



DIVINE VINE

How you want to be treated.

P R O V I D E N C E

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December is a Month Reserved for Reflection and Hope for People Living with HIV/AIDS

See inside for some great articles on St. Paul's Hospital's John Ruedy Immunodeficiency Clinic, World AIDS Day and routine HIV testing.

See story on page 5





Caring Hearts

Thanks, Mount Saint Joseph

(From Province newspaper)
December 13, 2011

In light of our health care system frequently getting bad press, I felt inclined to send this letter. I recently had major surgery at Mount Saint Joseph Hospital. The compassion and sensitive care sprinkled with good humour shown to me at this hospital were extraordinary.

I publicly and gratefully acknowledge and thank the staff of surgical daycare, my surgeons and surgical team, the nurses in recovery and the nursing staff and physiotherapist on the fourth floor. We are so fortunate to have this precious jewel in the crown of the beautiful city of Vancouver.

*Christine M.
Vancouver*

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Christmas Message from Dianne Doyle, President and CEO



The Christmas season is upon us! It's a great time for all of us to look back over the past year, celebrate our achievements and the positive impacts all of you have had on our patients, residents and communities.

PHC boasted some amazing achievements in 2011. We continued to advocate and serve the most vulnerable populations, while achieving excellence in care, teaching and research.

Our elder care and mental health programs worked hard to accommodate the new patient populations from Riverview Hospital into Langara's new Alder unit and Youville's new Parkview unit.

Within a context of mutual recommitment to cooperation and partnership, Providence assumed the responsibility to deliver the Regional Cardiac Sciences program. We received the go ahead from Health Canada to start our hydromorphone trials at our Crosstown clinic in the downtown eastside through the

SALOME research on opioid addiction. Our HIV/AIDS program and BC Centre of Excellence in HIV/AIDS continued to receive world recognition for their prevention-as-treatment strategies, and introduced point-of-acute-care HIV testing.

Our renal program's community dialysis clinics and innovative surgery/transplant teams continued to meet a growing and diverse need for kidney illnesses.

And, as the designated lead for the Lower Mainland, we ensured the coordination and integration of the Bio-medical Engineering and Health Information Management functions for Vancouver Coastal Health, Provincial Health Services Authority, Fraser Health and Providence were done in an effective and respectable manner.

We had another successful "PHC Check-Up," building on our employee engagement successes of the past, helping further clarify the most pressing issues impacting staff and how best to translate them into effective action plans.

The list of achievements by all of our programs and services would fill a giant annual report. Suffice it to say, at Providence, what I find common in everyone's efforts is our

shared sense of values and passion toward delivering our mission.

The coming year, along with continuing challenges, promises exciting opportunities. We're going to be introducing a new vision statement, a new three-year strategic plan with focused priorities, an emphasis on innovation, quality, person-centeredness and research, and an emphasis on finding greater community and stakeholder support to address our renewal needs.

As another year comes to a close, I want to take a moment to sincerely give thanks. I know how hard everyone is working to accomplish our shared goals, and I am truly grateful for your commitment.

Please take advantage of the holiday season. It is a time to spend with family and friends and to reflect on the many things we

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*Dianne Doyle
President & CEO*

have to be thankful for. On behalf of the Senior Leadership Team of PHC, I want to wish you and all your loved ones a Merry Christmas and a safe holiday season.





Strategic Direction: Live Our Mission

Recognizing the Contributions of the Grey Sisters of the Immaculate Conception

On Friday, December 9, staff, residents and leaders celebrated and recognized the contributions that The Grey Sisters of the Immaculate Conception of Pembroke, Ontario have made to Youville Residence, as the ownership of the site officially passed to Providence Health Care.

A special mass officiated by Archbishop J. Michael Miller, was held at the Youville Chapel, followed by a reception in the dining area. Grey Sisters – Rita Kehoe, Mary Buckley, Sheila Whelan, Fay Edmonds and Anne O'Brien – were in attendance, along with David Thompson, vice president, Seniors Care & Clinical Support Services and Dianne Doyle, President and CEO, who paid tribute to the sisters and the legacy of Marguerite de Youville, the founder of the Grey Sisters of the Immaculate Conception.

