

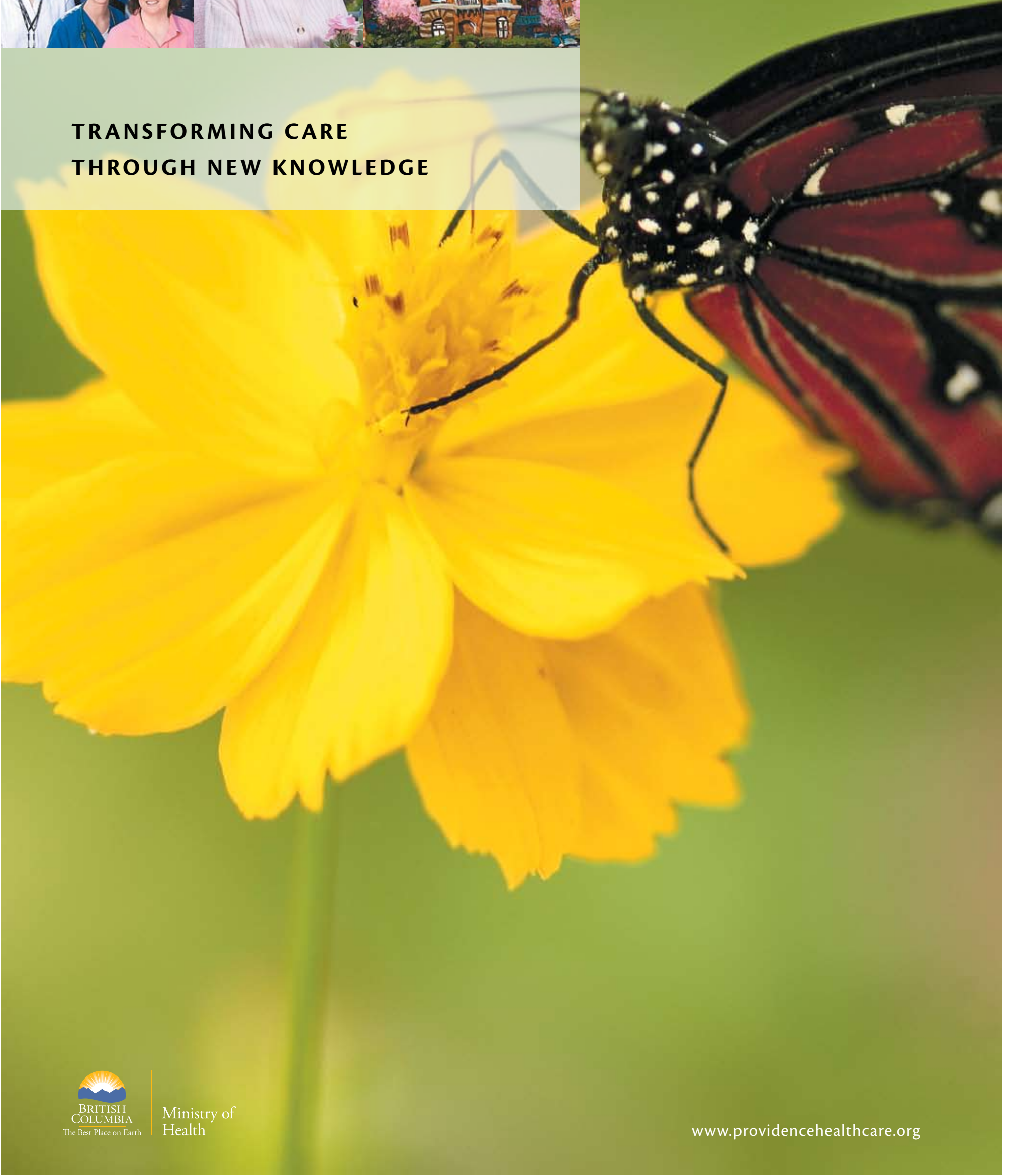
2006-07 ANNUAL REPORT



*Providence*  
HEALTH CARE

How you want to be treated.

**TRANSFORMING CARE  
THROUGH NEW KNOWLEDGE**



# Transforming Care through New Knowledge

Courage, compassion and innovation drive positive change at Providence Health Care.



Dianne Doyle (L) and Kip Woodward (R)

How many of us have heard about a research breakthrough on the evening news only to discover at your next hospital visit that the procedure remains unchanged. It's frustrating, but care providers face many barriers to implementing newly confirmed research. Reducing the lag time between new discoveries and their translation into care remains a key priority for Providence Health Care (PHC). As one of our five strategic priorities, "supporting research and new knowledge *integration*," this concept remains fundamental to our ultimate goal of caring for British Columbians. Our plans to accelerate new knowledge into care include novel training methods, hiring key personnel to implement change quickly, and more thoroughly integrating our research and care teams.

People power and leadership are the two keys to making this happen. We are blessed by the people who choose to work and volunteer at Providence sites. They are courageous, they are compassionate and

they are innovative. This annual report offers examples of how our people exhibited these traits over the past year.

We think it is not surprising that these characteristics — courage, compassion and innovation — are some of the very traits exhibited by the Catholic Sisters who founded our hospitals and residences. The Sisters relied on similar traits, and a great deal of faith, to overcome the obstacles they faced. Obstacles like time, money, prejudice, and indifference. They overcame all of this to ensure that anyone in need received care.

