2006–07 ANNUAL REPORT

TRANSFORMING CARE THROUGH NEW KNOWLEDGE
Transforming Care through New Knowledge
Courage, compassion and innovation drive positive change at Providence Health Care.

How many of us have heard about a research breakthrough on the evening news only to discover at your next hospital visit that the procedure remains unchanged. It’s frustrating, but care providers face many barriers to implementing newly confirmed research. Reducing the lag time between new discoveries and their translation into care remains a key priority for Providence Health Care (PHC). As one of our five strategic priorities, “supporting research and new knowledge integration,” this concept remains fundamental to our ultimate goal of caring for British Columbians. Our plans to accelerate new knowledge into care include novel training methods, hiring key personnel to implement change quickly, and more thoroughly integrating our research and care teams. People power and leadership are the two keys to making this happen. We are blessed by the people who choose to work and volunteer at Providence sites. They are courageous, they are compassionate and they are innovative. This annual report offers examples of how our people exhibited these traits over the past year.

We think it is not surprising that these characteristics—courage, compassion and innovation—are some of the very traits exhibited by the Catholic Sisters who founded our hospitals and residences. The Sisters relied on similar traits, and a great deal of faith, to overcome the obstacles they faced. Obstacles like time, money, prejudice, and indifference. They overcame all of this to ensure that anyone in need received care. Our history, tradition and values continually guide us to improve patient and resident care—not just to overcome current challenges, but to meet the demands and needs of the future. We have an exciting vision for renewing our aging facilities and for ensuring we have the right solutions in place for generations to come. One of Providence’s major areas of focus is the renewal of St. Paul’s Hospital. It’s been delivering care for over 100 years and, as one of two provincial teaching hospitals, helps form the backbone of BC’s health care system. Our vision includes building a brand new state-of-the-art hospital and research facility in Vancouver’s False Creek Flats, while maintaining an important care presence in Vancouver’s West End. Our commitment is to continue engaging the public and communities to share our vision and to receive important feedback on how best to transform this knowledge into meeting all our patients’ future care needs.

Dianne Doyle
President and CEO

Kip Woodward
PHC Board Chair

Providence Health Care
Our facilities include acute care hospitals, residential care facilities, hospice care and rehabilitation care.

We serve patients and residents from throughout British Columbia.

More Than A Century Of Excellence

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1894</td>
<td>St. Paul’s Hospital opens as a 25-bed compassionate care hospital</td>
</tr>
<tr>
<td>1907</td>
<td>St. Paul’s Hospital opens its own School of Nursing (see page 7)</td>
</tr>
<tr>
<td>1939</td>
<td>St. Vincent’s Hospital opens</td>
</tr>
<tr>
<td>1946</td>
<td>Mount Saint Joseph Hospital opens</td>
</tr>
<tr>
<td>1947</td>
<td>Holy Family Hospital opens</td>
</tr>
<tr>
<td>1986</td>
<td>First kidney transplant conducted at PHC (see page 5)</td>
</tr>
<tr>
<td>1992</td>
<td>BC Centre for Excellence in HIV/AIDS opens at St. Paul’s</td>
</tr>
<tr>
<td>2000</td>
<td>iCAPTURE Centre for heart and lung research opens</td>
</tr>
<tr>
<td>2006</td>
<td>St. Paul’s conducts the first successful “closed heart” valve replacement in North America</td>
</tr>
<tr>
<td>2006</td>
<td>St. Vincent’s Heather Assisted Living development breaks ground (see page 7)</td>
</tr>
<tr>
<td>2006</td>
<td>iCAPTURE Centre for heart and lung research opens</td>
</tr>
</tbody>
</table>

With 6,000 staff, 1,000 physicians and 1,400 volunteers, Providence Health Care is the largest faith-based health care organization in Canada, operating seven sites in Vancouver, BC. Providence’s programs and services span the complete continuum of care and serve people from throughout BC. Providence focuses its services on six “populations of emphasis” – people with cardiological and pulmonary risks and illnesses, people with kidney disease, people living with HIV/AIDS, vulnerable people in urban settings, seniors, and people living with mental illnesses.

Providence is renowned for its research in more than 30 clinical specialties. It’s home to the province’s Heart Centre, the BC Renal Agency, the BC Centre for Excellence in HIV/AIDS, the Centre for Health Evaluation and Outcome Sciences, and the iCAPTURE Centre for Cardiovascular and Pulmonary Research. And while large enough to support the most advanced medical technologies, it remains in spirit a patient and resident focussed organization that values leadership, independent thinking and courageous choices. Providence’s teaching and research programs are affiliated with the University of British Columbia. We also work in cooperation with Vancouver Coastal Health, the Provincial Health Services Authority, and the BC Ministry of Health.

HOLY FAMILY HOSPITAL is a recognized leader in the provision of specialized rehabilitation for older adults and residential care. Patients from across BC come to Holy Family Hospital for rehabilitation. As well, the site is home to 142 extended care residents.

MOUNT SAINT JOSEPH HOSPITAL is located on the east side of Vancouver. The hospital offers both acute care (140 beds) and extended care services (100 residents), and is respected throughout the province for its multicultural focus and community programs.

