
Providence Health Care
2009 - 2010 Annual Report
Guided by the principle “How you want to be treated,” Providence’s 1,200 physicians, 6,000 staff and 1,600 volunteers deliver compassionate care to patients and residents in British Columbia, with a focus on six “populations of emphasis”: cardiopulmonary risks and illnesses, HIV/AIDS, mental health, renal risks and illness, specialized needs in aging and urban health.

In coordination with its health partners including the BC Ministry of Health Services, Vancouver Coastal Health and the Provincial Health Services Authority, Providence operates one of two adult academic health science centres in the province and is renowned for its research in more than 30 clinical specialties. Research is conducted through the Providence Health Care Research Institute (PHCRI), which ensures research activities are aligned with Providence’s priority care programs. With over 100 principle investigators, PHCRI enables the pursuit of real-life health solutions for the patients and residents cared for at our sites and across the province of British Columbia.

Providence is home to the Heart + Lung Institute at St. Paul’s Hospital, the Heart Centre, the BC Renal Agency, the BC Centre of Excellence in HIV/AIDS, the Centre for Health Evaluation and Outcome Sciences, the ICAPTURE Centre for Cardiovascular and Pulmonary Research, and the Centre for Healthy Aging at Providence.

And while large enough to support the most advanced medical technologies, Providence remains in spirit a patient-focused, community-oriented organization that values leadership, independent thinking and courageous choices. Providence’s teaching and research programs are affiliated with the University of British Columbia (UBC) and Simon Fraser University.

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Holy Family Hospital is a recognized leader in the provision of specialized rehabilitation for older adults and residential care. As one of the largest provincial referral centres, 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 (118 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 facility that is home to 84 residents. Located in a garden setting, the residence has a full complement of staff trained to care for seniors.

St. Vincent’s includes three residential care sites: Langara (a long-term care home to 221 residents), Brock Fahrni (an extended care home to 148 residents, many of whom are armed forces veterans) and our newest site, Honoria Conway-Heather (assisted living for 60 residents and supportive housing for eight young adults with disabilities).

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 heart and lung services, HIV/AIDS, emergency, critical care, kidney care and numerous surgical specialties. St. Paul’s Hospital has approximately 500 acute care beds.

Marion Hospice has 12 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.

Providence Dialysis Clinics serve a total of 487 hemodialysis patients at 102 dialysis stations in seven units operated under the St. Paul’s Hospital program.
At Providence Health Care, behind each diagnosis by a physician, the fast actions of a nurse, the compassionate touch of a resident care aide, the breakthrough insights of a researcher, or behind the thousands of actions taken each day by caregivers, volunteers and scientists, there is a continuum of continuously evolving knowledge and innovation designed to improve health outcomes and our lives.

The skilled actions of Providence staff come from an intricate interplay of inspiration and imagination.

Our organization’s vision, shared values and unique culture are derived from the rich history of our five Founding Congregations of Sisters. For Providence caregivers, this wellspring of inspiration has been a guiding light for over 115 years, enabling us to continually improve patient and resident care for some of society’s most vulnerable populations.

How does one “continually improve” anything? It starts with imagination.

With vision, values and inspiration as fuel, Providence caregivers and scientists have collectively fired up their imaginations to transform new knowledge into better care – to remake the limits of today into solutions for tomorrow.

Our inspiration, our imagination, and our actions – our collective efforts as an organization – are needed more than ever to address current and future health care challenges. On this journey, we see an ocean of opportunities and, indeed, feel ready to take on the transformative challenges that lie ahead.

As one of BC’s two adult academic health sciences centres, we have a stellar track record of quality research, of new models transforming care, and of working collaboratively with our health partners. Every single member of our organization contributes to our success.

Many of our researchers and medical personnel are international leaders in their fields. All are asking “What can I do to improve the lives of patients and residents? How can I apply new solutions and share my learning with others?”

In this annual report, you will read about just a few of the people, successes and initiatives at Providence over the past year. We’ve worked closely with our partners in the Ministry of Health Services and the health authorities in aligning our strategies to focus on prevention, quality of care, and efficient, cost-effective delivery of programs and services.

Our care, research and teaching successes are symbolic of the culture and values of our organization and testament to how our inspired staff translate their imaginations into innovative and quality actions.

Sincerely,

Dianne Doyle, President and CEO, and Geoff Plant, Board Chair.
Martha Mackay, Clinical Nurse Specialist in the provincial Heart Centre at St. Paul’s Hospital, recently led a study with a team of investigators revealing that heart attack symptoms between men and women are more alike than some previous studies indicated. Last year, the Providence Heart + Lung Institute at SPH held a women’s heart health forum in an effort to raise awareness of heart disease and stroke as the leading cause of death for women in Canada.

Providence’s Renal Program Participates in Kidney Milestone

Working with our partners at BC Transplant, BC Renal, Canadian Blood Services and the Provincial Health Services Authority, the renal program staff from St. Paul’s Hospital participated in a ground-breaking domino kidney swap – the first cross-country kidney swap involving four donor-recipient pairs in different Canadian cities.

In a chain of pairs where the donors are not directly donating their kidney to their loved one, there can be a greater chance of someone backing out. For this reason, surgical teams began the swap at precisely the same moment, across several time zones. All operations were successful and recipients are now living healthy lives with their new kidneys.