Our history, tradition and values continually guide us to improve patient and resident care — not just to overcome current challenges, but to meet the demands and needs of the future. We have an exciting vision for renewing our aging facilities and for ensuring we have the right solutions in place for generations to come. One of Providence's major areas of focus is the renewal of St. Paul's Hospital. It's been delivering care for over 100 years and, as











one of two provincial teaching hospitals, helps form the backbone of BC's health care system. Our vision includes building a brand new state-of-the-art hospital and research facility in Vancouver's False Creek Flats, while maintaining an important care presence in Vancouver's West End. Our commitment is to continue engaging the public and communities to share our vision and to receive important feedback on how best to transform this knowledge into meeting all our patients' future care needs.

Dianne Doyle  
President and CEO

Kip Woodward  
PHC Board Chair

## Providence Health Care

Our facilities include acute care hospitals, residential care facilities, hospice care and rehabilitation care. We serve patients and residents from throughout British Columbia.

More Than A Century Of Excellence		
1894		St. Paul's Hospital opens as a 25-bed compassionate care hospital
1907		St. Paul's Hospital opens its own School of Nursing (see page 7)
1939		St. Vincent's Hospital opens
1946		Mount Saint Joseph Hospital opens
1947		Holy Family Hospital opens
1986		First kidney transplant conducted at PHC (see page 5)
1992		BC Centre for Excellence in HIV/AIDS opens at St. Paul's
2000		iCAPTURE Centre for heart and lung research opens
2006		St. Paul's conducts the first successful "closed heart" valve replacement in North America
2006		St. Vincent's Heather Assisted Living development breaks ground (see page 7)

With 6,000 staff, 1,000 physicians and 1,400 volunteers, Providence Health Care is the largest faith-based health care organization in Canada, operating seven sites in Vancouver, BC. Providence's programs and services span the complete continuum of care and serve people from 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.

Providence is renowned for its research in more than 30 clinical specialties. It's home to the province's 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 and resident focussed organization that values leadership, independent thinking and courageous choices.

Providence's teaching and research programs are affiliated with the University of British Columbia. We also work in cooperation with Vancouver Coastal Health, the Provincial Health Services Authority, and the BC Ministry of Health.



**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 houses 84 residents. Located in a garden setting, the residence has a full complement of staff trained to care for elderly people.

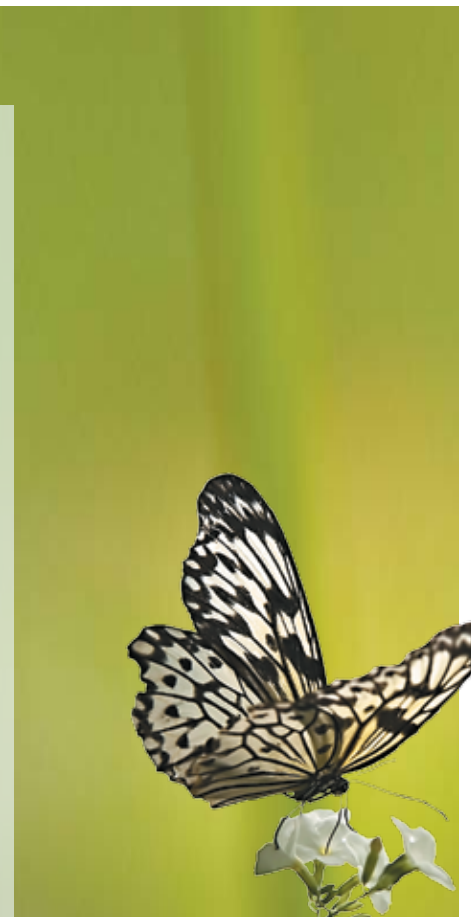
**ST. VINCENT'S HOSPITALS** includes two residential care sites—Langara (a long-term care home to 221 residents) and Brock Fahrni Pavilion (an extended care home to 150 residents, many of whom are armed forces veterans).

**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 543 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.



The transformation of one thing into another is often a natural occurrence — an egg into a bird, a caterpillar into a butterfly. But ensuring that new knowledge travels quickly from the laboratory to the care setting cannot be taken for granted. This transformation takes the concerted commitment of organizations and people. At Providence, we translate research and new learnings from day-to-day interactions with patients and residents into better care. We use courage, compassion and an innovative spirit that does not, and will not, accept limitations.



## Year in Review

In 2006-07, Providence physicians, staff, researchers and volunteers celebrated numerous successes. Using our five strategic priorities as a guide, we've summarized some of these successes below.

### PROVIDING EXCELLENT SERVICE AND CARE

In a province-wide survey of patient satisfaction released in the fall of 2006, 92 per cent of patients said they were satisfied with the acute care they received at St. Paul's and Mount Saint Joseph hospitals. And 94 per cent of patients said they would recommend Providence facilities to others. Service and care initiatives over the past year saw St. Paul's Hospital agreeing to become home to BC's Adult Hemophilia Program. The program coordinates the care of about 300 hemophilia patients from throughout the province as well as people living with Von Willebrand's disease, a common blood disorder.

Patient and staff safety also remained priorities last year. By combining the skills of our world-class care providers with proven ways to reduce or eliminate medical errors, Providence is able to create and sustain a true culture of safety. Our best practices include medication safety, infection control campaigns, falls prevention initiatives and voluntary evaluation of our health care facilities in comparison to national standards.