YOUVILLE RESIDENCE is a multi-level care home that houses 84 residents. Located in a garden setting, the residence has a full complement of staff trained to care for elderly people.

ST. VINCENT’S HOSPITALS includes two residential care sites—Langara (a long-term care home to 241 residents) and Brock Fahrni Pavilion (an extended care home to 150 residents, many of whom are armed forces veterans).

ST. PAUL’S HOSPITAL is an acute care, teaching and research hospital located in downtown Vancouver. It is home to many world-class medical and surgical programs, including cardiac services, HIV/AIDS and kidney care. St. Paul’s Hospital has 543 acute care beds.

MARION HOSPICE has 13 hospice beds for people who are at the end of their lives. Located at Windermere Care Centre, it is the first hospice to be located on Vancouver’s Westside.
The transformation of one thing into another is often a natural occurrence — an egg into a bird, a caterpillar into a butterfly. But ensuring that new knowledge travels quickly from the laboratory to the care setting cannot be taken for granted. This transformation takes the concerted commitment of organizations and people. At Providence, we translate research and new learnings from day-to-day interactions with patients and residents into better care.

We use courage, compassion and an innovative spirit that does not, and will not, accept limitations.

Year in Review

In 2006-07, Providence physicians, staff, researchers and volunteers celebrated numerous successes.

Using our five strategic priorities as a guide, we’ve summarized some of these successes below.

PROVIDING EXCELLENT SERVICE AND CARE

In a province-wide survey of patient satisfaction released in the fall of 2006, 92 per cent of patients said they were satisfied with the acute care they received at St. Paul’s and Mount Saint Joseph hospitals. And 94 per cent of patients said they would recommend Providence facilities to others.

Service and care initiatives over the past year saw St. Paul’s Hospital agreeing to become home to BC’s Adult Hemophilia Program. The program coordinates the care of about 300 hemophilia patients from throughout the province as well as people living with Von Willebrand’s disease, a common blood disorder.

Patient and staff safety also remained priorities last year. By combining the skills of our world-class care providers with proven ways to reduce or eliminate medical errors, Providence is able to create and sustain a true culture of safety.

Our best practices include medication safety, infection control campaigns, falls prevention initiatives and voluntary evaluation of our health care facilities in comparison to national standards.

Last year, the Heart Centre at St. Paul’s became the hub for a new, specialized cardiac procedure known as “lead extraction.” This delicate laser procedure will treat about 50 patients a year and rounds out our comprehensive cardiac service for the province.

The Heart Centre also launched a comprehensive website (www.heartcentre.ca) last year to help patients and their families prepare for procedures, find clinic information, and understand the many services they provide.

SUPPORTING RESEARCH AND NEW KNOWLEDGE INTEGRATION

The PHC Research Institute was pleased this past year to secure the leadership and vision of two prominent health researchers for its flagship research organizations. Dr. Bruce McManus was appointed as the Director of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. He was also appointed as the Scientific Director of BC’s Heart Centre at St. Paul’s Hospital. This cross appointment was an important step towards better integrating heart, lung and blood vessel research with the care of people at risk or suffering from heart and lung illnesses. Also Dr. Aslam Anis was appointed as Director of the Centre for Health Evaluation and Outcome Sciences (CHEOS). Dr. Anis is a senior health economist who is expected to further Providence’s ability to understand how diseases affect populations and whether existing treatments are meeting their needs. Both appointments were made to pursue our goal of integrating new knowledge more quickly into clinical care for patients — particularly in our areas of emphasis that include heart and lung health, mental health, kidney health, HIV/AIDS, seniors’ health, and urban health.

ATTRACTING AND RETAINING THE BEST PEOPLE

During a time when many health professions are experiencing shortages, Providence has developed a comprehensive plan to attract physicians, researchers and direct care staff. We have also devoted much effort toward creating a multi-faith environment that includes a center for prayer and meditation, providing a space for patients and families to reflect on their spiritual needs. The Heart Centre at St. Paul’s also became the hub for a new, specialized cardiac procedure known as “lead extraction.” This delicate laser procedure will treat about 50 patients a year and rounds out our comprehensive cardiac service for the province.

The Heart Centre also launched a comprehensive website (www.heartcentre.ca) last year to help patients and their families prepare for procedures, find clinic information, and understand the many services they provide.

SUPPORTING RESEARCH AND NEW KNOWLEDGE INTEGRATION

The PHC Research Institute was pleased this past year to secure the leadership and vision of two prominent health researchers for its flagship research organizations. Dr. Bruce McManus was appointed as the Director of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. He was also appointed as the Scientific Director of BC’s Heart Centre at St. Paul’s Hospital. This cross appointment was an important step towards better integrating heart, lung and blood vessel research with the care of people at risk or suffering from heart and lung illnesses. Also Dr. Aslam Anis was appointed as Director of the Centre for Health Evaluation and Outcome Sciences (CHEOS). Dr. Anis is a senior health economist who is expected to further Providence’s ability to understand how diseases affect populations and whether existing treatments are meeting their needs. Both appointments were made to pursue our goal of integrating new knowledge more quickly into clinical care for patients — particularly in our areas of emphasis that include heart and lung health, mental health, kidney health, HIV/AIDS, seniors’ health, and urban health.

