A New Vision for Health Care

Providence Health Care has a new Vision statement – one that builds on our rich 118-year history of compassionate care, and looks to the future with boldness, inspiration and urgent desire to improve the lives of British Columbians.

Our Vision:

Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.
Greetings PHC,
I was in the ER for about 10 hours recently and following the visit, I felt the need to pass on a comment. All the staff were extremely kind and helpful, but one nurse in particular - Helen - was amazing. She was so comforting, attentive and kind and was just an exceptional person. I was scared and by myself and she made sure I was covered in warm blankets and taken care of. She was such a comfort and had such a sunny, warm disposition. I would just like her to know how appreciated her kindness was and what an amazing nurse she is. Thank you for running such a wonderful hospital with such exceptional staff.

Julie W.

Person-Centered Care Initiative Gaining Momentum

Providence Health Care (PHC) has developed an exciting partnership with Bethesda, Maryland’s Institute for Patient- and Family-Centred Care (IPFCC) to assist PHC in developing its strategic and operational transformation to person-centred care.

“Providing the best care experience for all our patients and residents is a key strategic priority for Providence Health Care,” says Candy Garossino, director, professional practice and nursing, who is helping lead the development of PHC’s person-centred care strategy. “That’s why we’re developing a comprehensive transformation plan that will embed person-centred care throughout our programs and sites.

In its simplest form, person-centred care is really about working with patients, residents and families, rather than just doing something to or for them. The emphasis is on treating everyone with respect and dignity, open communication and information sharing, and collaboration among patients, families and providers in developing and delivering care programs.”

The partnership with IPFCC has resulted in an initial assessment of PHC’s capacity, readiness and opportunities for implementing such strategies. Two of the IPFCC’s representatives toured PHC in February, and have provided initial feedback on everything at PHC including our leadership structure, our culture and our collaborative approach to care planning and delivery.

“During their tour of our sites and programs, the IPFCC representatives looked for examples of positive practices that promote the principles of respect, information sharing, participation, and collaboration with patients and families,” says Garossino.

“The representatives identified strengths under six themes, covering key attributes essential to long-term success in implementing such a cultural change as we envision through our person-centred care experience strategic priority. Additionally, the IPFCC has collaborated with our Elder Care program to co-write a chapter in their soon-to-be-published book.”

Garossino adds IPFCC’s feedback has reinforced the idea that PHC is well positioned to build on our existing strengths and to further transform our culture into one that thoroughly embeds the principles of person-centred care into all aspects of care.

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

IPFCC will be forwarding a comprehensive report to PHC’s Senior Leadership Team for consideration, as PHC develops and finalizes the organization’s strategic plan.

The steering committee for the Care Experience Strategic Direction, led by David Byres, vice president, clinical programs and chief of professional practice and nursing, and Garossino, will communicate to all staff the key findings of the report, and the overall go-forward strategies and plans.

Should you have any questions regarding this initiative, please contact Sara-Grey Charlton at 604-806-9345 or Candy Garosino at 604-806-8265.

Providence Health Care Staff Continue to Live Our Mission

In April, Providence Health Care staff hosted Providence in the Park. In its ninth year, the twice a year event provides clothing, toiletries, haircuts and healthy meals to residents of one of Vancouver’s most in need neighbourhoods. A couple hundred people turned out for the much anticipated event; an event many of them have come to count on year after year, during times of need. Thank you to all those who donated their time, as well as those who donated care packages and clothing. Without all of you, this event couldn’t be the success that it is.

In its ninth year, Providence in the Park provides a much-needed service to residents of the downtown eastside community.
New Vision Statement Reflective of PHC’s Growth and Future Path

Providence Health Care has a new Vision statement – one that builds on our rich 118-year history of compassionate care, and looks to the future with boldness, inspiration and urgent desire to improve the lives of British Columbians. The new Vision states: "Driven by compassion and social justice, we are at the forefront of exceptional care and innovation." It replaces the older Vision statement, which had stated: “We will continue to grow as a community, regional and academic health science enterprise that is a recognized leader, and major player, in the provision of health care within British Columbia. We will be respected for innovation."