Last year, the Heart Centre at St. Paul's became the hub for a new, specialized cardiac procedure known as "lead extraction." This delicate laser procedure will treat about 50 patients a year and rounds out our comprehensive cardiac service for the province.

The Heart Centre also launched a comprehensive website ([www.heartcentre.ca](http://www.heartcentre.ca)) last year to help patients and their families prepare for procedures, find clinic information, and understand the many services they provide.

### SUPPORTING RESEARCH AND NEW KNOWLEDGE INTEGRATION

The PHC Research Institute was pleased this past year to secure the leadership and vision of two prominent health researchers for its flagship research organizations. Dr. Bruce McManus was appointed as the Director of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. He was also appointed as the Scientific Director of BC's Heart Centre at St. Paul's Hospital. This cross appointment was an important step towards better integrating heart, lung and blood vessel research with the care of people at risk or suffering from heart and lung illnesses. Also Dr. Aslam Anis was appointed as Director of the Centre for Health Evaluation and Outcome Sciences (CHÉOS). Dr. Anis is a senior health economist who is expected to further Providence's ability to understand how diseases affect populations and whether existing treatments are meeting their needs. Both appointments were made to pursue our goal of integrating new knowledge more quickly into clinical care for patients — particularly in our areas of emphasis that include heart and lung health, mental health, kidney health, HIV/AIDS, seniors' health, and urban health.

### ATTRACTING AND RETAINING THE BEST PEOPLE

During a time when many health professions are experiencing shortages, Providence has developed a comprehensive plan to attract physicians, researchers and direct care staff. We have also devoted much effort toward ensuring our current physicians, staff and volunteers are warmly acknowledged for their stellar work. Over the past year, several of our most prominent professionals have been recognized by their peers. These include Providence's President and CEO,

Dianne Doyle who was the co-recipient of the Canadian College of Health Services Executives (CCHSE)'s Lifetime Achievement Award. Also, on the eve of her retirement, our former Chief of Professional Practice and Nursing, Lynette Best received the College of Registered Nurses' Award of Distinction in Nursing in 2006. Many, many other Providence professionals have also received awards. See page 8 for a summary.

### LIVING OUR MISSION EVERY DAY

Providence people live the mission everyday in large and small ways. In April of 2006, Providence hosted a conference exploring the intersection between spirituality and health. *Naming and Claiming Spirituality: The invisible ingredient in health and healing* saw a cross section of guests explore this topic in an attempt to put new understanding into the practice of health care.

St. Vincent's Langara also worked closely with fundraisers to open the multi-faith Tranquility Garden. Complete with tiered waterfall and wheelchair path, this formerly under-used patio space allows residents and staff a place to reflect and enjoy a little tranquility.

### ACHIEVING STRATEGIC GROWTH

The demand on the services of Providence facilities continues to grow as does our planning and implementation to meet this demand. Over the past year Providence upgraded two cardiac catheterization labs where angiograms and other similar procedures are performed. A brand new intensive care unit was also unveiled at Mount Saint Joseph Hospital. And finally, the Assisted Living initiative at St. Vincent's Heather broke ground in 2006 and is now fully under construction. Construction of the new facility is expected to be completed in 2008. Long-term planning for the renewal of St. Paul's Hospital is also continuing (see page 7 for details).

Providence's recently renovated 9A Mental Health Unit at St. Paul's Hospital achieved a Leadership in Energy and Environmental Design (LEED) certification awarded by the US Green Building Council. The unit received this award in the Commercial Interior category — the first LEED certification for a health care renovation in North America.



Tranquility Garden, St. Vincent's Langara.



Celebrating the new ICU at Mount Saint Joseph.



## Courage Emerges Daily at Providence

Transforming care for the better often takes more than know-how; many Providence physicians and staff members will tell you that it sometimes takes courage to confront difficult situations and find solutions.

### COURAGE TO CHANGE

Using normal emergency room procedures, hospitals throughout Canada have experienced longer wait times due to growing demand. Thanks to the introduction of the “overcapacity protocol” and other Emergency Department (ED) revitalization initiatives, Providence and its team is changing the way its hospitals care for emergency patients. For example, at the St. Paul’s Hospital Emergency Department (one of the busiest in the province), ambulance off-load delays have dropped by 26 per cent and the length of stay in the emergency room has fallen from 19 to 14 hours, despite an increase in patients. In addition to their regular workload, Providence physicians and staff researched, planned and implemented these changes in a courageous and responsible manner.

### COURAGE TO HELP ALL

On the streets of Vancouver’s Downtown Eastside, at least 2,500 individuals suffer from severe health, mental health and addiction problems. Many of these same people are also trying to cope with issues such as HIV, hepatitis C, poverty and homelessness. As a consequence of these complex issues, many do not get the medical care they need. Often their only contact with health care providers is on an emergency basis — at a great cost to the health system and with less-than-optimal outcomes. To help address this growing problem, Drs. Bill MacEwan, Megan Sherwood and Steve Mathias from Providence’s Mental Health Program have ventured out into the community to bring treatment and resources to those in desperate need. Through liaisons with local health, police, social services and nonprofit organizations, this courageous outreach team is finding and treating those who often fall through the cracks. For those that do make it into hospital, Providence’s

Emergency Department, mental health team, and direct care staff throughout our care programs take courageous actions to meet patients’ physical, emotional, mental, social and spiritual needs on a daily basis.

