



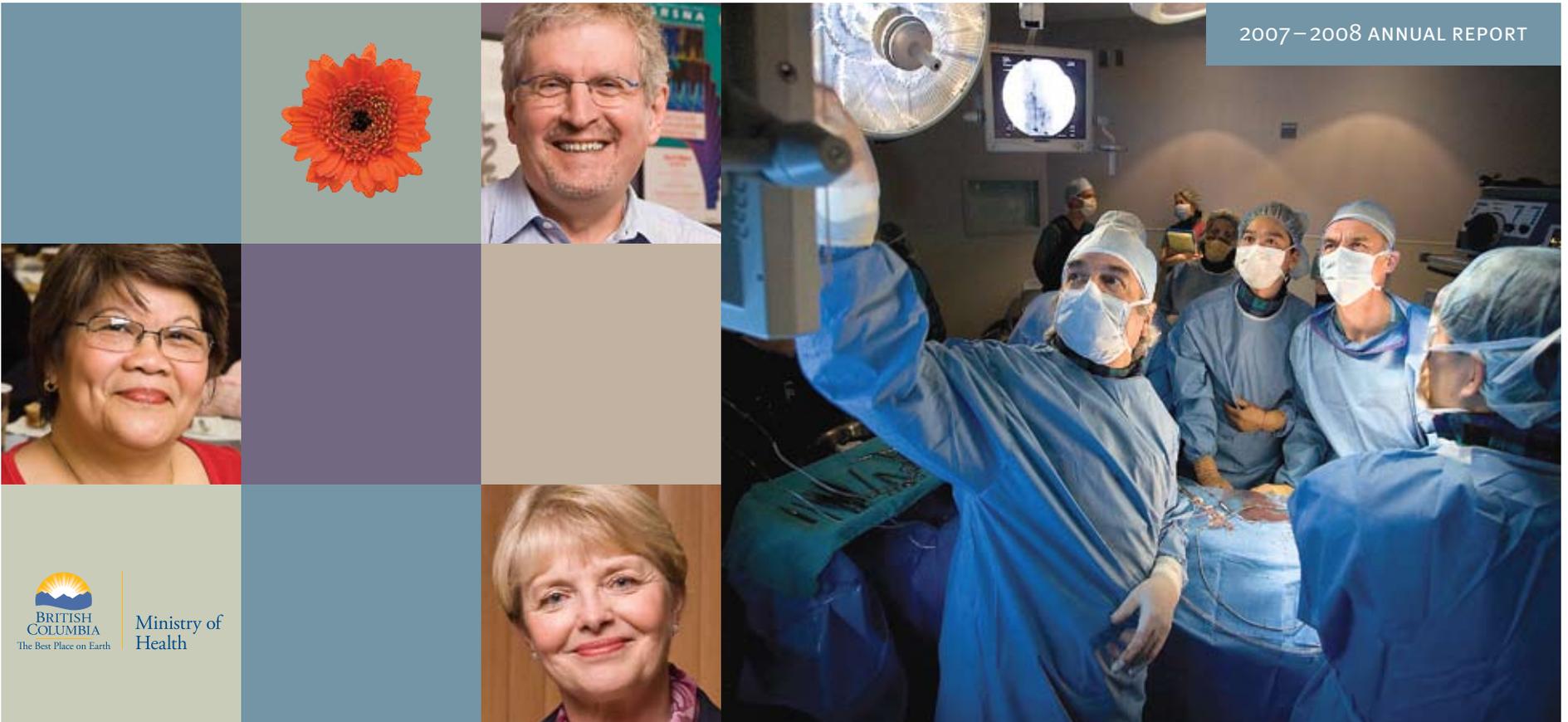
How you want to be treated.

PROVIDENCE CARE GIVERS ARE JUST THAT, GIVERS. THEY GIVE OF THEMSELVES TO PATIENTS, FAMILIES AND RESIDENTS THROUGH THEIR WORDS, DEEDS AND SPECIAL CONTRIBUTIONS.

care, givers

www.providencehealthcare.org

2007 – 2008 ANNUAL REPORT



Ministry of Health

St. Paul's Hospital | Holy Family Hospital | Mount Saint Joseph Hospital | St. Vincent's Hospitals: Brock Fahrni, Langara, Honoria Conway-Heather | Youville Residence | Marion Hospice
Community Dialysis Clinics: Sechelt | Richmond | Powell River | Squamish | North Shore | Vancouver

Providence Health Care

Providence Health Care is one of the largest faith-based health care organizations in Canada, operating 13 sites in Vancouver, BC (with a 14th facility scheduled for opening in the Summer of 2008). Providence's programs and services span the complete continuum of care and serve people throughout BC.

Providence focuses its services on six "populations of emphasis": people with cardiopulmonary risks and illnesses, people with kidney disease, people living with HIV/AIDS, vulnerable people in urban settings, seniors, and people living with mental illnesses.

