Connecting
Our path to person-centred care

Patients
Residents
Families
Staff
Community
Partners
Physicians
Researchers
Volunteers

Providence Health Care
How you want to be treated.
A message from Dianne Doyle and Geoff Plant

Reaching back through our rich history, “connecting” has always been a potent force within Providence Health Care. Connecting past and present; connecting body, mind and spirit; connecting care providers with those in need; connecting clinical needs and outcomes with research and teaching; connecting with partners to find collaborative solutions to our health challenges.

The Sisters that founded Providence were known for their outreach efforts. They proactively went into communities to ask questions about where the greatest needs lay. They took the time to reach out, and connect with, the most vulnerable people in BC to ask what they needed. They asked Chinese railway workers, far from home and with no support. They asked people who lived on the margins of society at the turn of the 20th century – poor people, labourers, migrants – what help they needed.

Providence continues to contribute excellence by building on the tradition of our Founding Sisters, while ensuring relevance within today’s integrated health system.

Over the past year, Providence further strengthened our connections with those we serve. Whether through increased use of telehealth, or embedding more patient voices in our care planning, or through new care, research and teaching partnerships, our 6,000 staff, 1,000 physicians and medical staff, and 1,600 volunteers rose to the challenge of finding new and innovative ways to meet the needs of British Columbians.

For example, in partnership with the world-renowned Institute for Patient- and Family-Centered Care, Providence is finding innovative ways to ensure that patients, residents and families have a strong voice in planning and managing their care. In August 2014, we’re co-hosting the 6th International Conference on Patient- and Family-Centred Care in a further effort to chart new waters in involving a broader group to improve quality and safety of the care we provide.

In the fall of 2013, we launched a constitutional challenge in BC Supreme Court against the federal government to enable our caregivers to provide diacetylmorphine treatment to extremely vulnerable patients suffering from drug addiction.

Our efforts were rewarded when the court granted our injunction application in May 2014 – allowing us to provide this essential medication to our patients.

In mid-2013 we were the first large health care organization in Canada to launch a comprehensive digital strategy – a project that at its heart was created to establish modern connections with patients, staff, volunteers and other stakeholders who now rely on the digital world to connect with us. That’s how our digital platform, Bloom, was created. It helps us hear directly from people about their needs and expectations and also about their ideas to make care at Providence better.

Every day, our caregivers reach out and connect with our patients and their families. Our efforts were most recently validated by Accreditation Canada, which awarded Providence Accreditation with Exemplary Standing, its highest ranking. The designation recognizes Providence as having exceeded the most rigorous requirements of the accreditation program, making it a leader among more than 1,200 organizations representing 5,700 sites and services across Canada.

It’s this collective energy and commitment that we have tried to capture in this year’s annual report. And it’s this collective force that is continuing to position Providence at the forefront of exceptional care and innovation, as we work with partners regionally, provincially, nationally and globally.

Dianne Doyle, President and CEO

Geoff Plant, Board Chair
Who We Are

Providence Health Care is one of the largest faith-based health care organizations in Canada.

- 200 Researchers
- 1,600 Volunteers
- 6,000 Staff
- 243,965 Residential patient days
- 1,698 Babies born
- 1,000 Medical staff/Physicians
- 20 Heart transplants
- 5 Research centres
- $34m Research funding received
- $854m Operating budget
- 502,516 Total patient encounters
- 105,191 Annual ER visits

Populations of Emphasis:
- Heart & lung risks and illness
- Renal risks & illness
- Mental health & addictions
- Specialized needs in aging
- HIV/AIDS
- Urban health
Facilities & Services

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

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

St. John Hospice
- 14-bed hospice, end-of-life-care

Richmond Community Dialysis Unit
- Squamish Community Dialysis Unit
- Sechelt Community Dialysis Unit
Dr. Evan Wood has a talent for communicating information about research in a way that non-medical people can understand. Over the past year, the co-director of the Urban Health Research Initiative at the BC Centre of Excellence in HIV/AIDS was interviewed more than 300 times by reporters, and he has been widely quoted in the Canadian and international news media.

His efforts to help the public understand research findings on managing addictions, and how this evidence can be applied to assist people with this growing health problem, earned him this year’s University of British Columbia’s President’s Award for Public Education Through the Media.

As UBC’s Canada Research Chair in Inner City Medicine, Wood sees this as part of his role.

**One of Wood’s messages to the media has been the need to train more addictions medicine physicians to better connect research with evidence-based care.**

Providence Health Care is now beginning to address this need with the launch of the new Goldcorp Fellowship in Addiction Medicine, which enrolls physicians with a background in psychiatry, internal medicine or family practice.

Wood notes that training health care professionals at multiple levels is critical to improving care for patients with addictions and address their growing impact on BC hospitals.

“What that fellowship did is really connect a network of people that are passionate about addiction and teaching. Our fellows don’t spend all of their time at St. Paul’s, they spend most of their time outside the hospital in community training locations working with addictions docs and others that have now formed this connected network of people.”

Recently accredited by the American Board of Addiction Medicine, the Goldcorp Fellowship is only the second in Canada to achieve this distinction. It’s now complemented by a $1.7-million research fellowship funded by US National Institutes of Health — the first fellowship of its kind to be funded outside the US — and new funding that enables the Urban Health Research Initiative to join the US National Institute on Drug Abuse Clinical Trials Network.

This spring, Wood was appointed the medical director for Addictions Services at Vancouver Coastal Health as well as physician program director for Addiction at Providence. The dual role will help the urban research team continue to connect the science of addiction medicine with the care delivered to patients.
Providence Health Care’s COPD Outreach Team is building bridges between hospital and community care to help patients with chronic lung disease stay as healthy as possible.

Well-managed COPD (chronic obstructive pulmonary disease) also makes sense for the health care system. In Canada, this disease accounts for the highest rate of hospital admission among major chronic illnesses.