### SISTERS HONoured FOR COURAGE

In 2007, The Sisters of Providence were presented with an AccolAIDS award in the unsung heroes category. The annual awards gala honours outstanding achievements by individuals and organizations working in the BC HIV community and raises funds for the BC Persons With AIDS Society. 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 these patients.

### QUICK ACTION HEADS OFF INFECTION

Last November and December, St. Paul’s and Mount Saint Joseph’s emergency rooms started seeing a dramatic increase in patients from the Downtown Eastside of Vancouver who had pneumonia and blood stream infections. Tests showed an outbreak of Invasive Pneumococcal Disease. Emergency waiting rooms, and subsequently, hospital beds started filling up. Acting quickly, a Providence Response Team worked with Vancouver Coastal Health on a regional strategy to prevent new infections, identify infected patients in facilities early, and prevent the spread of this illness. The outbreak was contained quickly, saving many vulnerable people from contracting the infection.

## Transforming Care Through Courage: Dr. Julio Montaner

Dr. Julio Montaner, head of the BC Centre for Excellence in HIV/AIDS, is typically lauded as one of the top AIDS researchers in the world and someone who embodies the translation of knowledge into care.

Dr. Montaner has always been an advocate for his patients. But recently, he displayed unwavering courage when his role as advocate became more important than ever.



Like many people who had lived with HIV for years, Tiko Kerr, a celebrated Vancouver artist, was losing ground against the disease. This was because his body had become resistant to all proven treatments for HIV. He was willing to take risks, as he had no other option but death. That’s why he and his doctor, Julio Montaner, sought to obtain an experimental combination of two antiretroviral drugs, TMC 114 and TMC 125. When Health Canada ruled that the drug combination was not proven and therefore too risky, Dr. Montaner knew that he couldn’t just walk away.

Together, doctor and patient embarked on endless lobbying, media interviews, phone calls and trips to Ottawa in an attempt to secure the drugs. After months of effort, Health Canada gave permission for the administration of the drugs, if they were given in the context of a clinical trial. Dr. Montaner had the clinical trial written up and operational in record time, and the drugs made available for Kerr and several other patients.

Today, Tiko Kerr, and other desperately ill people, are doing well and have returned to their professions and hobbies and loved ones. Tiko talked to the Vancouver Sun last year about his doctor: “I call him my champion...No one likes to be told that they’ve saved someone else’s life. It’s a really profound thing, and he’s a really modest man. But he did. He saved my life.”

Artist Tiko Kerr (R) has returned to painting and a much more active life, thanks to new treatments that his doctor, Julio Montaner (L) helped him secure. Last year, Dr. Montaner was appointed president elect of the International AIDS Society, a global group of HIV researchers, policy advisors, activists and health professionals. And recently, Dr. Montaner was awarded Providence’s Research and Mission Award for demonstrating the organization’s values in his day-to-day research.



Above: “Lifesaver” (St. Paul’s Hospital) by Tiko Kerr



## Compassion Lives at Providence

Over the past year, the people at Providence have shown compassion as individuals and as teams, to help patients, residents and community members in need.

### TALKING ABOUT DYING

Dr. David Kuhl does not shy away from the subject of death and he encourages others to do the same. The former head of Palliative Care at St. Paul's, Dr. Kuhl is now the head of Providence's Centre for Practitioner Renewal, the mission of which is to encourage the well being of health care workers, particularly those whose work puts them face-to-face with issues of death and dying on a daily basis. The Centre for Practitioner Renewal ([www.practitionerrenewal.ca](http://www.practitionerrenewal.ca)) will allow Dr. Kuhl to pursue a career-long dream of supporting the people who may face post-traumatic stress syndrome and other difficulties as a result of the support they supply to others. Last year, Dr. Kuhl published a book, *Facing Death, Embracing Life: Understanding What Dying People Want* (Doubleday 2006).

In the book he discusses how best to help someone who is facing death, emphasizing the role of spirituality, psychology and the power of human touch.

### STOPPING DOMESTIC VIOLENCE

It seems like incidents of domestic violence have filled the newscasts and editorial pages of our daily media. Understanding domestic violence and how to support people who are victims of this violence is the life work of social worker Kathleen Mackay. For the past 15 years, Kathleen has taught the dynamics and health impacts of domestic abuse in the Domestic Violence Programs at Providence Health Care and Vancouver General Hospital (VGH). She presents her research about domestic violence regularly and publishes widely. In her clinical work she counsels people who have been in abusive relationships or are trying to leave an abuser.

The BC Association of Social Workers (BCASW) selected Kathleen Mackay as the recipient of the Distinguished Service Award for 2007.

### KIDNEY TRANSPLANTS: 20 YEARS

The ultimate act of compassion is the donation of an organ. When the first kidney transplant took place at St. Paul's in 1986, the vast majority of patients received a new kidney from a deceased donor. Today, more than 60 per cent of kidney transplants performed at St. Paul's come from living donors who donate to a family member or friend. St. Paul's performs the highest

number of living kidney transplants in Canada. The kidney transplant program at St. Paul's has shown incredible compassion through many "firsts." For example, this program performed the first kidney transplant on a person living with HIV; prior to this, being HIV positive was an exclusion criteria to receive a new kidney. The program also helped the BC Transplant Society develop the living anonymous donor program for the province, the first of its kind in Canada.