In coordination with its health partners — including the Ministry of Health, Vancouver Coastal Health, and the Provincial Health Services Authority — Providence is renowned for its research in more than 30 clinical specialties. It's home to the Heart + Lung Institute at St. Paul's Hospital, the Heart Centre, the BC Renal Agency, the BC Centre for Excellence in HIV/AIDS, the Centre for Health Evaluation and Outcome Sciences, and the iCAPTURE Centre for Cardiovascular and Pulmonary Research. And while large enough to support the most

advanced medical technologies, it 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 and Simon Fraser University.

Holy Family Hospital is a recognized leader in the provision of specialized rehabilitation for older adults and residential care. 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 (140 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 home that is home to 84 residents. Located in a garden setting, the residence has a full complement of staff trained to care for elderly people.

St. Vincent's Hospitals include two residential care sites — Langara (a long-term care home to 221 residents) and Brock Fahrni Pavilion (an extended care home to 150 residents, many of whom are armed forces veterans). A new campus of care is currently under construction.

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 cardiac services, HIV/AIDS and kidney care. St. Paul's Hospital has 520 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.

Community Dialysis Clinics are part of Providence's dialysis services for people with kidney disease. Clinics are operated in Sechelt, Powell River, Richmond, Squamish, Vancouver, and Vancouver's North Shore.



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Honouring the “Givers” tells the Providence story

When we look at performance benchmarks in health care, we report statistics, ratios and timing. Our financial reports show where money came from and where it was spent. What these numbers don't reveal is who's behind these advances, these positive outcome measures and these care delivery improvements. This annual report includes the numbers and balance sheets we use to report to our community, but it also features the special people at Providence who understand that health care is not about numbers — it's about relationships, caring, families and positive experiences.

As you read, you will meet just a few of the dedicated individuals who are the heart and soul of Providence Health Care. Their stories of commitment — above and beyond their job description — are worth reading. When we went looking for these stories to help us report on the past year, we found hundreds. The few stories selected are just the tip of the iceberg. The real point of these stories is to show how Providence-run facilities are special because of the people inside.

In this report we have also documented our growth and development, particularly as it relates to improved care. A large part

of our effort to improve care focuses on research, particularly in our provincial areas of emphasis, which include heart and lung diseases, HIV/AIDS, seniors' care, renal care and mental health and addictions.

Renewing St. Paul's Hospital

Increasing pressure to deliver services to patients and residents from across BC fuels the growth that we're experiencing at Providence Health Care. Now that we have the residential-focused Campus of Care underway at our former St. Vincent's site, this pressure continues to focus our attention on the renewal of St. Paul's Hospital, a building that cannot meet the needs of the acutely ill population it serves. As we described in last year's annual report and to our stakeholders in a myriad of face-to-face meetings, we are seeking a “two site solution” to rebuild St. Paul's. One site will be a state-of-the-art facility that can provide the best health care services anywhere in the world. (Conceptual drawing pictured above.) The second site would be the current St. Paul's Hospital building, adapted to provide clinics and services most needed by downtown and West End residents.

The inability of the existing building to meet current needs is a great concern. We at Providence are working closely with all stakeholders and decision makers to move this project forward as quickly as possible to deliver the specialized care that British Columbians need and deserve.

...health care is not just about numbers — it is also about relationships, caring, families, and **positive experiences.**

Sincerely,

Dianne Doyle,
President and CEO

Kip Woodward,
PHC Board Chair





Year In Review

THROUGHOUT THE FISCAL YEAR OF 2007-08, THE STAFF, PHYSICIANS AND VOLUNTEERS OF PROVIDENCE WORKED HARD TO CONTINUOUSLY IMPROVE THE CARE OF PATIENTS AND RESIDENTS. USING PROVIDENCE'S FIVE STRATEGIC PRIORITIES, THEIR SUCCESSES ARE SUMMARIZED BELOW:

Goal 1 — Providing Excellent Service and Care

Excellent service and care requires a focus on innovation, of which there was no shortage at Providence. For example, the surgeons and cardiologists at St. Paul's Hospital unveiled a new \$3.8-million state-of-the-art cardiac operating room to accommodate the growing number of breakthrough heart procedures being pioneered at the facility.

Patients at the end of their lives also need and deserve innovation in their care. Thanks to some "out-of-the-box thinking" the Palliative Outreach and Consult Team (POCT) was formed.

In addition to providing consultation services, POCT assists staff in identifying patients or residents who would benefit from symptom management, advanced care and end-of-life planning. POCT also provides support and counseling.

Finally the newly opened Thyroid Clinic will allow Providence to offer one location where British Columbians with thyroid disorders can receive diagnosis, treatment, and education.