ATTRACTING AND RETAINING THE BEST PEOPLE

During a time when many health professions are experiencing shortages, Providence has developed a comprehensive plan to attract physicians, researchers and direct care staff. We have also devoted much effort toward ensuring our current physicians, staff and volunteers are warmly acknowledged for their stellar work. Over the past year, several of our most prominent professionals have been recognized by their peers. These include Providence’s President and CEO, Dianne Doyle who was the co-recipient of the Canadian College of Health Services Executives (CCHSE)’s Lifetime Achievement Award. Also, on the eve of her retirement, our former Chief of Professional Practice and Nursing, Lynnette Best received the College of Registered Nurses’ Award of Distinction in Nursing in 2006. Many, many other Providence professionals have also received awards. See page 8 for a summary.

LIVING OUR MISSION EVERY DAY

Providence people live the mission everyday in large and small ways. In April of 2006, Providence hosted a conference exploring the intersection between spirituality and health. Naming and Claiming Spirituality: The invisible ingredient in health and healing saw a cross section of guests explore this topic in an attempt to put new understanding into the practice of health care.

St. Vincent’s Langara also worked closely with fundraisers to open the multi-faith Tranquility Garden. Complete with tiered waterfall and wheelchair path, this formerly under-used patio space allows residents and staff a place to reflect and enjoy a little tranquility.

ACHIEVING STRATEGIC GROWTH

The demand on the services of Providence facilities continues to grow as does our planning and implementation to meet this demand. Over the past year Providence upgraded two cardiac catheterization labs where angiograms and other similar procedures are performed. A brand new intensive care unit was also unveiled at Mount Saint Joseph Hospital. And finally, the Assisted Living initiative at St. Vincent’s Heather broke ground in 2006 and is now fully under construction. Construction of the new facility is expected to be completed in 2008. Long-term planning for the renewal of St. Paul’s Hospital is also continuing (see page 7 for details).

Providence’s recently renovated 9A Mental Health Unit at St. Paul’s Hospital achieved a Leadership in Energy and Environmental Design (LEED) certification awarded by the US Green Building Council. The unit received this award in the Commercial Interior category — the first LEED certification for a health care renovation in North America.

Celebrating the new ICU at Mount Saint Joseph.
Courage Emerges Daily at Providence

Transforming care for the better often takes more than know-how; many Providence physicians and staff members will tell you that it sometimes takes courage to confront difficult situations and find solutions.

Courage to Change

Using normal emergency room procedures, hospitals throughout Canada have experienced longer wait times due to growing demand. Thanks to the introduction of the “overcapacity protocol” and other Emergency Department (ED) revitalization initiatives, Providence and its team is changing the way its hospitals care for emergency patients. For example, at the St. Paul’s Hospital Emergency Department (one of the busiest in the province), ambulance off-load delays have dropped by 26 per cent and the length of stay in the emergency room has fallen from 19 to 14 hours, despite an increase in patients. In addition to their regular workload, Providence physicians and staff researched, planned and implemented these changes in a courageous and responsible manner.

Courage to Help All

On the streets of Vancouver’s Downtown Eastside, at least 2,500 individuals suffer from severe health, mental health and addiction problems. Many of these same people are also trying to cope with issues such as HIV, hepatitis C, poverty and homelessness. As a consequence of these complex issues, many do not get the medical care they need. Often their only contact with health care providers is on an emergency basis — at a great cost to the health system and with less-than-optimal outcomes. To help address this growing problem, Drs. Bill MacKean, Megan Sherwood and Steve Mathias from Providence’s Mental Health Program have ventured out into the community to bring treatment and resources to those in desperate need. Through liaisons with local health, police, social services and nonprofit organizations, this courageous outreach team is finding and treating those who often fall through the cracks. For those that do make it into hospital, Providence’s Emergency Department, mental health team, and direct care staff throughout our care programs take courageous actions to meet patients’ physical, emotional, mental, social and spiritual needs on a daily basis.

Sisters Honoured for Courage

In 2007, The Sisters of Providence were presented with an AccolAIDS award in the unsung heroes category. The annual awards gala honours outstanding achievements by individuals and organizations working in the BC HIV community and raises funds for the BC Persons With AIDS Society. The Sisters of Providence were nominated with their award because they urged St. Paul’s staff and physicians to care for those with AIDS in the early days of the disease, when other hospitals were refusing to treat these patients.

Quick Action Heads off Infection

Last November and December, St. Paul’s and Mount Saint Joseph’s emergency rooms started seeing a dramatic increase in patients from the Downtown Eastside of Vancouver who had pneumonia and blood stream infections. Tests showed an outbreak of Invasive Pneumococcal Disease. Emergency waiting rooms, and subsequently, hospital beds started filling up. Acting quickly, a Providence Response Team worked with Vancouver Coastal Health on a regional strategy to prevent new infections, identify infected patients in facilities and move them out of the community. This outbreak was contained quickly, saving many vulnerable people from contracting the infection.