The sisters were presented with a plaque to commemorate their history with the Youville site and Fay Edmonds, general superior of the Grey Sisters, spoke a few words of thanks to the staff at PHC for continuing the mission of Marguerite de Youville.

Youville site leader Jo-Ann Tait was also



From left to right: Grey Sisters – Fay Edmonds, Sheila Whelan, Anne O'Brien, Mary Buckley, Rita Kehoe.

presented with a commemorative plaque, and reaffirmed her commitment to keep the spirit of the Grey Sisters alive.

Youville Residence was named after foundress Marguerite de Youville. Marguerite devoted her life to charitable work – reaching out to the poor, outcast, sick, elderly and orphaned. Her work inspired others, and so grew the Grey Sister Community, as we know it today.

In 1929, four Grey Sisters opened the St. Vincent's Shelter in the Downtown Eastside. When the location became too small to handle the increasing needs, Youville Residence was opened in 1969.

To this day, the

residence and staff strive to keep the spirit of charity alive in the community. Not only has Youville served as a home for hundreds of seniors for over forty years, more recently Youville and PHC responded to the growing needs of seniors with mental health challenges, such as advanced dementia, that needed a place to be cared for after Riverview closed its doors.

The contributions of The Grey Sisters over the last 80 years have been invaluable to the community, and we are dedicated to ensuring that the mission, vision and values of the Grey Sisters and Catholic health care remains at the forefront of all we do at Youville Residence.



Creative Souls

Langara Residents Give Advice to Newly Wed Rehab Assistant

At Providence Health Care's residential sites, it is typical for staff and residents to view each other as family. Close relationships and bonds are often formed amongst those who spend their time in the halls. And, while it is often the caregiver providing advice to the resident or patient, it can sometimes work in reverse!

During a recent celebration, rehab assistant Stephanie (Gockeln) Dietz, found herself receiving all sorts of "tips" from the wise residents of St. Vincent's: Langara. Stephanie had recently gotten married, and as part of the Langara "family", it only made sense for residents and staff to throw her a celebration event, providing an opportunity for residents to congratulate the new bride, view photos of her wedding, eat cake, and catch the bouquet! During the event, everyone was welcome to partake in an "open mic" period in which they could share marital advice with the new bride. Much



Langara rehab assistant Stephanie (Gockeln) Dietz was showered with "advice" from residents.

of the advice revolved around the importance of loving and forgiving each other. Here are a few highlights: Resident Fred H. – "If you argue, make sure you don't throw things." Resident Lorraine O. – "Do not make each other jealous on purpose." Family member Sheila M. – "Be kind to each other so you have a happy marriage like we do." (Sheila's husband is a resident at Langara). It was a heartfelt celebration and an opportunity for Langara's residents to show their appreciation of Stephanie and give care back in the form of their own stories and wisdom.



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

St. Paul's Hospital Clinic Helps HIV/AIDS Patients Live Well and Long

Thanks to the miracle workers at St. Paul's Hospital (SPH), the treatment and care for HIV/AIDS is now about living, not dying.

The focus of SPH's John Ruedy Immunodeficiency Clinic (IDC) has changed significantly since the days when it initially provided monitoring and support for HIV-positive patients, most of whom went on to develop AIDS and die.

The historic advances in HIV/AIDS treatment made at SPH through the work of Providence Health Care's (PHC) BC Centre for Excellence (BC-CfE) in HIV/AIDS have heralded a new era for a disease that was once automatically a death sentence. Since the development of antiretroviral therapy at PHC's BC-CfE at SPH in the late 1990s, survival rates have increased dramatically, transforming a once deadly disease into a treatable one. However, the need to help people living with HIV and AIDS continues on.

Today IDC focuses on quality of life for HIV/AIDS patients and provides "one-stop shopping" in services to optimize it.

"It's only fitting that SPH's IDC supports this bright new world in HIV/AIDS treatment and care. SPH was initially the first hospital in BC to knowingly receive people with AIDS and one of the first hospitals in Canada to

The historic advances in HIV/AIDS treatment made at SPH through the work of Providence Health Care's BC Centre for Excellence in HIV/AIDS have heralded a new era for a disease that was once automatically a death sentence.

treat HIV/AIDS patients. Now that commitment has come full circle and the HIV/AIDS patients who have been saved as a result of SPH's remarkable achievements are now living healthier, happier lives thanks to the work of IDC," said Dianne Doyle, PHC President and CEO.