Made possible by patient-focused funding from the Ministry of Health, this Providence COPD initiative is reducing both emergency visits and hospital admissions. Results demonstrate that patients on the program require 25 per cent fewer emergency visits. There’s also a 30 per cent reduction in acute admissions and a seven per cent reduction in patients who need to be readmitted within 28 days of discharge.

Based at St. Paul’s Hospital, the team members — Jane Burns, Alexis Ciuk and Beth Hutchins — focus on education and self-management, as well as ongoing monitoring, to ensure patients continue to do well at home.

They see patients from across the downtown area and East Vancouver. For some, home is a comfortable house or apartment, but for others it’s a residential hotel on the Downtown Eastside or a homeless shelter.

“For each person, we assess and determine the priority, what’s most important for the patient,” Burns notes. Some have multiple medical and social problems, but they are not taking advantage of community resources because they are unaware or unwilling. The team can provide links to health and social services, including home support, primary care physicians, palliative care, social workers and community mental health.

Although every patient is different, many need help to understand the implications of COPD, tackle smoking cessation and manage their medications. Hutchins describes the visit to one elderly women’s home that revealed a medicine cabinet full of expired inhalers as well as other old or inappropriate medications.

The COPD Outreach Team approach began at St. Paul’s Hospital in early 2012. Each member has her own patients, but they collaborate when patients have special needs — Burns is a physiotherapist, Ciuk a respiratory therapist and Hutchins a nurse educator. Patients are identified for follow-up during inpatient or emergency care at St. Paul’s or Mount Saint Joseph hospitals, or by referral from a physician. The team’s physician advisors at Providence are Dr. Don Sim, divisional head of respiratory medicine and Dr. Stephen van Eeden.
The result is a new electronic Collaborative Communication and Action Tool (CCAT), which is updated by all team members before rounds and used to guide discussions. Work was also carried out to ensure that the team culture supported the use of the tool.

"It’s about changing the focus of team rounds from data-sharing to problem-solving," explains Dr. Ken Tekano, physicians operations leader for Holy Family Rehab, who was part of the development process. Physiotherapist Amanda Arione agrees:

»   When I leave rounds, I now have the information that I need to carry out the care and facilitate discharge. «

The tool helps the team remain focused on person-centred care, cueing members to talk to patients about their goals and explain how their treatment is designed to meet these goals.

It also provides a quick snapshot of the patient’s status and enables team members to create “action issues.” These reflect the medical, mobility, activities of daily living and psychosocial concerns related to the patient-centred goals.

After a year of development, testing and refinement, the CCAT is now being tested by a second rehab team.

"An advantage of this process is the rapid-prototyping," explains Sonia Hardern, a Providence Research and Design team member, “which means that we quickly find out what works and doesn’t work and make changes to reflect what we learned."
Making connections is a means to an end for Providence. By connecting to the people who rely on us to provide exceptional care, we can learn more about what they need from us. In 2013/14, we reached out through our one-to-one care, through teams in the community, via social media and online platforms and through initiatives to include the public and patients in decision making. All to serve patients and residents to the best of our ability. Look for more connecting in the year to come.
Pushing Boundaries to Improve Care

Care is at the heart of what we do. Every hour and every day, the people of Providence strive to improve this care by listening to, and connecting with, our patients and residents and their families. We are constantly asking questions and pushing the boundaries to improve programs and services across all our sites and most particularly within our areas of emphasis – elder care; mental health; urban health; renal care; heart/lung care and HIV disease.

We also understand that this level of care does not occur in a vacuum – it takes collaboration and connection with our partners.

We work with the BC Ministry of Health, other health authorities, community health providers, patient-advocacy groups and others. We also connect with the community, through our foundations, to fund innovative initiatives in care, as well as research and education.

PROGRAM TO HELP FAMILIES WITH INHERITED HEART RHYTHM PROBLEMS

Heart specialists at Providence are part of a new provincial program to help improve care for families living with inherited heart rhythm conditions that can cause sudden cardiac arrest. The BC Inherited Arrhythmia Program (BCIAP) combines the expertise of specialists in adult cardiology, pediatric cardiology and medical genetics to help those affected. With 7,000 people at risk, this approach will enable families to be seen by specialists at clinics in several First Nations communities in northern BC (where specific heart rhythm conditions are more common) as well as locations in the Lower Mainland and on Vancouver Island. The program will be delivered jointly by Providence Health Care, Island Health and the Provincial Health Services Authority and supported by Cardiac Services BC. Funding was also provided by the Specialist Services Committee, a partnership of Doctors of BC (formerly the BC Medical Association) and the BC Ministry of Health.

PURPOSE-BUILT HOSPICE ESTABLISHED AT UBC

In September 2013, St. John Hospice, a new comprehensive palliative care facility, opened on the University of British Columbia Point Grey campus. Providence Health Care is operating this hospice in partnership with the Order of St. John and Vancouver Coastal Health.

With the new hospice on board, Marion Hospice was closed. Staff, physicians and volunteers had the opportunity to move to the new facility. Providence thanks the Marion team and donors for their dedication over the past eight years.

PARTNERING WITH FAMILIES IN RESIDENTIAL CARE

The Residential Care Team at Youville Residence has been breaking new ground with a research partnership aimed at getting a better understanding of how family members are involved with care.
Working with the University of British Columbia, the team is involved in a study that includes interviews with families, residents and staff. The goal is to learn more about how we currently partner with families, how families are involved in the care of their relative and any inconsistencies that occur.

We will use this information to create stronger partnerships with families interested in being closely connected to their relative’s care. Through this research, Providence also has the potential to inform future policy for the entire residential care sector.

SPACE FOR VETERANS TO CONNECT

A new veterans’ lounge at St. Vincent’s: Brock Fahrni has become a special place to visit or hold family celebrations. Thanks to the Royal Canadian Legion, Veterans Affairs Canada, the Al Roodburg Foundation and other supporters of Tapestry Foundation for Health Care, the old lounge was completely remodelled and refurnished to feel more like home for Brock Fahrni residents, many of whom are armed forces veterans. Even the walls are decorated with residents’ artistic talents displayed through the ArtWorks Program.

