Partners in Care
Supporting health care together

Providence Health Care
Patient And Family Partner Newsletter
October 2025, Volume 4, Issue 3

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

Building on a vision: Construction begins at St. Vincent's: Heather Long-Term Care Home

Construction has officially begun on **St. Vincent's: Heather**, a new long-term care home in Vancouver that will welcome 240 residents when it opens in late 2028.

Located at 33rd Avenue and Heather Street, this 13-storey building is inspired by Providence Living at The Views in Comox—Canada's first public long-term care village. St. Vincent's: Heather brings that same innovative, person-centered model to an urban setting.

Built on the former site of St. Vincent's Hospital, the new home will focus on joy, autonomy, and emotional connection. At its core is the Home for Us model, which replaces institutional routines with meaningful relationships and personal choice.

"We're building more than a care home," says Mark Blandford, CEO of Providence Living. "We're creating a space where emotional connections matter most, and home is a feeling—not just a place."

The design includes 20 households, each with 12 private rooms and ensuites. Shared living, dining, and activity spaces will foster community. Some suites will allow couples and families to stay together.

A rendering of the future St. Vincent's: Heather long-term care home.

The ground floor will be a vibrant hub with:

- A bistro and market
- Sacred space for spiritual practices
- Community hall and theatre
- Library and multi-purpose room with mountain views
- Catholic chapel, salon, and therapy spaces
- A 37-space childcare centre for intergenerational connection
- On-site dental and primary care services

"This home will reflect our commitment to knowing each resident personally," says Fiona Dalton, CEO of Providence Health Care.

To learn more or watch the fly-through video.

How St. Paul's Hospital is changing the story of chronic pain

Imagine living with relentless pain for nearly 20 years—pain no surgery could fix, and that some doctors dismissed as imaginary. That was Keith Meldrum's reality.

His chronic pain began after a near-fatal car accident at 16. "I was just a young, dumb 16-year-old who found out the hard way that if you drink a bunch of alcohol and don't get any sleep, you will roll your car down a bank," he says. Multiple surgeries left him with chronic abdominal wall pain, and most treatments failed—including one that collapsed his lung.

In 2004, Keith arrived at St. Paul's Hospital, doubtful but desperate. Instead of dismissal, intake doctor David Hunt said, "It's OK, we believe you." Keith calls it "a defining, pivotal change."

He received his first spinal cord stimulator in 2005, which helped reduce his pain and allowed him to focus on self-management strategies like breathing techniques, exercise, and mental health care. "My wife broke down in tears… because it had that much of a profound effect not only on me, but on my family."

Left: Dr. Vishal Varshney; Right - Keith Meldrum

Keith became an advocate, sharing his story and educating others. "It's not just going to be one pill or one injection… it really needs to be addressed from all different angles," says Dr. Varshney, Chair in Pain Management at St. Paul's.

In 2021, Keith received a dorsal root ganglion stimulator, and continues to travel from Kelowna for regular care. He praises the team's collaborative approach: "You're often spoken to, not spoken with. To have a meaningful conversation is empowering."

Check out Keith's path to relief: Personal care that made all the difference video.

Patient Partners Help Shape Accessible Remote Waiting System at St. Paul's Hospital

On October 1st, Providence launched the new *I'm Here Now!* Remote Waiting System in three outpatient clinics at St. Paul's Hospital: the Heart Transplant Clinic, Adult Red Cell Disorders Program and the Outpatient Department, including Orthopedics and Hand & Plastics. This mobile-friendly tool lets patients use their phone, tablet or computer to notify the clinic when they arrive using a link sent by text or email. Instead of sitting in waiting rooms, patients can wait in nearby spaces until their clinic messages them with next steps.

What makes this project unique is how it was co-designed with patients and staff from the very beginning. Patient partners, including members of the Canadian National Institute for the Blind (CNIB), worked alongside the project team to shape the design of the patient interface. Their lived experiences ensured the system works for everyone, including people with vision loss and other disabilities.

"What stood out the most to me was that we were there to co-create, contribute, and make change happen," shared Anne Mok, a patient partner. "As someone who is blind and lives with multiple health conditions, I've often encountered systems that weren't built with accessibility in mind. But from the very beginning of this project, it was clear that things were different."

Another patient partner, Iris Thompson, agreed:
"My favorite part was being able to share my insights and ideas to make the experience more accessible and inclusive for others. The team truly listened, and during the trial run I found the system easy to navigate, well laid out, and simple to understand."

The *I'm Here Now!* system is one of many ways Providence is introducing new technology ahead of the move to the new St. Paul's Hospital. With less than two years until opening day, the early rollout gives teams the chance to identify and resolve issues early. Users tested the system to ensure full compatibility with screen readers and text-to-voice messaging, making it more inclusive for patients with visual impairments or reading challenges.

As Anne puts it, "Accessibility isn't just about compliance—it's about compassion."
And compassion sits at the heart of Providence's mission. By bringing together staff, patients, and community voices, Providence is building a more inclusive and human-centered health care experience—one that will carry into the new St. Paul's Hospital in 2027.

