THE PROVIDENCE PLAN: Achieving Our Vision

PHC Annual Report 2012–2013
Providence Health Care’s foundational values, culture and spirit are sustained and strengthened by the everyday contributions of our staff, physicians, researchers, leaders and volunteers, who continually strive for the best patient and resident outcomes.

Our caregivers bring their commitment, passion, energy and ideas to work not just to address current challenges, but also to meet the demands and needs of the future. It’s a commitment we will continue to nurture and support through formal engagement initiatives with staff, physicians/medical staff and our stakeholders.

This commitment to stewardship and excellence was never more evident than this past year as we developed and implemented “The Providence Plan: Achieving Our Vision” in partnership with staff, physicians and leaders.

The Providence Plan is our strategic path for the next three years – an integral part of our longer journey toward our new Vision, which we launched last year and which states: Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.

Energized by that bold vision and focusing on five strategic directions – the Care Experience, Quality & Safety, People, Infrastructure Renewal, and Innovation – the Providence Plan clearly identifies our opportunities and desired outcomes, using our foundational strengths in research, mission and ethics, and fiscal stewardship as a launching off point.

Our Plan will result in the best person-centred care, involving the people we care for and their families in care delivery planning and decision-making, at the level they choose.

For Quality & Safety, we are focusing on ensuring our patients and residents experience no needless harm, and that the right care is provided to the right patient and resident every time.

Our People strategies will result in highly engaged workplaces and people, with high-performing, skilled leaders and teams.

Our continued excellence in care, teaching and research will require renewal of our facilities and continued capital upgrades, and we will focus on building a new St. Paul’s Hospital, a new emergency department for Mount Saint Joseph Hospital, a new Marion Hospice and a new standardized clinical information system.

And we’re going to create an organization-wide culture of innovation that engages, excites and motivates creativity, and accelerates the pace and impact of knowledge translation.

Providence has been intentional in identifying and caring for some of the most vulnerable patient/resident populations in society. This intentionality is rooted in our history – in the compassionate hearts of our founding congregations of Sisters – and it defines our Mission.

Through our work with our numerous partners, including Vancouver Coastal Health, Provincial Health Services Authority, the University of British Columbia and the Ministry of Health, we are committed to continuing to make a significant contribution to BC’s health system.

The Providence Plan will enable us to enhance that contribution and positively shape the future course for improving the lives of British Columbians.
WHO WE ARE

PROVIDENCE HEALTH CARE IS ONE OF THE LARGEST FAITH-BASED HEALTH CARE ORGANIZATIONS IN CANADA.

- 6,000 Staff
- 1,000 Medical Staff/Physicians
- 200 Researchers
- 1,600 Volunteers
- 99,415 Annual ER visits
- 1,800 Babies born
- $39.1m Research funding received
- 481,988 Total patient encounters
- $842m Operating budget
- 14,537 Examinations or procedures conducted on an average day
- 5 Research centres
- 3 Research programs
- 21 Heart transplants

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

3 ACUTE CARE FACILITIES
5 RESIDENTIAL CARE FACILITIES
1 ASSISTED LIVING FACILITY
1 ADDICTIONS CLINIC
7 COMMUNITY DIALYSIS UNITS

St. Paul’s Hospital
- Acute care, teaching and research hospital
- 506 beds
- Serves 380,000+ patients from across BC every year

Holy Family Hospital
- Extended care for 142 residents
- Specialized rehabilitation for older adults

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

St. Vincent’s: Langara
- Complex care residential facility
- 157 residents
- Specialized unit for 20 adult mental health clients

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

Youville Residence
- Complex care residential facility
- 42 residents
- Specialized unit for 37 older adult mental health clients

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

Marion Hospice
- 12-bed hospice, end-of-life care

Providence Crosstown Clinic
- Addictions clinic
- Home to the “Study to Assess Long-Term Opioid Maintenance Effectiveness” (SALOME)

Vancouver Community Dialysis Unit

East Vancouver Community Dialysis Unit

North Shore Community Dialysis Unit

Richmond Community Dialysis Unit

Squamish Community Dialysis Unit

Powell River Community Dialysis Unit

Sechelt Community Dialysis Unit
WHAT WE BELIEVE
FOUNDATIONAL STRATEGIES

AT PROVIDENCE, WE UNDERSTAND THE IMPORTANCE OF ENSURING A SECURE FOUNDATION TO BUILD ON – A SOLID FOUNDATION PROVIDES THE BASIS FOR PLANNING OUR FUTURE AND ACHIEVING OUR VISION. THAT’S WHY THE PROVIDENCE PLAN IS GROUNDED IN FOUNDATIONAL STRENGTHS THAT ARE UNIQUE TO OUR ORGANIZATION – OUR MISSION AND VALUES, RESEARCH AND LEARNING, AND FISCAL STEWARDSHIP.

Our faith-based history and forward-thinking leadership guided the development of these three foundational strategies. They are the building blocks for developing the Providence Plan.

As we move forward, our foundational strategies will help keep us on track. We have identified specific aims and targets for each area, and we will evaluate our progress based on those targets as we continue our journey towards our vision of exceptional care and innovation.

Foundational Strategy One: Mission / Values and Ethical Framework

We are always true to our Mission and Values.

Aim 1: Advance a culture that reflects Providence’s Mission, Values and identity.

Aim 2: Foster a culture of ethical behaviour and decision-making.

Aim 3: Integrate spirituality and health.

