

St. Paul's Hospital Opens One of the Country's Most Efficient and Technologically Advanced Emergency Departments



(From left to right:) Former patient and donor Andrew Saxton Sr.; Dr. Eric Grafstein, head of Emergency Services; Kevin Falcon, Health Services Minister and Dr. Yvonne Lefebvre, VP Research and Academic Affairs.

Caring Hearts



Strategic Direction: Lead Through Exceptional Care, Service, Teaching and Research

New Emergency Department Opens at St. Paul's Hospital

Dear Cheryl Bishop and Jen Duff,

As a follow-up [to the birth of our son] I wanted to thank your nursing staff in maternity at St. Paul's Hospital. They exceeded our expectations by 500%!!

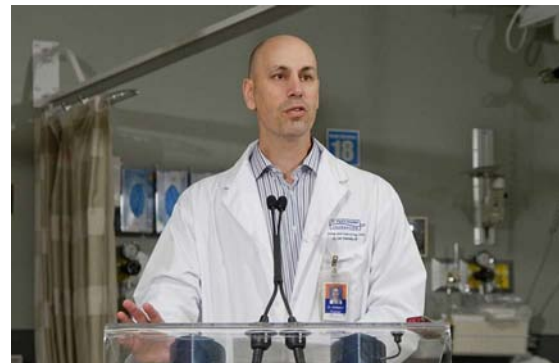
Lindsay W, Natalie, Jenna, Azza, Kate, and many others I have not mentioned who cared for my wife and son should all be commended for their patience, sensitivity, and thorough care.

Lindsay W. cared for Akiko for three shifts and she was awesome throughout! She cared for my wife's physical and emotional needs during her labour day and for that we are forever grateful.

We really appreciate all you did for us.

Thank you!

Ron, Akiko and Christopher.



Dr. Eric Grafstein, head of emergency services for Providence Health Care at the opening of the new St. Paul's Hospital Emergency Department.

St. Paul's Hospital (SPH) now has one of the most efficient and technologically advanced emergency departments in the country with the completion of a \$14.7-million multi-phase emergency department redesign and renovation project, announced Health Services Minister Kevin Falcon at a new emergency department opening ceremony on July 8, 2010.

"St. Paul's Hospital has one of the busiest emergency departments in the province, and provides care to a wide range of patients, including some of the most vulnerable and marginalized," said Falcon. "This redesign incorporates leading-edge, innovative technologies and best practices to reduce wait times and increase access for those patients, while providing emergency staff with a more efficient and effective work environment."

"Right now at St. Paul's Hospital, staff and physicians are treating over 64,000 emergency patients a year, over a third more than five years ago," said Dr. Eric Grafstein, head of emergency services for Providence Health Care. "Reducing wait times allows us to see even more patients. For example, if we free up an additional 30 minutes per patient, that would allow us to see another 10,000 patients a year in emergency, leading to improved access and care throughout the system."

Features of the St. Paul's Hospital emergency department include:

- A new high-tech trauma unit that is double the size of the old one and will act as a mini intensive care unit (ICU) to treat the most urgent, life-threatening conditions;
- Two redesigned acute treatment areas with enhanced layouts to

ensure the best care for patients, as well as advanced patient information systems;

- A new triage and admitting area;
- A fast-track area, where patients with urgent but less serious conditions are treated quickly and released;
- A new four-bed rapid assessment zone for patients with serious but stable illnesses;
- A 24-hour diagnostic treatment unit that allows staff to aggressively diagnose and treat conditions such as asthma, chest pain, stroke, heart failure and overdoses, avoiding unnecessary hospital admissions in the process;
- Real-time electronic tracking boards that reveal where patients are, who is treating them, what tests they are undergoing and if their treatment time is meeting department guidelines;
- Completely electronic patient records using state-of-the-art bedside computers for easy and timely access to patient information; and
- An electronic patient discharge system, which sends a comprehensive health record to each patient's physician by the next business day.

"Innovation in the emergency department – from bedside technology to life-saving research – is revolutionizing the way we provide emergency care," said Dianne Doyle, PHC's president and CEO. "We've made design and care improvements that have already resulted in a 20 per cent reduction in overall emergency wait times at St. Paul's and several of which have been adopted by other hospitals in the region and the province."

The Province, through Vancouver Coastal Health, funded \$10 million of the \$14.7-million project and the St. Paul's Hospital Foundation made a multi-year commitment to raise the other \$4.7 million from private donors.

Providence also held an internal celebration for staff and physicians to mark the opening of the new emergency department and acknowledge staff's hard work and patience in managing patient care throughout the renovation period.