Kidney Function Clinic Welcomes 25,000th Visit

June 17, 2009 marked the 25,000th patient visit to the Kidney Function Clinic at St. Paul’s Hospital, which has served as a model for early kidney care intervention across the province. The positive health outcomes for its patients are clear: patients feel more independent, report a better quality of life and have a much better chance of slowing the progression of their condition, which means the need for lifesaving dialysis or a kidney transplant can be delayed or even avoided.

The combined early identification and intervention strategies appear to be contributing to a significant difference in the growth rate of kidney dialysis in BC, which has dropped from a high of about 16 per cent in the late ‘90s to three per cent per year in 2009 – the lowest growth rate in the country.

Redefining COPD Treatment and Care

The Providence Heart + Lung Institute (HLI) has launched respiratory outreach clinics in Vancouver’s Downtown Eastside. Teams from the Institute are taking their expertise beyond the hospital walls and into the community to ensure this hard-to-reach complex patient population has access to quality care and education. More Canadians are being admitted to hospitals each year with Chronic Obstructive Pulmonary Disorder (COPD) than any other major chronic illness (including heart attacks) and that number has been dramatically increasing in recent years.

With the goal of decreasing the financial and human toll of this disease, teams at the HLI are working to improve COPD treatment and care in the hospital, clinics and community. Some examples include: helping family doctors diagnose COPD earlier; streamlining and enhancing the quality of care while reducing costs to the system; and increasing pulmonary rehabilitation services.

New Research Points the Way for Aneurysm Treatment

New research by scientists at the HLI at St. Paul’s Hospital and UBC may lead to new treatment options for abdominal aortic aneurysms (AAA) – a potentially fatal disease that currently has no pharmacological treatments. An aortic aneurysm is a bulging of the aorta, the largest blood vessel in the body. If the aneurysm ruptures, it causes rapid blood loss and a high risk of death.

HLI researcher Dr. David Granville and his team identified a protein-degrading enzyme called Granzyme B that is abundant in aneurysms. When they removed Granzyme B, they found that it not only slowed the progression of aneurysms, but also markedly improved survival.

These findings could lead to the development of pharmaceuticals geared towards slowing or preventing aneurysm progression and rupture, helping those with AAA avoid surgical treatment and possibly death.
Inspiration:
Since beginning his PhD in cardiac rehabilitation at UBC in 1996, Dr. Scott Lear, Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research at St. Paul’s Hospital, has wanted to overcome geographical obstacles to care delivery. “During my thesis, I realized how important programs like cardiac rehabilitation are but not all patients can access them. While cardiovascular diseases don’t discriminate by geography, patients living in rural, remote and smaller urban centres are faced with challenges in their care.”

Dr. Lear, along with Dr. Joanna Bates, Senior Associate to the Dean, UBC Faculty of Medicine, studied the concept of virtual cardiac rehabilitation for at-risk heart patients in rural areas. “Our idea involved delivering care to those who might not have access; to improve their quality of life, keep them out of hospital and reduce their future risks,” says Dr. Lear. Envisioning an online model that would mimic existing programs commonly offered at urban hospitals, the researchers designed a stripped-down version of the program used at the Heart Centre at St. Paul’s to bring cardiac rehab directly to the patient. “We wanted to explore whether an online program could present itself as a viable alternative to a face-to-face program.”

Action:
In Dr. Lear’s research, more than 60 rural heart patients have been using the web-based program, which includes intake forms; one-on-one chat sessions with a cardiac-trained nurse, dietitian and exercise specialist; data collection (exercise heart rate, blood pressure and glucose levels for diabetics); online resource library; and regular progress reports. Dr. Lear hopes that if proven effective, the model will be expanded to rural areas across the province.

Telemedicine
Dr. Scott Lear, Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research at St. Paul’s Hospital.
Beyond Barriers

In a display that reflected many of the key populations served daily by Providence, St. Paul’s Hospital hosted a photo exhibition highlighting the frontlines of health care. Beyond Barriers: Photographs from the Frontlines of Health, an AstraZeneca Canada initiative, involved a series of powerful images and captivating stories about the contributions and challenges experienced by Canada’s health practitioners who choose to address the needs of patients with limited or no access to our health care system. These patients include people living in remote and rural communities, new immigrants, the homeless, the elderly, Aboriginal people, street youth and those suffering from mental illness and substance abuse.

New HSBC Fellow in Addiction Research

New this year, the HSBC Fellowship in Addiction Research will be awarded to a post-doctoral fellow who will work with people affected by mental health and addiction in Vancouver’s Downtown Eastside and surrounding areas in partnership with the Addiction Research Group at the Centre for Health Evaluations and Outcome Science (CHEOS), led by St. Paul’s investigator Dr. Michael Krausz. The fellowship is also supported by UBC, Providence Health Care and the LEEF Foundation, with the goal of initiating state-of-the-art research on substance-use disorders and related problems through a multi-disciplinary perspective.

The post-doctoral fellow will participate in a number of surveys on the relationship of substance use, mental health problems and factors such as early adverse childhood events. The Addiction Research Group consists of an international group of interdisciplinary researchers including epidemiologists, anthropologists, psychologists and psychiatrists.

Rapid Access to Mental Health Care

Providence’s Mental Health Program imagines a world where those suffering from mental illness would have rapid access to the care they need. Inspired by this ideal, the program took action, and working with the St. Paul’s Emergency Department (ED), opened the Acute Psychiatric Assessment Clinic (APAC).