Foundational Strategy Two: Research & Learning

We invest in research and learning, and we build the results of that research into care.

Aim 1: Improve care through increased participation of health professionals in research and interprofessional learning.

Aim 2: Improve care by integrating research with care for each population of emphasis.

Aim 3: Improve care by increasing knowledge translation and evidence-based care.

Foundational Strategy Three: Fiscal Sustainability

We are responsible financial stewards and we work hard to deliver sustainable care.

Aim 1: Balanced operating budget.
FOUNDATIONAL STRATEGIES AT WORK

Recognizing Our Long-Term Service Volunteers
We have over 1,600 volunteers at Providence who contribute their time and talent to enrich and strengthen our health care community – from assisting in programs with patients and residents, to working in our gift shops.
This year we recognized volunteers who have contributed 25 and 35 years of service. Rose Gdyk, Jean Kamimura, Kuni Kumekawa and Mary Messere were recognized for 25 years of service at Holy Family Hospital, Pauline Lipp for 25 years at Mount Saint Joseph and Lorraine Vuch for 35 years at Holy Family.

Palliative Care Smart Phone App (iPALL)
Providence has developed a digital interactive palliative care tool with the goal of improving the quality of palliative care received by patients and their family members. The iPALL application is designed to provide essential palliative care information at the fingertips of physicians, residents, nurses and other staff to assist with symptom assessment, therapies, decision-making, care planning and communication. Palliative care helps patients with serious illness live as well as they can for as long as they can, as well as providing support for caregivers.

Compassion for our Community
In October and April each year, Providence provides healthy lunches, clothing, haircuts and care kits to more than 400 residents of Vancouver’s Downtown Eastside. Staff, physicians and volunteers gather at Oppenheimer Park to distribute the provisions and provide services. This year, members of our Human Resources staff even started a knitting club for toques and scarves to be donated at the event.

Tackling the Impacts of Addiction
Dr. Evan Wood, co-director of the Urban Health and Addiction Research Initiative (UHRI) at St. Paul’s Hospital, has seen the devastating social, economic and health implications of addiction first-hand. With the goal of changing how we view and approach the response to addictions and their associated problems, Dr. Wood is developing the St. Paul’s Hospital Goldcorp Fellowship in Addiction Medicine that will advance a crop of new addiction medicine specialists each year. The program will be built on research and collaborations between internal medicine, primary care and psychiatry.

Studying Treatments for Long-Time Heroin Use
Led by the Centre for Evaluation and Outcome Sciences at St. Paul’s Hospital, a study last year found that medically prescribed heroin is more cost-effective than methadone for treating long-term street heroin users. Published in the Canadian Medical Association Journal, the study attributed most of the economic benefits to the fact that recipients of medically prescribed heroin (diacetylmorphine) stayed in treatment longer and spent less time in relapse than those receiving methadone. Both results are associated with reduced criminal activity and lower health care costs. The findings were drawn from the North American Opiate Medication Initiative (NAOMI), a trial of medically prescribed heroin that took place in 2005 to 2008, as well as administrative drug data from British Columbia.
**WHERE WE ARE GOING**

**CARE EXPERIENCE**

**Strategic Direction**

We know that providing the best care experience and addressing future service challenges requires working closer than ever with patients, residents and families. That’s why Providence is one year into a journey towards person- and family-centred care.

Person- and family-centred care is an approach to the planning, delivery and evaluation of health care, in partnership with care providers, the people we serve and their families.

We know family plays a vital role in ensuring people’s health and well-being. In person-centred care, the people we serve define their family and their family’s participation in care and decision-making.

The Care Experience strategic direction is centred on one aim and four objectives to drive the many current and planned activities surrounding patient, resident and client care across Providence.

**AIM**

Patients, residents and families will experience culturally safe, socially just, person- and family-centred care across Providence.

**OBJECTIVES**

Patients, residents, and families are:

> Treated with respect and dignity throughout Providence. Key areas of focus include health literacy; cultural competency; building design, way finding and signage.

> Invited to participate in clinical decision-making at the level they choose.

> Invited to partner with us as advisors and to be part of the team in working groups, committees, etc.

> Able to openly access their information throughout Providence. Clinicians share information with patients and families in an affirming and useful way.

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**Care Experience at Work**

**Code H Pilot Project**

The Code H (Help) pilot project on 7CD at St. Paul’s Hospital provides additional communication channels between care teams, patients and families. If they have already voiced concerns to the attending nurse or physician; noticed a medical change not being addressed; or were confused about a treatment plan, patients and families can call the Code H number to get support from an on-call clinical resource nurse. Available 24/7, Code H enables patients and families to improve care through bedside engagement.

**Acute Inpatient Satisfaction Survey**

In 2011/2012, British Columbia undertook a survey of inpatients at 80 hospitals. The respondents included 804 patients from St. Paul’s, Mount Saint Joseph and Holy Family hospitals. Of the inpatients who responded from our facilities, 94.4 per cent gave a positive response when asked about their overall quality of care and 77.2 per cent said they would definitely recommend Providence to others. While there are opportunities for improvement, our patient satisfaction scores are a testament to our excellent delivery of care.

**Improving Care for First Nations, Inuit and Metis**

The Aboriginal Health Team at St. Paul’s is forging new relationships with community members. Led by Scott Harrison, director of Urban Health and HIV/AIDS, the team includes Aboriginal nurse practice leader Carol Kellman (Cree First Nation), program assistant Neil Fowler (Mi’kmaq First Nation), Elders, community members and staff. Recently, the team hosted a traditional Yuwipi Ceremony, attended by over 70 members of the Aboriginal community. As well, the former interfaith meditation room at St. Paul’s has been transformed into a beautiful All Nations Sacred Space suitable for traditional ceremonies.