"The perseverance of our staff during the three-year renovation period deserves special thanks. Everyone, including the planners, architects, project managers and staff worked hard to ensure that the renovation did not compromise our ability to care for patients," said Dr. Grafstein.

Table of Contents

Maestro's Music Reaches a Crescendo..... 4

Values in Action: Excellence 4

PHC Continues to Lead Way in HIV/AIDS Prevention.....5

Celebrating Diversity 6

Pool Renovations Make a Splash..... 6

Congratulating PHC Staff..... 7

Fond Farewells..... 8

The Breath of Life..... 9



Strategic Direction: Foster a Culture of Innovation and Improvement

Accreditation 2010 - A Surveyor's Perspective

PHC 2010 Accreditation

Excellence
every day

Through Continuous
Improvement & Innovation

Helping YOU Be Prepared for Accreditation

To help prepare PHC for the onsite survey, a number of "mock tracers" or survey simulations have taken place across our sites. These have been helpful for staff and physicians to learn more about roles and clarify expectations on participating in the onsite survey. Between now and November, we will continue to hold mock tracers in a variety of clinical and administrative areas.

Comprehensive education and communication plans will be implemented between summer and fall to ensure all staff and physicians are aware of the Qmentum process, the ROPs and other key standards PHC is expected to meet. Information will be provided via accreditation teams, PHC News, and the Accreditation 2010 website (<http://excellence.phcnet.ca/>). For any questions, please contact accreditation2010@providencehealth.bc.ca.

From November 21-26, 2010 eight surveyors will visit PHC residential and acute care sites, community dialysis clinics and administrative sites to evaluate everyday activities and services against national standards of excellence. In this Q&A, David Thompson, Corporate Director - Seniors Care for PHC and Accreditation Canada surveyor, shares insights on the new Qmentum accreditation process and common themes he sees when surveying health care organizations across the country.

Q: How does this year's process differ from 2007?

The Qmentum Accreditation program will feature a more interactive method of gathering information and evidence on how we comply with 31 required organizational practices (ROPs), with greater focus on direct observation and tracing of clinical and administrative processes.

Surveyors will engage with a wider range of staff, physicians, patients/residents, families and volunteers. Although accreditation standards apply primarily to clinical and support areas, all staff and physicians including contracted services like Sodexo or Aramark, could potentially be asked questions about their work processes and practices to validate compliance. If a surveyor stops you, be

prepared to answer questions about your area, your role and the practices you follow.

Q: How much interaction will surveyors have with staff and physicians during the onsite survey?

Surveyors will spend most of their time observing, listening and speaking to staff and physicians. They will use "tracers" - an interactive process that uses direct observation to gather evidence about the quality and safety of the care and services we provide.

Starting with a current patient's health record, the surveyor will trace the care and service from initial assessment, care and discharge planning through to transition and end of service, asking questions along the way. For example, for residential care, they may ask staff how they established a resident's care plan and how the resident and their family were involved in goal setting. A resident may be asked to share their opinion on their care, how involved they have been in their own care planning and whether they know who to contact with concerns. Surveyors will also follow the path of a policy or process, such as how equipment is ordered or emergency preparedness. For example, staff may be asked to describe the processes around fire drills, including details like how often we hold drills, whether we

debrief afterward, whether staff have experienced a drill recently, what their role is during a drill, where they would locate the associated policy, etc.

Q: What will some of the key areas of focus be?

The Qmentum process places a greater focus on high-risk areas of service delivery, in particular on systems or processes known to have a significant impact on patient/client/resident safety and quality care/service. We've grouped these areas into six quality and safety themes:

1. Communications
2. Risk Assessment
3. Medications
4. Ethics
5. Infection Prevention & Control
6. Safety Culture & Work-life/Workforce

Read more about these six themes on the new Accreditation 2010 website.

Q: What are some areas that organizations struggle with during accreditation?

We tend to see organizations struggle with ethics. They may have ethical decision-making frameworks in place, but they are often poorly understood. Staff and physicians do not often recognize the work that they do as having an ethical component, or have a hard time identifying examples of situations involving ethical challenges and how they

applied their organization's ethical decision-making policies/frameworks to resolve them.

Q: What are some strategies when interacting with a surveyor?

Many people are nervous when speaking with a surveyor, but it's the surveyor's job to put staff and physicians at ease. Surveyors are there to observe normal practices and procedures, so try not to act differently than you normally would.

Surveyors have signed confidentiality agreements so don't hesitate to share stories or details that could help illustrate a practice or procedure.

If you aren't sure of something, avoid saying, "I don't know." Share what you do know, and where you would find the info or who you would ask (i.e. your leader or supervisor).