### COMPASSION FOR ALL

Twice each year staff and volunteers from across Providence gather at Oppenheimer Park to provide clothing and food to over 500 people living in the Downtown Eastside, Canada's poorest urban neighborhood. Those who are unable to volunteer their time show their generosity of spirit by donating clothing, food or making monetary donations towards the event. This is one way in which Providence demonstrates its commitment to living its mission through charitable outreach to one of the most marginalized segments of the community.

### VOLUNTEERS SHOW HEART

Compassion lives in the hearts of the 1,400 volunteers that engage with patients, visitors and families throughout Providence facilities. These caring helpers share the same values as Providence and are uniquely skilled in a variety of disciplines. They also reflect the cultural diversity of our staff, patients and residents and are critical in maintaining our close relationships with the neighbourhoods and communities in which our facilities operate.



Providence staff and volunteers pass out socks and warm clothes at "Providence in the Park."

## Transforming Care Through Compassion: Intensive, Respiratory & Palliative Teams

Dying patients with very complex illnesses and dependent on a ventilator often do not get transferred to palliative care. That's because caring for them usually takes the skills of an intensive care team. When a young woman with endstage cystic fibrosis was admitted, some compassionate care providers at Providence changed this practice just for her.



Front row, from L to R: Liz Jolley, Respiratory; Shannon Sapriken, Respiratory; Ella Garland, Palliative Care; Pat MacDiarmid, CF Team; Sarah Cobb, RN Palliative. Back row, from L to R: Leslie Sofarelli, Social Work (ICU); Geeta Raval, Respiratory; Mary Vendencia, RN Palliative.

Last fall, St. Paul's Intensive Care Unit (ICU) and respiratory team identified a young woman under their care as someone who did not fit within the norms of hospital practices. She was terminally ill and they advocated for her to receive quality palliative care during the last weeks of her life even though she was dependent on a ventilator. After meeting with the patient and her family, everyone felt that she would be more comfortable in the Palliative Care Unit (PCU) with the specialized end-of-life care provided by its staff. But her family was anxious about the quality of her care outside of an ICU setting.

Determined to ensure the patient received care in the setting she preferred, the ICU care team enlisted the support of the PCU team. The PCU team would need additional special training to care for this patient and the ICU and respiratory teams realized that they would have to continue to be involved in

her care. The teams approached Providence administrators for additional resources in the PCU to look after this patient. Convinced by their arguments, Providence allocated the necessary resources. The transfer of this patient from one unit to another took tremendous preparation. Respiratory therapists developed education materials, provided numerous training sessions, and developed a resource binder for the PCU team. Everyone involved took on an additional workload to care for this patient compassionately to ensure the last part of her life was spent in comfort and with dignity.

This young woman remained on the Palliative Care Unit for 15 weeks. She was always gracious and her family remained very involved in her care. They gradually let go of their fear of being outside the ICU as they witnessed the incredible care that she received. She passed away peacefully, with her family — and her family of caregivers — around her.



## Innovation Blooms at Providence Hospitals and Residences

Providence has always encouraged innovative thinking to assess and change care — whether that be through research, through innovative staffing, or new ways of looking at care delivery models. In all cases, transforming care through new knowledge requires not only innovation, but an open mind and a willingness to change.

### TRANSFORMING HEART CARE

Last spring, a very lucky patient at the Heart Centre at St. Paul's Hospital became the first in Canada to receive an implantable cardiac defibrillator (ICD) that uses wireless technology. Conventional ICDs have electronics that automatically monitor and treat abnormal heart rhythms and, if necessary, shock the heart back into a normal rhythm. With the wireless technology, instead of being connected by wires to hospital computer equipment, all testing and programming of the ICD can be done from a distance. The programming physician and computer equipment don't even need to be in the same room as the patient. Also, patients with wireless ICDs from out-of-town do not have to return to St. Paul's regularly. That's because the devices can transmit information, including a patient's heart failure status, over a regular phone line. An ICD can be coupled with a monitor in the patient's home that sends data streaming to their physician's computer with updates. St. Paul's is the only hospital on the BC Mainland that implants ICDs, providing the service to patients from throughout the Lower Mainland, the Interior and the North.

### METABOLIC CLINIC A "FIRST"

The professionals at St. Paul's Healthy Heart program have transformed heart disease prevention by acting on new knowledge generated from around the world. Research has shown us that people whose waists are larger than their hips are at risk for metabolic syndrome. This is a health condition that significantly increases the chance of developing cardiovascular diseases and diabetes. High blood pressure, high blood sugar, low "good" cholesterol and elevated triglycerides are also markers of potentially dangerous illnesses. Research has also shown that medically supervised interventions can help to prevent these illnesses, helping people live longer and healthier lives. The PHC Metabolic Syndrome Lifestyle Program, based at St. Paul's Hospital, is the first of its kind in Canada and is expected to become a model for others.

### NEW STAFFING HELPS SENIORS

In an effort to help seniors who come through the Emergency Department at Providence hospitals, the Elder Care and emergency programs created a position called "GENs." These Geriatric Emergency Nurses are skilled emergency caregivers with knowledge of gerontology and community support services. With three GENs now available, seniors are more likely to receive the appropriate level of care in the setting where they will be most comfortable.