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

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An Evening to Make a Difference

More than 40 guests gathered for an elegant evening at the home of surgeon Dr. Nancy Van Laeken and Mr. Kip Woodward to learn more about the need for a second digital mammography machine at Mount Saint Joseph Hospital. Speaking to the hospital’s urgent need was Dr. Jonathon Leipsic, chair of Radiology for Providence Health Care. Guests enjoyed the sounds of a string quartet from the Vancouver Academy of Music and left with a special gift of chocolates, compliments of Daniel le Chocolat Belge. By the end of the evening $20,000 had been raised towards this special equipment campaign. Tapestry Foundation is grateful to Dr. Van Laeken and Mr. Woodward for opening their beautiful home for the event, and to the Vancouver Academy of Music and Daniel le Chocolat Belge for their contributions to make the evening extra special.

Thank you to all our donors for generously supporting the purchase of this vital equipment for Mount Saint Joseph Hospital. For more information on Tapestry Foundation’s digital mammography campaign, and ways to support it, contact Yolanda Bouwman, 604-877-8189, ygbourman@providencehealth.bc.ca.
Calligraphy Brings Out Precision and Artistic Side of Langara Residents

Chinese calligraphy is a program in which Langara residents are given a poem in Chinese characters that they copy using black ink onto graph paper. For a few residents, it is a piece of cake – staff found it interesting to watch these residents concentrate so hard on the perfection of each symbol and see a hidden or suppressed talent never seen before. For other residents who had never written Chinese characters before, it was more difficult and they were happy to start with writing simpler characters for numbers.

Each person was attentive, happy and eager to learn something new. This also gave the residents a chance to laugh, be social and goof around. Chinese calligraphy will now be a regular part of our programming at Langara Residence, held on the fourth Wednesday of every month.

Updated Simulated Community Helps Rehab Patients Transition Home

A one-of-a-kind rehabilitation experience in British Columbia, featuring a grocery store, gas station, ATM and parked car, has been given new life by donors. On Thursday, April 26, 2012, Tapestry Foundation for Health Care unveiled the newly updated Easy Street Environment™ at Holy Family Hospital (HFH), a simulated community used by patients undertaking physical rehabilitation.

By converting a hallway into a replica community setting, HFH provides its rehabilitation patients the opportunity to practice every day routines in the safety of its hospital. Trained occupational therapists teach patients the safest and most effective techniques for performing daily tasks to prevent re-hospitalization.

"Ninety per cent of in-patients will use the Easy Street car during their rehab stay at Holy Family Hospital," said Ann Adams, CEO of Tapestry Foundation for Health Care. “Thanks to the generous support of our donors like ICBC, Easy Street will continue to provide a useful training space for our rehab patients.”

Tapestry Foundation raised a total of $80,000 to fund the updates, including a salvage vehicle donated and customized by ICBC for use in the Easy Street environment. The Foundation dedicated some of this money to updating Easy Street’s counterpart Easy Suite, where patients sometimes spend the night to become accustomed to living on their own again, performing tasks like cooking, using the washroom and getting in and out of bed.

“Easy Street and Easy Suite are innovative approaches to improving the patient experience, increasing safety and improving health results,” said Dianne Doyle, President and CEO, PHC; Ann Adams, CEO, Tapestry Foundation; Miranda Lee, occupational therapy site leader; Ursula Piotrowski, operations leader, Rehab; Jan Clanton, nurse; and John Shalk, rehab patient, with ICBC employees (back).

Easy Street was first installed at Holy Family Hospital in 1994, and was the first of its kind in Western Canada. By providing an indoor environment to practice tasks like transferring to a vehicle, Easy Street lessens the emotional impact for patients. Patients benefit from a supportive environment allowing them to gain confidence in their abilities in preparation for their return home from their hospital stay.
Time to Breathe a Sigh of Relief:
A Simple Test to Predict Lung Attacks is On the Horizon

When Beverly Nelson experiences a lung exacerbation, her first thoughts are usually of her grandchildren and great-grandchildren. “I always find myself praying hard that I will make it through this attack so that I can see them again,” says Beverly who was diagnosed with Chronic Obstructive Pulmonary Disorder (COPD) thirteen years ago. Lung exacerbations, or ‘lung attacks’ are experienced by about a third of those who suffer from COPD – a progressive disease that causes reduced lung function in the form of shortness of breath and coughing. When a lung attack takes place, the symptoms of COPD worsen resulting in increased breathlessness, coughing, and wheezing.