Transforming Care Through Courage: Dr. Julio Montaner

Dr. Julio Montaner, head of the BC Centre for Excellence in HIV/AIDS, is typically lauded as one of the top AIDS researchers in the world and someone who embodies the translation of knowledge into care. Dr. Montaner has always been an advocate for his patients. But recently, he displayed unwavering courage when his role as advocate became more important than ever.

Like many people who had lived with HIV for years, Tiko Kerr, a celebrated Vancouver artist, was losing ground against the disease. This was because his body had become resistant to all proven treatments for HIV. He was willing to take risks, as he had no other option but death. That’s why he and his doctor, Julio Montaner, sought to obtain an experimental combination of two antiretroviral drugs, TMC 114 and TMC 125. When Health Canada ruled that the drug combination was not proven and therefore too risky, Dr. Montaner knew that he couldn’t just walk away. Together, doctor and patient embarked on endless lobbying, media interviews, phone calls and trips to Ottawa in an attempt to secure the drugs. After months of effort, Health Canada gave permission for the administration of the drugs, if they were given in the context of a clinical trial. Dr. Montaner had the clinical trial written up and operational in record time, and the drugs made available for Kerr and several other patients.

Today, Tiko Kerr, and other desperately ill people, are doing well and have returned to their professions and hobbies and loved ones. Tiko talked to the Vancouver Sun last year about his doctor: “I call him my champion...No one likes to be told that they’ve saved someone else’s life. It’s a really profound thing, and he’s a really modest man. But he did. He saved my life.”
**Compassion Lives at Providence**

Over the past year, the people at Providence have shown compassion as individuals and as teams, to help patients, residents and community members in need.

**Talking about Dying**

Dr. David Kuhl does not shy away from the subject of death and he encourages others to do the same. The former head of Palliative Care at St. Paul’s, Dr. Kuhl is now the head of Providence’s Centre for Practitioner Renewal, the mission of which is to encourage the well being of health care workers, particularly those whose work puts them face-to-face with issues of death and dying on a daily basis. The Centre for Practitioner Renewal (www.practitionerrenewal.ca) will allow Dr. Kuhl to pursue a career-long dream of supporting the people who may face post-traumatic stress syndrome and other difficulties as a result of the support they supply to others.


In the book he discusses how best to help donors who donate to a family member performed at St. Paul’s come from living more than 60 per cent of kidney transplants: 0 years. The ultimate act of compassion is the donation of an organ. When the first kidney transplant took place at St. Paul’s in 1986, the vast majority of patients received a transplant on a person living with HIV; prior to this, being HIV positive was an exclusion criteria to receive a new kidney. The program also helped the BC Transplant Society develop the living anonymous donor program for the province, the first of its kind in Canada.

**Dying People Want**


In the book he discusses how best to help donors who donate to a family member performed at St. Paul’s come from living more than 60 per cent of kidney transplants: 0 years. The ultimate act of compassion is the donation of an organ. When the first kidney transplant took place at St. Paul’s in 1986, the vast majority of patients received a transplant on a person living with HIV; prior to this, being HIV positive was an exclusion criteria to receive a new kidney. The program also helped the BC Transplant Society develop the living anonymous donor program for the province, the first of its kind in Canada.

**KIDNEY TRANSPLANTS: 20 YEARS**

The ultimate act of compassion is the donation of an organ. When the first kidney transplant took place at St. Paul’s in 1986, the vast majority of patients received a new kidney from a deceased donor. Today, more than 60 per cent of kidney transplants performed at St. Paul’s come from living donors who donate to a family member or friend. St. Paul’s performs the highest number of living kidney transplants in Canada. The kidney transplant program at St. Paul’s has shown incredible compassion through many “firsts.” For example, this program performed the first kidney transplant on a person living with HIV; prior to this, being HIV positive was an exclusion criteria to receive a new kidney. The program also helped the BC Transplant Society develop the living anonymous donor program for the province, the first of its kind in Canada.

**Compassion for All**

Twice each year staff and volunteers from across Providence gather at Oppenheimer Park to provide clothing and food to over 500 people living in the Downtown Eastside, Canada’s poorest urban neighborhood.

Those who are unable to volunteer their time show their generosity of spirit by donating clothing, food or making monetary donations towards the event. This is one way in which Providence demonstrates its commitment to living its mission through charitable outreach to one of the most marginalized segments of the community.

**Volunteers Show Heart**

Compassion lives in the hearts of the 1,400 volunteers that engage with patients, visitors and families throughout Providence facilities. These caring helpers share the same values as Providence and are uniquely skilled in a variety of disciplines. They also reflect the cultural diversity of our staff, patients and residents and are critical in maintaining our close relationships with the neighbourhoods and communities in which our facilities operate.

**Transforming Care Through Compassion: Intensive, Respiratory & Palliative Teams**

Dying patients with very complex illnesses and dependent on a ventilator often do not get transferred to palliative care. That’s because caring for them usually takes the skills of an intensive care team.

When a young woman with endstage cystic fibrosis was admitted, some compassionate care providers at Providence changed this practice just for her.