**Improved Dining Experience**

An improved dining room model has been introduced at Brock Fahrni to create a home-like meal experience. Instead of tray service, residents are offered choices at each meal and can see and smell the food before making a selection. When residents gather around a table and choose their meal, they tend to eat better and enjoy the experience.
Learning from the Patient Experience

Providence has been actively recruiting patient care advisor volunteers to work with leaders, staff and physicians to make the care we provide to patients and their families even better. The role of the care advisor is to bring their own experience and knowledge to committee meetings to enable positive change within the organization.

Last September, Carolyn Canfield signed on to volunteer as a patient care advisor to a project based at St. Paul's Hospital, called Code H (read more about Code H on opposite page). Motivated by her varied experiences with the health care system as a family member, Carolyn has focused much of her retired life to improving the care experience. “I am dedicating everything I can to support the patient voice – to transform care to truly patient-centred care.”

Carolyn meets regularly with a committee of up to seven health care professionals and one other patient care advisor named Betty Murray. Reflecting on her participation so far, Carolyn says it’s been eye-opening. “The first project meeting blew me away. I give huge credit to Providence, as we [Carolyn and Betty] were welcomed as a part of the project from the very beginning and that was very powerful.”

Carolyn and Betty have been able to offer insight into the confusion that patients and family members can face in the hospital setting, the type of information they might want and the best ways to present this information to them.

For Carolyn, it is all about the need to connect the patient and the health care provider so they can see that everyone is in this together. “I know that health care workers want to heal and provide hope. I want to help connect them with the patient experience so they can really see the results of their investment, commitment and compassion.”
Strategic Direction

Providing safe, exceptional care is at the heart of everything we do. We ensure this by continually finding ways to improve the quality and safety of the care we provide to our patients and residents.

Our Quality & Safety strategic direction is defined by two aims that we believe are critical to delivering exceptional care. These priorities are focused on providing standardized, evidence-based care, while finding ways to provide and receive health care more safely.

WHERE WE ARE GOING
QUALITY & SAFETY

AIM ONE
We ensure that our patients and residents experience no needless harm by reducing adverse events that can impact them.

AIM TWO
We provide the right care to the right patient and resident every time, by standardizing care protocols and processes based on best practices.

Quality & Safety work includes:
> Implementing guidelines and pathways based on evidence-based best practices such as chronic obstructive pulmonary disease, stroke, or sepsis.
> Reducing the rate of unexpected mortality.
> Reducing health care-acquired infection rates.
> Reducing harm from falls.
> Increasing safety culture scores.

Quality & Safety at Work

Medication Reconciliation
Medication Reconciliation (MedRec) is the process where health care professionals partner with patients and residents to ensure that accurate and complete medication information is at points of care. This reduces preventable adverse drug events and improves safety and care. Vancouver Coastal Health and Providence worked together to successfully implement MedRec on admission across both organizations. In 2012/2013, MedRec was performed at admission for 97 per cent of our rehab and residential care clients and 80 per cent of acute care patients, placing us at the forefront of implementing this safety practice in the region.

Improved Quality of Life for Seniors
Providence is engaged in a collaborative effort with leading nursing homes across North America to drive improved care and safety of vulnerable seniors. Seniors Quality Leap Initiative (SQLI) is a grassroots group of 13 long-term care facilities affiliated with top universities. These seniors’ health systems share data and results of specific improvement initiatives in order to reach higher levels of quality and safety among residents. As a partner in SQLI, we are striving to provide the best quality of life in residential care. We work closely with our care teams, residents and families to better understand and address the unique needs of each resident.

Preventing Falls
The Falls Prevention Clinic at St. Paul’s is taking an active approach to preventing debilitating falls among seniors. The clinic is made up of a multidisciplinary team of geriatricians, a physiotherapist, an occupational therapist and a social worker. Each year, one in three Canadians over the age of 65 experiences a fall — 90 per cent of hip fractures are due to falls; 50 per cent of fall victims never regain their former mobility; and 20 per cent die within a year of hip fracture. The clinic, which works closely with the larger Elder Care Ambulatory Clinic, is the only one of its kind in Vancouver.

Implementing Surgical Checklists
Surgical checklists play an important role in providing safe and effective surgeries by helping initiate, guide and formalize communication within a surgical team and integrating these steps into surgical workflow. Evidence shows that using surgical checklists reduces the likelihood of complications after surgery, and may improve surgical outcomes. For the 2012/13 fiscal year, Providence’s surgical checklist compliance has held steady at 85 per cent.
“Staff are very good with preventing infection. They teach us — mothers, family members and interns — how to clean our hands properly and to remind others to do so.”

Sepideh Ale-eshagh is very familiar with the Maternity Unit at St. Paul’s Hospital. Her twins, Pasha and Parsa spent several weeks in the Neonatal Intensive Care Unit (NICU) after being born 11 weeks premature. For Sepideh and the staff around her, the number one priority has been the safety and well-being of her fragile babies. She explains how staff at the hospital were open about the realities of infection and the important role of everyone in ensuring the safest environment.