CAMPUS OF CARE CELEBRATES FIFTH BIRTHDAY

Providence Health Care’s St. Vincent’s: Honoria Conway-Heather, which provides assisted living for seniors, celebrated its five-year anniversary in 2013. As Providence’s only assisted living residence, Honoria Conway houses seniors who are able to make decisions on their own behalf, but need help with day-to-day activities. It’s the first new facility to be built on the site that was previously home to St. Vincent’s Hospital on Vancouver’s West Side. The vision for the site is to redevelop it into a “Campus of Care” for seniors and to offer a broad range of residential and non-residential services, allowing seniors to age-in-place in a community of choice.

PROVIDENCE HELPS REVITALIZE LITTLE MOUNTAIN

A management agreement between Providence and Little Mountain Residential Care and Housing Society has resulted in Providence’s leadership at Little Mountain Place, (a 117 bed complex care facility, including a 26 bed Special Care Unit) and Little Mountain Court, (a 96 apartment building for low income seniors living independently). New connections and partnerships have been formed with residents and family members, including with a new Board of Directors and external stakeholders such as Vancouver Coastal Health and BC Housing. Through this arrangement, Providence is working with the Little Mountain Residential Care and Housing Society to create a new reality that is focused on providing resident-centred care.

NEW MENTAL HEALTH & ADDICTIONS UNIT PRIORITIZED BY BC GOVERNMENT

Providence Health Care’s expertise in caring for patients with severe addiction and mental health problems is playing a key role in two new initiatives that form part of the BC government’s Mental Health Plan.

Health Minister Terry Lake opened a new Acute Behavioural Stabilization Unit at St. Paul’s Hospital in early 2014. The first of its kind in Vancouver, the unit provides nine dedicated emergency psychiatric beds located in a separate area of the Emergency Department. The unit provides short stays for patients, complemented by the work of the newly formed Assertive Outreach Team, which includes a nurse, social worker, psychiatrist, physician and Vancouver Police Department staff. This team works to support patients with severe addictions and mental health issues, helping to transition them from Vancouver’s emergency departments to appropriate community services.

The increase in the number of mental health patients with addictions seen at St. Paul’s since 2009.

BC Health Minister Terry Lake opens the Acute Behavioural Stabilization Unit at St. Paul’s Hospital on March 19, 2014.
Connecting Innovation to Outcomes

The culture of innovation at Providence Health Care is fuelled by the research projects, teaching initiatives and evidence-based care initiatives of our scientists and caregivers, as well as Providence’s work to provide the infrastructure they require for innovation in research and care.

As our research centres grow from strength to strength, Providence is part of a growing number of collaborations that link our people with scientists, caregivers, educators, students and funding agencies across the country and around the world. Through these connections, we can achieve our strategic goals and a much wider impact with our results and discoveries.

Each year, our research findings help to improve the understanding of worldwide health problems like HIV and heart disease. We also encourage and support our caregivers to pose research questions that solve problems and improve the care we provide.

TELEHEALTH PROVIDES PROVINCIAL CONNECTIONS

A new state-of-the-art telehealth system is helping the team at Providence Health Care’s Heart Centre connect with patients and health care professionals across the province. Almost 75 per cent of the Heart Centre’s patients come from outside of the Lower Mainland.

Acquired from Vancouver Coastal Health last year, the telehealth system is now being used by a number of Heart Centre programs, including the Heart Failure and Transplant BC Inherited Arrhythmia programs. Recognizing that telehealth is an important tool to connect patients with experts in our provincial programs, share care with community caregivers and improve outcomes, Providence Health Care continues to develop this resource.

TRANSFORMING HEALTH CARE THROUGH EXPERTISE & TECHNOLOGY

Steady progress is being made toward the goal of creating a single health record for each patient to pave the way for seamless care and research. This will be achieved by experts reviewing much of what we do in the health care system and making processes and procedures better.

A partnership between Providence Health Care, Vancouver Coastal Health and the Provincial Health Services Authority, this Clinical and Systems Transformation (CST) project is designed to deliver real-time health information to clinicians and researchers to provide a greater level of accurate and consistent patient information — at their fingertips.

For instance, if a patient shows up at the Emergency Department at St. Paul’s Hospital complaining of stomach problems, the attending physician will be able to instantly find out that he is being treated at BC Cancer Agency and access information about his treatment that will impact his emergency care.

A $400,000 donation to the Tapestry Foundation for Health Care from Dolly Ching Wan Wong Lee helped to create The Peter Chi Fai Lee Geriatric Medicine Unit, named for her late husband. A new sunroom for residents, a redesigned dining room and other amenities brighten the life of residents.

In addition to receiving international funding for the STOP HIV/AIDS initiative, the Government of BC signed a memorandum of understanding between China and the BC Centre for Excellence in HIV/AIDS to support “Treatment as Prevention” expansion.
NEW INSIGHT INTO HEALING CHRONIC WOUNDS

New research by the Providence Health Care Research Institute tackles a major problem plaguing long-term care facilities and hospitals around the world. Published last summer in the Nature Publication Group journal *Cell Death and Differentiation*, the study provides new insight into the chronic non-healing wounds that affect as many as 20 to 25 per cent of patients in long-term care facilities.

This is the first study to show that inhibiting a protein-degrading enzyme – Granzyme B – that builds up with age and chronic inflammation, can restore normal wound healing. The study was funded in part through a Canadian Institutes for Health Research Industry Partnership grant and led by Dr. Paul Hiebert, a former PhD candidate in the laboratory of Dr. David Granville, a principal investigator at the Centre for Heart and Lung Innovation at St. Paul’s Hospital.