Remember that a surveyor is not familiar with your organization's policies or processes. If a surveyor looks confused, ask if there is additional info you can provide. Provide explanations of why a particular practice is done a certain way.

Know where to locate policies (i.e. in the Policies and Manuals section of PHC Connect).

Use the opportunity to provide examples of leading practices that demonstrate that your department/area exceeds standards of excellence.



Creative Souls

Maestro's Music Reaches a Crescendo at St. Vincent's: Langara

Langara resident Mrs. Edna McNamara greets VSO conductor Bramwell Tovey following his June 23rd performance at the residence.



It was a musical celebration of classical proportions. Vancouver Symphony Orchestra conductor Bramwell Tovey paid a special visit to St. Vincent's: Langara residents on June 23 as part of Health Arts Society's "ArtsWay Program", a quality of life initiative supported by Tapestry Foundation for Health Care.

Maestro Tovey left his conductor's baton at home that day in order to share a more intimate musical experience with the 140 residents and family members gathered at the event. This was no afternoon at the symphony. It was simply Bramwell Tovey the musician, connecting and conversing with residents through the piano. The extremely personal moment was lost on no one.

"It was like an intimate soiree in someone's home," said Leah Rosling, Professional Practice Leader of Music Therapy for PHC. "Mr. Tovey was warm and generous and seemed to truly care about everyone having a good time."

Residents smiled as he played popular wartime tunes, church hymns, classical music, jazz and some favourites from the 40's. In between each piece of music, he

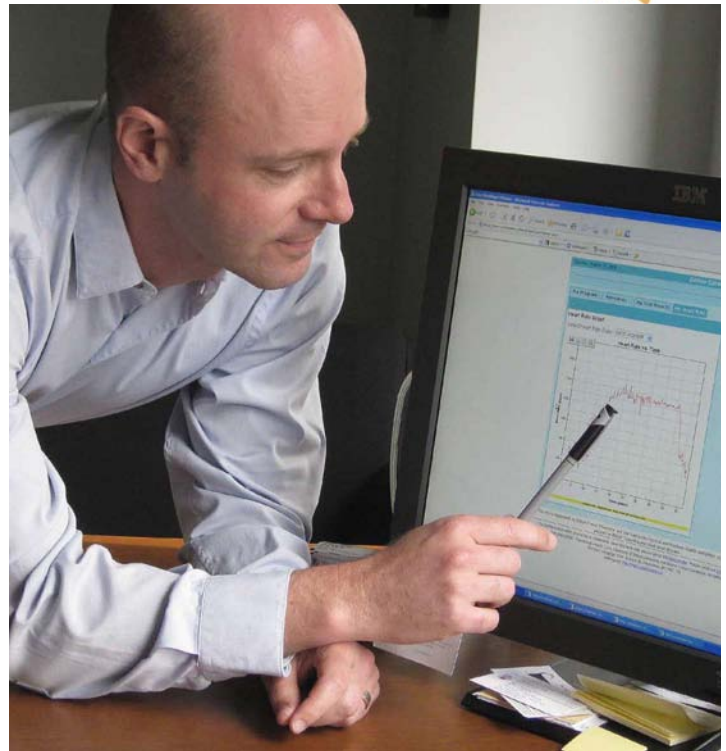
stopped and took the time to talk with his audience.

One Langara resident, Fred Harndn, received a special gift of music in honour of the birthday he was celebrating that day.

Combining the letters of Fred's first and last name with notes from the musical scale, Tovey improvised a special tune before turning it into a rendition of Happy Birthday, encouraging the audience to sing along. "He said he wanted to compose something special for me to remember," remarked Harndn. "It was a very special gesture and I was impressed."

Following the concert, Paul Pulle, a former professional flautist and current Langara resident, came forward to thank Mr. Tovey and shared tales of his own personal experiences practicing with the Vancouver Symphony Orchestra.

Bramwell Tovey, an Honorary Patron of Health Arts Society, joins a roster of world class musicians who have performed for seniors at ArtsWay concerts held at Providence's residential care sites over the past four years.



Values in Action: Excellence

We achieve excellence through learning and continuous improvement.

Support Innovation Through Research and Exceptional Care

Since beginning his PhD in cardiac rehabilitation at UBC in 1996, Dr. Scott Lear has always wanted to overcome geographical obstacles to care delivery. "During my thesis, I realized how important programs like cardiac rehabilitation are, but not all patients can access them. Patients living in rural, remote and smaller urban centres are faced with challenges in their care."