When it comes to excellent care, Providence also promotes an emphasis on safety. Providence staff, leaders, and physicians have fostered a safety culture that focuses on prevention — not

blame — and emphasizes innovation and cooperation to address occupational, patient, resident, staff, facilities and program needs. Our efforts in the past year have been focused on engaging and educating all stakeholders through innovative practices, events and communication — constant reminders that safety comes first.

Goal 2 — Supporting Research and New Knowledge Integration

Under the guidance of the Providence Health Care Research Institute, the quantity and quality of research and new knowledge integration occurring within Providence's hospitals and residences is overwhelming — the culture of research excellence permeates every aspect of the care at Providence.

Providence is especially proud to have formed the Providence Heart + Lung Institute at St. Paul's Hospital, an innovative new organization that builds a needed bridge between heart and lung disease prevention, care, rehabilitation and research. (See page 10).

Congratulations to Dr. Thomas Kerr, from the BC Centre for Excellence in HIV/AIDS and Dr. Adeera Levin, a research scientist with the Centre

for Health Evaluation and Outcomes Sciences who are this year's shared recipients of the "PHC Research and Mission Award." In other research news from the past year, everyone at Providence helped the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research celebrate its 30th anniversary.

From the past to the present, the Providence Health Care Research Institute welcomes the following new researchers:

Dr. Khaled Ramadan, joins the Division of Hematology, St. Paul's.

Dr. Ehud Ur is the new Head, Division of Endocrinology at St. Paul's.

Dr. Pascal Bernatchez joins Providence as an Investigator at the iCAPTURE Centre.

Dr. Gordon Francis (Pictured on this page with his research team) joins Providence as Director, Healthy Heart Program Prevention Clinic and Director of the Heart and Stroke Foundation Lipid Research Laboratory. He is also an Investigator at the iCAPTURE Centre.

Dr. Michael Krausz was appointed as the Providence Health Care BC Leadership Chair in Addiction Research.

Drs. Chris Richardson, Carlo Marra and Larry Lynd join Providence as Research Scientists with the Centre for Health Evaluation and Outcome Sciences.



Wedding planner

Bonita Elliot knew her critically ill patient's lungs were failing. Attached to lifesaving equipment, the patient too was aware that she didn't have long to live. As the Operations Leader in St. Paul's Intensive Care Unit (ICU), Bonita asked the patient what she wanted in the last days or weeks of her life. "To see my son's wedding" was her reply, an event planned for the following weekend. Both women knew that leaving the ICU was not possible. Bonita agreed to hold the ceremony in the ICU and although the patient and her family were only expecting a room for their quiet ritual, Bonita set to work. She ordered a cake, she decorated the room, she picked and arranged flowers from her own garden. She and her staff dressed the groom's mother, curled her hair, did her make-up. Bonita ordered coffee for the reception and another cake so all the staff could celebrate. The ceremony was spiritual. The struggling patient passed away quietly six days later. When Bonita is asked why she did all this, most of it on her own time and with her own resources, she said: "If I were in the same position, I'd want someone to do this for me. It was the right thing to do. That's all."



Year In Review



Honorita Conway at St. Vincent's
Heather when under construction

Goal 3 — Attracting and Retaining the Best People

One of Providence's proudest moments in the past year was being selected as one of the 20 Best Employers for New Canadians for 2008, a designation that recognizes the nation's best employers of recent immigrants. Providence was the only health care organization in western Canada recognized in 2008 for its progressive work policies, education and training opportunities and competitive compensation that assist new Canadians in making the transition to a new workplace and a new life in Canada.

Providence also undertook a new program last year to help international nurses overcome barriers. This 16-week Internationally Educated RN (or IEN) program, held in conjunction with Kwantlen University College, is aimed at foreign-trained English-speaking RNs who meet certain criteria. There were eight nurses in the first intake of the program. Providence hired four of them — two from the Philippines and two from China.

Another success was celebrated following the spring 2007 recruitment

drive in the United Kingdom which resulted in the hiring of nearly 90 employees, surpassing Providence's target of 80 new staff members from the campaign.

Goal 4 — Living Our Mission Every Day

Living the mission is a fact of life at Providence for many of its staff, volunteers and physicians, and indeed, its board members. Last year, Sister Margaret Vickers, currently on the Board of Directors at Providence Health Care, was awarded Canada's highest civilian honour — the Order of Canada.

As part of Providence's stewardship pledge, The Green Team was formed to reduce Providence's carbon footprint and overall environmental impact. This volunteer team is looking at transit/community, wastes disposal, energy use, recycling and other related issues.

Goal 5 — Achieving Strategic Growth

Like Providence's founders, the current leadership is committed to growing to meet the greatest patient and resident needs. Last year, the greatest need included the St. Paul's emergency room, which redesigned and refurbished its "fast track" unit. This unit, officially opened by Health Minister George Abbott, will reduce wait times and improve around-the-clock patient care. March 2008 also saw the completion of the new hemodialysis unit at St. Paul's. The \$1.34 million renovation expands the functionality of support spaces for staff, addresses infection control issues, enhances patient safety and improves workplace efficiency.

