

Partners in Care

Supporting health care together



Providence Health Care
**Patient And Family
Partner Newsletter**

November 2024, Volume 3, Issue 2



Email pfcc@providencehealth.bc.ca to submit story ideas, comments or questions.

Truth and Reconciliation

September 30 marked the National Day for Truth and Reconciliation, a day to honour the children who never returned home from residential schools, the Survivors of residential schools, and their families and communities.

This federal statutory holiday was established in 2021 in response to one of the Truth and Reconciliation Commission's Calls to Action and that challenges us to understand what we must do to redress the dark legacy of residential schools and ongoing colonialism. It is more than a stat holiday – it is a solemn and reflective day where we honour the children who suffered in the residential school system. Public commemoration of the painful history and ongoing impacts of residential schools is a vital component of the reconciliation process.

Upon reflection, we ask ourselves, What more could I do to advance truth, reconciliation and culturally safe care for Indigenous peoples?"

Here are some suggested actions each of us can take to demonstrate our commitments to Truth and Reconciliation:

- Educating ourselves on these issues
- Taking time for reflection and to make personal commitments
- Participating in community events and/or memorials
- Contributing to change efforts (including Orange Shirt Day)
- Supporting or contributing to Indigenous businesses and communities

Indigenous Cultural Safety Resources 2024

Each year, the Indigenous Wellness and Reconciliation Team at Providence Health Care compiles a list of recommended resources ranging from books, documentaries, podcasts and organizations to donate to. [Read the list for 2024.](#)

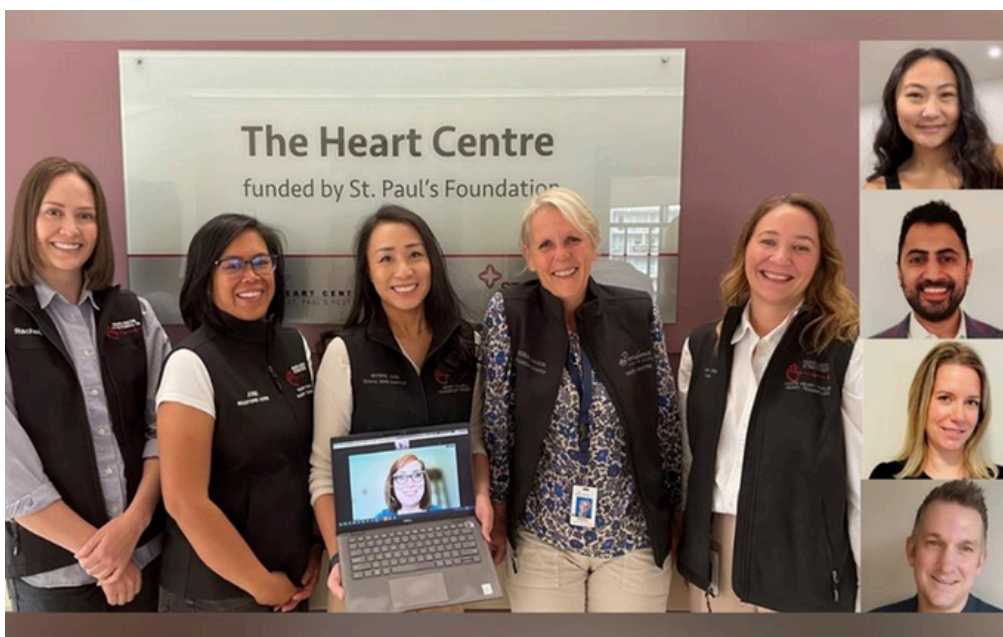


**Providence
Health Care**

How you want to be treated.

providencehealthcare.org

Evaluation of new Peer Mentorship Program will help support heart transplant patients beyond the clinic



L-R: Rachel Milligan, Josie Mackey, Wynne Chiu, Kristi Coldwell, Dr. Sandra Lauck, Kim Brownjohn, Naomi Lee, Marc Bains, Katrien Moore, Dr. Brian Clark.

A new study will evaluate the implementation of a peer mentorship program (PMP) to improve patients' experience of the journey of care to and after heart transplant. The program will connect patients with heart transplants or mechanical heart pumps with new patients to provide support and mentorship.

Implementation of the project funded through VCHRI Team Grant

This project, led by Wynne Chiu, a Clinical Nurse Specialist with the Heart Failure and Transplant Team at St. Paul's Hospital, has received funding through the 2024 Vancouver Coastal Health Research Institute (VCHRI) Team Grant Awards, as well as the Transplant Foundation of BC (TRF). The VCHRI Team Grant Awards support projects that contribute to the improvement of health care delivery and address pressing challenges in health care.

This project is a continuation of work that Chiu and her team began as a pilot through the Providence Health Care (PHC) Practice-based Research Challenge. Chiu is pleased to partner with co-principal investigator Dr. Sandra Lauck, who holds the St. Paul's Professorship in Cardiovascular Nursing at UBC and is a UBC Knowledge Exchange & Mobilization Scholar.