Thanks to the availability of APAC’s accelerated and targeted outpatient services, the St. Paul’s ED (one of the busiest EDs in the province) is able to admit fewer patients and the inpatient units are able to free up precious inpatient beds by discharging patients with mental health needs sooner. The APAC sees patients faster after discharge than any other psychiatric service in Canada: within 24 to 48 hours after an ED visit and within one to five days of a hospital stay.

Tertiary Mental Health

Providence has a long history of caring for those with the greatest needs in our society, and those with complex medical issues. Seniors are one of the priority groups we are dedicated to serving, as are people suffering from mental illnesses.

As part of a larger provincial plan, Providence is adding tertiary mental health services at two of its sites. At Youville Residence, services will be developed to accommodate a broader range of residential care needs for older adults with serious or severe mental health challenges. At Langara Residence, the services will accommodate people of different ages with neuropsychiatry needs.

The goal of the provincial plan is to provide more specialized mental health services within our communities to better respond to growing local needs. Research and best practices indicate that individuals with mental health issues respond better to care in smaller, more home-like care settings or supported living arrangements within their own communities, rather than in large institutions.
In the early 1990s, Dr. Julio Montaner, Director, BC Centre of Excellence in HIV/AIDS (BC-CfE), began investigating alternatives to the single-drug treatments that dominated the clinical management of HIV infection. “My colleagues at the BC-CfE and I experimented with combinations of antiretroviral drugs for patients and were surprised to discover that triple-combination therapy produced a dramatic and sustained suppression of HIV viral load.” This groundbreaking approach, highly active antiretroviral therapy (HAART), was pioneered at the BC-CfE and adopted as the international standard of care at the 1996 International AIDS Conference.

Imagination

Based on studies, Dr. Montaner realized that HAART treatment had the potential to not only improve health, but to change the course of the HIV epidemic by providing a powerful tool for prevention. “Our research showed that HAART’s suppression of viral load significantly reduced the probability of HIV transmission. Building upon this foundation, I developed an innovative program that applied this concept to reduce new HIV infections.” While the concept was initially regarded as controversial, it is now embraced as one of the most important innovations in contemporary AIDS science.

Action

Under the leadership of the BC-CfE, the BC government has recently provided $48-million over four years to support a pilot program called “Seek and Treat” that will expand access to antiretroviral therapy along with HIV testing and support services for under-serviced and hard-to-reach individuals in Vancouver and Prince George. The pilot project is the first of its kind in the world. “We will reduce AIDS-related deaths and HIV infections in BC, and we will show the world a new way forward to curb the impact of HIV and AIDS,” says Dr. Montaner.
Seniors, Rehabilitation, Residential Care and Research

Our Commitment to Eden Care

Providence Health Care’s residential sites successfully renewed their registration as Certified Eden Facilities in early 2010. The Eden Alternative is a guiding philosophy that aims to transform institutional approaches to residential care into the creation of a community where life is worth living and seniors can continue to grow and develop.

At Providence’s certified Eden homes, staff continue to help seniors live meaningful lives when they become too frail to live independently. Goals are generally focused on the continual development of a home-like atmosphere at residences and the elimination of loneliness, helplessness and boredom often associated with long-term care settings.

E-Care Documentation in Residential Care

Providence staff understand that moving into a residential care facility can be a difficult experience for seniors – numerous questions, assessments and new faces can be overwhelming.

In an effort to minimize potential stresses for new residents, staff have launched a new e-care documentation system across all residential sites. It allows information entered by one team member to automatically populate later assessments for other team members, saving repetitive questioning and increasing collaboration between disciplines. The result has been improved teamwork and an enhanced, shared understanding of our new residents.

Geriatric Consult and Outreach Team

To expand care and access, Providence has initiated a Geriatric Consult and Outreach Team to provide geriatric consultation and outreach across St. Paul’s Hospital.

The team will assist in early recognition and management of functional and cognitive decline and complex medical issues in frail older adults 70 years of age and older. With the Outreach Team, symptoms can now be addressed within the first 48 hours of an older adult being admitted to hospital.

The impact of this work means better outcomes that shorten a patient’s length of stay in hospital and reduce their risk of a return hospital visit or a move to a higher level of care following hospitalization.

Holy Family Out-Patient Rehab

Holy Family Hospital is one of the largest provincial referral centres for inpatient and outpatient rehabilitation care for older adults, facilitating more than 15,000 rehab outpatient visits annually.

Its rehab program is recognized provincially for its excellence, and offers intensive therapy for older adults to overcome obstacles caused by strokes, arthritis, orthopedic trauma or major surgeries like hip, ankle or knee replacements and leg amputations.

Thanks to a recent gift from the hospital auxiliary, Holy Family stroke patients are using Bungalow software, a computer program that uses pictures and clues to help recognize words. Staff member Bill Roberts suffered a stroke last fall that left him with aphasia, a language disorder that impairs his ability to speak and understand written and spoken language. Twice a week he works diligently on the computer program and with Holy Family speech and occupational therapists as part of his recovery process.

Caring for Older Immigrant Women

The Centre for Healthy Aging at Providence (CHAP) is working with research partners to address the health challenges of older immigrant women who may face significant inequalities in accessing health care services. Researchers, clinicians, frontline health care practitioners and multicultural settlement workers are helping develop a framework in which to gain a greater understanding of this minority group of women.