IDC originally opened in the late 1980s following the onset of the AIDS epidemic to serve as a primary and specialty care clinic for HIV-infected patients. In 2003, IDC expanded its services for people living with HIV and AIDS, adding family physicians to the staff so it could offer primary HIV/AIDS care on site, benefiting patients with this multidisciplinary approach and full range of care and support.

"Patients are offered a menu of care and can select those services that make the most sense for them, their current

health and social needs and lifestyle. Developed by SPH nurses, social workers, counsellors and a dietician, IDC services have effectively evolved from monitoring a patient's decline into AIDS and assisting with grief management, to helping people live well with HIV. Services address mental health, addictions, housing, finances, self-care and other issues," said Scott Harrison, PHC program director, urban health & HIV/AIDS.

Referrals can be made by patients themselves, by other health care providers, and through a wide network of community agencies. New patients are assessed by a unique nurse-led and nurse-designed process called First Contact. At this appointment, a full patient history is taken, and patients receive a clinic orientation and meet key staff members.

Case management helps patients increase their ability to self care and provides them with one professional – nurse or social worker – with whom to liaise. As a result, patients become more focused, attend appointments, take medications and develop trusting relationships with care providers – which may be a challenge for marginalized patients such as intravenous drug users.

The IDC Mental Health Team has greatly streamlined access to mental health care which is a major gap in HIV care across the country. Patients are now seen more rapidly, assessed by a specialist nurse and offered

follow-up by the most appropriate professional.

Diagnosed earlier, HIV is a treatable, chronic infection. Thanks to SPH's IDC, treatment is simpler and more effective than ever and the medication provided keeps the immune system strong and lowers the chance of passing on the virus to others. That – combined with regular check-ups and other services offered at IDC – means an HIV-positive person can live a long, full life. People with treated HIV have sex, raise children, start businesses, run marathons, learn to salsa and sing karaoke. Nobody wants HIV, but you can live with it, and live well.



People with treated HIV have sex, raise children, start businesses, run marathons, learn to salsa and sing karaoke. Nobody wants HIV, but you can live with it, and live well.



Strategic Direction: Advance Leadership in Health Care

Champions in Acute Care HIV Testing: Results to Date and Info on World AIDS Day

Beginning October 3, physicians began offering routine HIV testing to all patients admitted to St. Paul's and Mount Saint Joseph hospitals when other bloodwork was done. Vancouver General followed suit shortly after.

This routine screening approach is an effort by Providence Health Care and Vancouver Coastal Health to take the fight against HIV/AIDS, one of the biggest global health epidemics of our generation, to a new level by launching a pilot project in which most hospital patients who consent are routinely offered a test for the infection.

After six weeks of routine testing at PHC and two weeks of testing at VGH, 255 patients admitted to acute care have been tested for HIV.

The champions

1. Mount Saint Joseph Hospital (MSJ) has offered an HIV test to 65 per cent of patients admitted to acute care.

2. The Kidney Function Clinic at St. Paul's Hospital has offered 82 per cent of their patients an HIV test.

We would like to acknowledge the tremendous effort by MSJ and the Kidney Function Clinic staff who have championed this initiative.

Preliminary findings

Patients are accepting the test! Of the patients

There are an estimated 2,500 - 3,500 people living in BC who are not aware they are HIV positive.

who are offered an HIV test, 80-90 per cent of patients are accepting the test. The most common reasons for refusal include the patient has had a recent HIV test; or the patient is unable to provide consent.

The most significant gap is that patients are NOT being offered an HIV test. The barrier is not the patient, it is us!

Routine HIV testing means that all sexually active people admitted to acute care should be offered an HIV test, regardless of perceived risk. HIV status affects many aspects of clinical care including treatment of infections and cancers, as well as basic health care such as immunizations. HIV treatment improves health, prolongs life, and dramatically reduces the risk of transmitting HIV. Thus HIV testing is good for the patient and for the community, and needs to



Rob Joynson, project assistant; Brynn Grierson, clinical nurse leader; Neil Fowler, project assistant; Vickie Lau, RN and Elyse Vani, RN at a World AIDS Day event at St. Paul's Hospital on December 1, 2011.

become part of routine clinical care.