Finally, work on the assisted living building at the St. Vincent's Heather site in Vancouver continued over the past fiscal year and is nearing completion for a summer 2008 opening. This new residence will include 60 one-bedroom assisted living apartments for seniors,

as well as eight supportive housing arrangements for adults with disabilities on the main floor. The assisted living building is the first component on the site of the campus of care for seniors, and is part of Providence's plan for the renewal and redevelopment of residential services.

The Sisters of Charity of the Immaculate Conception have chosen a new name for the residence in recognition of their Foundress, Sister Honorita Conway. The new building will be called Honorita Conway at St. Vincent's Heather.





Choir master

As a music therapist, Lennie Tan uses music's healing powers to help older people maintain their health and to promote social interaction. She leads a group of elders at Mount Saint Joseph Hospital's extended care unit in twice weekly music therapy sessions, something they love and eagerly await each time. But, despite her lively sessions, some participants told Lenny they still felt elderly and unproductive. She realized that, while the music might be helping individual residents, it was not enabling them to help others. And she couldn't let that idea go. That's why she formed the "Evergreen Choir."

Lennie takes this group of musical elders beyond the walls of their residence and out into the community to perform for other patients and resident groups in need of music therapy. The logistics are difficult as many of the performers use wheelchairs and other aids. But that has not stopped Lennie from helping these seniors contribute to the world around them, giving them a sense of purpose and meaning. Lennie is surprised that she might be singled out for this work. "This is not a job to me. I love these residents. That's why I do it. They are my family. This is their home and I feel it's my home too."



Seniors, Rehabilitation and Residential Care at Providence

PROVIDENCE BELIEVES THAT CARING FOR ELDERS IN OUR SOCIETY IS A PRIVILEGE AND AN HONOUR. PROVIDENCE CARES FOR SENIORS AT EVERY ONE OF ITS FACILITIES. PROVIDENCE ALSO UNDERSTANDS THAT CARING FOR ANYONE IN A RESIDENTIAL SETTING REQUIRES MORE THAN GOOD HEALTH CARE. IT REQUIRES A COMMITMENT TO MAKING A HOME-LIKE ENVIRONMENT AS WELL AS CULTURAL SENSITIVITY.

Rehab: A Path to Health

Innovation in rehabilitation remains a commitment from the staff of Holy Family Hospital, where people from across BC come for specialized services. Last year, the staff in outpatient rehabilitation started several innovative new programs including “Living a Healthy Life with Chronic Conditions.” Participants develop skills to cope with physical and emotional challenges often experienced as a result of living with chronic conditions — how to manage symptoms; getting started with healthy

eating and exercise; and communicating effectively with health care providers. The staff also created the popular Driver Rehabilitation Program “Helping Mature Drivers Stay Safe,” which offers a comprehensive driver assessment and rehabilitation program for adult and older adult drivers aimed at maximizing safety and independence with community mobility.

Centre for Healthy Aging at Providence

Caring for our society’s seniors is of critical importance, but the people at Providence are also committed to research that will improve knowledge of how to care for seniors and keep them well as long as possible. The Centre for Healthy Aging at Providence (CHAP) sees itself as a catalyst for improving the lives of older British Columbians through leadership, evidence-based research, and advocacy. In keeping with the Providence Health Care Research Institute’s commitment to conducting relevant research, CHAP investigates real-life issues in care delivery and uses a practical approach to resolve them.

During 2007-08 CHAP received the Faculty of Medicine’s award of recognition for Innovation in Continuous Medical Development and Professional Development for their “Annual Leadership Program for

Medical Directors/Coordinators in Long Term Care.”

In the research area, through funding support from the Tapestry Foundation, CHAP began a research study evaluating the role of environments in managing challenging behaviours among residents suffering with dementia. The project is evaluating pre- and post-architectural design features that have been implemented in the hopes of reducing challenging behaviours that are disruptive to residents, families, and staff in residential care (www.centreforhealthyaging.ca).

Clinic Serving Indo-Canadian Seniors at Mount Saint Joseph

Always striving to meet the needs of its populations, in 2007 Providence opened a new clinic for Indo-Canadian geriatric patients at Mount Saint Joseph Hospital. The new outpatient clinic takes referrals from family physicians to provide comprehensive clinical assessments for Indo-Canadian seniors living in the community or in long-term care facilities.

The program has a special emphasis on mental health issues such as dementia and depression, illnesses that are often difficult to discuss in some cultural groups. Staff at the clinic are sensitive towards these cultural issues and provide care in such languages as Hindi, Urdu, Gujarati, Swahili, Kutchi and English.



