



2003 – 2004 Annual Report



How you want to be treated.

www.providencehealthcare.org

Providence Health Care

How you want to be treated

Each day, the people of Providence Health Care provide the best possible medical care to hundreds of patients and residents.

It's a tradition that's continued for over a century.

Providence's health care professionals know how you want to be treated: with compassionate care and excellence. Our people share a deep sense of tradition and they promote our values of spirituality, integrity, stewardship, trust, excellence and respect.

The past year was full of important and exciting changes for Providence. It was a year of growing challenges and greater success in further enhancing quality of care at our facilities. Utilizing the latest medicines and state-of-the-art technology, Providence staff worked together to treat each patient, each resident and family, each volunteer and each employee with respect and dignity. Providence researchers and specialists also had a prolific year, achieving new breakthroughs and important milestones in several areas of excellence.

It was a year the organization further consolidated its facilities, while positioning itself to balance the budget. We also continued to develop our visionary plans for renewal – the Legacy Project – to ensure our tradition of excellent service delivered by caring people continues for future generations.

With Compassionate Care and a Sense of Tradition

Providence Health Care's 5,300 employees, 1,500 physicians and 2,000 volunteers take great pride in being a caring, inclusive, and patient/resident-focused community. Our values are rooted in, and inspired by, our founding congregations' tradition of providing compassionate faith-based care.

This tradition is easily evident in Providence's commitment to elders through a range of acute, rehabilitative and residential services.

Last year, Providence recorded close to 264,000 residential days, providing over 700 elders with innovative residential services.

"My care providers have been like my family—they're all I have," says Lloyd Cooper, 79, a World War II veteran who has been a resident at Providence's Brock Fahrni Pavilion residential-care facility for 20 years. "I have developed close relationships with many of my caregivers. Some who no longer work at this site still come by and visit me."

Residents, in return, provide fulfillment to staff and each other through daily interaction. Cooper, who has become an avid painter and artist despite severe

arthritis in his hands, sells his paintings and donates the proceeds to St. Vincent's Hospital Foundation.

"I feel like giving back and want to help the hospital."

For Providence's Elder Care Program, fiscal 2003-04 was a pivotal year. There were three major initiatives: continued implementation of the Eden Alternative philosophy; a major review of our care model; and the implementation of a comprehensive new tool to measure the care needs of residents.

Providence's elder-care vision – to ensure our care homes are vibrant communities in which each person finds meaning, purpose and contentment – is supported by our commitment to the Eden Alternative philosophy.

We are changing our residential-care model to one that makes residents feel more like they are home. By adopting the Eden Alternative philosophy, our facilities are focusing on providing residents an environment that cares for the mind, body and spirit. We are giving them more variety and spontaneity in their daily activities, helping eliminate boredom, loneliness and helplessness.

Enhancing the quality of life for our residents means continuously looking for opportunities to improve how we provide care and service.

Last year, we began a review of our care model that examined work processes, tested new ideas and ensured we use our people and resources in a manner that best supported our residents.

Helping us in that endeavour is the Minimum Data Set or MDS – a tool to assess the needs and care planning of residents. Last year, Providence implemented MDS at three of its five residential sites. The provincial government has mandated MDS for province-wide implementation by 2007. Providence is one of the first organizations in British Columbia to implement MDS in residential care.

We also took a major step toward fulfilling our vision for renewal of our residential care facilities. As announced two years earlier, St. Vincent's Hospital, Heather was closed on March 31, 2004, its acute and clinical programs consolidated to St. Paul's and Mount Saint Joseph hospitals, and 75 residents transferred to other long-term care facilities of their choice.

Left cover photo of Mount Saint Joseph medical staff (left to right):

Dr. Pierre Faber, Ophthalmologist, Bonnie Ma, Registered Nurse and Dr. Anis Khalfan, Anesthesiologist

“The staff showed me that there was still something that I could do — that I have an ability.” - Lloyd Cooper, Brock Fahrni Resident



Lloyd Cooper painting (above) and with Care Aide Emma Fernandez (below).



Plans are underway to develop the St. Vincent's Hospital, Heather site into a "campus of care" – an innovative model of elder care to support healthy aging.