### INNOVATIVE OUTREACH SAVES LIVES

Last October, Providence introduced a program at St. Paul's Hospital that sends a critical care team to severely ill patients, instead of the other way around. The Intensive Care Unit Outreach Team is a group of critical care professionals that can rush to any bedside in the hospital. Often their interventions solve the issue quickly, helping patients avoid the ICU altogether or at least shortening their stay. Since it was introduced, the team has made 1,500 visits to over 300 patients and has driven down the length of stay in the ICU as well as the death rates of critically ill patients.

### ARTSWAY IN RESIDENCE

There are many connection points between our work in seniors' care and in mental health. Seniors are at risk for depression and other illnesses due to issues related to their declining health and altered living arrangements. Last year, Providence began an association with an innovative arts program called Artsway, which brings professional musicians to care homes. This program is very much in keeping with the Eden philosophy that grounds Providence's seniors care — a philosophy that ensures seniors remain connected to the community and find purpose in their life.



Seniors hold hands at an Artsway performance.

## Transforming Care Through Innovation: 3M Innovation Award-Winning Team

Providence pharmacists and nurses noticed that medication errors or omissions sometimes occurred when elderly patients were transferred from hospital to residential care. They organized themselves and fixed the problem.

Improving patient safety was the main motivation behind an innovative care team based at Providence Health Care. And while it certainly wasn't on their minds, they also managed to earn the fourth 3M Health Care Quality Team Award in a row for Providence Health Care — that's a record.

Awarded annually by the Canadian College of Health Service Executives (CCHSE), this prominent health care accolade acknowledges successful,



Winning team members (from L to R): Barb Laurillard, Pharmacist, Langara Residence; Ron Wall, Pharmacy IS Coordinator; Fruzsina Pataky, Pharmacy Services & VCH Regional Medication Safety Coordinator; Pam Kelly, Residential Pharmacy Section Head; Lisa James, Pharmacist, Brock Fahrni; Jody Burrell, Pharmacist, Youville; Julia Duda, Quality Improvement Consultant.

sustainable quality improvement projects that demonstrate high levels of innovation and outstanding teamwork.

The Residential Medication Reconciliation team developed a tool that would allow them to double check medications for residents moving in from Providence hospitals, or returning to residential care. The tool, known as "Moving In Medication Orders" or MIMO's for short, is a list of all the medications the resident was receiving on discharge from hospital. A residential nurse reviews the list to ensure its accuracy and uses it to manage the medication needs of the resident in conjunction with physicians and pharmacists. By consolidating the information, making it multi-functional for all professions, and reducing the transcription of information, this tool saves time and improves accuracy.

A recent evaluation showed that this tool helped them realize a 75 per cent reduction in medication errors on admission as well as a 75 per cent increase in their Medication Success Index (a national measure for medication reconciliation).



Residential nurse, Nadra Ali (R), chats with resident, Reine Meikle, about her medications at Holy Family Hospital.

## Building Towards the Future

A vision for the St. Paul's Hospital renewal

### RENEWING ST. PAUL'S HOSPITAL

Providence Health Care has developed a vision to revitalize St. Paul's Hospital with a plan that encompasses renewed health care facilities, equipment and services on two sites: at a new site in the False Creek Flats on Station Street and at the current St. Paul's site on Burrard Street. The services generally required by patients throughout Vancouver and the rest of BC would be provided at the new state-of-the-art health care facility on Station Street. Services required most frequently by downtown and West End residents and other specialized services would be provided through new clinics and medical facilities on the current St. Paul's site.

### SAFETY A KEY CONCERN

The current St. Paul's site is old, seismically lacking, and is not designed to accommodate the current or future needs of patients in downtown Vancouver or throughout BC. In addition to concerns regarding the older buildings' inability to withstand a substantial earthquake, none of St. Paul's facilities were designed to address the threat of antibiotic-resistant, airborne or highly transmissible infectious diseases so prevalent

in hospitals in recent years. The renewal will ensure the newest care models are delivered through the most effective and suitable facilities possible.

### TWO FACILITIES HELP MEET DEMAND

These state-of-the-art facilities would attract leading researchers and health care providers to St. Paul's Hospital and clinics, which would also greatly enhance patient care and outcomes for all patients of the hospital. In addition to these benefits, the renewal will help meet the projected increased demand for various health care services by 2020, including:

- 146,000 more ambulatory visits per year
- 33,000 more medical imaging tests
- 20,000 more ER visits
- 3,600 more surgeries
- new space and technology to improve health care research and outcomes

As we move forward, Providence will continue to engage our stakeholders and to meet with groups and individuals to answer questions and receive feedback.



**ST. PAUL'S HOSPITAL, STATION STREET**  
An artist's early concept of what the renewed St. Paul's Hospital could look like.



**ST. PAUL'S HOSPITAL, BURRARD STREET**  
Another early concept of preserving the original St. Paul's as a continuing health care site.

## Caring Communities

St. Vincent's Heather, Assisted Living units break ground

Providence Health Care has begun construction of 68 assisted living units to house British Columbians. These units are self-contained one-bedroom apartments, supported by common activity areas and staff, as well as 24-hour emergency response.

The building will include eight independent apartments for young disabled adults. St. Vincent's Hospital, Heather has been an important community partner, serving millions of patients since its inception in 1939 by the Sisters of Charity of the Immaculate Conception.

These units are part of Providence's renewal vision for the site to eventually become a Campus of Care.