Social director

The volunteer Mission Team of Brock Fahrni meet monthly for one reason: to find new ways to improve the lives of the people living at this extended care home of 150 residents. Sometimes, new residents come into the facility with nothing—no possessions, no family. The care team finds these residents clothes, toiletries, and other personal items. And team members also spend extra time—often their own time—with these vulnerable seniors, letting them know they are valued elders and part of the Brock Fahrni community.

Over time, the Mission Team also realized that some residents did not get out very often due to family issues or lack of resources to hire aid workers to help them.

When they can, the Mission Team members, headed by leader Connie Evans (pictured left), a registered nurse at Brock Fahrni, take these residents out for coffee, on shopping trips or to a place of worship. When they can't get them out, the caregivers do their personal shopping, often on their day off. They even mend their clothes after work and bring in flowers from their gardens to brighten the rooms. These small things—all done voluntarily—add up to an environment that is loving, caring and personalized. Evans said: "I can only tell you that I do this because I love it. And, I think by setting an example, I can help newer employees at Brock Fahrni understand what the Providence mission is all about."



In the fall of 2007, Dr. John Webb and his team performed their 100th “closed-heart” valve replacement surgery. This less invasive heart surgery allows most frail patients to benefit from a new valve.

Lung, Heart and Kidney Care at Providence

THE INCREASING DIAGNOSES OF DIABETES, HIGH-BLOOD PRESSURE AND OBESITY IN CANADA ARE LEADING TO A NEW EPIDEMIC: ORGAN FAILURE. IN PARTICULAR, HEARTS, LUNGS AND KIDNEYS ARE BECOMING DISEASED MUCH EARLIER IN THE LIFE SPAN OF CANADIANS AND FALTERING AT AN ALARMING RATE. CAREGIVERS AND RESEARCHERS AT PROVIDENCE HAVE REALIZED THAT THEY NEED TO LEARN MORE ABOUT HOW TO PREVENT THESE CONDITIONS BEFORE THEY PROGRESS. MUCH WORK AT PROVIDENCE OVER THE PAST YEAR FOCUSED ON ADDRESSING THESE NEW PRESSURES, USING INNOVATION, CREATIVITY AND TEAMWORK TO OVERCOME THEM.

Providence Heart + Lung Institute at St. Paul’s Hospital

Launched in June 2007, the Providence Heart + Lung Institute (HLI) at St. Paul’s Hospital merged and integrated all of Providence’s heart and lung research, education and care programs under one umbrella. The only such institute of its kind in Canada, the HLI’s mandate is to transform cardiovascular and pulmonary research and care by more

closely linking these two areas — heart and lung, and integrating the research to care continuum. The Heart Centre at St. Paul’s, the iCAPTURE Centre in Cardiovascular and Pulmonary Research, the Pacific Lung Centre and all the other heart and lung programs at Providence will form the backbone for the institute as it moves forward.

Cardiovascular Prevention Takes Centre Stage

With the realization that hearts cannot be replaced or fixed at the current rate at which they are failing, prevention of heart failure has become an urgent focus at Providence. For this reason, the leadership at Providence sought out public and private partners to create a senior research position in cardiovascular disease prevention — the first of its kind in Canada. Last year, health leaders unveiled the “Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Prevention Research at St. Paul’s Hospital.”

Dialysis Unit Upgrade, Milestone Kidney Transplant

In March 2008, the kidney program at Providence celebrated the re-opening of a vital area of the hemodialysis unit at St. Paul’s Hospital after \$1.34 million in upgrades and the 1500th kidney transplant in the Program’s history. Since doctors completed the Program’s first kidney transplant in 1986, Providence

has grown into a national leader in kidney transplantation and was the first in Canada to perform a transplant through the new Paired Organ Donor Exchange program. It is also the largest kidney treatment, research and education program in the province.

Lung Team Wins International Award for Managing COPD

Last fall, a team with Providence’s Medicine Program and the Pacific Lung Health Centre, part of the Providence Heart + Lung Institute at St. Paul’s Hospital, was awarded one of seven awards at the 2007 International Conference on Chronic Disease Management co-hosted by the World Health Organization (WHO). The winning PRIISME™ project developed a comprehensive chronic disease management program that includes hospital-based and community programs. It integrates the different steps of care for patients with chronic obstructive lung disease (COPD), including prevention, diagnosis, treatment, drug compliance and follow-up.