PIONEERING HIV/AIDS STRATEGY RECEIVES MORE INTERNATIONAL FUNDING

BC Centre for Excellence in HIV/AIDS Director Dr. Julio Montaner has been awarded a $2.5-million Research Award from the U.S. National Institute on Drug Abuse (NIDA). The funding will support his continued research on BC’s STOP HIV/AIDS (Seek and Treat for Optimal Prevention of HIV/AIDS) initiative.

Montaner earlier received a $2.5-million Avant-Garde Award from NIDA that supported the research associated with the BC STOP HIV/AIDS pilot project. Launched in 2009, the project was designed to determine if offering widespread HIV testing, treatment and earlier engagement into care could reduce morbidity, mortality and HIV transmission. Following the pilot success, the BC government committed $19.9 million in annual funding to roll out the initiative across the province.

LEARNING FROM HIV TO ADDRESS HEPATITIS

In spring 2014, the BC government created a $1.5 million fund earmarked to explore new ways to address the hepatitis B and C epidemics in our province.

Funded through the St. Paul’s Hospital Foundation, this project is designed to apply the successful HIV model pioneered by the BC Centre for Excellence in HIV/AIDS. Work will focus on: determining vulnerable individuals; identifying the best ways to prevent new infections; engaging those at-risk or living with the diseases in testing, treatment and support; and assessing how improved reach and effectiveness of new antiviral treatments could impact those living with the viruses and ultimately change the course of the hepatitis epidemics.

TRANSPANT PATIENTS SPUR NEW THINKING ABOUT HEART DISEASE

Heart transplant patients are helping Providence Health Care researchers gain more understanding about the way that fatty deposits (cholesterol) collect in the walls of the blood vessels of the heart. Dr. Gordon Francis, director of the Healthy Heart Prevention Clinic at St. Paul’s Hospital, recently published a study in the medical journal *Circulation* that was made possible by 32 heart transplant patients who gave scientists at the hospital permission to dissect the patients “old” hearts.

Funded by the Heart and Stroke Foundation of BC/Yukon, the research challenges conventional wisdom about the types of cells where damaging cholesterol tends to accumulate. By understanding exactly how heart disease develops, new treatments and preventive measures can be developed.

The tissue provided by the heart transplant patients is part of the ever-growing collection of preserved organs and tissues in the Cardiovascular Registry in the Centre for Heart Lung Innovation located at St. Paul’s Hospital.

The hours Providence researchers were on call to swiftly test removed hearts for this study.
From Mission to Action

**FELLOWSHIP BRINGS CHINESE HIV SCIENTISTS TO ST. PAUL’S**

A new HIV Treatment as Prevention Fellowship will enable top Chinese scientists to come to Vancouver to work with researchers and clinicians at the BC Centre for Excellence in HIV/AIDS.

China was the first country to adopt the Treatment as Prevention model as the national HIV/AIDS policy in February 2011. The new Fellowship, offered for up to six Chinese scientists over three years, further cements the implementation of this strategy in China, where UNAIDS estimates there are more than 780,000 people living with HIV/AIDS and approximately 26,000 people are newly diagnosed each year. Fellowship funding is supported by Genome BC, St. Paul’s Hospital Foundation and Rennie Marketing Systems.

**ONLINE FORUM CONNECTING COMMUNITIES**

Bloom, Providence Health Care’s online communications hub, is growing healthy discussions about care, research and teaching. Inspired by our long history of reaching out to communities, Bloom was launched in 2013 to gather and present social media conversations from throughout Providence into one online space. The discussion area has proved popular as a point of connection for our staff, physicians, researchers and volunteers. It’s also accessible to the outside community.

Providence is committed to listening to feedback from the community and making changes at Providence based on the best ideas that emerge from Bloom.  

www.bloom.providencehealthcare.org

Providence Health Care considers our mission, values and ethical standards to be a foundational strength that underpins our work. Our commitment to compassion and social justice drives the decisions we make. This commitment goes beyond the care that we deliver within the walls of our hospitals, clinics and residential care facilities and out into the neighbourhood, the community, the province. It also includes the integration of spirituality with health.

To foster healthy conversations about all aspects of care, we were the first large health organization in Canada to create a digital strategy, integrating the online tools and spaces used across the organization.

And to support our patients’ and residents’ right to receive appropriate care, we also took the unusual step of challenging a federal government decision that prevented the delivery of life-saving treatment to some of our most vulnerable patients living with addiction.

June 2013’s National Aboriginal Day marked the official opening of the new All-Nations Sacred Space at St. Paul’s Hospital. Open to all patients, families and staff members, the room is designed to be used as a respectful place to help promote healing.
CAMPAIGN TO CHANGE HOW WE LOOK AT MENTAL ILLNESS

A Change the Labels campaign designed by the Mental Health Program at St. Paul's Hospital is aimed at reducing the stigma associated with mental illness and making it easier for patients and families to access the resources they need.

Through this campaign, the team wants to spread the word that mental illness can affect anyone, and it’s important to see the person before labelling them with the name of their disease. The program’s website is designed to support these goals by building relationships with patients and families and ultimately helping people receiving treatment for mental illness to regain stability and return to the things they enjoy. An online, illustrated tour of our facility and the journey our patients take was created to reassure patients and families and make their experience with us better.

- mentalhealth.providencehealthcare.org

"RACE" CONNECTS SPECIALISTS WITH FAMILY PHYSICIANS

The Rapid Access to Consultative Expertise (RACE) line is an innovative model of shared care that lets family physicians phone an advice hotline for “just-in-time” advice from a specialist. Providence first partnered on this project in 2010 with the Shared Care Committee and Vancouver Coastal Health.