“Staff are very good with preventing infection. They teach us — mothers, family members and interns — how to clean our hands properly and to remind others to do so. You’re preventing something bad from happening. I even asked one of the interns to see if they washed their hands before caring for my babies.”

At Providence, we believe infection prevention is everyone’s job. Infection Prevention and Control (IPAC) conducts quarterly hand hygiene audits at our sites, measuring compliance by directly observing staff on each unit. Last quarter, St. Paul’s Hospital’s Maternity Unit had an outstanding 98 per cent compliance. Shelly Procter, bedside nurse in the NICU, explains that one of the reasons the unit has been so successful with hand hygiene compliance is because they take each person through hand hygiene protocols.

“We’re constantly reinforcing hand hygiene to physicians and support staff coming through the doors, and as soon as new family members come in, we take them through the procedures. We don’t let anyone get away with poor hand hygiene — we provide gentle reminders and education.”

The unit has undertaken initiatives to improve infection prevention, including putting phones on longer rings before going to voicemail. This allows staff time to put babies down and sanitize their hands before picking up the phone. Staff then wash, before picking a baby back up. The team has also installed a dedicated hand washing sink and cubby area for storing personal items outside the NICU. Maternity staff serve as patient advocates for those in their care. It is the personal and professional responsibility of all Providence staff to ensure good hand hygiene practices.
WHERE WE ARE GOING

PEOPLE

Strategic Direction

Ultimately, it is the people of Providence who will achieve our Vision.

Our strength and effectiveness as an organization depends on the way that we nurture and protect our own community of health providers, administrators and support staff of all ranks and crafts. We need to foster communities where people thrive.

Research shows that an engaged workforce in a health care setting leads to improved outcomes and safety, better productivity and a better care experience.

Our People strategic direction is defined by three aims/outcome statements, six objectives and multiple projects, many of which are underway. These priorities challenge us to rethink and improve our daily practices in order to create an outstanding work and care environment.

AIM ONE

To create a workplace where all people are highly engaged in contributing to Providence’s success. We will:

> Foster a culture of civility, respect, and positive regard in all interactions and relationships.
> Implement a rigorous process to organize, prioritize and coordinate staffing levels and proactively monitor capacity and impact on people.

AIM TWO

To ensure our leaders are exceptional and create environments where people do their best. We will:

> Create and implement a new leadership development strategy.
> Review the leadership structure in key areas, to confirm that leaders have the capacity to effectively manage staff and ensure safe and quality person- and resident-centred care.

AIM THREE

To continue having teams that produce amazing results. We will:

> Determine and apply best practices in building and supporting multidisciplinary teams.
> Foster a partner-based relationship between physicians, and clinical and administrative staff, in which there is seamless integration of day-to-day work and teams.

People at Work

Nursing Practice Leadership

Martha Mackay is building a research program with a focus on sex, gender and ethnic differences related to treatment-seeking for cardiac symptoms. She is part of a group of clinical nurse specialists (CNS) at Providence who are combining clinical practice with research and development/implementation of initiatives to improve the quality of patient care. Martha describes Providence as a supportive environment for nurses to pursue professional and academic development,

“There’s a vision at Providence for strong nursing practice leadership.”

Collaborative Care and Self-Management

May 2013 marked two milestones for the Renal Program at St. Paul’s Hospital – the program’s 2,000th transplant, and the presentation of two abstracts at the International Council of Nurses 25th Quadrennial Congress in Australia. The abstracts – “Learning Together: Engaging Nursing Students in changes in the Practice Environment” and “Helping Every Patient Achieve Their Highest Possible Level of Independence” promote collaborative care and patient self-management. Based on their research, the team is encouraging patients to be involved in their own care, from washing their hands and collecting their own required dialysis equipment to inserting their dialysis needles.

Providence Leadership Development Program

Providence is preparing to launch a new leadership development program – “lead, learn, grow” – in September 2013. The program will provide opportunities for leaders to grow their practice of leadership and incorporate the attitude, skills and abilities necessary to deliver exceptional care for patients, residents and families. There are three pathways for leaders to pursue – senior, experienced, and core – plus foundation programs for all. The pathways are based on the LEADS framework and incorporate programs, workshops, and materials developed by the BC Health Leadership Development Collaborative.
Our work has been paying off. We are happy to share that Providence was recently recognized for having one of the best corporate cultures in Canada.

At Providence, we strive to provide care to residents and patients in a way in which we would like to be treated if we were in the same position. In fact, it is our slogan and care philosophy – How you want to be treated. But this philosophy doesn’t just apply to care; it also applies to how we interact with each other in the workplace. Here at Providence, it is our goal to build a community where each and every one of us thrives.

Our work has been paying off. We are happy to share that Providence was recently recognized for having one of the best corporate cultures in Canada. Canada’s 10 Most Admired Corporate Cultures award was presented in the National Post by Waterstone Human Capital, recognizing organizations that have a culture that helps them enhance performance and sustain a competitive advantage. The award is given to companies that innovate, build on their strengths, encourage employees to be life-long learners and strive to do what’s right.

“This award confirms something we’ve felt for some time, though it’s important to note that a successful corporate culture requires the commitment and energy of all employees,” said Dianne Doyle, President and CEO. “We are blessed with tremendous staff, physicians, and researchers that have embraced our Mission and Values and live them every day.”

At the provincial level, Providence was recognized as being one of British Columbia’s leading employers. The award, selected from hundreds of organizations, was part of an extensive study to determine BC’s Top Employers for 2013. This is the fifth year in a row that Providence has held a spot, being recognized for providing employees with progressive work policies, opportunities for growth and excellent benefits.