Last fall, St. Paul’s Intensive Care Unit (ICU) and respiratory team identified a young woman under their care as someone who did not fit within the norms of hospital practices. She was terminally ill and they advocated for her to receive quality palliative care during the last weeks of her life even though she was dependent on a ventilator. After meeting with the patient and her family, everyone felt that she would be more comfortable in the Palliative Care Unit (PCU) with the specialized end-of-life care provided by its staff. But her family was anxious about the quality of her care outside of an ICU setting.

Determined to ensure the patient received care in the setting she preferred, the ICU care team enlisted the support of the PCU team. The PCU team would need additional special training to care for this patient and the ICU and respiratory teams realized that they would have to continue to be involved in her care. The teams approached Providence administrators for additional resources in the PCU to look after this patient. Convinced by their arguments, Providence allocated the necessary resources. The transfer of this patient from one unit to another took tremendous preparation. Respiratory therapists developed education materials, provided numerous training sessions, and developed a resource binder for the PCU team. Everyone involved took on an additional workload to care for this patient compassionately to ensure the last part of her life was spent in comfort and with dignity.

This young woman remained on the Palliative Care Unit for 15 weeks. She was always gracious and her family remained very involved in her care. They gradually let go of their fear of being outside the ICU as they witnessed the incredible care that she received. She passed away peacefully, with her family — and her family of caregivers — around her.

Front row, from L to R: Liz Kiley, Respiratory; Shannon Savelives, Respiratory; Ella Garland, Palliative Care; Pat MacDiarmid, CF Team; Sarah Cobb, RN Palliative. Back row, from L to R: Leslie Sofarelli, Social Work (ICU); Geeta Raval, Respiratory; Mary Vendencia, RN Palliative.
Innovation Blooms at Providence Hospitals and Residences

Providence has always encouraged innovative thinking to assess and change care — whether that be through research, through innovative staffing, or new ways of looking at care delivery models. In all cases, transforming care through new knowledge requires not only innovation, but an open mind and a willingness to change.

TRANSFORMING HEART CARE

Last spring, a very lucky patient at the Heart Centre at St. Paul’s Hospital became the first in Canada to receive an implantable cardiac defibrillator (ICD) that uses wireless technology. Conventional ICDs have electronics that automatically monitor and treat abnormal heart rhythms and, if necessary, shock the heart back into a normal rhythm. With the wireless technology, instead of being connected by wires to hospital computer equipment, all testing and programming of the ICD can be done from a distance. The programming physician and computer equipment don’t even need to be in the same room as the patient. Also, patients with wireless ICDs from out-of-town do not have to return to St. Paul’s regularly. That’s because the devices can transmit information, including a patient’s heart failure status, over a regular phone line. An ICD can be coupled with a monitor in the patient’s home that sends data streaming to their physician’s computer with updates. St. Paul’s is the only hospital on the BC Mainland that implants ICDs, providing the service to patients from throughout the Lower Mainland, the Interior and the North.

METABOLIC CLINIC A “FIRST”

The professionals at St. Paul’s Healthy Heart program have transformed heart disease prevention by acting on new knowledge generated from around the world. Research has shown us that people whose waists are larger than their hips are at risk for metabolic syndrome. This is a health condition that significantly increases the chance of developing cardiovascular diseases and diabetes. High blood pressure, high blood sugar, low “good” cholesterol and elevated triglycerides are also markers of potentially dangerous illnesses. Research has also shown that medically supervised interventions can help to prevent these illnesses, helping people live longer and healthier lives. The PHC Metabolic Syndrome Lifestyle Program, based at St. Paul’s Hospital, is the first of its kind in Canada and is expected to become a model for others.

NEW STAFFING HELPS SENIORS

In an effort to help seniors who come through the Emergency Department at Providence hospitals, the Elder Care and emergency programs created a position called “GENs.” These Geriatric Emergency Nurses are skilled emergency caregivers with knowledge of gerontology and community support services. With three GENs now available, seniors are more likely to receive the appropriate level of care in the setting where they will be most comfortable.

INNOVATIVE OUTREACH SAVES LIVES

Last October, Providence introduced a program at St. Paul’s Hospital that sends a critical care team to severely ill patients, instead of the other way around. The Intensive Care Unit Outreach Team is a group of critical care professionals that can rush to any bedside in the hospital. Often their interventions solve the issue quickly, helping patients avoid the ICU altogether or at least shortening their stay. Since it was introduced, the team has made 1,500 visits to over 300 patients and has driven down the length of stay in the ICU as well as the death rates of critically ill patients.

ARTSWAY IN RESIDENCE

There are many connection points between our work in seniors’ care and in mental health. Seniors are at risk for depression and other illnesses due to issues related to their declining health and altered living arrangements. Last year, Providence began an association with an innovative arts program called Artsway, which brings professional musicians to care homes. This program is very much in keeping with the Eden philosophy that grounds Providence’s seniors care — a philosophy that ensures seniors remain connected to the community and find purpose in their life.

Transferring Care Through Innovation: 3M Innovation Award-Winning Team

Providence pharmacists and nurses noticed that medication errors or omissions sometimes occurred when elderly patients were transferred from hospital to residential care. They organized themselves and fixed the problem.