Dr. Lear, along with Dr. Joanna Bates, Senior Associate to the Dean, UBC Faculty of Medicine, studied the concept of virtual cardiac rehabilitation for at-risk heart patients in rural areas.

"We wanted to explore whether an online program could present itself as a viable alternative to a face-to-face program."

Envisioning an online model that would mimic existing programs commonly offered at urban hospitals, the researchers designed a stripped-down version of the program used at the Heart Centre at St. Paul's to bring cardiac rehab directly to the patient.

In Dr. Lear's research, more than 60 rural heart patients have been using the web-based program, which includes intake forms; one-on-one chat sessions with a cardiac-trained nurse, dietitian and exercise specialist; data collection (exercise heart rate, blood pressure and glucose levels for diabetics); online resource library; and regular progress reports. Dr. Lear hopes that if proven effective, the model will be expanded to rural areas across the province.

"Our idea involved delivering care to those who might not have access; to improve their quality of life, keep them out of hospital and reduce their future risks."

Dr. Scott Lear



Strategic Direction: Lead Through Exceptional Care, Service, Teaching and Research

PHC Continues to Lead the Way in HIV/AIDS Prevention



BC-CfE director, and St. Paul's researcher
Dr. Julio Montaner.

Made-in-B.C. research pioneered at St. Paul's Hospital is leading the global effort to end the HIV/AIDS epidemic. Two initiatives developed by the BC Centre for Excellence in HIV/AIDS (BC-CfE) at St. Paul's Hospital were the talk of the recent XVIII International AIDS Conference in Vienna, drawing praise from researchers, health care providers, and policy-makers alike.

"Treatment as prevention," a cutting-edge approach to HIV drug therapy developed by BC CfE director Dr. Julio Montaner, served as a major theme of the AIDS 2010 conference and was hailed by delegates as a "game-changing" strategy to curb the spread of HIV.

Based on the idea that highly active antiretroviral therapy (HAART) can suppress HIV to undetectable levels, treatment as prevention calls for the expansion of access to these drugs. This has the dual benefit of improving patient outcomes and reducing the probability of HIV transmission.

As Dr. Montaner and

his team outlined in a Lancet paper published on the eve of the conference, the steady scale-up of antiretroviral therapy in B.C. has reduced new HIV diagnoses by more than 50 per cent since 1996. Treatment as prevention, already implemented in B.C. through the Seek and Treat pilot project, has been endorsed and adopted by the United Nations under the title "Treatment 2.0" as the basis of its strategy to avert 10 million deaths by 2025.

AIDS 2010 also marked the launch of the Vienna Declaration, an official conference statement championed by the BC-CfE's Dr. Evan Wood, calling for an end to the global war on drugs and the adoption of evidence-based drug policies.

The declaration states that criminalizing drug abuse drives addicts towards unsafe practices, such as needle sharing, that promote the spread of HIV and other blood-borne infections. Prohibition and law enforcement have also been associated with increased levels of drug-market violence while failing to restrict the drug supply significantly.

Since its launch, the Vienna Declaration has

received more than 15,000 endorsements from a broad range of leaders in science, medicine, and public health, including five Nobel laureates.

Further BC-CfE research presented at the conference highlighted the benefits of primary care interventions for HIV-positive individuals. Analyzing data from St. Paul's, the researchers found low adherence to HIV medication, unsafe drug use practices, and unstable housing contributed to emergency department visits by persons living with HIV and AIDS. The study suggests social interventions at the primary care level, such as medication support, harm reduction services, and supportive housing, can improve the health of this population while averting health care costs through decreased resource usage.

Other key developments of AIDS 2010 included:

- The announcement of a vaginal gel that has been shown to reduce the risk of HIV infection by 40 per cent;
- A call by Bill Clinton and Bill Gates for more efficient use of AIDS funding; and
- A demand for greater respect of the human rights of individuals living with HIV and AIDS.



Strategic Direction: Engage and Develop our People

David Byres Graduates from Internationally Recognized Program for Nurse Executives



David Byres, Vice President, Clinical Programs and Chief of Professional Practice and Nursing at PHC, graduated in July from the Johnson & Johnson - Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at The Wharton School at the University of Pennsylvania.

Byres was one of 38 senior nurse executives, and one of five Canadians, selected from the United States, Australia, Canada and Cuba to participate in the program, which provides participants with critical business and management skills that enables them to be effective leaders in the ever-changing health care industry.

"David's selection for this program from among many nursing executives from around North America and beyond is testament to his caliber as a leading health care

nursing executive," said Dianne Doyle, PHC's president and CEO. "Having David complete this training will benefit PHC as we continue to build our strategic planning and leadership capacity to support the organization's strategic directions and to influence the direction of health care policy in the Lower Mainland and in British Columbia."