A key strategy is to study three different phases of immigration that significantly influence this group’s health and access to health care – pre-migration, post-migration within the local community and post-migration within a host community.
Three weeks before retiring as a nurse educator at Mount Saint Joseph Hospital, Betty Dockerill bought Nemo, a miniature poodle, as a retirement gift to herself. One day they met a young boy with physical and developmental disabilities who was excited to interact with Nemo. His companion cautioned Betty that in his excitement, the boy could be forceful, but if she was comfortable they could introduce Nemo to him. Instantly the boy squeezed Nemo’s paw, but instead of being alarmed, Betty says, “Nemo calmly looked at the boy and then gave his hand a little lick, eliciting a laugh and a smile. I knew then that I had a working dog in the making.”

Betty herself previously received a visit from a lady and her dog while in hospital for a knee replacement. The visit had touched her and she wondered how she could share Nemo’s gift with others. Betty heard that Mount Saint Joseph had a request in with BC Pets & Friends, a non-profit organization that supports animal and handler volunteers at care facilities. Once Nemo was old enough, Betty signed him up for his assessment, which he passed with flying colours.

Betty and Nemo now visit the extended care, geriatric medical and geriatric psychiatric units at Mount Saint Joseph once a week, where Nemo often acts as an icebreaker for residents and patients. “He is a conversation opener for them to tell their life stories and reflect on happy memories,” says Betty. The bonds Nemo inspires truly make a difference.
Research, Education and Innovation

Distal Clinics Offer Cutting-Edge Care

Thanks to a recent investment of $5.6 million in surgical innovation at St. Paul’s Hospital, referral wait times are down, surgeries are up, and recovery times are shorter for patients in need of lower extremity (foot and ankle) and upper extremity (hand and wrist) surgeries (also known as distal extremity surgeries).

St. Paul’s is the only facility in BC running two operating rooms that rely exclusively on a cutting-edge technique called a regional anaesthetic block. In just six months, St. Paul’s launched a centralized intake, assessment and surgical referral process for two high-volume clinics for patients with distal extremity orthopedic conditions, allowing physicians to see an additional 5,000 new referral patients per year.

BioMarkers - “The Mark of the Future”

To ensure a transplant patient’s body is not rejecting its new organ, doctors must perform tissue biopsies. These procedures are uncomfortable and stressful for patients, and costly to the health care system. Thanks to a team at the Prevention of Organ Failure Centre of Excellence anchored at St. Paul’s (PROOF Centre) there is now hope that post-transplant biopsies may soon be a thing of the past.

Researchers have discovered a new way to predict and diagnose rejection in heart and kidney transplants by screening for specific combinations of proteins or genes ("biomarkers") that can be detected in blood or urine samples. If successful, it would dramatically reduce the need for biopsies, allowing physicians to respond quickly to the earliest signs of organ rejection. The PROOF Centre hopes to receive regulatory approval to start using the test in clinics in 2011.

Innovation Fast Tracks Breast Cancer Diagnosis

BC’s first comprehensive one-stop rapid-access breast cancer diagnostic clinic at Mount Saint Joseph Hospital received $1.25 million in pilot funding through the Lower Mainland Innovation and Integration Fund (LMIIF) to streamline diagnostic services. The Rapid Access Breast Clinic is based on the European best-practice model, serving as a single point of intake where diagnostic testing is coordinated and organized. Its goal is to provide a diagnosis to patients within 21 calendar days or less. The clinic has been able to meet the target 89 per cent of the time. In fact, the median wait time has been reduced from 45 days down to just 12.

The clinic’s multidisciplinary team conducts a “triple assessment” for each patient, starting with a diagnostic mammogram and/or diagnostic ultrasound, followed by a physical examination by a breast specialist, and an ultrasound-guided or stereotactic biopsy. The funding will allow the clinic to diagnose up to 3,000 patients annually.

Scientists – Stars of the Future

Last summer, 40 students got hands-on experience in a life sciences research laboratory devoted to improving human heart and lung health. Each year, students participate in the annual Summer Student Research Program at the James Hogg Research Laboratories, within the Providence Heart + Lung Institute (HLI) at St. Paul’s.

For the past two decades, the HLI has received students of all ages and education levels to work with scientists on novel research. Students learn how to develop a research question, design and execute experiments, and summarize and present their data. Inspired by the experience, students often return for additional summer or co-op opportunities, or pursue further graduate-level studies in research.

Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research

The new Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research at St. Paul’s was established in partnership with Simon Fraser University. Research Chair holders strive to achieve excellence in their areas of discipline, improve our medical knowledge base, and help train the next generation of students and scientists. The Cardiovascular Prevention Chair will build on the strengths of the HLI’s clinical and academic programs and leverage the public health research strengths of SFU’s rapidly growing Faculty of Health Sciences.
Inspiration
Injection drug users are at extremely high risks to die early of drug-related harms including HIV, Hepatitis C, crime and overdose. They often suffer complex concurrent disorders based on a life history of trauma and mental crisis. With available treatments for opioid dependence (including methadone) failing to reach those in need, Principal Investigators Dr. Eugenia Oviedo-Joekes and Dr. Michael Krausz felt compelled to look for alternatives to treat this population’s addictions and address their concurrent disorders.