Improving patient safety was the main motivation behind an innovative care team based at Providence Health Care. And while it certainly wasn’t on their minds, they also managed to earn the fourth 3M Health Care Quality Team Award in a row for Providence Health Care — that’s a record.

Awarded annually by the Canadian College of Health Service Executives (CCHSE), this prominent health care accolade acknowledges successful, sustainable quality improvement projects that demonstrate high levels of innovation and outstanding teamwork.

The Residential Medication Reconciliation team developed a tool that would allow them to double check medications for residents moving in from Providence hospitals, or returning to residential care. The tool, known as “Moving In Medication Ordinance” or MIMO for short, is a list of all the medications the resident was receiving on discharge from hospital. A residential nurse reviews the list to ensure its accuracy and uses it to manage the medication needs of the resident in conjunction with physicians and pharmacists. By consolidating the information, making it multi-functional for all professions, and reducing the transcription of information, this tool saves time and improves accuracy.

A recent evaluation showed that this tool helped them realize a 75 per cent reduction in medication errors on admission as well as a 75 per cent increase in their Medication Success Index (a national measure for medication reconciliation).

Winning team members (from L to R): Barb Laurillard, Nurse, Langara Residence; Ron Wall, Pharmacy IS Coordinator; Fruncina Patak, Pharmacy Services & VCH Regional Medications Safety Coordinator; Pam Kelly, Residential Pharmacy Section Head; Lisa James, Pharmacist, Brock Fabric; Jody Burrell, Pharmacist, Youville; Julia Duda, Quality Improvement Consultant.

Seniors hold hands at an Artsway performance.
Building Towards the Future
A vision for the St. Paul’s Hospital renewal

RENEWING ST. PAUL’S HOSPITAL
Providence Health Care has developed a vision to revitalize St. Paul’s Hospital with a plan that encompasses renewed health care facilities, equipment and services on two sites: at a new site in the False Creek Flats on Station Street and at the current St. Paul’s site on Burrard Street. The services generally required by patients throughout Vancouver and the rest of BC would be provided at the new state-of-the-art health care facility on Station Street. Services required most frequently by downtown and West End residents and other specialized services would be provided through new clinics and medical facilities on the current St. Paul’s site.

SAFETY A KEY CONCERN
The current St. Paul’s site is old, seismically lacking, and is not designed to accommodate the current or future needs of patients in downtown Vancouver or throughout BC. In addition to concerns regarding the older buildings’ inabilities to withstand a substantial earthquake, none of St. Paul’s facilities were designed to address the threat of antibiotic-resistant, airborne or highly transmissible infectious diseases so prevalent in hospitals in recent years. The renewal will ensure the newest care models are delivered through the most effective and suitable facilities possible.

TWO FACILITIES HELP MEET DEMAND
These state-of-the-art facilities would attract leading researchers and health care providers to St. Paul’s Hospital and clinics, which would also greatly enhance patient care and outcomes for all patients of the hospital. In addition to these benefits, the renewal will help meet the projected increased demand for various health care services by 2020, including:

- 146,000 more ambulatory visits per year
- 33,000 more medical imaging tests
- 20,000 more ER visits
- 3,600 more surgeries
- new space and technology to improve health care research and outcomes

As we move forward, Providence will continue to engage our stakeholders and to ensure the newest care models are delivered in hospitals in recent years. The renewal will ensure the newest care models are delivered through the most effective and suitable facilities possible.

In 2007, St. Paul’s Hospital celebrates the 100th anniversary of the opening of its School of Nursing. We mark this milestone because the School played such a vital role in making this hospital an essential contributor to the health care system of Vancouver and British Columbia. Led by the Sisters of Providence, the School’s rich history mirrored the sweeping social changes that transformed Canada in the 20th century.

In 1907, the call went out for young women who could meet the necessary requirements to enter the new school. They had to demonstrate good character, possess good health and be 20 years of age. Fourteen young women were accepted for that first class. On September 1, 1907 the doors of Vancouver’s second school of nursing officially opened. Nearly 4,000 nurses were trained at St. Paul’s before the profession shifted its educational focus to postsecondary institutions. Although the School closed more than 30 years ago, there is still a strong bond among former students and a close affiliation with the hospital.

Caring Communities
St. Vincent’s Heather, Assisted Living units break ground

Providence Health Care has begun construction of 68 assisted living units to house British Columbians. These units are self-contained one-bedroom apartments, supported by common activity areas and staff, as well as 24-hour emergency response. The building will include eight independent apartments for young disabled adults. St. Vincent’s Hospital, Heather has been an important community partner, serving millions of patients since its inception in 1939 by the Sisters of Charity of the Immaculate Conception. These units are part of Providence’s renewal vision for the site to eventually become a Campus of Care. A Campus of Care is a relatively new concept that prioritizes growth and opportunity for elders in our communities. It’s a place where seniors come together to learn, to live and to grow, but not in isolation from the rest of the community. Support at a Campus of Care allows seniors to “age in place,” which means that as seniors require more services, they are available without the residents having to move. A Campus of Care also integrates different forms of housing for other citizens in need of housing support. It’s a place where children and pets are welcome and families can congregate. Providence has been a leader in housing options for our populations of emphasis and we will continue to pursue innovative ways to improve lives.