Lung exacerbations not only take a physical and emotional toll on those with COPD, but are also an enormous burden to the health care system. Such exacerbations are the leading cause of emergency room visits and hospitalizations among chronic disease sufferers in BC, and across the country. Consequently, lung attacks incur up to over $5.7 billion in direct and $6.7 billion in indirect health care costs every year in Canada.

To address the devastating and costly impacts of COPD exacerbations, the PROOF Centre of Excellence, Genome BC, Siemens Healthcare Diagnostics, and Providence Health Care are providing much needed funding for the Centre of Excellence for the Prevention of Organ Failure (PROOF Centre) to develop a simple blood test that can determine if a person is at risk for a lung attack. This test could be available to any physician in BC and would be a huge step forward from the current diagnosis method: a breathing test that is available only in certain centres in the province and which must be performed by specially trained staff.

This predictive test will also provide a more accurate picture of a patient’s condition, and will allow physicians to better treat and manage COPD.

“When someone comes into the hospital with a severe lung attack, it usually takes 100 days to get to 80 per cent of his or her baseline health,” says Dr. Don Sin, project leader and Head of Respiratory Medicine at St. Paul’s Hospital. “This means that if their health was poor to begin with, the new attack can be devastating, even fatal.”

Dr. Sin, who sees COPD sufferers in his clinic on a daily basis, adds that every time a patient experiences an attack, there are complications and long-lasting implications. “There is a huge unmet need to predict and better treat COPD.”

The PROOF Centre team working with Dr. Sin and investigators from GlaxoSmithKline have identified unique gene and protein marker sets (called bio-signatures) that have the ability to predict which patients will likely have frequent lung attacks.

“We will be able to validate the power of the bio-signatures to identify patients at risk for lung attacks within the next two years,” says Dr. Bruce McManus, project co-leader and Director of the PROOF Centre.

Thanks to support from Genome BC and by working in collaboration with other partners including Providence Health Care, Siemens Healthcare Diagnostics, and GlaxoSmithKline, we envisage doing proof-of-concept studies in the clinic within two to three years.”

The development of a predictive test for COPD lung attacks highly complements the initiatives undertaken by the BC Ministry of Health to overcome COPD. Already, a plan is in place to mobilize COPD experts at three Lower Mainland hospitals who will identify lung attack patients seen at each site. The goal of the program includes providing proper self-management education to these at-risk patients and to establish follow-up care procedures either with their family physician or the COPD clinic. Such a program opens the door for a seamless transition from laboratory-based discovery to effective patient management targeting the prevention of fatal lung attacks.

“We will be able to validate the power of the bio-signatures to identify patients at risk for lung attacks within the next two years.”

Dr. Bruce McManus
Project Co-leader
Director of the Proof Centre

Beverly Nelson (left) taking a lung test under the supervision of respiratory therapist Tassia Dunne.
Advance Care Planning: Let Your Voice Be Heard

You never know what’s around the corner. You could be healthy one day, and the next an accident or illness could happen and you may not be able to speak for yourself. If you are not able to tell others about the health care treatments you would give consent to or refuse, someone else will be asked to decide for you.

“Conversations about what we consider to be meaningful in terms of quality-of-life, frequently do not take place until it is too late – in my own father’s case, it was when he was critically ill in the Intensive Care Unit and unable to speak,” says Wallace Robinson, project leader for Advance Care Planning at PHC. “This is a situation we see too often in health care.”

Advance care planning is a way to make your wishes for future health care treatment known at a time when you may not be able to speak or communicate for yourself. When you talk about or write down your wishes and instructions for future health care, you are making an advance care plan. It is a summary of your beliefs, values and wishes that must be respected when future decisions are made for you.

The advance care planning guide My Voice: Expressing My Wishes for Future Health Care Treatment is available for British Columbians online at www.health.gov.bc.ca and a limited number of copies are now available from PHC social workers.

Public and staff education about advance care planning will continue throughout the year at Providence Health Care.

“Advance care planning is about integrity and respect, which are important values of our organization,” says Wallace. “As health care providers, we have an ethical obligation to have these conversations more often. I believe if we listen with compassion and speak from our shared humanity, these conversations will be welcomed.”