Providence has also continuously been recognized as a top employer for new Canadians. This designation recognizes Canada’s best employers for recent immigrants. These employers offer interesting programs to assist new Canadians in making the transition to a new workplace – and a new life in Canada.

Each year, individuals, teams, researchers, programs and centres of excellence at Providence receive a high number of awards and special recognitions. While too numerous to list, they are indicative of the level of innovation, creativity and commitment to delivering our Mission. Through our work, health care professionals can positively impact individuals, their families, whole communities and each other.

Fostering Communities Where People Thrive
WHERE WE ARE GOING
INFRASTRUCTURE REDEVELOPMENT

Strategic Direction

Our ability to provide the best care possible depends on having a strong foundation of support infrastructures. Physical infrastructures, like our hospital and residence buildings, and electronic patient information systems, enable us to do our day-to-day work.

The Infrastructure Redevelopment strategic direction is comprised of four strategic aims. These aims will redevelop our physical infrastructure and implement a new clinical information system. The results will transform the care we provide and improve quality and safety to our patients and residents.

Infrastructure Redevelopment at Work

Residential & Hospice Renewal

On March 25, 2013, the BC government committed $2 million toward the creation of a new hospice on the St. Vincent’s: Campus of Care site (former site of St. Vincent’s Hospital). The Tapestry Foundation for Health Care will raise the additional funds, estimated at $3 million, to establish the new 12 - 15 bed facility targeted for completion in 2015. The facility will provide a home-like setting and support for families when they need it most. Providence is working with Vancouver Coastal Health on a strategy to renew the aging residential facility infrastructure and we are anxious to move forward with the St. Vincent’s: Campus of Care.

Improving Quality & Safety with a New Health Information System

We are advancing a new initiative to reach a shared vision of a single, electronic health record per patient—and ensure clinicians have accurate, consistent, and up-to-date patient information at their fingertips. Providence, the Provincial Health Services Authority and Vancouver Coastal Health are partnering on a clinical and systems transformation (CST) initiative that will implement the Cerner clinical information system in all acute, ambulatory, and residential care sites across the three organizations. The use of Cerner will ensure clinicians and researchers have the real-time health information they need to provide the best care possible, and it will standardize processes, such as test ordering procedures and medications, referrals, scheduling, and registration. The outcome of the project will be improved quality and safety of our care.

Investing In Mount Saint Joseph Hospital

Mount Saint Joseph Hospital (MSJ) continues to be a vibrant community hospital with a 12-hour Emergency Department. A master site plan was completed in 2012 that identified the hospital requirements to manage the increasing population and aging demographics of the community. The plan identified the priorities and sequencing of capital work required on the site. The first project being advanced is the business case for the replacement of the undersized Emergency Department. Other priority projects identified that will be progressed over time include the medical device reprocessing area and the geriatric psychiatry inpatient unit.
Mental health patients currently housed in the hospital’s 100-year-old Burrard building will be moved into newly designed, more appropriate units in the Providence building.

The redevelopment of St. Paul’s Hospital continues to gain momentum since the June 2012 announcement by Premier Christy Clark that the government supports moving forward to create “The New St. Paul’s.”

Redevelopment will begin with the construction of a new, state-of-the-art building for ambulatory care that will accommodate over 500,000 patient visits per year, consolidating 62 outpatient clinics and services from 19 different locations across the St. Paul’s Hospital campus. The redevelopment plan also includes major renovations and infrastructure upgrades to the existing areas of the hospital to make them seismically safe, with updated mechanical, electrical and information technology systems. Mental health patients currently housed in the hospital’s 100-year-old Burrard building will be moved into newly designed, more appropriate units in the Providence building. All inpatient units will move to single and double rooms, which will improve quality and safety.

The redevelopment team, under the direction of the government project board, is completing the functional program for the new ambulatory care building and has engaged Stantec (architecture) to begin the conceptual design. The team has also completed a detailed master plan for the existing buildings on the campus. The process has extensively engaged staff, physicians, researchers, academic partners and patients to ensure the final ambulatory design sets a new standard for health care in British Columbia.
INNOVATION

Strategic Direction

At Providence, we define innovation as the generation, implementation and spread of new ideas and solutions that add value—this means finding new and better ways to do our work, and more effective ways to transform the health of the populations we serve.

We already have multiple research, teaching and care programs with growing provincial, national and international reputations as centres of innovation and new knowledge creation. So, where do we go from here? How can we build on our achievements and create an organization-wide culture of innovation at Providence?

Our Innovation strategic direction is defined by three aims, three objectives and multiple projects, many of which are already underway. These priorities will help us to become a truly innovative health care provider, and in doing so, move us closer to achieving our Vision.

AIM ONE
We create a culture that engages, excites and motivates creativity and innovation.

AIM TWO
We accelerate the pace and impact of knowledge translation.

AIM THREE
We will promote a management system and the structures necessary to enable the organization’s strategic objectives.

Innovation at Work

Generating Ideas

As health care needs become more complex and continue to stretch our resources, we are challenging ourselves to explore innovative solutions. The Providence Research & Development team is learning to apply “design thinking” to long-standing, complex issues. This approach combines empathy for the situation with creative insight and solutions, and analysis to fit the solutions into each context. This approach has long been part of contemporary design and engineering practices; however its use in health care is a new and exciting area of exploration for Providence.