The campus will provide a range of services that may include independent living, complex residential care, rehabilitative services, palliative and special "seniors-focused" outpatient clinics. We want to make the redeveloped site a truly special place for seniors and their families.

A key to achieving Providence's vision for elder care is the Centre of Aging and Health. Based at Providence, the Centre works with community

providers, health authorities, the provincial government and other stakeholders to promote healthy aging and to meet the health needs of adults who live in the community and in a hospital setting. The Centre is also taking the lead in defining a regional vision for campuses of care.

To further enhance care for residents, the Centre is creating Canada's first ever Medical Director/Coordinator Leadership Program for long-term care leaders across the entire province.

Last year, the Centre received research funding to enable groundbreaking work to understand the prevalence of low

vision in the elderly. This research will be conducted on residents living within the City of Vancouver and the research findings and outcomes can be applied to all residents living in facilities.

Providence's continuing residential and elder care goal is to improve the quality of life for the residents and patients at our facilities. Through satisfaction surveys and self-assessments by staff teams, we are closely examining our work practices, implementing new ideas and care models, and working with health care partners to greatly enhance elder care services and programs.

How you want to be treated – With Excellence and Leadership

Patients want to be treated by the very best health professionals using the best available medicines and science.

The people at Providence have a strong tradition and legacy of providing a continuum of hospital-based care in such areas of excellence as heart, maternity, gynecology, ophthalmology, renal, pain management, gastro-intestinal, diabetes,

eating disorders, emergency, radiology, and general and specialized surgery.

Last year, Providence's health care staff treated over 350,000 acute-care patients – an increase of almost 12 per cent from the previous year. The number of Emergency Room visits totalled 64,500, up almost 7 per cent.



“... at Providence I was made to feel important and special.
That kind of dedicated attention to each patient makes the healing
process much easier.” - Marion Davis, St. Paul's Hospital heart patient

Pictured above: Marion Davis with Providence cardiac surgeon Dr. Anson Cheung.

Our professionals performed over 18,000 day-surgery procedures, and over 5,000 specialized procedures.

"The biggest surprise to me was the high level of care at every stage of my treatment," says Marion Davis, 79, who received quadruple bypass surgery from Providence cardiac surgeon Dr. Anson Cheung.

"You hear negative health care stories in the paper all the time. But at Providence, I was made to feel important and special. That kind of dedicated attention to each patient makes the healing process much easier."

Increasing needs of patients and resource pressures in health care require innovative solutions to maintain and improve delivery of programs. In 2003-04, Providence made important changes to improve patient access, patient flow and patient care at its hospitals.

We developed new effective processes – called "clinical pathways" – that improved patient care, reduced the length of hospital stay, and improved access for patients waiting for treatment in three key areas: foot and ankle surgery; major bowel surgery; and prostate surgery.

Sarah Westwood, Emergency Room Nurse



Our Nurses – Highly Skilled Care Providers

Providence's over 2,000 nurses work closely with colleagues throughout our facilities, assisting people to maintain health, regain health or help deal with end-of-life issues with dignity. Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses not only provide comprehensive care for patients and

The new pathways resulted in better consistency of care, better documentation and communication among staff and more informed, satisfied patients who were able to return to their homes and active lives sooner.

The consolidation and closure of St. Vincent's Hospital, Heather meant increased acute and clinical services for both St. Paul's and Mount Saint Joseph hospitals. The consolidation enables major clinical efficiencies and eliminates duplication.

The consolidation resulted in St. Paul's Hospital receiving the Foot and Ankle Service, the Falls and Fractures Clinic, the Geriatric Day Hospital, 15-bed Rehab Unit for fractures, and four more surgery beds.

Also as a result of the consolidation, Mount Saint Joseph Hospital improved services to patients by adding 20 geriatric psychiatry beds, 15 geriatric medicine beds, four surgery beds, and a new multipurpose ambulatory area and rapid access clinic to provide patients with quick access to medical specialists. The hospital also doubled the doctor coverage in its Emergency Room, and received three new procedure rooms with a consolidated ophthalmology program – one of the largest such programs in B.C.