Study made possible through the collaboration of patient partners

Chiu gives credit to all of the patient partners who supported the pilot program, many of whom will also be involved in the new study, including Kristi Coldwell, Naomi Lee, Jillianne Code and Mark Bains.

Before the new PMP is implemented, Chiu and her team will be conducting focus groups with both patients and clinicians to gather more feedback on potential barriers the program may face and strategies to help it succeed. When the program begins, the team will collect information from the mentors and mentees and evaluate the process as they move forward. When the study is complete, the team will have evidence on the best roadmap to successfully and sustainably implementing a PMP as a standard of care.

[Read the full story.](#)

New approach makes breast surgeries easier on patients

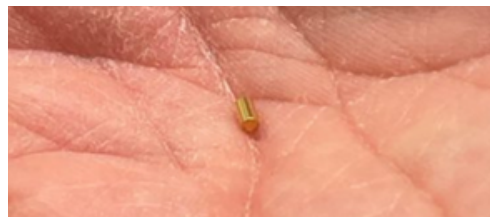
October is Breast Cancer Awareness Month. Breast cancer is the most common cancer among Canadian women, with one in eight being diagnosed in their lifetime.

Finding a potentially cancerous lump in the breast is traumatic, with both patient and doctor keen to remove it quickly. But current practices can make the process uncomfortable and stressful.

Now, a procedure using Canadian technology that is in use at Providence Breast Centre at Mount Saint Joseph Hospital (MSJ) is improving the experience for both patients and surgeons. The hospital, the first in BC to use this technology involving a magnetic seed (other technologies use radioactive ones), performs about 1200 breast-cancer surgeries each year. That's more than any other hospital in the province.

Usually, radiologists mark the location of a tumour to be removed by inserting a long metal wire (or wires) into it, says Dr. Amy Bazzarelli, a surgical oncologist at the centre. The patient must then wait at the hospital for surgery, sometimes for hours, while the other pre-operative steps take place. Meanwhile, the wire protrudes from the breast.

But, thanks to the technology, funded by St. Paul's Foundation donors like Doug and Teri Loughran, radiologists can insert a tiny, 3.2-millimetre magnetic "seed". Or marker into the tumour so it can be removed with greater accuracy.



Magnetic seed

Device adds precision and efficiency, reduces discomfort

After insertion, the patient goes home and returns to normal life until surgery day.

When it's time to excise the lump, the surgeon rolls a magnetic wand over the breast to locate the seed inside it. A digital tablet connected to the wand emits audio and visual cues for greater precision. As the wand moves closer to the seed, a sound on the tablet gets louder. The tablet indicates the distance from seed to wand. The wand also detects the seed in the tumour after it's removed, to confirm it is out of the patient's breast.

Breast-cancer patient Kim Brown is well placed to compare both techniques of tumour removal, one with the wire and one with the breast seed. She has undergone two breast-cancer surgeries at MSJ. The first was in 2005. Almost two decades later, though, the cancer returned. She had her second surgery last year. The first time, she required the wires. "I did not like them at all. They're painful. When you're waiting, it's traumatizing to see them sticking out of each side of your breast." The second time, the seed was implanted two days before surgery. "It was painless. I didn't freak out, whereas you can physically feel the wire. And my recovery time was a lot quicker with the seed. The pain threshold is lower."

Dr. Bazzarelli says feedback from questionnaires has been positive for both practitioners and patients. Smooth and efficient patient care were provided and patient didn't have to spend too much time in the hospital.

"We hope this becomes our standard of treatment in future."

The Knowledge Translation Challenge: Implementing Research to Improve Care

There is often a gap in care between research evidence for best practice and its application in a clinical setting. In 2016, Aggie Black (Director, Health Services and Clinical Research and Knowledge Translation) pioneered the [Knowledge Translation \(KT\) Challenge](#), an initiative designed to empower health care providers with the tools, mentorship, and resources necessary to effectively implement evidence-based practice changes.



Putting research into practice

This innovative program recognizes that while many health care professionals possess extensive clinical expertise, they may lack specific knowledge about how to implement best practice changes into a clinical setting, a part of knowledge translation. By offering both financial support and comprehensive training, the KT Challenge helps practitioners use up-to-date research to improve health care policy and practice and enhance the quality of care provided to patients.

The KT Challenge is open to anyone interested in implementing changes to improve practice across Providence Health Care, Vancouver Coastal Health, and BC Cancer. This year is also the first year that teams from Northern Health and Fraser Health are welcome to apply.

Partnering with patients to strengthen evidence-based practice

Improving care is important, but it has to be important not just to the care team, but to the patients themselves. That's why all teams for the past three years are required to include a patient or family partner. There are also patient or family partners who review the project proposals and provide helpful feedback, including concrete suggestions on what to follow-up on once the project is finished.