"David's selection for this program from among many nursing executives from around North America and beyond is testament to his caliber as a leading health care nursing executive"

Dianne Doyle

The Wharton Fellows Program has been enhancing the leadership capabilities of nurse executives for more than 25 years. The program recognizes the important and influential role nurse executives have in strategic planning within their own health care institutions and in shaping health care policy issues regionally, nationally, and globally.



Strategic Direction: Live Our Mission



EDEN CORNER



One of the acts often carried out during Buddha's birthday is the bathing of a baby Buddha to wash off negative thoughts, purify the mind and maintain a sense of calm.

Bathing Buddha – Celebrating Diversity

This spring, residents and family at Holy Family Residence were invited to participate in the celebration of Buddha's birthday, known as Vesākha in parts of India and South East Asia. While Providence Health Care is a Catholic health care organization, the diverse religious and cultural beliefs of its staff and residents are respected and one can often witness multi-cultural celebrations and activities at our sites throughout the year, including weekly Sikh services, trips to the Sikh

Gurdwara, Diwali and Vaisaiki celebrations and Italian prayer groups.

Staff across residential sites are constantly adapting, changing and starting new cultural groups as the resident population changes; always taking their lead from residents' needs.

Vesākha is one of the most important events to Buddhists, with the recognized day actually encompassing the birth, enlightenment and passing away of Gautama Buddha. The date varies due to the different lunar calendars

followed throughout the world, generally falling sometime in April or May.

Each year, at Holy Family, Melanie Hung, Pastoral Care, HFH arranges the celebration of Buddha's birthday for Buddhists and non-Buddhists alike. At this year's celebration the Po Lam Buddhist Association from Chilliwack was invited to attend, with the head of the association Ven. Yin Kit Sik (Sr. Jessie), leading the ceremony.

Acknowledging residents' beliefs and values is an important part of

care. Ensuring our elders are respected and honoured for their wisdom and given opportunities to engage in activities they find meaningful helps to create an environment where elders want to live, families want to visit, and staff want to work.

In addition to the annual celebration, HFH has recently begun a bi-monthly Buddhist Chant and Discussion Group facilitated by the Po Lam Buddhist Association to meet the spiritual needs of the Buddhist residents and patients at the site.



Resourceful Actions

Pool Renovations Make a Splash

Access to pool therapy just got easier at Holy Family Hospital.

After more than 30 years of use, the hospital's hydrotherapy pool was showing its age. Extensive renovations were undertaken this past spring to make the pool safer and more accessible for a frailer patient population receiving hydrotherapy services at the site.

Holy Family Hospital's pool is a vital component of the rehabilitation process for patients suffering from stroke, loss of limb and arthritic conditions. The buoyancy of the water supports patients' weight and

injured limbs as they exercise, without placing undo stress and pressure on aging joints and recovering limbs. The water is heated to a bath-like temperature allowing for better circulation, and decreased stiffness in joints and muscles. Patients gain confidence in this aquatic environment as they work to regain lost mobility or re-learn motor functions.

For patients like Doreen West, who recently underwent surgery to replace a knee joint, pool therapy also offers welcome relief from the pain of recovery from surgery. "There's no pain when you're in the water,"

she said. "You move so easily. It's wonderful."

Constructed in the 1970's, the pool originally included four steps, each at different depths. Over the years, with an increase in the number of older, frailer patients coming to the hospital, therapists found the lower two levels of the pool too deep for safe, effective hydrotherapy, leaving one half of the pool unused.

The bottom of the pool was leveled out to a more functional depth, making way for double the capacity of people (from five to ten) that therapists can accommodate in group pool therapy sessions. With inpatient



Group pool therapy in session at Holy Family Hospital.

and outpatient groups being run twice a day, the increased capacity of the pool is helping reduce waitlists for access to this type of therapy.

Extensive repairs were also made to the pool deck, leveling uneven surfaces to reduce the risk of patients slipping, and to make it more accessible for walkers and wheelchairs. A new overhead lift was also installed so that

rehabilitation staff can safely and comfortably lower patients into the pool in a seated position for therapy.

Funding for Holy Family Hospital's pool renovation project was made possible through a generous donation to Tapestry Foundation for Health Care from an international donor.



Strategic Direction: Advance Leadership in Health Care

Congratulating PHC Staff and Physicians

PHC's Healthy Heart Program Gets Honourable Mention

The UBC College of Health Disciplines' Interprofessional Awards Committee has awarded Providence's Healthy Heart Program a certificate of "Honourable Mention" as part of the 2010 John F. McCreary Prize selections.