In other areas, Providence's Heart Program achieved or exceeded all expected service targets, performing 1,111 open-heart surgeries, close to 1,400 angioplasties, over 2,300 angiograms and 14 heart transplants. In addition, the Healthy Heart Program had over 16,000 patient visits from across British Columbia, assisting patients with cardiac rehabilitation, and heart disease and stroke prevention programs.

With kidney failure and kidney disease on the rise in British Columbia, Providence continues to plan and expand services. Providence has the largest Renal Program in B.C. Its integrated, interdisciplinary team of caregivers provides treatment ranging from dialysis to kidney transplantation.

Last year, the Renal Program treated more patients than ever. There were 76 transplants, up 21 per cent from the previous year, and close to 73,000 dialysis procedures, an increase of six per cent.

The provincial government increased funding for cochlear implants by \$500,000 annually, allowing Providence to greatly reduce wait times for patients who are profoundly deaf and are not helped by normal hearing aids. Cochlear implants directly stimulate the auditory nerve to partially restore hearing to patients. Providence is home to the only adult cochlear implant program in British Columbia. This new funding will allow us to implant 25 patients per year, an increase of 150 per cent from the previously funded 10 implants.

Providence enhanced its partnership with Vancouver's Women's and Children's Hospital to have better coordination of care for complex and high-risk maternity cases.

We worked with Vancouver Coastal Health in developing a new vision of palliative care – one that will build on the successes of hospital-based palliative care and expand to other internal units and external community settings.

We also worked with regional health partners to redesign and reconfigure the flow through emergency rooms and operating rooms.

residents, but also are active in educating new nurses and in research to deepen and broaden our knowledge of best practices.

During the past year, over 1,000 student nurses had educational experiences across Providence facilities, guided by nursing staff. In addition, Dr. Patricia Boston, a nurse researcher, joined the nursing staff to expand Providence's involvement of nurses in nursing research.

Many of the nurses have or seek additional qualifications and

certifications to give them increased knowledge and skill to meet patient and family needs. Ninety-six nurses have certifications from the Canadian Nurses Association in their areas of specialty practice. Many nurses continue to advance their knowledge and skills. Last year, 48 nurses gained educational preparation to work in the critical care areas such as the Operating Room, Emergency, Maternity and the Renal Program. Others continue to take part-time university courses to finish nursing Baccalaureate or Masters degrees.

How you want to be treated – With Innovation, Responsibility and Courage

The spirit of innovation, the passion for progress, the desire for teaching and the responsibility for sharing knowledge are hallmarks of Providence's internationally and nationally renowned research and academic activities.

The pioneering drive and courageous determination of our researchers yielded impressive achievements last year.

Providence's St. Paul's Hospital was one of the first hospitals in Canada to treat HIV/AIDS patients in the early 1980s. Our Centre for Excellence in HIV/AIDS has continued its tradition of being at the forefront of fighting and treating the disease.

Last year the centre launched a three-year study of HIV rates in young Aboriginal drug users. The study will help develop effective interventions to stop the spread of the virus in urban, rural and reserve settings.

Other studies by the centre continued to research and track disease rates in Vancouver's downtown east side and other high-risk populations, test potential vaccines, and develop therapeutic guidelines for new HIV drugs.

Since 1991, the centre was led by one of Canada's leading HIV/AIDS scientists, Dr. Michael O'Shaughnessy, who retired in January 2004. Providence's Dr. Julio Montaner, also an internationally

renowned researcher in the fight against the disease, replaced Dr. O'Shaughnessy to lead the centre into the future.

Also last year, Providence renovated 20,000 square feet of research and educational space at St. Paul's Hospital to enable the grand opening of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research.

The centre has 250 personnel, including 26 nationally funded principal investigators, and numerous trainees and staff members dedicated to solving the unknowns of heart, lung and blood vessel diseases. Newly armed with a million-dollar confocal microscope (pictured right) – one of the most advanced in Canada – iCAPTURE's scientists and researchers are translating their findings into improved treatments and patient care.

Individual researchers from numerous Providence programs contributed to exciting projects over the past year.

Dr. Jiri Frohlich, head of the Healthy Heart Program's Lipid Clinic, was a co-investigator of the national clinical trials of a new cholesterol-lowering drug. The development is considered the first major therapeutic advance in the past 15 years.