Team builder

Dr. Bruce McManus, an accomplished pathologist and researcher at Providence, had more than a full-time job. As a professor at UBC, head of the iCAPTURE Centre for Cardiovascular and Pulmonary Research, and lead researcher on several large grants, he didn't need more to do. But once he and his colleagues began discussing the benefits of better integrating heart and lung care and research, he couldn't stop thinking about it. And neither could many of his colleagues, including Drs. Tony Bai and Ron Carere, both passionate advocates for constantly improving patient care. After months and months of brainstorming sessions, early morning and evening meetings, white board diagrams, the drafting and re-drafting of concept documents and proposals, the Providence Heart + Lung Institute at St. Paul's Hospital was born. Hundreds of hours of volunteer time went in to developing this novel idea into a fully implemented and integrated Institute that marries the practice of heart and lung disease prevention, treatment and rehabilitation with the research needed to propel them forward. When asked why he took on yet another challenge, Dr. McManus said: "I always think we can do better, something of more value, of unique impact. Bringing heart and lung research and care together, and drawing in a wide range of expert colleagues to answer tough questions is a wild and exciting adventure that will ultimately benefit our patients."



HIV/AIDS, Addictions & Mental Health at Providence

SINCE THEIR EARLIEST TRAINING AS SISTERS, THE FOUNDERS OF PROVIDENCE BELIEVED THAT THEIR MISSION MUST INCLUDE THE COMMITMENT TO ENSURING TIMELY ACCESS TO COMPASSIONATE CARE FOR ALL PEOPLE. THIS IS ONE OF THE REASONS WHY THE POPULATIONS OF EMPHASIS AT PROVIDENCE HEALTH CARE INCLUDE GROUPS WHO HAVE COMPLEX MEDICAL AND SOCIAL NEEDS. HIV/AIDS, ADDICTIONS AND MENTAL HEALTH ARE THREE AREAS THAT PROVIDENCE STAFF CONTINUE TO SERVE, CONSISTENT WITH THE LEGACY OF THE FOUNDING SISTERS.

Managing HIV/AIDS

Founded in 1992 by St. Paul's Hospital and the provincial Ministry of Health, the BC Centre for Excellence in HIV/AIDS is a key provincial resource seeking to improve the health of people with HIV. The Centre manages and monitors the health of all HIV patients receiving treatment in British Columbia. Through the centre, some of Providence's most compelling research is undertaken and some of its most courageous advocacy takes place on behalf of British Columbians living with HIV. Last year's research included a study that showed HIV patients starting treatment now are nearly three times less likely to die than those who

began in the mid '90s. This is due to the introduction of combination therapies as well as new virus and genetic tests that can better determine how the drugs will work (or not work) in each patient.

Globally-recognized Addictions Researcher Attracted to Providence

As addictions continue to take their toll on British Columbia's families and communities, a B.C. Leadership Chair was announced last year to support leading-edge research and the development of innovative treatment approaches by a world authority on addictions. The first Addiction Research

Chair at the University of British Columbia is Dr. Michael Krausz, a noted psychiatrist and researcher, who also holds a clinical appointment at St. Paul's Hospital. Dr. Krausz is a world authority on addiction treatment and led the world's largest addiction trial, carried out in Germany using heroin-assisted therapy. Examples of the research he will conduct in his new role will include gaining a better understanding of the impact of life experiences, like violence and sexual abuse, on addiction, as well as looking at medications and other therapies that can improve people's lives.

Pain Centre Takes Novel Approach

Many people experiencing pain can become frustrated if they don't receive the right supports to cope. The Pain Centre at St. Paul's Hospital starts by validating the pain of the patients and moving forward. The Centre's caregivers believe that the most effective approach to pain management is timely, coordinated interdisciplinary intervention, delivered with the patient and team working as active partners. In recognition that optimal treatment of chronic pain demands multiple therapies, the Pain Centre has assembled a multidisciplinary team. Over the past year, they have helped more than 2,200 new patients manage their pain.

Mental Health of Caregivers Given Top Priority at New Centre

While our society often acknowledges the mental stresses of going to war, or

fighting a serious illness, we don't often stop to think about how caregivers may be traumatized by what they do and see every day. Providence's Centre for Practitioner Renewal (CPR) would like to change that mindset by focusing on caring for the caregivers. This group wants to understand the physical, emotional and spiritual impact on caregivers as they care for patients/residents who are dying, suffering or experiencing a crisis. To date the Centre's research has been focused on further understanding the nature and effects of psychosocial risk factors on mental health and wellbeing in the health care workplace. In addition to the research, this novel centre also offers individual and group counseling sessions to Providence employees who have experienced ongoing or incident-related stress and trauma on the job.

Sisters of Providence Named Unsung Heroes of HIV Care

As a living tribute to the Sisters that came before them, in 2007 the Sisters of Providence were presented with an AccolAIDS award in the "unsung hero" category. The BC Persons with AIDS Society presents the annual recognition awards. The Sisters of Providence were nominated with their award because they urged St. Paul's staff and physicians to care for those with AIDS in the early days of the disease, when other hospitals were refusing to treat them. In the decades that have followed, St. Paul's remains at the forefront of treatment, research and support for people with HIV/AIDS.