The initiative has had great success, receiving a 2014 BC Quality Awards in the Living with Illness category. RACE began as a Providence prototype with five specialty areas and, based on the needs of family physicians, has grown to include 17 specialty areas. Data show that calls from family physicians to the RACE line prevent 39 per cent of those patients from being referred for an inperson consultation with a specialist. In 80 per cent of those patients, the face-to-face consultation was unnecessary after RACE was used; the program has also prevented 72 per cent of referrals to an emergency department that otherwise would have been made.

- www.RACEconnect.ca

PROVIDENCE TAKES LEGAL ACTION TO DEFEND RIGHT TO TREATMENT

Faced with a federal government decision that prevented the delivery of life-saving treatment to vulnerable addictions patients, Providence Health Care felt compelled to take legal action.

In November 2013, Providence, and five patients who had received diacetylmorphine (heroin) as part of a clinical trial, filed a Notice of Civil Claim in the BC Supreme Court requesting, among other things, a declaration that the new federal government regulations infringe on the Charter Rights, are unconstitutional, and should be struck down. (The patients are being represented by the Pivot Legal Society.)

The action was prompted by the federal government’s October 2013 changes to federal regulations making diacetylmorphine a restricted substance under the Food and Drug Act, and making it unavailable through Health Canada’s Special Access Programme (SAP).

Before the regulation closed off access, Providence doctors had received the go-ahead from SAP to prescribe diacetylmorphine for 21 of the participants exiting The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME).

In May 2014, advocating the urgent need to treat this vulnerable patient population, Providence convinced the court through an injunction to grant interim access to the medication.

Led by Providence researchers, the SALOME study tests alternative treatments, including prescribed diacetylmorphine, for people with chronic heroin addiction who are currently not benefiting sufficiently from available treatments such as oral methadone. Diacetylmorphine (heroin) assisted treatment is a proven, evidence-based treatment option that is a last resort for people who have tried all other treatment options without success.

The number of people prescribed heroin by doctors but denied access by the federal government in 2013.
Launched in 2012-13, the three-year Providence Plan charts our course, identifying our opportunities and desired outcomes. We live by three foundational strategies: our mission, values and ethical framework; research and learning; and fiscal sustainability.

Guided by the plan, we are focusing on enhancing the care experience for our patients and residents; creating a culture of innovation; ensuring that our organization embodies quality and safety for the people we serve; and taking bold steps to achieve a strong infrastructure that will continue to support our strengths in care, teaching and research.

As Providence works within a complex medical system and cares for some of the most vulnerable patient and resident populations, our success depends on making connections. We forge care, research and education partnerships. We will achieve our vision by working with government, health authorities, our foundations, community groups, universities, research funding agencies and other partner organizations. Our key partners are the Ministry of Health, Vancouver Coastal Health, the Provincial Health Services Authority and the University of British Columbia.
CARE EXPERIENCE

Providence Health Care aims to provide patients, residents and families with culturally safe, socially just, person- and family-centred care across all PHC sites. We invite patients, residents and families to participate at the level they choose to create lasting and beneficial partnerships – and a better care experience for all served by PHC. We now have more than 45 patient and family partners across different programs, including two partners on our Board Quality & Performance Committee. Our goal is to reach 100 by the end of 2014.

Our new name tags and uniforms are another example of how PHC is providing person- and family-centred care. Over 4,600 name tags have been distributed which helps patients, residents and their families to better identify staff and the role they play in their care. All five medical units at St. Paul’s Hospital now have Code H – a patient and family activated safety net that, when activated, connects them to a trained registered nurse. This program is available 24 hours-a-day, seven days a week and provides a new level of participation for patients and families served by Providence.

INNOVATION

Our innovation strategy aims to transform the health of the populations that we serve by generating, implementing and spreading new ideas and solutions that add value. This begins with creating a culture of innovation at Providence Health Care. To nurture this, we are partnering with organizations that have experience in innovation and design thinking to help our leaders and clinical teams support the innovation process and culture.

We are also putting systems and structures in place, including a new Innovation Board Committee, to advance innovation at Providence and track our priority projects.

QUALITY AND SAFETY

We are working to reduce harm by focusing on activities that will reduce the likelihood of patients experiencing a hospital-acquired infection. We continue to promote a positive safety culture that allows health care providers to have open and honest conversations about ways to improve our delivery of care.

INFRASTRUCTURE

Our ability to provide the best care requires a strong infrastructure across Providence Health Care. The St. Paul’s Hospital Redevelopment Concept Plan is now completed and waiting for further direction from the BC government. In addition, a business case to build a new Emergency Department at Mount Saint Joseph Hospital has now been approved by both the Providence and Vancouver Coastal Health boards, and awaits approval to proceed from the province. To improve our residential care, we continue to work on a strategy to build on the Campus of Care at the St. Vincent’s: Heather site.

The Clinical and Systems Transformation (CST) project (see item on page 10) has now moved from the strategy and verification phase into the design and build phase.

PEOPLE

One of the aims of our people strategy is to create a workplace where everyone can be highly engaged in contributing to our success. We are developing a performance management system for staff and revising our Respect at Work policy, which will be implemented in the summer of 2014. This policy is intended to foster respect and reduce bullying. Our people strategy also aims to develop exceptional leaders – we are supporting this by developing provincial leadership pathways that offer different opportunities for staff at different points in their careers.
Foundations

Please support Providence through our foundations

St. Paul’s Hospital Foundation

After setting a record fundraising total in each of the past two years, St. Paul’s Hospital Foundation had another successful year of supporting world-leading patient care, research and teaching at St. Paul’s Hospital. We expect to share more good news when we announce our 2013/14 fundraising total in the fall.

Donors to St. Paul’s Hospital Foundation supported more than 20 areas and departments at the hospital, funding everything from smaller needs to enhance patient care to multi million-dollar priority projects. For example, we collaborated with our Emergency and Radiology Departments to complete a $3.6-million project to install a CT Scanner at St. Paul’s Teck Emergency Centre. This scanner will provide faster and improved treatment for patients who had previously needed to be transferred to the Radiology Department for scans.