"Working on the KT Challenge as a patient partner on the Delirium Prevention Strategy for the St. Paul's Hospital Surgical High Acuity Unit was highly personal for me," says patient partner Anita David. "Calla provided me with a safe and welcoming environment to share my own story of delirium. I wanted to work on this project because it is important for healthcare workers to know that for me and other patients like me, we experience these delusions as reality until we have the time and space to make sense of them. But in those very real moments, it can be terrifying and disturbing. For me, it was very much alive inside my head and all I needed was a kind face to reassure me that what I was experiencing would pass and that someone was there for me. I loved working on this project, not only because it helped me make sense of my delusions while in hospital, but also because the study will benefit many staff and patients alike."

Interested in being a patient partner on a future KT Challenge project? Contact pfcc@providencehealth.bc.ca

Meet & Greet

Robert (Bob) Strain, Patient Partner



For this edition's Meet and Greet, let's get to know Bob Strain, Patient Partner and Patient Health Education Materials (PHEM) Committee!

How long have you been a patient/family partner with PHEM Committee?

At least 13 years.

What is your favourite thing about this work?

My favourite thing about being a patient partner is the thrill and happiness that grows with each patient exchange.

Why is plain language important to you?

Nothing needs to be communicated in ambiguous terms.

If you had to describe yourself in three words, what would they be?

Dedicated, thorough, curious.

What book and/or podcast are you currently reading or listening to?

Detective novels and/or Wild West old-school chronicles of the lawless days.

What is the most interesting place you have ever traveled to? China

What is your go-to comfort food? Chipits Semi-Sweet Chocolate Chips by Hershey.

What piece of advice would you give to your younger self?

Instead of working as if there is not time left, enjoy all that is around you - retire earlier to explore more places of wonder in-depth.

What's the most valuable piece of advice you've been given?

Whatever job you are doing is not over until you've investigated every facet of it.

Photo Gallery

McSpadden County Fair

November 2024, Volume 3, Issue 2



What a day at the McSpadden County Fair! Our new St. Paul's Hospital and recruitment teams loved connecting with locals and fellow health care providers, and sharing all the exciting details about the new hospital project. Plus, our teams had a blast watching the zucchini races—300 zucchinis zooming, including two from our own team!

Topped Out

Exciting news! The new St. Paul's Hospital has officially topped out at 11 storeys, marking a significant milestone. With over 4.3 million hours worked and more than 1,400 tradespeople on site daily, this accomplishment reflects the exceptional collaboration between the skilled team at PCL Construction and our New St. Paul's Hospital Project Team. We're one step closer to opening our doors in 2027.



Overdose Awareness Day



To honour International Overdose Awareness Day, members of the PHC Urban Health Team and community partners were outside St. Paul's Hospital to share life-saving information about overdose prevention and response with staff, patients and passersby. Visitors could watch naloxone demonstrations, add to a memorial display, and spin a trivia wheel to test their knowledge.

Transplant Stories Captures the Life-and-Death Drama Behind Organ Transplant

Providence Health Care's (PHC) nurses, doctors, allied staff and more are featured in **Transplant Stories**, a new four-episode TV series that follows the personal life-and-death drama behind the many organ transplants performed each year in Canada and [British Columbia](#).



The series, made in partnership with Vancouver Coastal Health, BC Transplant and other will be broadcast starting November 19 on the [Knowledge Network](#) (BC only) for four consecutive Tuesdays at 9 pm PST. [Watch the free live streams.](#)

Throughout the series, transplant patients and their families and friends share their personal highs and low of the experience.

Unsentimental stories tell the realities of transplant

Each episode profiles several people desperate for the call that could save their lives. These are gritty, unsentimental stories that depict the joy of receiving a life-saving organ and the crushing disappointment of missing out.

You'll see St. Paul's Hospital's transplant doctors including Dr. Anson Cheung and Dr. Mustafa Toma along with cardiac transplant nurses like Wynne Chiu as they support Angela, a patient with a condition that hardens her heart muscles and urgently needs a new heart.

Series has potential to normalize organ donation and transplant

For Dr. Mayson, a renal transplant surgeon at St. Paul's Hospital, the value of the series is its potential to normalize discussions around organ donation and transplantation. "Death the dying are difficult topics for everyone, and the uncertainty about what happens after we pass away adds to this discomfort. Hopefully people will see that if we choose to donate our organs, what is certain after we die is the lasting impact we make by improving or prolonging other people's lives," he says.

Check Out What is Happening at Providence!



[Person and Family
Centred Care](#)



[Daily Scan](#)



[St. Paul's Foundation](#)



[Providence Research](#)

*If you would like to subscribe
to Partners in Care email
pfcc@providencehealth.bc.ca
or scan the QR code*