Caregivers from left to right:
Carrie Bancroft, James
Aubert, Nicole Gauthier and
Annemarie Kaan



Art directors

After more than a month in the Cardiac Surgery Intensive Care Unit, Cheryl, a heart failure patient, was transferred to St. Paul's Hospital's 5A cardiology unit to begin her long and difficult rehabilitation towards a transplant. Her husband and their two children, 16 and 12 years old, visited her every day. They were a very close family and their relationship touched everyone in the unit. By early February, the patient suffered a major stroke. Her condition worsened and her family and caregivers realized that she would not pull through. The 5A team asked the children if there was anything they wanted to do for their mother, and as creative spirits, they chose poetry and painting. Using their own creativity and compassion, the nurses on 5A decided the painting could be a mural and what better place than the wall of the mother's room. The staff assembled markers, paints and other supplies, they moved furniture, they offered advice and they supported the children.

Word got around about "the wall" and St. Paul's Hospital staff came from all over to witness and sign it. It changed every day and became a moving tribute to a dying young mother and to the love of her children. Soon after, the patient died peacefully with her husband and children by her side. "Rightly or wrongly, I really felt like these caregivers gave Cheryl extra special care. I felt like they saw and understood what made her an amazing person. While I treasure that thought, I'm pretty sure they find something special in every patient." —Chuck, Cheryl's husband



Foundations of Health

WHILE PROVIDENCE RESEARCHERS, PHYSICIANS, STAFF AND VOLUNTEERS PERFORM THEIR CRITICALLY IMPORTANT WORK ON THE FRONT LINES, ANOTHER TWO TEAMS LABOUR BEHIND THE SCENES. THEY ARE THE DEDICATED FUND DEVELOPERS AT THE ST. PAUL'S HOSPITAL FOUNDATION AND THE TAPESTRY FOUNDATION FOR HEALTH CARE. THEY RAISE MONEY TO ENSURE THAT ALL PROVIDENCE FACILITIES RECEIVE CRITICAL EQUIPMENT AND RESEARCH RESOURCES. BUT THEY ALSO RAISE MONEY FOR THE LITTLE THINGS – ITEMS OF IMPORTANCE TO PATIENTS, RESIDENTS AND FAMILIES; SMALL COMFORTS THAT CAN MAKE A BIG DIFFERENCE.

St. Paul's Hospital Foundation: Leadership, lights and leverage

Leadership: In the fall of 2007, Providence Health Care and the St. Paul's Hospital Foundation board were pleased to welcome Stephen Shapiro as the new President & CEO of the Foundation. Mr. Shapiro was most recently Associate Vice President, Global Development and Principal Gifts in the Office of the Vice President External Relations at the University of Alberta.

Lights: Every year, Vancouverites and visitors look forward to the moment where the switch is thrown and the

lights appear on St. Paul's Hospital for the annual Lights of Hope celebration. Each year, the event has managed to attract more and more volunteers as well as donors — both of whom are needed to support this well-loved community event. Thanks to the generosity of donors, sponsors and volunteers, the 2007 Lights of Hope campaign raised more than \$2.39 million, up from the previous year's record total of \$2.3 million.

Leverage: A Fast Track emergency department renovation and a new cardiac operating room were among the major projects funded by the St. Paul's Hospital Foundation, which

also managed to leverage considerable additional funds from public and private sources. In the case of the cardiac suite, donor funds were used to equip the new room with heart surgery essentials such as a heart/lung machine, anesthesia equipment and sophisticated patient monitors. In addition to equipment and space, the St. Paul's Hospital Foundation team also raised money to help attract top researchers in the fields of heart disease prevention and addictions.
www.helpstpauls.com

Tapestry Foundation for Health Care: New name, new challenges, new successes

New name: The new Tapestry Foundation for Health Care was officially launched April 27, 2007. At this event those assembled celebrated the merging of St. Vincent's, Holy Family, and Mount Saint Joseph Hospital foundations and embraced the new name. Milton Wong, one of the dignitaries in attendance, spoke on the meaning of "Tapestry" in the new organization's name, which reflects the weaving together of three foundations, the many Providence Health Care sites it supports, and a long history of faith-based, community health care in Vancouver. The name also celebrates the diverse cultures and faiths of the patients, residents, caregivers and donors within its community.

New challenges: With this merger of Foundations, the Tapestry Foundation is now raising funds for Brock Fahrni Pavilion, Holy Family Hospital, Marion Hospice, Mount Saint Joseph Hospital, St. Vincent's Campus of Care, St. Vincent's Hospital Langara, and Youville Residence. The challenge of this long list of care sites is that they provide such a variety of care — everything from seniors care to hospital care to physical rehabilitation and hospice care. With the range of care options supported, the Tapestry Foundation finds the common thread that connects them — dedicated caregivers committed to a shared mission.