Anne Mok, a blind Asian woman, with long wavy brown hair, stands outdoors surrounded by tall evergreen trees. She is smiling warmly at the camera. Anne is wearing a cream-colored lace dress with flared sleeves and a ruffled hem, and she holds her white mobility cane in her right hand.

Iris Thompson, a blind Caucasian woman, with dark blonde wavy hair, stands outside a door. She is smiling widely at the camera. Iris is wearing a grey zip-up jacket over a yellow t-shirt and blue jeans. Beside her stands her yellow Labrador Retriever guide dog, wearing a brown leather harness with a white handle.

Lived experience and life long advocacy:

Peer interview with Hazel in recognition of International Overdose Awareness Day

In honour of International Overdose Awareness Day, observed on August 31, Providence Health Care recognized the vital role of Peer Support Workers like Hazel at Ribbon Community. Peers offer lived experience, empathy, and advocacy—qualities that help patients feel truly seen and supported.

Can you share your own journey to becoming a peer?
I started as a peer in 2019 at Kilala Lelum, working through COVID and supporting the Downtown Eastside community. After a break, I joined the Women's Centre and later worked at a shelter I'd once stayed in—giving back to places that helped me. When I saw a posting at Ribbon, I was hesitant, but with encouragement and support, I applied and was hired. It felt full-circle, as I'd once been helped by a Ribbon peer. I've now been here two years, working with the John Reudy Clinic (JRC), where I've also been a patient for 14 years. Ribbon truly supports its peers, and I feel grateful to be part of the team.

What's your favourite part about working as a peer?
I love connecting with other peers—laughing, sharing, and supporting each other. Seeing growth and working alongside the care team makes it a great place to be.

Can you tell us about how "peers do it better"?
Lived experience makes us stronger. We learn quickly, stay mindful, and listen deeply. We advocate when needed, but always work as part of the team—with empathy and heart. We collaborate well with nurses and social workers, and always approach care with good intentions.

How has the toxic drug supply crisis impacted your community and you personally?
The toxic drug crisis has devastated many, especially Indigenous communities. I've seen its impact both here and on reserves—families broken by grief, young lives lost, and a system that treats people as disposable. These aren't overdoses—they're accidental deaths caused by pain and toxic supply. My son died on May 21, 2023, after using something toxic. He wasn't a regular user—just hurting and alone that day. His death changed my life. For two years, I was numb until I joined a grief program. I'm the matriarch of my family, and his loss shattered us. He left behind a son, a daughter-in-law, and grandchildren. I honour him through ceremony and by living in a way he'd be proud of. Grief from preventable loss is overwhelming. I've heard the cries of mothers at their child's casket—cries I never thought I'd make, but I did. Grief is love with nowhere to go, and I try to channel that love into family and advocacy.

What responses to the toxic drug crisis from PHC have been encouraging? What do we still need to see for meaningful change?
PHC has made strong progress with initiatives like Overdose Prevention Site (OPS), Addictions Medicine Consult Team (AMCT), Indigenous Wellness, peer support, and detox services. But we need longer detox stays —just a few extra days can be life-changing. I've seen it firsthand. We also need clearer information on treatment centres and second-stage housing so people know their options.

How can hospital staff further support harm reduction practices?
We have strong programs and resources in place, but we must keep evolving—especially by expanding supports for people who use alcohol.

Bringing Humanity to Health Care, One Introduction at a Time

At Providence Health Care, compassion is more than a value—it's part of everyday care. On July 23, staff marked Hello My Name Is Day by celebrating the power of a simple introduction to build trust, connection, and dignity.

We spoke with Tasia Tsatsanis, Leader of Quality of Life and Resident Experience in Long-Term Care, and Vanessa Lewis, Practice Consultant for Person & Family Centered Care, about why this campaign matters.

"It's the first step in creating connections with the people we serve," says Tasia.

"A simple introduction really sets the foundation for a good experience," adds Vanessa.

The two began working together during Patient & Resident Experience Week in 2023 and have since collaborated on projects that amplify the voices of patients, residents, and families—core to Providence's person- and family-centered care.

Vanessa Lewis, Practice Consultant, Person & Family-Centred Care, and Tasia Tsatsanis, Leader, Quality of Life and Resident Experience.

'Simple acts have a big impact'

Tasia leads the Home for Us model, which moves away from institutional routines and toward more personalized, home-like environments. Vanessa works to improve care through meaningful partnerships and engagement.

Both see the #HelloMyNameIs campaign—started by Dr. Kate Granger—as a powerful reminder of the human side of health care. "Health care is busy and high-pressure," says Tasia. "But these small acts can make a world of difference."

Vanessa agrees. "As our work gets more complex, taking a moment to introduce yourself becomes even more important. Patients and families meet so many people in a day—it helps them feel seen."

They've witnessed the impact firsthand. Vanessa recalls patient partners saying introductions made them feel more at ease. Tasia sees it daily in Long-Term Care, where residents with dementia visibly relax when staff introduce themselves—even for the hundredth time.