Dr. Scott Lear, also of Healthy Heart, initiated the Multicultural Community Health Assessment Trial – a study of body fat distribution in individuals of different cultural heritages. The study will eventually give the medical

community a better understanding about the health of people of different cultural backgrounds, leading to more targeted and specialized treatments.

Providence heart specialist Dr. John Webb continued his development of a non-surgical heart-valve replacement procedure. Also known as "ship-in-a-bottle" surgery, the new procedure uses a foldable heart valve that can be threaded into a tiny incision, up through a blood vessel to the heart then unfolded and installed remotely, without invasive surgery. The procedure promises to be a major advance that would eliminate open-heart surgery for many patients, reducing costs and enhancing patient recovery times.

Dr. Jim Christenson, Director of Research at St. Paul's Emergency Department, led Providence's participation in a North American study of automatic external defibrillators – a device that shocks an ineffectively beating heart back into normal rhythm. The study found that there was an increase in survivors when cardiac arrest victims were assisted by community volunteers trained to use the defibrillators.

Dr. Laird Birmingham, Providence's Director of the Eating Disorders Program, and Dr. Harvey Coxson of iCAPTURE co-authored a study which discovered that malnutrition damages the lungs, causing emphysema in anorexic patients. Researchers next hope to find whether increased nutrition can help restore lung structure.

Providence's commitment to research and academic training attracts skilled people and professionals, which in turn attract investment and research funds that eventually enable critical breakthroughs for treating patients.



Vanessa Goetzke, Research Assistant, Centre of Excellence for HIV/AIDS, performing tests with the DNA extractor.

“Results of the research carried out at the Centre have led to a dramatic decrease in AIDS-related deaths in B.C. More importantly, these results are currently guiding international efforts to control the AIDS pandemic.”

- Dr. Julio Montaner, Director, Centre for Excellence in HIV/AIDS



Dr. Julio Montaner, (above right) oversees numerous studies and research at the Centre.



iCAPTURE researcher Dr. Tom Podor with graduate student Nana Rezai using the new confocal laser microscope.

“iCAPTURE’s new equipment and people have transformed our ability to make discoveries that will help people who have devastating diseases.”

- Dr. Peter Paré, Director of iCAPTURE

Providence Health Care Financial Statements & Statistics for 2003/2004

STATEMENT OF REVENUE & EXPENSES

As at March 31 (in thousands of dollars)

	Unaudited 2004	2003 (restated)*	Variance
REVENUE			
Ministry of Health	403,885	392,897	10,988
Other Revenue	72,944	64,390	8,554
Amortization of Deferred Capital Revenue	28,840	19,472	9,368
Total Revenue	505,669	476,759	28,910
EXPENDITURE			
Salaries, Wages & Benefits	338,535	325,598	12,937
Medical & Surgical Supplies	31,221	28,554	2,667
Drugs	47,597	44,859	2,738
Other Supplies & Services	64,674	63,643	1,031
Depreciation of Capital Assets	28,840	19,472	9,368
Total Expenditure	510,867	482,126	28,741
Surplus (Deficit) before Undernoted Items	(5,198)	(5,367)	169
Less: Restructuring Costs	1,792		(1,792)
Long-term Disability	2,220	5,481	3,261
Surplus (Deficit)	(9,210)	(10,848)	1,638

*Restated to include Unfunded Long-Term Disability Cost.

BALANCE SHEET

As at March 31 (in thousands of dollars)

	Unaudited 2004	2003 (restated)*	Variance
ASSETS			
Cash & Investments	25,114	38,039	(12,925)
Accounts Receivable	31,323	28,681	2,642
Inventory & Other Assets	8,128	7,647	481
Total Current Assets	64,565	74,367	(9,802)
Investment in Parkade	1,701	1,944	(243)
Land, Buildings & Equipment	172,311	178,385	(6,074)
Total Assets	238,577	254,696	(16,119)
LIABILITIES & NET ASSETS			
Accounts Payable	59,773	64,349	(4,576)
Accrued Vacation & Retiring Allowance	16,337	15,612	725
Total Current Liabilities	76,110	79,961	(3,851)
Accrued Retiring Allowance (Long Term Portion)	22,179	21,808	371
Capital Leases	1,252	3,932	(2,680)
Accrued Long-Term Disability Liabilities	12,767	10,547	2,220
Deferred Capital Revenue	162,941	165,910	(2,969)
Net Assets	(36,672)	(27,462)	(9,210)
Total Liabilities & Net Assets	238,577	254,696	(16,119)