A Campus of Care is a relatively new concept that prioritizes growth and opportunity for elders in our communities. It's a place where seniors come together to learn, to live and to grow, but not in isolation from the rest of the community. Support at a Campus of Care allows seniors to "age in

place," which means that as seniors require more services, they are available without the residents having to move. A Campus of Care also integrates different forms of housing support for other citizens in need of housing support. It's a place where children and pets are welcome and families can congregate.

Providence has been a leader in housing options for our populations of emphasis and we will continue to pursue innovative ways to improve lives.



**ST. VINCENT'S HEATHER**  
Construction of 68 Assisted Living units is well underway.

## School of Nursing: 100 Years Young

Its 1907 motto, "Intra discere, exi benefacere" — "Enter to learn; go forth to do good."

In 2007, St. Paul's Hospital celebrates the 100th anniversary of the opening of its School of Nursing. We mark this milestone because the School played such a vital role in making this hospital an essential contributor to the health care system of Vancouver and British Columbia. Led by the Sisters of Providence, the School's rich history mirrored the sweeping social changes that transformed Canada in the 20th century.

In 1907, the call went out for young women who could meet the necessary requirements to enter the new school. They had to demonstrate good character, possess good health and be 20 years of age. Fourteen young women were accepted for that first class. On September 1, 1907 the doors of Vancouver's second school of nursing officially opened.

Nearly 4,000 nurses were trained at St. Paul's before the profession shifted its educational focus to postsecondary institutions. Although the School closed more than 30 years ago, there is still a strong bond among former students and a close affiliation with the hospital.



St. Paul's nursing school, graduating class, 1910.



Above: Graduating class of 1926.  
Inset: A St. Paul's nurse helps a patient, 1953.



# Statistics & Financial Statements for 2006–07

## PATIENT CARE

For Years ended March 31

	2007	Inc./ 2006	(Dec.)	%
<b>VOLUMES</b>				
Inpatient Admissions	22,643	23,074	(431)	(1.9)%
ER Visits	78,073	77,136	937	1.2%
Dialysis	78,869	75,853	3,016	4.0%
Outpatient Visits	184,532	175,942	8,590	4.9%
Day Care Surgery	21,037	20,320	717	3.5%
<b>Total Patient Encounters</b>	<b>385,154</b>	<b>372,325</b>	<b>12,829</b>	<b>3.4%</b>

## SPECIAL PROCEDURES

Open Hearts	939	1,014	(75)	(7.4)%
Heart Transplants	20	13	7	53.8%
Internal Defibrillators	366	353	13	3.7%
Angioplasties	1,231	1,356	(125)	(9.2)%
Angiograms	2,319	2,330	(11)	(0.5)%
Kidney Transplants	93	72	21	29.2%

## INPATIENT DAYS

Acute Patient Days	211,724	213,406	(1,682)	(0.8)%
Residential Patient Days	246,636	247,137	(501)	(0.2)%
<b>Total Inpatient Days</b>	<b>458,360</b>	<b>460,543</b>	<b>(2,183)</b>	<b>(0.5)%</b>

## STATEMENT OF REVENUE & EXPENSES

For years ended March 31 (in thousands of dollars)

	Unaudited 2007	Restated* 2006	Change
<b>REVENUE</b>			
Ministry of Health	478,877	452,658	26,219
Other Revenue	69,009	82,738	(13,729)
Amortization of Deferred Capital Revenue	18,956	18,520	436
<b>Total Revenue</b>	<b>566,842</b>	<b>553,916</b>	<b>12,926</b>

## EXPENSES

Salaries, Wages & Benefits	360,479	346,773	13,706
Medical & Surgical Supplies	40,841	36,727	4,114
Drugs	73,405	67,955	5,450
Other Supplies & Services	84,070	83,842	228
Depreciation of Capital Assets	19,417	18,646	771
<b>Total Expenses</b>	<b>578,212</b>	<b>553,943</b>	<b>24,269</b>

<b>Deficiency of revenue over expenses</b>	<b>(11,370)</b>	<b>(27)</b>	<b>(11,343)</b>
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\* Certain comparative figures have been restated to conform with the presentation adopted in the current year.

## BALANCE SHEET

As at March 31 (in thousands of dollars)

	Unaudited 2007	Restated* 2006	Change
<b>ASSETS</b>			
Cash and Investments	34,180	42,861	(8,681)
Accounts Receivable	21,860	38,843	(16,983)
Inventory & Other Assets	9,310	9,614	(304)
<b>Total Current Assets</b>	<b>65,350</b>	<b>91,318</b>	<b>(25,968)</b>

Investment in Parkade	972	1,215	(243)
Land, Buildings & Equipment	187,461	178,383	9,078
<b>Total Assets</b>	<b>253,783</b>	<b>270,916</b>	<b>(17,133)</b>

## LIABILITIES & NET ASSETS (DEFICIENCY)

Accounts Payable	61,243	74,256	(13,013)
Accrued Vacation & Retiring Allowance	16,440	14,804	1,636
<b>Total Current Liabilities</b>	<b>77,683</b>	<b>89,060</b>	<b>(11,377)</b>

Accrued Retiring Allowance (Long Term Portion)	25,867	24,550	1,317
Capital Leases	-	74	(74)
Accrued Long-Term Disability Liabilities	7,775	11,135	(3,360)
Deferred Capital Revenue	192,886	185,155	7,731
Net Assets (Deficiency)	(50,428)	(39,058)	(11,370)

<b>Total Liabilities &amp; Net Assets (Deficiency)</b>	<b>253,783</b>	<b>270,916</b>	<b>(17,133)</b>
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\* Certain comparative figures have been restated to conform with the presentation adopted in the current year.