The John F. McCreary Prize has been developed to recognize and promote interprofessional teamwork in the health and human service professions. The award is named after Dr. John F. McCreary, the first Coordinator of Health Sciences at the University of British Columbia.

In their letter to Dr. Andrew Ignaszewski, Director, Healthy Heart Program, the awards committee stated they were "truly impressed by the extent to which the [Healthy Heart Program] is contributing to the health of all British Columbians."

Congratulations to everyone in the Healthy

Heart Program for this important recognition. Your commitment to excellence and innovation in care, research and education continues to strengthen PHC's reputation as a world-class provider of cardio-pulmonary services.

PHC Staff Selected for BC Quality Academy

The BC Patient Safety and Quality Council (BCPSQC) recently announced its Quality Academy – a professional development program delivered over a six-month period to provide participants with the capability to better lead quality and safety initiatives in their organizations.

With 30 seats available, seven PHC staff were successful applicants. They are: Kate Sullivan, Operations Leader, Renal Program; Barb Lawrie, Director, Nursing Practice; Andrea Walker, Practice Consultant, Nursing Administration; Emily

Boulton, Manager, Client Registration & Information Services; Julie Bergeron, Quality Improvement Specialist; Karen Ann Boodle, Project Coordinator, iCare Providence; and Linda Schwartz, Clinical Nurse Specialist, Elder Care.

With the first cohort starting in September 2010, participants in the program will attend five in-person residency sessions and will work on a quality project within their organization. Participants will receive support during the program through webinars and one-to-one support from an assigned faculty mentor in addition to access to expert faculty during the program.

The selection of PHC staff is testament to their commitment to excellence in improving safety and quality of care at Providence. The opportunity will increase their knowledge and skill base, enabling them to effectively lead quality and safety initiatives, including the teaching and advising of others, in the process of improving health care delivery and patient/resident outcomes.

CONGRATULATIONS TO ALL SUCCESSFUL APPLICANTS!



Dr. Sammy Chan, Associate Director Healthy Heart Program and Susanne Burns, Clinical Nurse Specialist - Metabolic Syndrome Program meet with a patient in the Healthy Heart Centre at St. Paul's Hospital.

PHC Recognized for Innovation by Excellence in BC Healthcare Awards

The winners of the fourth annual Excellence in BC Healthcare Awards were announced in June and PHC was among the leaders in the number of recipients recognized for innovation. There were 12 Gold Apple winners and eight Award of Merit recipients.

Congratulations to all winners from all health organizations. It is tremendously encouraging to see a culture of innovation, new thinking and new solutions being promoted in all parts of the province. The recognition of PHC staff is impressive and symbolic of the spirit of innovation, creativity and can-do attitude and culture that continues to be a strength throughout PHC.

PHC was recognized for the following:

GOLD APPLE: Top Innovation, Affiliate category Lower Mainland Innovation & Integration Fund: Distal Extremity Project

Providence Health Care (Vancouver)
Project leader: Cheryl Bishop

GOLD APPLE: Collaborative Solutions category Integrated Care Clinic, Renal Program

Providence Health Care & Provincial Health Services Authority (Vancouver)
Project leader: Dr. Monica Beaulieu

GOLD APPLE: Healthcare Heroes/Affiliate category

Dr. Romayne Gallagher, Physician, Clinical Professor Providence Health Care (Vancouver)

AWARD OF MERIT: Top Innovation, Affiliate category Metabolic Syndrome Program

St. Paul's Hospital, Providence Health Care
Project leader: Susanne Burns

Also, a special congratulations to VCH's Patti Zettel, Primary Care Nurse, Bridge Clinic Nurse, Ravensong Community Health Centre (Vancouver) for receiving a Healthcare Hero award.



(Left to right) Dr. Monica Beaulieu, Susanne Burns, Cheryl Bishop and Dr. Romayne Gallagher.

Fond Farewells

Sister Carmen Castonguay, Missionary Sisters of Immaculate Conception • 1919-2010



Sister Carmen Castonguay, a member of the Missionary Sisters of the Immaculate Conception (MIC), the founding congregation of Mount Saint Joseph Hospital (MSJ), went to be with the Lord on June 22nd, 2010.

Sister Carmen was with MSJ from 1974 to 1980 and again from 1992 to 1995. In her first assignment, she worked with Medical Records. On her second assignment she served as director of Mission Effectiveness and member of the hospital board. She brought joy wherever she went and she will be remembered as a "happy nun".

[Sister Carmen's] dedication contributed in no small measure to the culture of MSJ as a place of "people caring for people".