St. Paul’s Hospital Heart Health Forum

Earlier this year, the St. Paul’s Hospital Heart Health Forum provided more than 100 members of the public with an opportunity to hear directly from experts at the world-leading provincial Heart Centre at St. Paul’s.

The Forum, organized by St. Paul’s Hospital Foundation and held at the Scotiabank Theatre in Vancouver, provided attendees with tips on heart health and news on the latest innovations in the prevention and treatment of heart disease.

Speakers included Dr. Andy Ignaszewski, division head, St. Paul’s Hospital Cardiology, who discussed recent innovations at the Heart Centre; Dr. Gordon Francis, Director, Heart and Stroke Foundation Lipid Research Laboratory and Healthy Heart Program Prevention Clinic, who talked about risk factors and keys to prevention for heart disease; and Melodie Yong, registered dietician and operations leader of the Healthy Heart Program, who provided tips on nutrition and exercise to help lead a healthier life.

The Forum also featured an inspirational story from Chelsie Thurlow, who suffered a cardiac arrest at the age of 23 due to a rare viral infection.

“At 23 years of age, I never thought about dying, let alone my heart stopping at any moment.”

Chelsie Thurlow

Director, Heart and Stroke Foundation Lipid Research Laboratory and Healthy Heart Program Prevention Clinic, who talked about risk factors and keys to prevention for heart disease; and Melodie Yong, registered dietician and operations leader of the Healthy Heart Program, who provided tips on nutrition and exercise to help lead a healthier life.

“The medical care I received at St. Paul’s Hospital was none other than extraordinary,” Chelsie said. “There was not a moment of doubt that they weren’t doing everything in their power to ensure the best outcome for me. Many at St. Paul’s have a very special place in my heart and I consider them a second family.”

Videos of the forum are available at www.helpstpauls.com.

For more information, visit the Advance Care Planning page on the Providence Health Care website at www.providencehealthcare.org/acp.html or contact ACP@providencehealth.bc.ca.
Music is everywhere in today’s world: on the radio and on television, in shopping malls and doctors’ offices, inadvertently shared by headset-wearing teenagers. Some might say there is too much music present in our daily lives, but music is a valuable form of therapy for people who need comfort beyond medical care.

“There are so many ways to use music in the healing process,” says Lennie Tan, music therapist at Mount Saint Joseph Hospital. “We can sing or dance, play instruments or clap in time – even just listening to music can be a comforting, communal experience.”

Lennie has worked as a music therapist at Mount Saint Joseph Hospital (MSJ) residence since 1995. At the outset of the program, Lennie was unsure how to reach residents, many of whom were most comfortable with Chinese language and culture. She decided to begin with Chinese opera, a musical genre with which most residents had some experience. Assembling recordings from residents and their families, she listened to these familiar pieces with residents and afterwards discussed the stories and themes that arose.

“Some residents were able to sing along with the recordings,” says Lennie. Others could use rhythm instruments to play along in certain sections of the operas. While some residents were illiterate, others were able to follow the lyrics in written form, so Lennie, with the help of volunteers, began the laborious task of writing out the lyrics in large print – in Chinese, of course – so that everyone who wanted to could follow along with the performance.

“I could not manage without my volunteers,” says Lennie, who speaks both Cantonese and Mandarin but does not read or write Chinese. Volunteers continue to help collect music and produce materials for the residents’ use.

“Music therapy is now an integral part of life for MSJ residents,” says Lennie. During one of the two weekly sessions, Lennie directs a residents’ choir. “We perform here at MSJ as well as at other residences,” Lennie says proudly, “and for the residents’ families at Christmas time.” The choir sings mainly Cantonese and Mandarin music, but Lennie is always looking to expand the repertoire to be as inclusive as possible of all residents.

Music helps to integrate residents into their community.

“The choir gives them a purpose. I tell them that we can all still learn something so let’s do it together.”

This two-way street is a bonus for both Lennie and the residents, who love to help and to be needed for their wisdom and expertise.

Lennie usually plays the piano for choir practice, but she is delighted when a volunteer can take over so that she can be on the floor, closer to the participants. The 100 residents at MSJ wait eagerly for their music sessions, whether a choir practice or a gathering in the lounge for dancing, body percussion, or any other surprises that Lennie brings.