## 2006–07 BOARD OF DIRECTORS

Kip Woodward, *Chair* • Douglas Brown, *Co-Vice Chair* • Daniel Nocente, *Co-Vice Chair* • Sandra Heath, *Past Chair* • Dr. Ron Carere (Medical Advisory Committee Chair) • Sister Maria-Vie Chua • Michael Crean • Dianne Doyle (President & CEO, PHC) • David Dumaresq • Sister Anne Hemstock • Frank Holler • Delores Holmes • Bashir Jaffer • Trevor Johnstone (VCH Board Rep, Dec. 06–Jan. 07) • Jacqueline Kelly • John Kitchen • Pierre Le Duc • Dr. Gavin Stuart • David Thompson (until Jan. 07) • Sister Margaret Vickers

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[www.providencehealthcare.org](http://www.providencehealthcare.org)

## Recent awards for courage, compassion, innovation

A record number of Providence Health Care physicians, staff and researchers recently received high profile awards from professional bodies, governments, non-profits, universities and more. Please join us in congratulating them, and everyone else at Providence, on their outstanding work.

### GROUP AND TEAM RECOGNITION

#### 3M Quality Team Award for four consecutive years:

2004: Improved care processes for patients experiencing foot and ankle surgery.  
2005: Reduced costs and improved turn-around times in Laboratory Medicine.  
2006: Reduced mortality for people presenting to the Emergency Department with sepsis and septic shock.  
2007: Residential Medication Reconciliation Team (see story page 6)

#### BC Patient Safety Awards, Ministry of Health – Residential Medication Reconciliation Team, Excellence in Patient Safety Award

#### Certificate of Excellence by the Canadian Congestive Heart Failure (CHF) Clinics Network – Heart Centre contributions to the national database

#### U.S. Green Building Council Award – Leadership in Energy and Environmental Design certification awarded for the renovation of a mental health inpatient unit at St. Paul's

#### Canadian College of Health Service Executives Award for Excellence in Innovation – given to Providence as a whole

#### International Spirit at Work Award for using spiritual principles and practices to support staff while undergoing major restructuring

#### BCMA Award for Excellence in Health Promotion – Centre for Healthy Aging at Providence (CHAP)

### INDIVIDUAL RECOGNITION

#### Lynette Best – Award of Distinction in Nursing Practice, 2006

#### Heidi Cavanagh – Highest Mark, Canadian Association of Medical Radiation Technologists (CAMRT) Certification Exam, 2006

#### Lena Cuthbertson – 2007 Ministry of Health Celebrating Our Success Award for Individual Excellence

#### Dianne Doyle – Canadian College of Health Service Executives Lifetime Achievement Award; appointed 2007 Chairperson of the Catholic Health Association of Canada

#### Katherine Gerry, RN – BCIT Alumni Association Outstanding Student Leadership Award in 2007

#### Irene Goldstone – BC Award for Distinction, College of Registered Nurses of BC, 2007; Canadian Association of Nurses in AIDS Care Award of Excellence

#### Dr. Eric Grafstein and Dr. Kirk Hollohan – Canadian Health Care Manager's Who's Who Awards

#### Dr. David Granville – Canada's Top 40 Under 40; UBC Outstanding Young Alumnus Award

#### Dr. James Hogg – Order of Canada

#### Caitlin Johnston and the staff of Vancouver Injection Drug User Study (VIDUS) – BC Centre of Excellence in HIV/AIDS, 2007 AccolAIDS Award

#### Dr. Thomas Kerr – BC Persons with AIDS Society Recognition Award; UBC President's Award for Public Education through Media in 2007

#### Kathleen Mackay – Canadian Association of Social Workers' Distinguished Service Award (BC) 2007

#### Dr. Bruce McManus – Lieutenant Governor's Technology Innovation Award

#### Dr. Julio Montaner – President Elect, International AIDS Society; Sanofi Pasteur Award: Conquering HIV/AIDS; PHC Research & Mission Award

#### Sisters of Providence – BC Persons With AIDS 2007 AccolAIDS Award, "Unsung Heroes" Category

#### Sister Margaret Vickers – 2007 Performance Citation Award, Catholic Health Association of Canada

#### Sandra Whytock – Award of Excellence in Nursing

#### Dr. Evan Wood – Lynda Sikora Memorial Award for Excellence in Health Research; Ron Ghitter Award in Human Rights

#### Dr. Alastair Younger – 2007 American-British-Canadian (ABC) Travelling Fellowship



How you want to be treated.

### OUR HOSPITALS AND RESIDENCES NEED YOU!

Many of the stories you've read about in our Annual Report describe aspects of our care that are special: arts programs, research, innovative procedures, and so much more. These initiatives have benefitted from generous contributions of donors — large and small. If you would like to support work at St. Paul's Hospital, please contact the St. Paul's Hospital Foundation. To support our other sites, please contact the Tapestry Foundation for Health Care.

### ST. PAUL'S HOSPITAL FOUNDATION

604 682 8206  
[www.helpstpauls.com](http://www.helpstpauls.com)

### TAPESTRY FOUNDATION FOR HEALTH CARE

604 877 8335  
[www.tapestryfoundation.ca](http://www.tapestryfoundation.ca)

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