VADs Reach Major Milestone

Launched 10 years ago as part of the British Columbia Acute Heart Failure Program at St. Paul’s, the ventricular assist device (VAD) program provides specialized care to patients with critical heart failure; equipping potential heart transplant candidates with implantable mechanical heart pumps to keep them alive until transplantation. Successfully implanted VADs can relieve symptoms of critical heart failure and allow patients to resume their lives while they wait for a transplant. The Program is a national leader in VAD implantation with over 100 implants and approximately 80 per cent of the patients who pass through the VAD program going on to receive heart transplants.

Youth Mental Health

Since 2007, St. Paul’s Hospital’s Inner City Youth Mental Health Program (ICYMHP), in partnership with organizations such as Covenant House Vancouver and Coast Mental Health, has been delivering mental health and psychiatric outreach services, health education, physician and nursing care, life-skills guidance and secured housing to homeless youth at agencies across Vancouver. Many of these youth have mental illnesses complicated by learning disabilities, trauma, distrust and neurocognitive problems. ICYMHP recently received a $1.6-million donation from Silver Wheaton to help expand its services in Vancouver’s Downtown Eastside over three years.

Province Story Series

In 2012, The Province newspaper was given unprecedented access to life at St. Paul’s Hospital. The result was Heartbeat, a multi-part series on the difference St. Paul’s innovative treatments and research are making in the lives of patients from all over BC. The Province presented stories on getting to know patients, physicians, staff and researchers in different areas of the hospital—shedding light on the inner workings and life-and-death decisions made every day at a hospital that provides care to our most vulnerable and marginalized populations.
Every year, 3,300 men and women in Canada are diagnosed with HIV infection and it is estimated more than 71,000 Canadians are now living with HIV.

On the eve of World AIDS Day in 2012, then-Health Minister Margaret MacDiarmid announced $19.9 million in annual funding for the provincial expansion of a successful pilot program that reduces HIV transmission by ensuring those living with HIV have access to the best care and treatment. Since it was implemented in Vancouver and Prince George in 2009, Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) has been successful in reducing the spread of the virus.

As of April 1, 2013, the STOP HIV/AIDS program is allowing health professionals and community partners to better engage the broader community and specific at-risk groups in HIV testing, reach more people with HIV/AIDS, and enable more British Columbians to be treated. Expansion is being carried out by the province’s health authorities (including Providence) with support and leadership from the BC Centre for Excellence in HIV/AIDS (BC-CfE) at St. Paul’s Hospital, which pioneered the concept of Treatment as Prevention under the guidance of BC-CfE director, Dr. Julio Montaner. The BC-CfE will also continue to monitor and evaluate the progress of the program.

A recent study from the BC-CfE and University of British Columbia shows there is strong and consistent evidence that expanded use of highly active antiretroviral therapy (HAART), decreases HIV transmission across a variety of geographical regions and sub populations.

“There is no doubt HIV Treatment as Prevention is a game changer,” said Dr. Julio Montaner, senior author of the study. “It is imperative for the Canadian government to mobilize political will and funds to nationally expand testing, treatment and support to people living with HIV/AIDS. This is the moral thing to do if we want to end AIDS and secure the health of our future generations.”

Every year, 3,300 men and women in Canada are diagnosed with HIV infection and it is estimated more than 71,000 Canadians are now living with HIV. As the only province to implement the Treatment as Prevention strategy, BC stands alone as the sole province to show a consistent decline in new HIV diagnoses since 1996.
After raising a record $15.99 million in 2011/12, St. Paul’s Hospital Foundation anticipates that we will be announcing another record-breaking total for 2012/13 later this year.

A key fundraising accomplishment was the completion of a $500,000 campaign for the Virtual Teaching Laboratory (VTL), a television production and broadcast centre that enables St. Paul’s cardiologists and cardiac surgeons to teach innovative procedures around the world without having to leave the hospital.

Other accomplishments include the St. Paul’s Hospital Goldcorp Fellowship in Addiction Medicine (see p. 5), the expansion of the Inner City Youth Mental Health Program to Vancouver’s Downtown Eastside (see p. 14), and other care, research and teaching initiatives in more than 20 areas and departments of the hospital.

St. Paul’s Hospital Foundation also engaged the community in the work of the hospital through a number of exciting new partnerships and initiatives.

For the first time, we held a Lights of Hope community celebration that brought thousands of people to St. Paul’s to watch the lighting of a spectacular display of holiday lights and stay for fireworks, musical entertainment and special guests. This year’s Lights of Hope campaign raised $2.4 million for the hospital’s greatest needs.

Last year also marked the inaugural editions of two new annual fundraising initiatives. Strike Out Heart Disease is a partnership with the Vancouver Canadians Professional Baseball Club that will raise funds to support heart patients, while the Brilliant! fundraiser and fashion show will raise funds to support mental health and HIV/AIDS patients.

St. Paul’s Hospital Foundation looks forward to continuing to work with caregivers, researchers, physicians and staff at Providence as we engage the community in supporting the current and future needs of patients throughout BC.

Dick Vollet, President & CEO
St. Paul’s Hospital Foundation

www.helpstpauls.com
Strategic alliance and collaboration enabled Tapestry Foundation to expand its seniors’ care community and broaden its base of contributors in 2012/2013. Demonstrating the motto: *Caring never gets old*, the Foundation opened its doors to new opportunities to support seniors.