"Simple acts have a big impact," says Tasia. "It may seem small to us, but to others it could mean the world."

The WOW approach

At Providence, this kind of care is the norm. Staff use the *WOW* approach: Who you are, your Occupation, and What you're doing. It's one way the organization fosters empathy, respect, and connection—not just with patients, but with each other.

Meet & Greet

Hugh Alley (He/Him), Patient Partner

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For this edition's Meet and Greet, let's get to know Hugh Alley, Patient Partner

How long have you been a patient/family partner? Since 2020

What is your favourite thing about being a patient/family partner?
I keep hoping that my input is helping make it easier for other patients, or easier for people providing care to do their jobs. My "day job" for the last 30+ years has been as an industrial engineer, and I'm all about making work easier so people feel like it's easier for them to make a difference.

Tell us about a project or committee you were involved in as a Patient Family Partner at Providence health Care and how you were involved.
Since 2020 I've been one of a group of patients participating in the ICD Education sessions. These sessions are for patients who are considering getting an ICD (implanted cardiac defibrillator). We put on these sessions once a month in partnership with staff from the St. Paul's Device Clinic. As a patient with an ICD, I'm there to answer the questions about what it's like to live with a device. As part of that team, I was able to participate in a paper that was published reporting on the results of this initiative (people generally leave feeling more relaxed about the idea of having an ICD), and this fall I'll be presenting the results at an international Patient Voices Conference in Vancouver.

What has been your greatest learning in the patient/family partner role?
I have learned to be more patient (both professionally and as a patient), and I have learned how stressful being a patient can be. My own experience hasn't been so stressful because I've never known anything else; I've been in the system since birth. However, my work with other patients has helped me see that for people coming into it as an adult – particularly as an adult later in life – it's a very stressful experience.

What is the most interesting place you have ever traveled to?
Canada's high arctic. The landscape is austere but beautiful. The light is amazing. The people are so warm.

What's your go-to comfort food? Some kind of fish dish -trout, arctic char, salmon, pickerel

Who is your favourite music artist? Bruce Cockburn

What book and/or podcast are you currently reading or listening to?
Current book is Native: Identity, Belonging, and Rediscovering God by Kaitlin B. Curtice. Last two books (read in parallel) were Breath: The New Science of a Lost Art by James Nestor, and the novel Moon of the Crusted Snow by Waubgeshig Rice.

What's one thing we'd be surprised to learn about you? I have written two books about the skills needed by front line leaders (supervisors): Becoming the Supervisor – Achieving Your Company's Mission and Building Your Team, a fictional story about a young supervisor as his manager coaches him to learn core skills, and The TWI Memory Jogger, a supervisor's field guide to the skills of instructing, improving performance, and improving how work gets done.

Photo Gallery

Chénchenstway



Fall has been active at Chénchenstway, with staff joining Indigenous Wellness Liaison Dalena Beitel and Elders Walter and Lois for coffee, ceremony, and conversation in the newly named xaʔɬəmətelə ("caring/watching over place"). Six residents also attended a Pow Wow in Langley, supported by staff and volunteers. These gatherings strengthen cultural connections, renew energy, and foster a deep sense of belonging.

St. Vincent's: Heather Renderings



Construction is underway for the new St. Vincent's: Heather long-term care home, set to welcome 240 residents in late 2028. Located at 33rd and Heather, the 13-storey facility builds on the success of Providence Living at The Views in Comox, bringing its innovative care village model to Vancouver.

International Overdose Day

Left to Right: Jennie Coll, Di Xu, Sunny Manhas, Ayan Salad, Naomi Watt, Ian Haynes, Serena Eagland, Monroe (companion)

Lizzy O'Sullivan from Moms Stop the Harm

To mark International Overdose Awareness Day, PHC's Urban Health Team and partners shared overdose prevention info outside St. Paul's Hospital. Visitors saw naloxone demos, contributed to a memorial, and tested their knowledge with a trivia wheel.

Volunteer Opportunity/Announcement

Patient Safety Week (October 27 - 31)

Healthcare Excellence Canada is hosting a special edition of the Spotlight Series. These webinars will explore how safety is shaped not only by systems and policies, but also by the voices of those delivering, receiving and supporting care.

Health Literacy Month (October)

PHC's PFCC team is hosting a virtual webinar ***Creating Patient Health Education Materials*** on October 27 between 1130-1230pm. Interested in joining? Email an expression of interest to pfcc@phc.ca

Where's the Patient Voice in Health Professional Education

November 12-15, 2025
Marriot Pinnacle, Vancouver, BC
Register here.

The conference is about practice, innovation and theory that embeds the patient/client voice in health and social care education. Over three days, participants will present examples of collaborations between educators and patient/community groups that bring the authentic and autonomous voiced and lived experiences of patients into the education of current and future health and social care of professionals.

Check Out What is Happening at Providence!

Person and Family Centred Care

Daily Scan

St. Paul's Foundation

Providence Research

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