Donors also supported the completion of funding of the $3-million St. Paul’s Hospital CANFAR Chair in HIV/AIDS Research, held by Dr. Bohdan Nosyk. Based out of Simon Fraser University’s Faculty of Health Sciences and the BC Centre for Excellence in HIV/AIDS at St. Paul’s, Dr. Nosyk will conduct health economics research to find ways for HIV and AIDS programs to provide treatment to patients in a more cost-effective and efficient manner, thereby helping patients maintain their well-being and preventing transmission of the disease.

The year also saw St. Paul’s Hospital Foundation make tremendous strides in connecting the community and donors to our hospital. Our new fundraiser Brilliant! brought more than 900 people to Vancouver’s Commodore Ballroom for a night of fashion and fun and helped fund the St. Paul’s Hospital CANFAR Chair in HIV/AIDS Research. Our partnership with the Vancouver Canadians Professional Baseball Club, Strike Out Heart Disease, had another successful year of raising awareness of and funds for our provincial Heart Centre.

Our longest-running fundraiser, Lights of Hope, raised $2.4 million for St. Paul’s Hospital’s greatest needs – the most in the campaign’s 16-year history. St. Paul’s Hospital family played a key role in the success of the campaign, not just by inspiring corporate and individual donors and volunteers through their service to patients, but also as donors themselves. More than 300 individuals and groups from the St. Paul’s Hospital family donated to this year’s Lights of Hope, a 40 per cent increase in participation from the previous year.

In collaboration with caregivers, researchers, physicians and staff at St. Paul’s Hospital, St. Paul’s Hospital Foundation looks forward to continuing to connect donors and the community to opportunities to support the compassionate care and game-changing developments in health care at St. Paul’s Hospital.
United in the spirit of care and compassion, Tapestry Foundation reached out to a community of donors who demonstrated the foundation’s motto: Caring never gets old. In 2013, they supported renovation projects, equipment purchases, and initiatives that breathed new life into Providence’s care communities.

Topping a list of home improvement priorities in residential care was the renovation of bathing rooms at St. Michael’s Centre, the newest site under the Tapestry Foundation umbrella, and St. Vincent’s: Brock Fahrni and Langara. Aging tub rooms were refreshed, redecorated and outfitted with new shower stalls, ceiling lifts and state-of-the-art hydrosound tubs, bringing a refreshed perspective on residents’ basic daily routines.

Helping residents connect with family and friends was the focus of a new veterans lounge established at Brock Fahrni. Donors and residents celebrated the opening of the new space that is now available for private visits and family get-togethers, and is the hub for a host of social activities at the site.

A new bus for Providence’s residential care community is opening a window on the world for residents. Increased capacity on the new bus is allowing more residents to enjoy peaceful scenic drives and outings to favourite destinations, opportunities that provide connections to the larger community outside their homes.

Generous contributions of nearly one million dollars from Mrs. Dolly Ching Wan Wong Lee helped expand vital services at Mount Saint Joseph Hospital and dedicated care spaces for older patients. One donation helped shape the newly named Peter Chi Fai Lee Geriatric Medicine Unit, making it more amenable for geriatric patients whose hospital stays are longer than other adult patients.

A second donation from Mrs. Dolly Lee (the single, largest gift in the Foundation’s history) is set to improve patient access to cardiac services. An additional echocardiography (ECHO) machine and other equipment is being purchased to meet growing demands for ECHOs for MSJ patients and referral clients within the community.

New monitoring equipment brought diagnostics bedside at Youville Residence, Brock Fahrni and the rehab unit at Holy Family Hospital. New equipment includes a portable ECG (electrocardiogram) machine for heart monitoring of residents with chronic physical or mental health problems, and a fiberoptic endoscope video system to diagnose swallowing difficulties among stroke survivors. Onsite access to this equipment enables care teams to manage care faster and alleviates the need for patients to travel to other health sites for tests.

Strong ties to MSJ continued to draw community support for Tapestry Foundation’s signature Scotiabank Feast of Fortune gala to enhance services and programs. Endoscopy equipment for the detection of colon cancer and other life-threatening gastrointestinal conditions will soon be available to patients, thanks to generous support this year. Gala proceeds from 2013 enabled the Providence Health Care Breast Centre at MSJ to be the first in Western Canada to provide patients with diagnostic 3D ultrasound breast scanning, the latest in breast imaging technology. Steady growth of the Breast Centre since 2009 has led to the need for expansion of clinical space to create additional patient consultation rooms, and fundraising is now underway to support this renovation project.

Donor Mrs. Dolly Ching Wan Wong Lee supports expansion of cardiac services at Mount Saint Joseph Hospital. (l – r) Dr. Andrew Ignaszewski, Head of the Division of Cardiology, Cardiac Program, Providence Health Care; Cathy Lee Young Hautum; Mrs. Dolly Ching Wan Wong Lee; Dr. Jonathan Tang, cardiologist, Mount Saint Joseph Hospital.
Awards

Congratulations to all Providence teams and individuals who received awards in 2013 / 2014. While we can’t hope to list everyone, we’ve captured just some of the award recipients here.