Tapestry welcomed St. Michael’s Centre under its organizational umbrella, and immediately launched a campaign to renovate tubs rooms at the site. Other noteworthy residential care projects funded by donors included the creation of an “elder friendly” environment in the Geriatric Medicine Unit at Mount Saint Joseph Hospital (MSJ); tub room upgrades and the development of a veterans’ lounge at St. Vincent’s: Brock Fahrni; and replacement of a 20-year-old bus at St. Vincent’s: Langara for regular seniors’ outings.

The Foundation welcomed increased volunteer-driven and third-party events to meet growing fundraising demands. Successful events such as the Gala for Hope, and Scotiabank Feast of Fortune highlighted service expansion at MSJ’s Rapid Access Breast Clinic. Event proceeds supported advanced digital breast imaging and ultrasound technology – MSJ will be the first hospital in Western Canada to provide patients with 3D ultrasound breast imaging services.

Tapestry Foundation volunteers Anita Law and Sing Lim Yeo received local and international awards for outstanding community service and philanthropic achievements. Since 2008, through their vision and talent, these individuals helped to raise over $1.8 million for priority equipment at MSJ.

At the close of the fiscal year, Tapestry Foundation launched the largest campaign in its history to support a new Marion Hospice, at an estimated cost of $5 million. To date, the Foundation has received $3 million in government funding and private donations, and is actively fundraising the additional $2 million. The Foundation is grateful to donors for helping establish Marion Hospice in 2005, and will continue working with them to build a permanent home for the hospice while improving access to end-of-life care.

Ann Adams, CEO
Tapestry Foundation for Health Care

www.tapestryfoundation.ca
### Statement of Financial Position as at March 31, 2013

*(in thousands of dollars)*

<table>
<thead>
<tr>
<th></th>
<th>Unaudited 2013</th>
<th>2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$18,360</td>
<td>$11,619</td>
<td>$6,741</td>
</tr>
<tr>
<td>Portfolio investments</td>
<td>$21,377</td>
<td>$25,559</td>
<td>$(4,182)</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$39,523</td>
<td>$43,494</td>
<td>$(3,971)</td>
</tr>
<tr>
<td>Promissory notes</td>
<td>$8,002</td>
<td>$8,002</td>
<td>0</td>
</tr>
<tr>
<td>Long-term disability benefits</td>
<td>$5,481</td>
<td>$3,298</td>
<td>$2,183</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$92,743</td>
<td>$91,972</td>
<td>$771</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$95,678</td>
<td>$98,588</td>
<td>$(2,910)</td>
</tr>
<tr>
<td>Deferred operating contributions</td>
<td>$4,375</td>
<td>$3,024</td>
<td>$1,351</td>
</tr>
<tr>
<td>Deferred designated contributions</td>
<td>$683</td>
<td>$6,213</td>
<td>$(5,530)</td>
</tr>
<tr>
<td>Mortgage</td>
<td>$11,323</td>
<td>$11,523</td>
<td>$(200)</td>
</tr>
<tr>
<td>Retirement allowance</td>
<td>$42,921</td>
<td>$41,344</td>
<td>$1,577</td>
</tr>
<tr>
<td>Replacement reserves</td>
<td>$495</td>
<td>$450</td>
<td>$45</td>
</tr>
<tr>
<td>Deferred capital contributions</td>
<td>$181,931</td>
<td>$189,285</td>
<td>$(7,354)</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$337,406</td>
<td>$350,427</td>
<td>$(13,021)</td>
</tr>
<tr>
<td><strong>Net Debt</strong></td>
<td>$(244,663)</td>
<td>$(258,455)</td>
<td>$13,792</td>
</tr>
<tr>
<td><strong>Non-Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible capital assets</td>
<td>$163,852</td>
<td>$174,297</td>
<td>$(10,445)</td>
</tr>
<tr>
<td>Inventories held for use</td>
<td>$8,881</td>
<td>$8,345</td>
<td>$536</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$1,375</td>
<td>$3,583</td>
<td>$(2,208)</td>
</tr>
<tr>
<td><strong>Total Non-Financial Assets</strong></td>
<td>$174,108</td>
<td>$186,225</td>
<td>$(12,117)</td>
</tr>
<tr>
<td><strong>Accumulated Deficit</strong></td>
<td>$(70,555)</td>
<td>$(72,230)</td>
<td>$(1,675)</td>
</tr>
</tbody>
</table>
Statement of Operations and Accumulated Deficit for years ended March 31, 2013