*Restated to include Accrued Long-Term Disability Liabilities

PATIENT CARE VOLUMES

Financial Statements & Statistics for Year ended March 31

	2004	2003	Inc./ (Dec.)	
Inpatient Admissions	22,805	22,369	436	2.0%
ER Visits	74,935	69,970	4,965	7.1%
Dialysis	72,872	68,674	4,198	6.1%
Outpatient Visits	161,063	131,577	29,486	22.4%
Day Care Surgery	18,491	20,759	(2,268)	-11.0%
Total Patient Encounters	350,166	313,349	36,817	11.7%
Special Procedures				
Open Hearts	1,111	937	174	18.6%
Heart Transplants	14	24	(10)	-41.7%
Internal Defibrillators	184	199	(15)	-7.5%
Angioplasties	1,390	1,395	(5)	-0.4%
Angiograms	2,329	2,411	(82)	-3.4%
Kidney Transplants	76	63	13	20.6%
Inpatient Days				
Acute Patient Days	210,232	209,174	1,058	0.5%
Residential Patient Days	263,930	289,221	(25,291)	-8.7%
Total Inpatient Days	474,162	498,395	(24,233)	-4.9%
Occupancy Acute	91.1%	90.4%	0.7%	0.8%
Average Stay	9.1	9.2	(0.1)	-1.0%

Providence Health Care Board of Directors – 2003/2004

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Providence Health Care Society – 2003/2004

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Episcopal Vicar for Health Care, Archdiocese of Vancouver
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Sisters of Charity of the Immaculate Conception

Message from the CEO and Board Chair

Innovation, renewal hallmarks of 2003 - 2004

This was a challenging year for our organization, and one filled with promise and accomplishment.

As expected, we are on track on our three-year fiscal plan for balancing the budget by 2004/05. To that end, we made significant organizational changes while maintaining and improving the level of care offered at our facilities.

As part of our long-term plan for renewal, we voluntarily closed St. Vincent's Hospital, Heather site and consolidated its acute care services at Mount Saint Joseph and St. Paul's hospitals.

The manner in which staff conducted this complex task, completed on schedule, was a major accomplishment and a tribute to the remarkable spirit of all who worked there. St. Paul's and Mount Saint Joseph staff are to be commended, too, as this was also a significant change for them.

And we are pleased to report that the move went as seamlessly as possible for patients and residents. We will not forget the contributions those at St. Vincent's have made over the years.

The consolidation of St. Vincent's was a key strategy in meeting our financial targets, but more importantly, it provides us with an opportunity to renew elder care.

We will now move forward with plans to redevelop and renew the Heather site into a "campus of care," which will feature a continuum of residential care services for the elderly. Services may include



CARL ROY
President & CEO



SANDRA HEATH
Board Chair

independent living, complex residential care and special seniors-focused outpatient clinics on the new site. The redeveloped St. Vincent's will truly be a special place for seniors and their families.

Plans for the renewal of our facilities – known collectively as the Legacy Project – continue to move forward and gather momentum on other fronts as well.

Thanks to provincial government funding of \$3 million, we are developing business cases for the two major options and consolidation of our acute care services into a state-of-the-art teaching and research hospital complex.

One option is for the redevelopment of our St. Paul's site in downtown Vancouver. The alternative site is Station Street on the False Creek Flats, where we could build a brand new facility designed for the delivery of 21st-century health care.

The year ahead will be exciting and pivotal for Providence Health Care, and not without its continued challenges. Our success will be measured by our ability to respond to and thrive on the challenges of ongoing change.

To guide us, we will draw upon the continued leadership of our Founding Congregations for inspiration, and seek partnerships that make us stronger and increase our capacity and ability to serve.

We welcome your continued support as we move forward with innovation and values-based care and a primary focus on "how you want to be treated."