Imagination
In 2005, researchers from CHEOS carried out the North American Opiate Medication Initiative (NAOMI), a randomized trial that tested whether medically prescribed diacetylmorphine, the active ingredient in heroin, offered benefits for severely opioid-dependent individuals. In the study, a small group of patients received hydromorphone instead of diacetylmorphine. “An unexpected finding was that injection patients could not discriminate whether they were receiving diacetylmorphine or hydromorphone,” say Drs. Oviedo-Joekes and Krausz. “Consequently we wanted to ask: is hydromorphone, a licensed medication, as effective as diacetylmorphine?” SALOME is designed to test this hypothesis as well as whether oral hydromorphone formulations can be as effective as injectable ones. If true, the benefits of opioid injection maintenance might be achievable without the emotional and regulatory barriers often presented by heroin maintenance.

While awaiting SALOME’s regulatory approvals, Drs. Oviedo-Joekes and Krausz are preparing to recruit, hire and train appropriate staff. The results of this study could lead to decreased use of illicit drugs, reduced criminal activity, improved health and increased employment of persons with chronic addictions.

Study to Assess Longer-Term Opioid Medication Effectiveness (SALOME)
Dr. Eugenia Oviedo-Joekes and Dr. Michael Krausz, Principal Investigators, Centre for Health Evaluation and Outcome Sciences (CHEOS) at St. Paul’s Hospital.
Providence People

Dr. James Hogg Named to Canadian Medical Hall of Fame

Dr. James Hogg, Emeritus Professor of Pathology, UBC, and Principal Investigator in the Providence Heart + Lung Institute, was recently elected to Canada’s Medical Hall of Fame. An outstanding researcher, teacher, lecturer and colleague, Dr. Hogg has arguably had a greater influence on the medical community’s knowledge of Chronic Obstructive Pulmonary Disease (COPD) and asthma than any other individual worldwide.

His first publication in 1968 presented a revolutionary idea that the focus in COPD should not be on the large airways but rather on the smaller ones. Numerous groundbreaking studies followed – both his and those of other investigators – that verified the accuracy of Dr. Hogg’s original hypothesis and advanced our knowledge of how the lungs works in health and disease.

CRNBC Nursing Awards

Each year, the College of Registered Nurses of British Columbia (CRNBC) honours nurses for their outstanding contributions to the profession and for demonstrating excellence in relation to the CRNBC Professional Standards for Registered Nurses and Nurse Practitioners. Seven Providence nurses were recognized and presented with their awards at a reception in April, 2010: Barbara Lawrie, Jean Carne, Jane McCall, Nala Murray, Julie Foreman, Joanna Fritch and Alyssa Shook.

Staff and Physicians Help Make the Olympics a Success

With St. Paul’s serving as the spectator hospital during the 2010 Winter Olympic and Paralympic Games, staff and physicians throughout Providence participated in many months of planning with health care partners and Games organizers to ensure all potential contingencies, including an increase in patients, were appropriately addressed. The St. Paul’s Emergency Department managed through several nights of record volumes, and did so with a great deal of skill and professionalism. Amidst thousands of visitors and changes to traffic patterns and access routes into Vancouver, everyone managed to find a way to ensure that high levels of compassionate care were delivered to patients and residents during the Games.

Providence Recognized for Outstanding Contributions to Patient Care

Dr. Julian Marsden was the sole recipient of the provincial Leadership in Patient Quality and Safety Award in 2009. Dr. Marsden, an Emergency Department physician at St. Paul’s Hospital, was recognized for his integral role in launching the provincial Evidence to Excellence (E2E) project, aiming to accelerate improvements in clinical and operational practices in emergency departments across the province.

With colleagues at UBC and St. Paul’s, and funding provided by the Ministry of Health Services, he developed a plan for sharing knowledge and expertise across the province. Dr. Marsden’s vision, passion and leadership have enabled him to link this broad community, the university and the Ministry in a successful partnership.

BC-CfE Researchers Earn AccolAIDS

Three members of the BC Centre for Excellence in HIV/AIDS (BC-CfE) team at St. Paul’s were among the “heroes of British Columbia’s AIDS movement” honoured at the ninth annual AccolAIDS awards gala by the BC Persons with AIDS Society. Irene Goldstone, Director, Professional Education and Care Evaluation, BC-CfE, received the AccolAIDS Lifetime Achievement Award. Dr. Silvia Guillemi, Infectious Disease Clinical Associate, BC-CfE, received the AccolAIDS Health Promotion and Harm Reduction Award. Dr. Richard Harrigan Director of Research Laboratories, BC-CfE, won the AccolAIDS Science/Research/Technology Award.

(Note: For more PHC people recognition and awards, see page 16.)
Inspiration
Following the 2004 tsunami that killed more than 230,000 people along the Indian Ocean, Dr. Donna Smith, an orthopaedic surgeon at Providence, decided then that she had the skills and abilities to make a difference abroad. In 2005, Dr. Smith joined Canadian Medical Assistance Teams (CMAT), an organization that allows her to participate in short-term volunteer medical trips.

Imagination
In January 2010, Dr. Smith responded to a CMAT request for physicians to provide medical support in Haiti following a 7.0-scale earthquake. Dr. Smith was aware that the team would be working in a rudimentary tent field hospital, supplied only with the equipment and tools they brought with them. Working with Providence’s Department of Surgery, Dr. Smith was able to raise $75,000 worth of equipment to provide the best possible care under the circumstances. “Many of the scenarios we were in required creativity and innovation. We were constantly asking ourselves ‘How do I do this in the situation I am in, with what I have available?’”