ORGANIZATION

Accredited with Exemplary Standing by Accreditation Canada: Providence Health Care

TEAMS/PROGRAMS

John F. McCreary Prize for Interprofessional Teamwork in the Health Professions, College of Health Disciplines, University of British Columbia: Pacific Adult Congenital Heart Clinic Team

Excellence in Quality: Living with Illness Award, British Columbia Patient Safety & Quality Council: Rapid Access to Consultative Expertise Team

ORGANIZATION

Recognition Award for Outstanding Clinical Nursing Practice: Pauline Mayer Legacies in Education Fund, Providence Health Care: Kent DesRocher

Post-Doctoral Fellowship Award, Michael Smith Foundation for Health Research; Fellowship Award, Canadian Institutes of Health Research: Nicolas Dragoljovic, CHÉOS

CAREStream/BCCRT Respiratory Excellence Award, British Columbia Society of Respiratory Therapists: Michelle Dungo-Sales

Rising Star Award, College of Registered Nurses of British Columbia: Jo-Anna Corton

Research and Mission Award, Providence Health Care Research Institute: Dr. Richard Harrigan, BC-CfE

Order of British Columbia: Dr. James Hogg

Award of Excellence in Nursing Practice, College of Registered Nurses of British Columbia: Christine Jerret, Anne Marie Kaan

Unsung Hero Award, Providence Health Care Heart Centre: Naveet Johal, Lynn Jones, Serena Kutcher, Elizabeth Laquer

Recognition Award for Outstanding Clinical Nursing Practice: Evelyn Gail Ireland Maternity Nursing Award, Providence Health Care: Faith Kuboniwa

Recognition Award for Outstanding Clinical Nursing Practice: Evelyn Gail Ireland Maternity Nursing Award (NICU), Providence Health Care: Susan Kushlick

Clinical Achievement Award, Canadian Society of Transplantation: Dr. David Landsberg

Martin M. Hoffman Award for Excellence in Research, Providence Health Care and UBC Department of Medicine: Dr. Jonathan Leipsic

Medal for Research Excellence, Kidney Foundation of Canada: Dr. Adeera Levin

Canada Research Chair in Patient-Oriented Knowledge Translation, Government of Canada: Dr. Linda Li, CHÉOS

Frederick Banting and Charles Best Canada Graduate Scholarship Master’s Award, Canadian Institutes of Health Research: Kirsten Marchand, CHÉOS

Award of Distinction in Nursing, College of Registered Nurses of British Columbia: Stan Marchuk

Commuter of the Year Award, Providence Health Care: Jane McCall

Frederic Newton Gisborne Starr Award, Canadian Medical Association; Medal of Honour, Rx&D Health Research Foundation: Dr. Julio Montaner, BC-CfE

Recognition Award for Outstanding Clinical Nursing Practice: Rossi Award, Providence Health Care: Colleen O’Brien

New Investigator Award, Canadian Institutes of Health Research: Dr. Eugenia Oviedo-Joekes, CHÉOS

Bill and Marilyn Webber Lifetime Achievement Award, University of British Columbia: Dr. Peter Paré

Recognition Award for Outstanding Clinical Nursing Practice: Sheila Ryan Award, Providence Health Care: Wenny Patenio

LifeSciences BC “Emerging Company of the Year” Award: Dr. Alan Rabinowitz for PHMI Health Systems

Fay R. Dirks Award for Teaching Excellence and Graeme Copland Clinician Teacher Award, Providence Health Care and UBC Department of Medicine: Dr. Pouvak Anna Rahman

Tier 2 Canada Research Chair in Patient-Reported Outcomes, Government of Canada: Dr. Rick Sawatzky, CHÉOS

Lifetime Achievement Award, Pain British Columbia: Dr. Roger D. Shick

St. Paul’s Hospital Howard B. Stein and UBC Master Teacher Award, Providence Health Care and UBC Department of Medicine: Dr. Kam Shojania

Awarded Masters, Professional Photographers of Canada: Brian Smith

Recognition Award for Outstanding Clinical Nursing Practice: Andrew Johnson Award of Advocacy, Providence Health Care: Marija Stefic-Cubic

Award of Excellence in Nursing Education, College of Registered Nurses of British Columbia: Sarah Thomas

Award of Excellence in Nursing Administration, College of Registered Nurses of British Columbia: Michele Trask, Diane Trudeau

Memorial Fund Award, Dieticians of Canada: Vashiti Verbowski

Recognition Award for Outstanding Clinical Nursing Practice: Terina Werry Award – Cardiac, Providence Health Care: Gina Walther

Donald M. Whitelaw Award for Outstanding Grand Rounds Presentation, Providence Health Care and UBC Department of Medicine; Innovation and Achievement Award, LifeSciences British Columbia; Killam Research Prize, University of British Columbia: Dr. John Webb

President’s Award for Public Education through Media, University of British Columbia: Dr. Evan Wood, BC-CfE

Post-Doctoral Fellowship Award, Michael Smith Foundation for Health Research: Wei Zhang, CHÉOS

Morgan Award, Canadian Foundation of Dietetic Research: Gia Zheng
# Statistics & Financial Information

## 2013–2014

### Statement of Financial Position as at March 31, 2014

* (in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$13,306</td>
<td>$18,360</td>
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<tr>
<td>Portfolio investments</td>
<td>$16,905</td>
<td>$21,377</td>
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<td>Accounts receivable</td>
<td>$38,540</td>
<td>$39,523</td>
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<td>Promissory notes</td>
<td>$8,002</td>
<td>$8,002</td>
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<tr>
<td>Long-term disability benefits</td>
<td>$17,042</td>
<td>$5,481</td>
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<tr>
<td><strong>Total Financial Assets</strong></td>
<td><strong>$93,795</strong></td>
<td><strong>$92,743</strong></td>
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<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$93,494</td>
<td>$95,678</td>
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<tr>
<td>Deferred operating contributions</td>
<td>$1,366</td>
<td>$4,375</td>
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<tr>
<td>Deferred designated contributions</td>
<td>$306</td>
<td>$683</td>
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<tr>
<td>Debt</td>
<td>$11,116</td>
<td>$11,323</td>
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<tr>
<td>Retirement allowance</td>
<td>$44,681</td>
<td>$42,921</td>
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<tr>
<td>Replacement reserves</td>
<td>$550</td>
<td>$495</td>
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<tr>
<td>Deferred capital contributions</td>
<td>$178,103</td>
<td>$181,931</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$329,616</strong></td>
<td><strong>$337,406</strong></td>
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<tr>
<td><strong>Net Debt</strong></td>
<td>$(235,821)</td>
<td>$(244,663)</td>
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<tr>
<td><strong>Non-Financial Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible capital assets</td>
<td>$155,047</td>
<td>$163,852</td>
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<tr>
<td>Inventories held for use</td>
<td>$8,962</td>
<td>$8,881</td>
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<tr>
<td>Prepaid expenses</td>
<td>$2,103</td>
<td>$1,375</td>
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<tr>
<td><strong>Total Non-Financial Assets</strong></td>
<td><strong>$166,112</strong></td>
<td><strong>$174,108</strong></td>
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<tr>
<td><strong>Accumulated Deficit</strong></td>
<td>$(69,709)</td>
<td>$(70,555)</td>
</tr>
</tbody>
</table>
Statement of Operations and Accumulated Deficit for the year ended March 31, 2014

