of university students who are balancing school commitments, exams and complex personal lives.

At St. Paul’s Hospital (SPH), there are more than 400 volunteers on the roster at any given time.

“Each semester their schedules change, so right now I am waiting to receive spring schedules from all of our volunteers for the semester beginning in January and on top of that there are final exams coming up, its flu season and holiday activities will soon be starting.”

But Flynn says he tries to be as accommodating as possible, because in the end, they are all volunteers and not paid staff.

Watch for a future profile in d’Vine on our residential site volunteers.
A ‘Hot Lemon’ drink will soothe a sore throat and provide comfort for the sniffles, although it won’t get you better any faster. Squeeze 1-2 tsp lemon into a mug, add 1 large tsp of honey, fill the cup with boiling water. Stir until the honey is dissolved. Check the sweetness and add more honey if desired. Some people feel that adding a shot of rum or brandy will also help loosen the congestion in one’s lungs.”

Gail DiBernardo
Executive Assistant to Dr. Yvonne Lefebvre, and PHC Coordinator, Communications & Events, PHCRI

“I don’t get sick often, but when I do my wife rents me a dozen old movies and I retire to our couch, cover myself with a heavy blanket and spend the next couple days alternating between sleeping and watching classics like The Godfather. That always makes me feel better!”

Justin Karasick
Leader, Communications and Public Relations PHC

“My husband swears by this remedy for keeping big, bad BUGS away. Put 2 or 3 tablespoons of apple cider vinegar in an 8oz glass of water first thing in the morning and enjoy. You really can’t taste the vinegar. You can smell it, but big deal, it is vinegar. Small price to pay to stay BUG FREE! My husband is very healthy. Never has a cold EVER!”

Irene Druskin, Administrative Assistant/Reception, Brock Fahrni

“My work as Human Resource Receptionist keeps me in the frontlines of our department. I get busy with receiving/handling incoming documents/ faxes/courier deliveries. It just makes good sense to go back to the basics of good housekeeping to avoid any chance for exposure to whatever is out there. I keep my workstation and shared office equipment clean by wiping them down with sanitary wipes and ensure that my hands are clean and sanitized. An ounce of prevention is worth a pound of cure.”

Vivian Murphy-Masigan
HR Receptionist, PHC

(From left to right) Wai Ling Leung and Fr. Vincent Nguyen, Pastoral Care at Mount Saint Joseph Hospital with Rabbi David Mivasair and PHC’s Kathie Coll at the blessing of “Agatha,” the new digital mammography machine at MSJ. The machine is named after Saint Agatha of Sicily, patron saint of breast cancer/breast disease.