Action
Dr. Smith spent two weeks in Haiti, 30 kilometres west of Port-Au-Prince where the volunteer team treated up to 250 patients daily. She saw patients arrive on crutches, stretchers and in people’s arms, and performed dozens of amputations and bone settings while working in sub-par conditions amidst numerous aftershocks. “The people of Haiti are remarkably resilient. They were grateful for any help offered and many left the field hospital with smiles on their faces despite the horrible injuries that they sustained.”
St. Paul’s Hospital Foundation: Helping Keep St. Paul’s Strong

For many donors, the inspiration to give comes from having received excellent and compassionate care at St. Paul’s Hospital. For other donors, the opportunity to support breakthrough health care research or prestigious medical training is what inspires them.

One patient who was inspired to donate last year was former EnCana Corp. CEO Gwyn Morgan, whose sight was saved thanks to St. Paul’s vitreo-retinal surgeon Dr. William H. Ross. To ensure that Dr. Ross could continue to pass on his knowledge and expertise to others, Morgan and his wife, community leader Patricia Trottier, committed $1.375 million over 25 years to create the William H. Ross Fellowship in Vitreo-Retinal Excellence.

St. Paul’s Hospital Foundation’s annual Lights of Hope display once again captured the imagination of the community, including members of the St. Paul’s Hospital family, with the 2009 campaign raising $2.2 million for the hospital—surpassing the 2008 campaign by more than $300,000. This breathtaking show of light and donor support remained on display even longer for the community and visitors to enjoy during the Vancouver 2010 Olympic Winter Games.

Announced last year, HSBC Bank Canada’s three-year commitment of $180,000 for the HSBC Fellowship in Addiction Research ensures sound research is put into action to help people with addictions and mental health issues in Vancouver’s Downtown Eastside.

Donors also gave generously last year to fund the first high-definition, low-radiation CT scanner in Canada, here at St. Paul’s Hospital. This $2.2-million scanner is now in use for breakthrough diagnostic imaging and multi-site research studies.

Donors continued to support the Emergency Innovation Project at St. Paul’s Hospital. When complete this year, this multi-phased project—based on best practices developed by St. Paul’s leading emergency medicine research program—will make St. Paul’s Emergency Department one of the most technologically advanced in the country.

St. Paul’s Hospital Foundation is proud to work to raise funds and steward gifts to keep St. Paul’s strong and support world-leading patient care, research and education.

www.helpstpauls.com

Tapestry Foundation for Health Care: Inspiring a Community to Give

A groundswell of support from donors, sponsors and volunteers inspired to make big changes, helped Tapestry Foundation turn ideas into reality this past year.

Building on the cornerstones of care and commitment to Providence Health Care, the Foundation set in motion renovation and renewal projects to revitalize the care communities that are home to hundreds of seniors.

A new garden set to indulge the five senses of residents of Brock Fahrni Pavilion is now underway. The Foundation launched a $325,000 renovation campaign to create a welcome green space into the veterans’ community where residents can participate in a thriving gardening program, entertain family and friends in lush surroundings and enjoy the outdoors.

Attention to the needs for space and privacy, the Foundation supported extensive renovations at Holy Family to enhance the experience of residents and their families. The dining room is being refurbished from floor to ceiling to create more space for resident communal activities and opportunities for greater interactions in the life of the care community. Quiet space was also introduced at the site with the creation of new palliative care suites. Two resident rooms were transformed to address the very real and private needs of families dealing with end-of-life issues of residents.

The Foundation also made a significant splash in the Rehabilitation Unit at Holy Family where donations supported upgrades to the hydrotherapy pool. The pool was renovated for the needs of a growing clientele requiring specialized therapeutic services following a stroke, or hip and knee replacement.

Inspiration for surgical care resulted in record funds raised through the year’s third annual Scotiabank Feast of Fortune and helped launch the Foundation’s Surgical Care Campaign at Mount Saint Joseph Hospital. Donor, sponsor and volunteer support more than doubled for the popular event which helped fund new surgical video systems in the operating rooms. The surgical training program in Mount Saint Joseph’s Ophthalmology Department will also benefit from a new surgical microscope to enhance the hospital’s high-profile surgical training program.

www.tapestryfoundation.ca
## Statement of Financial Position - as at March 31 (in thousands of dollars)

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<tr>
<td>Accounts Receivable</td>
<td>20,557</td>
<td>24,795</td>
<td>(4,238)</td>
</tr>
<tr>
<td>Inventory of materials and supplies</td>
<td>7,187</td>
<td>7,062</td>
<td>125</td>
</tr>
<tr>
<td>Prepaids</td>
<td>4,434</td>
<td>5,498</td>
<td>(1,064)</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>66,126</strong></td>
<td><strong>64,072</strong></td>
<td><strong>2,054</strong></td>
</tr>
<tr>
<td>Promissory note</td>
<td>8,002</td>
<td>7,500</td>
<td>502</td>
</tr>
<tr>
<td>Long-term investment</td>
<td>-</td>
<td>243</td>
<td>(243)</td>
</tr>
<tr>
<td>Capital assets</td>
<td>200,344</td>
<td>220,280</td>
<td>(19,936)</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>274,472</td>
<td>292,095</td>
<td>(17,623)</td>
</tr>
</tbody>
</table>