*(In thousands of dollars)*

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Unaudited 2013</th>
<th>2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver Coastal Health Authority contributions</td>
<td>$495,930</td>
<td>$494,114</td>
<td>$1,816</td>
</tr>
<tr>
<td>Pharmacare</td>
<td>111,014</td>
<td>105,100</td>
<td>5,914</td>
</tr>
<tr>
<td>Medical Services Plan</td>
<td>60,864</td>
<td>59,861</td>
<td>1,003</td>
</tr>
<tr>
<td>Patients, clients and residents</td>
<td>30,344</td>
<td>29,472</td>
<td>872</td>
</tr>
<tr>
<td>Investment income</td>
<td>984</td>
<td>1,451</td>
<td>(467)</td>
</tr>
<tr>
<td>Other</td>
<td>103,447</td>
<td>68,801</td>
<td>34,646</td>
</tr>
<tr>
<td>Amortization of deferred capital contributions</td>
<td>35,975</td>
<td>30,897</td>
<td>5,078</td>
</tr>
<tr>
<td>Designated contributions</td>
<td>3,841</td>
<td>4,632</td>
<td>(791)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$842,399</strong></td>
<td><strong>794,328</strong></td>
<td><strong>48,071</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>689,756</td>
<td>646,255</td>
<td>43,501</td>
</tr>
<tr>
<td>Community care</td>
<td>19,025</td>
<td>19,863</td>
<td>(838)</td>
</tr>
<tr>
<td>Corporate</td>
<td>49,583</td>
<td>50,418</td>
<td>(835)</td>
</tr>
<tr>
<td>Mental health &amp; substance use use</td>
<td>30,178</td>
<td>26,110</td>
<td>4,068</td>
</tr>
<tr>
<td>Residential care</td>
<td>52,182</td>
<td>50,177</td>
<td>2,005</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$840,724</strong></td>
<td><strong>792,823</strong></td>
<td><strong>47,901</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Surplus</th>
<th>$1,675</th>
<th>$1,505</th>
<th>$170</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated deficit, beginning of year</td>
<td>(72,230)</td>
<td>(73,735)</td>
<td>1,505</td>
</tr>
<tr>
<td><strong>Accumulated deficit, end of year</strong></td>
<td>$70,555</td>
<td>(72,230)</td>
<td>$1,675</td>
</tr>
</tbody>
</table>

*Major changes in the revenues and expenses sections relate primarily to Lower Mainland Consolidation initiatives where health organizations in the Lower Mainland area consolidate resources in select non-clinical and clinical support functions. These initiatives result in increases in recoveries from other health organizations to pay for services provided by Providence. On the other hand, Providence pays other health organizations for select functions and services provided by other health organizations.*

Patient Care Volumes for years ended March 31

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>22,397</td>
<td>22,319</td>
<td>78</td>
<td>0.3 %</td>
</tr>
<tr>
<td>ER visits</td>
<td>99,415</td>
<td>94,802</td>
<td>4,613</td>
<td>4.9 %</td>
</tr>
<tr>
<td>Dialysis &amp; kidney clinics</td>
<td>85,861</td>
<td>84,590</td>
<td>1,271</td>
<td>1.5 %</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>259,018</td>
<td>258,534</td>
<td>484</td>
<td>0.2 %</td>
</tr>
<tr>
<td>Day care surgery</td>
<td>15,297</td>
<td>15,312</td>
<td>(15)</td>
<td>(0.1) %</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td><strong>481,988</strong></td>
<td><strong>475,557</strong></td>
<td><strong>6,431</strong></td>
<td><strong>1.4 %</strong></td>
</tr>
</tbody>
</table>

### Special Procedures

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open heart surgery</td>
<td>799</td>
<td>924</td>
<td>(125)</td>
<td>(13.5) %</td>
</tr>
<tr>
<td>Heart transplants</td>
<td>21</td>
<td>13</td>
<td>8</td>
<td>61.5 %</td>
</tr>
<tr>
<td>Internal defibrillators</td>
<td>422</td>
<td>394</td>
<td>28</td>
<td>7.1 %</td>
</tr>
<tr>
<td>Angioplasties</td>
<td>1,197</td>
<td>1,301</td>
<td>(104)</td>
<td>(8.0) %</td>
</tr>
<tr>
<td>Angiograms</td>
<td>2,746</td>
<td>2,739</td>
<td>7</td>
<td>0.3 %</td>
</tr>
<tr>
<td>Kidney transplants</td>
<td>111</td>
<td>100</td>
<td>11</td>
<td>11.0 %</td>
</tr>
</tbody>
</table>

### Inpatient Days

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute patient days</td>
<td>213,528</td>
<td>210,713</td>
<td>2,815</td>
<td>1.3 %</td>
</tr>
<tr>
<td>Residential patient days</td>
<td>243,453</td>
<td>242,131</td>
<td>1,322</td>
<td>0.5 %</td>
</tr>
<tr>
<td>Residential patient days (assisted living)</td>
<td>21,908</td>
<td>21,668</td>
<td>240</td>
<td>1.1 %</td>
</tr>
<tr>
<td><strong>Total Inpatient Days</strong></td>
<td><strong>478,889</strong></td>
<td><strong>474,512</strong></td>
<td><strong>4,377</strong></td>
<td><strong>0.9 %</strong></td>
</tr>
<tr>
<td>2012–2013 BOARD MEMBERS</td>
<td>2012–2013 SOCIETY MEMBERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geoff Plant, chair</td>
<td>Elaine Moonen, chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank Holler, vice-chair</td>
<td>Sister Nancy Brown</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Don Avison</td>
<td>Michael Crean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lynette Best</td>
<td>Sister Margaret McGovern</td>
<td></td>
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</tr>
<tr>
<td>Oonagh Burns</td>
<td>Bishop Richard Gagnon</td>
<td></td>
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</tr>
<tr>
<td>Mark Cullen</td>
<td>Sister Anne Hemstock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve Fleck</td>
<td>Sister Cecilia Hong, MIC</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sister Anne Hemstock</td>
<td>Bishop Stephen Jensen</td>
<td></td>
<td></td>
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<tr>
<td>Brenda Irwin</td>
<td>Archbishop J. Michael Miller</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Les Johnson</td>
<td>Tom Murphy</td>
<td></td>
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</tr>
<tr>
<td>Paul Langley</td>
<td>Kieran Siddall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Nixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Simon Pimstone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Rogers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gavin Stuart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Paul Terry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dan Wilton</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>