As an MIC sister, Sister Carmen guided MSJ through the amalgamation of health care sites into Providence Health Care with the inclusion of St. Paul's Hospital. She was mentor to many of the nurses, staff and physicians in MSJ through orientation talks, chapel homilies, and at board and committee meetings.

We remember fondly our sisterly heritage. With grateful hearts, PHC will carry on the work of Sister Carmen. In memoriam donations can be sent to the Tapestry Foundation at www.tapestryfoundation.ca.

In Memory of Ian Quinn, Pharmacy Technician Manager



PHC remembers with sadness the passing of Ian Quinn, Pharmacy Technician Manager. Ian passed away on March 11, 2010 surrounded by his family and dear friends. He had been diagnosed with ALS in January 2008 and fought a courageous battle with the disease. A memorial service to celebrate Ian's life was held on March 18th, at the Vancouver Rowing Club.

Ian was an inspiration to all and
a continuous reminder that
every moment should be cherished.

Ian began his career at Providence Health Care in 1985 as a Pharmacy Technician and later as an Instructor. In 1994, Ian moved into the role of Pharmacy Technician/Distribution Manager. In this role, he helped develop the role of the pharmacy technician. He also played a pivotal role in the introduction of automation technology within the pharmacy department. Ian worked on various hospital committees, represented pharmacy on external committees, and was involved in teaching pharmacy technicians. He worked with a wide variety of pharmacy staff as well as staff from numerous departments and all will remember his compassionate nature and great sense of humor. Ian's presence in the Pharmacy Department will be greatly missed.

Donations may be made to the ALS Society of B.C.



Caring Hearts

Re: Emergency Care at St. Paul's Hospital in Vancouver

On Sunday, July 11th, while in Vancouver preparing for an overseas trip, I suffered a medical emergency that required me to attend the SPH Emergency Department. The department was extremely busy. It reminded me of the

show "ER" on television. I never thought any hospital could be as busy as it was that day. It was like a zoo.

There were many patients with various emergency

situations requiring immediate attention. It seemed to me that they came from all walks of life (professionals to homeless people). All suffering from different causes, including sub-stance abuse. Many of them were impatient, vocal and/or demanding.

During my 5-hour stay, I was extremely impressed with the way in which the doctors, nurses and other personnel worked so well together and demonstrated superb teamwork.

I was amazed with the way in which Dr. Julian

Marsden (who was also treating me) treated each patient, whether professional or homeless, equally with respect and dignity. On one occasion I observed him providing a sandwich to a very vocal patient with a broken arm who was in a great deal of pain and complaining of being hungry. I never did see the doctor take any time for lunch for himself. As the patient ate, the doctor stepped up to the plate and applied his cast. The compassion the doctor demonstrated was unreal, a tribute to his

profession. All of this without missing a beat in the attendance of the many and varied needs of the other patients in his care.

I would like to extend a bouquet of thanks and appreciation, especially to Dr. Marsden, and also to all of the others attending in the Emergency Ward at St. Paul's. You all have an "A+" in my books.

*Yours sincerely,
Malgosia*



The Breath of Life

The Role of a Respiratory Therapist



The next time you watch “Grey’s Anatomy” on television, look for Alexis Ciuk – well, not Alexis herself, but someone just like her, playing a key role in saving someone’s life. Alexis is a Respiratory Therapist (RT). She is the person on a medical team – whether in the intensive care, emergency ward or any other department of a hospital – that makes sure the patient keeps breathing.

If a patient is not breathing, the RT’s first priority is to get them to breathe. Once they are

breathing with the assistance of respiratory equipment or medication, the RT focuses on finding ways to continually improve their breathing until they no longer require assistance. Breathing difficulties can result from a variety of conditions and situations: emergencies such as fires can cause damage to the lungs through smoke inhalation; chronic lung diseases like emphysema and chronic bronchitis can create breathing difficulties; and extreme lung illnesses like severe pneumonia

and acute respiratory distress syndrome (ARDS) may result in respiratory failure.

Alexis is often called upon to put a patient on a ventilator, or a “breathing machine.” This requires inserting a tube into the patient’s throat, a process called “intubation.” Under normal circumstances, the physician or RT uses a laryngoscope, a medical device with a curved end that allows the person inserting it to see the vocal cords. The

A respiratory therapist at Mount Saint Joseph Hospital prepares to intubate a patient.

(An RT) is the person on a medical team - whether in the intensive care, emergency ward or any other department of a hospital – that makes sure the patient keeps breathing.

tube is then connected to a ventilator that supplies oxygen while the patient is unable to breathe on their own.