Lennie is not a performer herself; she had a career as a lawyer before becoming a music therapist.

“Law wasn’t it for me,” she says. “I wanted to do something with meaning.”

Music therapy means something different in each situation. Lennie finds out what people like and then finds a way to create it for them.

“I had a patient with a brain tumour who could no longer speak but could still play the piano,” she says. “I used to listen while he played and watch the emotion on his wife’s face as she listened, too.”

People sometimes take comfort in hymns or chants from their religious background—whatever fits, Lennie provides it in the form of music.

“I just go in with my heart wide open and listen for what might be needed.”

Music As Therapy, One Note at a Time
Dr. Eric Grafstein Receives 2012 Research and Mission Award

Research is an integral component of our health care organization. Each year, Providence Health Care Research Institute (PHCRI) presents the Research and Mission Award in recognition of a scientist at Providence who conducts a research program while embracing the mission and values of Providence Health Care.

Nominees not only contribute scientific knowledge to the research community; they are reliable team players and leaders, leading their team with efficiency, and treating their patients with care and compassion. They also support the environment of Providence Health Care by demonstrating that people come first.

At this year’s Research Day, the Research and Mission Award was presented to Dr. Eric Grafstein, regional head and medical director of the Department of Emergency Medicine, VCH-PHC, and co-chair of the Vancouver Coastal Health Regional Emergency Services Council, for his leadership in emergency medicine research at St. Paul’s Hospital, home to one of Canada’s top emergency departments.

As head of the Emergency Department at St. Paul’s Hospital, Dr. Grafstein has long been committed to improving care for patients and to the development of new systems and strategies that guide operational efficiency. For instance, with the help of a newly integrated regional real-time dashboard, the department can better manage the flow of patients and keep the public informed of emergency wait times.

Those who benefit from Dr. Grafstein’s research extend beyond the use within the emergency department and emergency research. By building clinical information systems that look after patient history and interactions with emergency physicians, other researchers are able to utilize those same systems to investigate patient groups, such as patients with atrial fibrillation requiring cardioversion and many others.

In the words of his colleagues, Dr. Grafstein’s leadership and advocacy in research programs have played an instrumental role at the St. Paul’s Hospital emergency department. He leads his team with efficiency and creativity, and approaches the practice of emergency care with compassion, dedicating much of his time to improving care for his patients.

The Research and Mission Award is presented annually at PHCRI’s Research Day. Call for nominations are announced at the beginning of each year. For more information about PHCRI and our research scientists, please visit www.providenceresearch.ca.

Get Fit and Do Good for St. Paul’s Hospital and the Tapestry Foundation for Health Care at the Scotiabank Half-Marathon & 5K Charity Challenge

Both our St. Paul’s Hospital and Tapestry Foundations are looking for people to run, walk and raise funds during the Scotiabank Vancouver Half-Marathon & 5K Charity Challenge on Sunday, June 24, 2012.

St. Paul’s Hospital Foundation invites you to join their team or create your own fundraising teams to support the hospital. Remember, you can walk or run and the 5 km is a great alternative if you’re not quite up for the half-marathon! Registration is free for any participants who raise $100 or more for St. Paul’s Hospital Foundation. Visit www.helpstpauls.com for more information.

The Tapestry Trailblazers will also be lacing up their sneakers in support of elder care research through the Scotiabank Group Charity Challenge. This year the Tapestry Trailblazers are committed to having their largest team yet - 125 members - who will raise $70,000 collectively towards elder care research. All funds raised will support important research into better ways of caring for individuals with dementia - a devastating disease affecting more than 103,000 Canadians every year. For more information about joining the team, call Judy Finch at 604-877-8717 or email jfinch@providencehealth.bc.ca.
Kryptonite for Super Bugs

Superbugs—sounds like an animated film or a Marvel comic book.

“We are not crazy about the term,” says Jim Curtin, a registered nurse and Infection Control practitioner for Providence Health Care. “In Infection Control we prefer to label infectious organisms according to their biological characteristics, not their movie credits.”

Staphylococcus aureus bacteria (the medical profession identifies many sub-species, while the public lumps them together as “Staph” infections) can be divided into two groups, according to how they respond to treatment: sensitive and resistant. Sensitive strains respond to treatment with antibiotics, while resistant (“super”) strains cannot be treated with common antibiotics.