## Liabilities & Net Assets (Deficiency)

<table>
<thead>
<tr>
<th></th>
<th>Unaudited 2010</th>
<th>Restated* 2009</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable &amp; accrued liabilities</td>
<td>74,352</td>
<td>72,600</td>
<td>1,752</td>
</tr>
<tr>
<td>Deferred operating contributions</td>
<td>3,115</td>
<td>3,483</td>
<td>(368)</td>
</tr>
<tr>
<td>Deferred contributions for designated purposes</td>
<td>11,020</td>
<td>9,455</td>
<td>1,565</td>
</tr>
<tr>
<td>Interim mortgage</td>
<td>-</td>
<td>12,078</td>
<td>(12,078)</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>186</td>
<td>-</td>
<td>186</td>
</tr>
<tr>
<td>Current portion of retirement allowance</td>
<td>3,679</td>
<td>2,398</td>
<td>1,281</td>
</tr>
<tr>
<td>Current portion of long-term disability benefits</td>
<td>1,548</td>
<td>1,548</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>93,900</td>
<td>101,562</td>
<td>(7,662)</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>11,717</td>
<td>-</td>
<td>11,717</td>
</tr>
<tr>
<td>Retirement allowance</td>
<td>28,675</td>
<td>28,911</td>
<td>(236)</td>
</tr>
<tr>
<td>Long-term disability benefits</td>
<td>8,999</td>
<td>9,620</td>
<td>(621)</td>
</tr>
<tr>
<td>Reserves</td>
<td>361</td>
<td>302</td>
<td>59</td>
</tr>
<tr>
<td>Deferred capital contributions</td>
<td>204,635</td>
<td>225,633</td>
<td>(20,998)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>(73,815)</td>
<td>(73,933)</td>
<td>118</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Net Assets (Deficiency)</strong></td>
<td><strong>274,472</strong></td>
<td><strong>292,095</strong></td>
<td><strong>(17,623)</strong></td>
</tr>
</tbody>
</table>

---

## Statement of Operations - for years ended March 31 (in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Unaudited 2010</th>
<th>Restated* 2009</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancouver Coastal Health Authority contributions</td>
<td>460,871</td>
<td>437,221</td>
<td>23,650</td>
</tr>
<tr>
<td>Pharmacare</td>
<td>90,564</td>
<td>80,374</td>
<td>10,190</td>
</tr>
<tr>
<td>Medical Services Plan</td>
<td>58,707</td>
<td>55,156</td>
<td>3,551</td>
</tr>
<tr>
<td>Patients, clients and residents</td>
<td>28,748</td>
<td>26,751</td>
<td>1,997</td>
</tr>
<tr>
<td>Investment Income</td>
<td>1,221</td>
<td>564</td>
<td>657</td>
</tr>
<tr>
<td>Amortization of deferred capital contributions</td>
<td>35,910</td>
<td>28,760</td>
<td>7,150</td>
</tr>
<tr>
<td>Other</td>
<td>28,380</td>
<td>30,626</td>
<td>(2,246)</td>
</tr>
<tr>
<td>Designated contributions</td>
<td>4,978</td>
<td>5,869</td>
<td>(891)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>709,379</td>
<td>665,321</td>
<td>44,058</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Unaudited 2010</th>
<th>Restated* 2009</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation and benefits</td>
<td>420,830</td>
<td>408,200</td>
<td>12,630</td>
</tr>
<tr>
<td>Drugs</td>
<td>110,785</td>
<td>99,896</td>
<td>10,889</td>
</tr>
<tr>
<td>Supplies</td>
<td>74,460</td>
<td>74,655</td>
<td>(195)</td>
</tr>
<tr>
<td>Sundry</td>
<td>18,209</td>
<td>13,895</td>
<td>2,314</td>
</tr>
<tr>
<td>Equipment &amp; building services</td>
<td>15,832</td>
<td>15,529</td>
<td>303</td>
</tr>
<tr>
<td>Referred out and contracted services</td>
<td>29,171</td>
<td>26,170</td>
<td>3,001</td>
</tr>
<tr>
<td>Depreciation of capital assets</td>
<td>36,996</td>
<td>30,090</td>
<td>6,906</td>
</tr>
<tr>
<td>Designated expenses</td>
<td>4,978</td>
<td>5,869</td>
<td>(891)</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>709,261</td>
<td>674,304</td>
<td>34,957</td>
</tr>
</tbody>
</table>

|                                |                |                |        |
| **Excess (Deficiency) of Revenues over Expenses** | 118           | (8,983)        | 9,101  |

---

*Certain comparative figures have been restated to conform with the presentation adopted in the current year.
## Statistics & Financial Statements for 2009 - 2010
### Patient Care Volumes - for years ended March 31

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>Restated*</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admissions</td>
<td>21,897</td>
<td>23,056</td>
<td>(1,159)</td>
<td>(5.0)%</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>84,603</td>
<td>82,033</td>
<td>2,570</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dialysis</td>
<td>83,049</td>
<td>78,778</td>
<td>4,271</td>
<td>5.4%</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>234,996</td>
<td>221,819</td>
<td>13,177</td>
<td>5.9%</td>
</tr>
<tr>
<td>Day Care Surgery</td>
<td>15,075</td>
<td>14,929</td>
<td>146</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>439,620</td>
<td>420,615</td>
<td>19,005</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