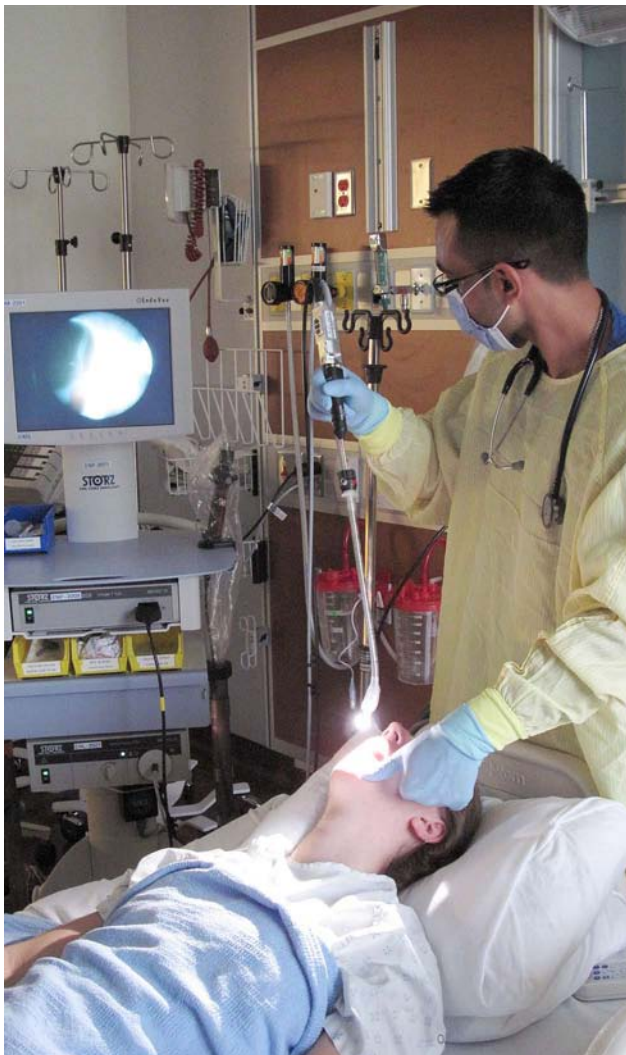
Patients who are overweight or have physical abnormalities in their airways, and/or patients who have restricted neck mobility may be at risk of a difficult airway situation. Tapestry Foundation for Health Care recently raised funds to supply Mount Saint Joseph Hospital with a difficult airway intubation cart containing specialized equipment to deal with these circumstances. The cart contains an instrument with a light at the end, and another with both a light and a miniature video camera at the end, to guide the procedure. A screen on the cart shows exactly what the camera sees.

Once a patient is connected to a ventilator,

the RT focuses on the steps that must be taken to disconnect (or “extubate”) them as soon as possible. If a patient must remain on a ventilator for an extended period of time, a tracheostomy operation may be performed to connect the ventilator at a point past the vocal cord and other sensitive tissues.

In addition to responding to emergency situations, RTs also participate in follow-up care alongside physicians, nurses, pharmacists, dietitians, therapists and other specialists. “It’s a kind of jigsaw puzzle,” explains Alexis. “Everyone fits together to create a whole picture of patient care.” Everyone’s ideas contribute to finding the best solution for each individual patient. As part of follow-up therapy, Alexis offers patient education on a one-on-one basis. While interpreters are present to assist with language difficulties, Alexis usually finds that, after supplying reading material in a patient’s first language, she can often communicate quite well through actions. “We use a lot of charades,” she chuckles.

Respiratory Therapy is crucial to patient care, and RTs like Alexis rely on their training, instincts and state-of-the-art equipment to keep patients breathing – the first step on the road to recovery.



Top Picture -

Winners of the 2010 ELF Golf Tournament – From left to right: Tom Sinclair, Operations Leader, Medicine, MSJ; Jen Duff, Operations Leader Maternity and NICU, SPH; Jeanette Kuper, Manager, Maternity and Surgical Access, SPH and Cindy Lawlor, Operations Leader, Cardiac Program, SPH.

**Bottom Picture -**

The Get Moving for St. Paul's campaign and Team Fundamentals raised almost \$49,000 for greatest needs at SPH including \$3,825 from a raffle for a return trip for two to Asia generously donated by EVA Air. Announcing the winning number are Jennifer Cheung, St. Paul's Hospital Foundation's Manager of International Markets and Stephen Shapiro, SPHF President & CEO.

**WE WANT TO HEAR FROM YOU**

Send in your stories, ideas, photos, thank-yous and events (to a maximum of 200 words please) to share with staff across Providence Health Care.

Your submission may be edited for length.

You can mail material to:

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