<table>
<thead>
<tr>
<th>(in thousands of dollars)</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancouver Coastal Health Authority contributions</td>
<td>$498,386</td>
<td>$495,930</td>
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<tr>
<td>Pharmacare</td>
<td>118,067</td>
<td>111,014</td>
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<tr>
<td>Recoveries from other health authorities and BC government reporting entities</td>
<td>87,840</td>
<td>86,411</td>
</tr>
<tr>
<td>Medical Services Plan</td>
<td>61,934</td>
<td>60,864</td>
</tr>
<tr>
<td>Patients, clients and residents</td>
<td>32,096</td>
<td>30,344</td>
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<tr>
<td>Amortization of deferred capital contributions</td>
<td>30,366</td>
<td>35,975</td>
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<td>Investment income</td>
<td>524</td>
<td>984</td>
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<tr>
<td>Designated contributions</td>
<td>209</td>
<td>3,841</td>
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<tr>
<td>Other</td>
<td>22,155</td>
<td>17,036</td>
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<tr>
<td><strong>Total</strong></td>
<td>851,577</td>
<td>842,399</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>698,956</td>
<td>689,756</td>
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<tr>
<td>Community care</td>
<td>17,665</td>
<td>19,025</td>
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<tr>
<td>Corporate</td>
<td>46,908</td>
<td>49,583</td>
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<tr>
<td>Mental health &amp; substance use</td>
<td>33,155</td>
<td>30,178</td>
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<tr>
<td>Residential care</td>
<td>54,047</td>
<td>52,182</td>
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<tr>
<td><strong>Total</strong></td>
<td>850,731</td>
<td>840,724</td>
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<tr>
<td><strong>Annual Surplus</strong></td>
<td>$846</td>
<td>$1,675</td>
</tr>
<tr>
<td>Accumulated deficit, beginning of year</td>
<td>(70,555)</td>
<td>(72,230)</td>
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<tr>
<td><strong>Accumulated Deficit, end of year</strong></td>
<td>$(69,709)</td>
<td>$(70,555)</td>
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</tbody>
</table>

Patient Care Volumes for the year ended March 31, 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>27,063</td>
<td>22,397</td>
<td>4,666</td>
<td>20.8</td>
</tr>
<tr>
<td>ER visits</td>
<td>105,191</td>
<td>99,415</td>
<td>5,776</td>
<td>5.8</td>
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<tr>
<td>Dialysis &amp; kidney clinics</td>
<td>85,680</td>
<td>85,861</td>
<td>(181)</td>
<td>(0.2)</td>
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<tr>
<td>Outpatient visits</td>
<td>269,050</td>
<td>259,018</td>
<td>10,032</td>
<td>3.9</td>
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<tr>
<td>Day care surgery</td>
<td>15,532</td>
<td>15,297</td>
<td>235</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>502,516</td>
<td>481,988</td>
<td>20,528</td>
<td>4.3</td>
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</tbody>
</table>

**Special Procedures**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open hearts</td>
<td>866</td>
<td>799</td>
<td>67</td>
<td>8.4</td>
</tr>
<tr>
<td>Heart transplants</td>
<td>20</td>
<td>21</td>
<td>(1)</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Internal defibrillators</td>
<td>397</td>
<td>422</td>
<td>(25)</td>
<td>(5.9)</td>
</tr>
<tr>
<td>Angioplasties</td>
<td>1,186</td>
<td>1,197</td>
<td>(11)</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Angiograms</td>
<td>2,813</td>
<td>2,746</td>
<td>67</td>
<td>2.4</td>
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<tr>
<td>Kidney transplants</td>
<td>116</td>
<td>111</td>
<td>5</td>
<td>4.5</td>
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</tbody>
</table>

**Inpatient Days**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute patient days</td>
<td>218,037</td>
<td>213,528</td>
<td>4,509</td>
<td>2.1</td>
</tr>
<tr>
<td>Residential patient days</td>
<td>243,965</td>
<td>243,453</td>
<td>512</td>
<td>0.2</td>
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<tr>
<td>Residential patient days (assisted living)</td>
<td>21,917</td>
<td>21,908</td>
<td>9</td>
<td>0.0</td>
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<tr>
<td><strong>Total Inpatient Days</strong></td>
<td>483,919</td>
<td>478,889</td>
<td>5,030</td>
<td>1.1</td>
</tr>
</tbody>
</table>
2013/2014

Society Members

Sister Nancy Brown, Chair
Michael Crean, Vice-chair
Bishop Richard Gagnon
Sister Anne Hemstock
Sister Cecilia Hong, MIC
Bishop Stephen Jensen

Sister Margaret McGovern
Archbishop J. Michael Miller
Elaine Moonen
Tom Murphy
Kieran Siddall

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Geoff Plant, Chair
Frank Holler, Vice-chair
Lynette Best
Oonagh Burns
Mark Cullen
Steve Fleck
Sister Anne Hemstock
Brenda Irwin
Les Johnson

Paul Langley
Gordon Macatee
John Nixon
Dr. Simon Pimstone
Jim Rogers
Monsigner Bernard Rossi
Dr. Gavin Stuart
Dr. Paul Terry
Dan Wilton