### Special Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2010</th>
<th>Restated*</th>
<th>Inc./(Dec.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Hearts</td>
<td>903</td>
<td>835</td>
<td>68</td>
<td>8.1%</td>
</tr>
<tr>
<td>Heart Transplants</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td>Internal Defibrillators</td>
<td>430</td>
<td>468</td>
<td>(38)</td>
<td>(8.1)%</td>
</tr>
<tr>
<td>Angioplastics</td>
<td>1,376</td>
<td>1,384</td>
<td>(8)</td>
<td>(0.6)%</td>
</tr>
<tr>
<td>Angiograms</td>
<td>2,963</td>
<td>2,665</td>
<td>298</td>
<td>11.2%</td>
</tr>
<tr>
<td>Kidney Transplants</td>
<td>78</td>
<td>85</td>
<td>(7)</td>
<td>(8.2)%</td>
</tr>
<tr>
<td><strong>Inpatient Days</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Patient Days</td>
<td>215,171</td>
<td>220,501</td>
<td>(5,330)</td>
<td>(2.4)%</td>
</tr>
<tr>
<td>Residential Patient Days</td>
<td>250,649</td>
<td>248,183</td>
<td>2,466</td>
<td>1.0%</td>
</tr>
<tr>
<td>Residential Patient Days (Assisted Living)</td>
<td>21,407</td>
<td>11,372</td>
<td>10,035</td>
<td>88.2%</td>
</tr>
<tr>
<td><strong>Total Inpatient Days</strong></td>
<td>487,227</td>
<td>480,056</td>
<td>7,171</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

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

---

**PHC Board Members**

- Geoff Plant, Chair
- Kip Woodward, Chair (June 2006 - April 2010)
- Daniel L. Nocente, Vice Chair
- Sandra Heath, Past Chair
- Sister Marie-Vie Chua
- Mark Cullen
- David Dumaresq
- Sister Anne Hemstock
- Frank Holler
- Delores Holmes
- Bashir Jaffer
- Les Johnson
- John Kitchen
- Pierre Le Duc
- Dr. Gavin Stuart
- Doug Wilkes
- Sister Margaret Vickers

**PHC Society Members**

- Janet Brown, Chair
- Monsignor Stephen Jensen, Vice Chair
- Sr. Margaret Vickers, Sisters of Charity of the Immaculate Conception, Secretary
- Archbishop J. Michael Miller
- Tom Murphy
- Michael Crean
- Elaine Moonen
- Henry Ewanchuk
- Sister Toyleen Fock
- Sister Anne Hemstock
- Sister Nancy Brown

**Individual Recognition Awards (2009/2010)**

Congratulations to the following Providence award winners:

- **Jean Carne** – 2010 CRNBC Award of Excellence in Nursing Administration, College of Registered Nurses of British Columbia
- **Julie Foreman** – 2010 CRNBC Award of Excellence in Nursing Practice, College of Registered Nurses of British Columbia
- **Joanna Fritch** – 2010 CRNBC Rising Star Award, College of Registered Nurses of British Columbia
- **Irene Goldstone** – 2010 AccolAIDS Lifetime Achievement Award, British Columbia Persons With AIDS Society
- **Dr. Silvia Guilleni** – 2010 AccolAIDS Health Promotion and Harm Reduction Award, British Columbia Persons With AIDS Society
- **Dr. Richard Harrigan** – 2010 AccolAIDS Science/Research /Technology Award, British Columbia Persons With AIDS Society
- **Dr. James C. Hogg** – 2010 Canadian Medical Hall of Fame 2010 Laureate; Honorary Degree, University of British Columbia
- **Barbara Lawrie** – 2010 CRNBC Award of Distinction in Nursing, College of Registered Nurses of British Columbia
- **Jane McCall** – 2010 CRNBC Award of Excellence in Nursing Education, College of Registered Nurses of British Columbia
- **Dr. Bruce McManus** – 2010 Distinguished Achievement Award, Society for Cardiovascular Pathology; 2009 Scientific Excellence Award, Canadian Society for Atherosclerosis, Thrombosis and Vascular Biology
- **Dr. Julian Marsden** – 2009 Provincial Leadership in Patient Quality and Safety Award, British Columbia Patient Safety and Quality Council
- **Dr. Julio Montaner** – 2009 Leadership Award, LifeSciences British Columbia; 2009 Knowledge Translation Award, Canadian Institutes of Health Research Knowledge Synthesis and Exchange Branch
- **Nala Murray** – 2010 CRNBC Award of Excellence in Nursing Education, College of Registered Nurses of British Columbia
- **Alyssa Shook** – 2010 CRNBC Rising Star Award, College of Registered Nurses of British Columbia
- **Dr. Mark Tyndall** – 2008 Distinguished Medical Research Lecturer Award; Faculty of Medicine, University of British Columbia
- **Dr. Keith Walley** – 2009 Chaire Internationale Award, Université Libre de Bruxelles
- **Dr. Sam Wiseman** – 2009 Canada’s Top 40 Under 40 Award, The Caldwell Partners
- **Dr. Evan Wood** – Junior Doctor of the Year Award, British Medical Journal