School of Nursing: 100 Years Young
Its 1907 motto, “Intra discere, exi benefacere” — “Enter to learn; go forth to do good.”
Recent awards for courage, compassion, innovation

A record number of Providence Health Care physicians, staff and researchers recently received high profile awards from professional bodies, governments, non-profits, universities and more. Please join us in congratulating them, and everyone else at Providence, on their outstanding work.

GROUP AND TEAM RECOGNITION

3M Quality Team Award for Four consecutive years:
2004: Improved care processes for patients experiencing foot and ankle surgery.
2005: Reduced costs and improved turn-around times in Laboratory Medicine.
2006: Reduced mortality for people presenting to the Emergency Department with sepsis and septic shock.
2007: Residential Medication Reconciliation Team (see story page 6)

BC Patient Safety Awards, Ministry of Health – Residential Medication Reconciliation Team, Excellence in Patient Safety Award

Certificate of Excellence by the Canadian Centre for Healthy Aging at the University of British Columbia for using FSC (Forest Stewardship Council) certified paper

Printed in Canada on Forest Stewardship Council (FSC) certified paper

Statutes & Financial Statements for 2006–07

PATIENT CARE

For years ended March 31

<table>
<thead>
<tr>
<th></th>
<th>Inc./ 2007</th>
<th>2006 (Dec.) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOLUMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>22,643</td>
<td>23,074 (431) (1.9)%</td>
</tr>
<tr>
<td>ER Visits</td>
<td>78,073</td>
<td>77,136 (937) 1.2%</td>
</tr>
<tr>
<td>Dialysis</td>
<td>78,869</td>
<td>75,853 (3,016) 4.0%</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>114,532</td>
<td>117,942 (3,409) 2.9%</td>
</tr>
<tr>
<td>Day Care Surgery</td>
<td>21,037</td>
<td>20,328 (709) 3.5%</td>
</tr>
<tr>
<td>Total Inpatient Encounters</td>
<td>385,154</td>
<td>372,325 (12,829) 3.4%</td>
</tr>
</tbody>
</table>

SPECIAL PROCEDURES

Open Hearts 939 1,014 (75) (7.4)%
Heart Transplants 28 12 7 100 (190.0)%
Internal Defibrillators 366 353 13 3.7%
Angioplasties 1,231 1,356 (125) (9.2)%
Angiograms 2,319 2,330 (11) (0.5)%
Kidney Transplants 93 72 21 29.2%

INPATIENT DAYS

Acute Patient Days 211,724 213,406 (1,682) 0.8%
Residential Patient Days 246,036 247,137 (1,101) 0.4%

2006–07 BOARD OF DIRECTORS

Kip Woodward, Chair • Douglas Brown, Co-Vice Chair • Daniel Nocente, Co-Vice Chair • Sandra Heath, Past Chair • Dr. Ron Carrera (Medical Advisory Committee Chair) • Sister Maria-Vie Chua • Michael Crean • Dianne Doyle (President & CEO, PHC) • David Dumaresq • Sister Anne Hemstock • Frank Jensen, VCH Board Rep (until Jan. 07) • Sandra Heath • Jacqueline Kelly • John Kitchen • Pierre Le Duc • Sister Margaret Vickers Moonen • Tom Murphy • Shawqi Rashed • Monseignor Stephen Fook • Sister Anne Hemstock • Bishop Jensen, V

PHC SOCIETY MEMBERS

Janet Brown, Chair • Monsignor Stephen Jensen, Co-Vice Chair • Sister Margaret Vickers, Secretary • Henry Ewanuchak • Sister Teylem Fook • Sister Anne Hemstock • Bishop David Monroe, Bishop of Kamloops • Elaine Mooney • Tom Murphy • Shaequi Rashid • Edel Toner-Rogals

INDIVIDUAL RECOGNITION

Lynette Best – Award of Distinction in Nursing Practice, 2006
Heidi Cavanagh – Highest Mark, Canadian Association of Medical Radiation Technologists (CAMRT) Certification Exam, 2006
Lena Cuthbertson – 2007 Ministry of Health Celebrating Our Success Award for Individual Excellence
Dianne Doyle – Canadian College of Health Service Executives Lifetime Achievement Award, appointed 2007 Chairperson of the Catholic Health Association of Canada
Katherine Gerry, RN – BCIT Alumni Association Outstanding Student Leadership Award in 2007
Irene Goldstone – BC Award for Distinction, College of Registered Nurses of BC, 2007
Canadian Association of Nurses in AIDS Care Award of Excellence
Dr. Eric Grafeinstein and Dr. Kirk Holtham – Canadian Health Care Manager’s Who’s Who Awards
Dr. David Granville – Canada’s Top 40 Under 40; UBC Outstanding Young Alumni Award
Dr. James Hogg – Order of Canada
Caitlin Johnston and the staff of Vancouver Injection Drug User Study (VIDUS) – BC Centre of Excellence in HIV/AIDS, 2007