“Any Staph infection can cause serious illness,” says Jim. “It’s just that the resistant strains are more difficult to treat because they require less common, more expensive antibiotics.”

MRSA (methicillin-resistant Staphylococcus aureus) is one of the strains of bacteria that are resistant to a number of antibiotics.

“Some people are afraid of MRSA and think of it as incurable,” says Jim. “When in fact, it simply requires a different antibiotic to treat it.”

Common antibiotics that treat sensitive Staph infections are inexpensive and easy to administer; most people can swallow a pill without direct medical supervision. Antibiotics that treat resistant bacterial strains can be extremely expensive and difficult to take.

“When an antibiotic must be delivered intravenously, the patient has to come to the hospital or stay at the hospital to receive it,” he says. “Then there is the added risk of infection through the broken skin caused by inserting the needle.” The human body is a perfect place for Staph to colonize.

“Statistics estimate that anywhere from 20 to 30 per cent of the population carries some sub-species of the bacteria in places like the nose, armpits or groin. Most of the time there will be no obvious infection but the bacteria can be passed from one person to another.”

Some people, such as those whose immune systems have been weakened by other diseases or people who are recovering from major operations such as heart or hip surgery, may become infected. The resistant strains colonize the same places on the body and spread the same way as their sensitive cousins. They are no more likely to cause infection after colonization.

“We don’t want anybody to become infected with any bacterial organism,” explains Jim. “We take general precautions against the spread of all bacteria, not just the extreme cases.”

Jim Curtin
registered nurse and control practitioner

“We don’t want anybody to become infected with any bacterial organism—we take general precautions against the spread of all bacteria, not just the extreme cases.”

“We don’t want to over-wash your hands to the point of chapping or breaking the skin,” he instructs. “Intact skin is a wonderful barrier, but cuts, blisters and rashes increase the opportunity for bacteria to colonize.”

Everyone should wash their hands at appropriate times and use moisturizer to keep the skin healthy. Appropriate times include after using a toilet or touching an infected person or surface that could contain bacteria.

Providence Health Care has a screening program for colonization and infections from both sensitive and resistant bacteria. If a patient tests positive for infectious bacteria, staff who care for them use contact precautions: gloves, gowns and other protective equipment. A well-publicized hand hygiene program for all staff and visitors includes an invitation to patients to ask anyone—nurses, doctors, visitors—anyone who plans to touch them, “have you washed your hands?”

The foundation of infection control is hand hygiene,” says Jim. “There are no superbugs—all it takes is a little soap and water to kill them all.”
What Are People Saying About PHC?

Here are some comments and snippets of conversation taking place online regarding Providence Health Care. Connect with us online with social media and be a part of the conversation:

Twitter – @Providence_Hlth
Facebook – https://www.facebook.com ProvidenceHealthCare.BC
YouTube – http://www.youtube.com/user/ ProvidenceVancouver

CHEOS – “CHEOS Scientist Dr. Eric Grafstein has been appointed to a dual role at VCH and PHC! Congrats!”
GenomeBC – “New funding for COPD research at PROOF Centre @IHLH http://ow.ly/ak3nb.”
VancouverHappenings – “Experts from Providence discuss the prevention, treatment, and cure for diabetes tonight. FREE.”
Rebecca Brooke – “Saskatoon health region adapted post-op phone survey from Providence St. Paul’s ortho unit. Great example of sharing!”
Patrick Lee – “I was born there! [St. Paul’s Hospital] I don’t remember much about it though!”
HSABC – “Providence, a wonderful & inspiring article on Registered Psychiatric Nurses in Georgia Straight http://ow.ly/aGPuj”

Holy Family Celebrates Vaisakhi

For the annual Vaisakhi celebration, Holy Family Hospital staff and residents took a bus trip to temple to experience prayer and enjoy an Indian lunch. Nine residents were joined by a group of staff, family members and volunteers. The temple organizers have invited staff to bring residents at least once a month so that Punjabi and Hindu residents can participate in traditional prayer and non-Indian residents can experience the temple culture, religion, food and fellowship.

Holy Family Hospital residents at temple during Vaisakhi.