New successes: In addition to many other successes, the Tapestry Foundation celebrated the purchase of a laser treatment system for retinal procedures that can restore eyesight. The foundation also raised a record \$167,000 from donors taking part in the BMO Bank of Montreal Pacific Spirit Run. Patient and resident care at Mount Saint Joseph Hospital recently got a boost of \$870,000 in funding for medical equipment including critical care beds, pressure relief mattresses, a microscope for surgical eye procedures, and a patient wandering prevention system for residents in extended care. Funds distributed came from donations previously made to Mount Saint Joseph Hospital Foundation. Finally, the Tapestry Foundation introduced a new event to buy a digital mammography machine for Mount Saint Joseph Hospital. The Chinese New Year-themed Feast of Fortune event raised \$90,000.
www.tapestryfoundation.ca

Statistics & Financial Statements for 2007-2008

Statement of Financial Position

As at March 31 (in thousands of dollars)

	Unaudited 2008	Restated* 2007	Change
Assets			
Cash and investments	35,418	34,180	1,238
Accounts receivable	34,771	21,860	12,911
Inventories of materials and supplies	6,485	6,081	404
Prepays	4,691	3,229	1,462
Total Current Assets	81,365	65,350	16,015
Long-term investment	729	972	(243)
Capital assets	198,917	187,461	11,456
Total Assets	281,011	253,783	27,228

Liabilities & Net Assets (Deficiency)

Accounts payable and accrued liabilities	78,155	62,614	15,541
Deferred operating contributions	3,014	3,400	(386)
Deferred contributions for designated purposes	10,069	9,305	764
Current portion of obligations under capital leases	—	74	(74)
Current portion of retirement allowance	2,632	2,674	(42)
Current portion of long-term disability benefits	1,548	1,249	299
Total Current Liabilities	95,418	79,316	16,102
Retirement allowance	27,152	25,867	1,285
Long-term disability benefits	4,393	7,775	(3,382)
Reserves	261	352	(91)
Deferred capital contributions	213,221	192,886	20,335
Net assets	(59,434)	(52,413)	(7,021)
Total Liabilities & Net Assets (Deficiency)	281,011	253,783	27,228

* Certain comparative figures have been restated to conform with the presentation adopted in the current year. Prior year accounts under "accounts payable and accrued liabilities" and "net assets" have also been restated to reflect benefits relating to vacation and overtime accruals.

Statement of Operations

For years ended March 31 (in thousands of dollars)

	Unaudited 2008	Restated* 2007	Change
Revenues			
Vancouver Coastal Health Authority contributions	410,545	385,530	25,015
Pharmacare	69,254	63,991	5,263
Medical Services Plan	53,232	51,082	2,150
Patients, clients and residents	23,320	22,819	501
Investment Income	1,053	1,168	(115)
Amortization of deferred capital contributions	26,669	18,956	7,713
Other	25,189	18,972	6,217
Designated contributions	4,178	4,311	(133)
Total Revenue	613,440	566,829	46,611

Expenses

Compensation and benefits	386,002	360,614	25,388
Drugs	79,244	73,660	5,584
Supplies	65,759	66,819	(1,060)
Sundry	18,058	16,448	1,610
Equipment and building services	15,668	12,649	3,019
Referred out and contracted services	24,260	24,429	(169)
Depreciation of capital assets	27,292	19,417	7,875
Designated expenses	4,178	4,311	(133)
Total Expenses	620,461	578,347	42,114
Deficiency of Revenues over Expenses	(7,021)	(11,518)	4,497

* Certain comparative figures have been restated to conform with the presentation adopted in the current year. Prior year expenses under "compensation and benefits" have also been restated to include benefits relating to vacation and overtime accruals.

Statistics & Financial Statements for 2007–2008 continued

Patient Care Volumes

For Years ended March 31

	2008	2007	Inc./ (Dec.)	%
Inpatient Admissions	22,206	22,643	(437)	(1.9) %
ER Visits	77,419	78,073	(654)	(0.8) %
Dialysis	76,747	78,869	(2,122)	(2.7) %
Outpatient Visits	192,501	184,532	7,969	4.3 %
Day Care Surgery	21,717	21,037	680	3.2 %
Total Patient Encounters	390,590	385,154	5,436	1.4 %

Special Procedures

Open Hearts	966	939	27	2.9 %
Heart Transplants	24	20	4	20.0 %
Internal Defibrillators	355	366	(11)	(3.0) %
Angioplasties	1,296	1,231	65	5.3 %
Angiograms	2,367	2,319	48	2.1 %
Kidney Transplants	85	93	(8)	(8.6) %

Inpatient Days

Acute Patient Days	220,813	211,724	9,089	4.3 %
Residential Patient Days	246,641	246,636	5	0.0 %
Total Inpatient Days	467,454	458,360	9,094	2.0 %

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(supporting all other Providence facilities)
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