STATEDMENT OF REVENUE & EXPENSES

For years ended March 31 (in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Unaudited Restated*</th>
<th>2007</th>
<th>2006 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td>Ministry of Health</td>
<td>478,877</td>
<td>452,658</td>
</tr>
<tr>
<td></td>
<td>Other Revenue</td>
<td>69,009</td>
<td>82,738 (13,729)</td>
</tr>
<tr>
<td></td>
<td>Amortization of Deferred Capital Revenue</td>
<td>18,956</td>
<td>18,520 436</td>
</tr>
<tr>
<td></td>
<td>Total Revenue</td>
<td>566,842</td>
<td>553,916 12,926</td>
</tr>
</tbody>
</table>

EXPENSES

Salaries, Wages & Benefits 360,479 346,772 13,706
Medical & Surgical Supplies 73,405 67,955 5,450
Other Supplies & Services 84,070 83,824 228
Depletion of Capital Assets 19,417 18,646 771
Total Expenses 578,212 553,943 24,269

Deficiency of revenue over expenses (11,370) (27) (11,343)

BALANCE SHEET

As at March 31 (in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Unaudited Restated*</th>
<th>2007</th>
<th>2006 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSETS</td>
<td>Cash and Investments</td>
<td>34,180</td>
<td>42,861 (8,681)</td>
</tr>
<tr>
<td></td>
<td>Accounts Receivable</td>
<td>21,960</td>
<td>38,843 (16,883)</td>
</tr>
<tr>
<td></td>
<td>Inventory &amp; Other Assets</td>
<td>9,310</td>
<td>9,614 (304)</td>
</tr>
<tr>
<td></td>
<td>Total Current Assets</td>
<td>65,550</td>
<td>91,318 (25,768)</td>
</tr>
<tr>
<td></td>
<td>Investment in Pursuits</td>
<td>972</td>
<td>1,215 (243)</td>
</tr>
<tr>
<td></td>
<td>Land, Buildings &amp; Equipment</td>
<td>187,461</td>
<td>178,383 9,078</td>
</tr>
<tr>
<td></td>
<td>Total Assets</td>
<td>253,783</td>
<td>276,916 (17,133)</td>
</tr>
</tbody>
</table>

LIABILITIES & NET ASSETS (DEFICIENCY)

<table>
<thead>
<tr>
<th></th>
<th>Unaudited Restated*</th>
<th>2007</th>
<th>2006 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accounts Payable</td>
<td>61,243</td>
<td>74,256 (13,013)</td>
</tr>
<tr>
<td></td>
<td>Accrued Vacation &amp; Retiring Allowance</td>
<td>16,440</td>
<td>14,804 636</td>
</tr>
<tr>
<td></td>
<td>Total Current Liabilities</td>
<td>77,683</td>
<td>89,060 (11,377)</td>
</tr>
<tr>
<td></td>
<td>Accrued Retiring Allowance</td>
<td>25,967</td>
<td>24,550 1,417</td>
</tr>
<tr>
<td></td>
<td>Deferred Capital Revenue</td>
<td>192,886</td>
<td>185,155 7,731</td>
</tr>
<tr>
<td></td>
<td>Net Assets (Deficiency)</td>
<td>(50,428)</td>
<td>(39,058) (11,370)</td>
</tr>
<tr>
<td></td>
<td>Total Liabilities &amp; Net Assets (Deficiency)</td>
<td>253,783</td>
<td>276,916 (17,133)</td>
</tr>
</tbody>
</table>

* Certain comparative figures have been restated to conform with the presentation adopted in the current year.

www.providencehealthcare.org

TAPERSOY FOUNDATION FOR HEALTH CARE

604 877 8333
www.tapersoyfoundation.ca


St. Paul's Hospital Foundation

604 682 8206
www.helptstpauls.com

Tapestry Foundation for Health Care

604 682 8206
www.tapestryfoundation.ca

How you want to be treated.

OUR HOSPITALS AND RESIDENCES

ST. PAUL’S HOSPITAL FOUNDATION

604 682 8206
www.helptstpauls.com

How you want to be treated.

St. Paul’s Hospital Foundation

604 682 8206
www.tapestryfoundation.ca

3M Quality Team Award for Four consecutive years:
2004: Improved care processes for patients experiencing foot and ankle surgery.
2005: Reduced costs and improved turn-around times in Laboratory Medicine.
2006: Reduced mortality for people presenting to the Emergency Department with sepsis and septic shock.
2007: Residential Medication Reconciliation Team (see story page 6)

BC Patient Safety Awards, Ministry of Health – Residential Medication Reconciliation Team, Excellence in Patient Safety Award

Certificate of Excellence by the Canadian Centre for Healthy Aging at the University of British Columbia for using FSC (Forest Stewardship Council) certified paper

Printed in Canada on Forest Stewardship Council (FSC) certified paper

These initiatives have benefitted from generous contributions of donors – large and small. If you would like to support work at St. Paul’s Hospital, please contact the St. Paul’s Hospital Foundation, to support our other sites, please contact the Tapestry Foundation for Health Care.