There are an estimated 2,500 - 3,500 people living in BC who are not aware they are HIV positive.

Routinely offering tests in hospitals will help diagnose some of these people and enable them to begin treatment which will prolong and improve their lives, and reduce transmission to others. Patients who test positive for HIV are supported with appropriate care and treatment.

World AIDS Day – December 1, 2011

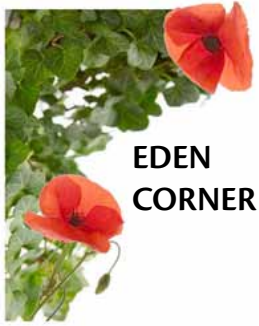
To mark World AIDS Day on Thursday, December 1, 2011, Providence Health Care hosted a World AIDS

Day event in the St. Paul's Hospital cafeteria. Staff were given the opportunity to check out displays presented by community HIV

organizations and learn about Acute Care HIV testing from Immunodeficiency Clinic nurses. A big thank you to all who attended!



Jenn Messina, HIV/AIDS dietitian and event organizer, educates hospital staff on HIV/AIDS.



Eden Corner: Brock Fahrni Honours Veterans

Residents, families, volunteers and staff gathered at Brock Fahrni Pavilion on Friday, November 11, for a Remembrance Day ceremony honouring military veterans, both living and deceased, for their services.

The program included a reading of the Prime Minister's letter by

Christine Hutchinson from Veteran's Affairs Canada, the traditional act of remembrance with the laying of wreaths by Vancouver-Fairview MLA Margaret MacDiarmid, a reading of "In Flanders Field," a moment of silence and a moving live performance of the Piper's lament. Each veteran and their spouse were presented with a white rose in honour of their service, and the ceremony was followed by a sherry reception.

Later, the Pegasus Royal Canadian Air Cadet Squadron marched

through the new garden space at Brock Fahrni, recently renovated through donations to the Tapestry Foundation, and paraded through the Meadow Lane residence, to Magnolia and back to the cenotaph.

Brock Fahrni is home to many armed forces veterans among its residents, and Remembrance Day is a very important day at the site. Non-veteran residents also commemorate this day, as do many family members who come to honour those who have served.

Photos courtesy of Andy Mons.



Lawrence Edward Brownlee, WWII Veteran, Army, Royal Winnipeg Rifles.



Strategic Direction: **Promote Partnerships**

Leave for Change: A Cross-Cultural Skills Transfer

This spring, Nancy Chow will apply her experience as a nurse patient educator in the John Ruedy Immunodeficiency Clinic at St. Paul's Hospital to a four-week Unitera, Leave for Change volunteer program at Mulanje Mission Hospital in Malawi. It is the second year Providence Health Care has participated in this international community development program, and the third staff member to take part in the cross-cultural health care opportunity. While already working with a marginalized population on a day-to-day basis at home in Vancouver, Nancy jumped at the opportunity to pursue her passion of providing care to those

in need in a developing country, where resources are more limited and there is much to learn. "Since we live in a country with many resources, I want to have an experience to volunteer where resources are limited. In a way, it is an opportunity to give to those who have much less. Nursing is a field that spans a very large spectrum in which we have great opportunities to learn, and I feel that volunteering in Africa would be an invaluable experience that can enrich my nursing career." In her role at St. Paul's Hospital, Nancy coaches staff in clinical nursing skills through individual and group teaching; provides

direct patient care focusing on HIV positive patients; provides immunizations, sexually transmitted infection screenings, and pap smears; conducts point-of-care rapid HIV testing including provision of pre- and post-test counselling; develops patient education programs and educational material for patients and family members; and coordinates nursing education programs within the clinical area. Nancy will provide her experience as an HIV specialist with a nursing perspective, to the staff at Mulanje Mission Hospital, where she will focus on education – training and transferring nursing skills, specifically in HIV care – of

the local hospital staff. "I feel very fortunate to have this opportunity as I am aware that this program selects only one person to go. It means that I have a special role and responsibility to give my time and effort to the partner organization and to also share my experience to my colleagues and

community upon my return." Nancy says she is most excited to experience and learn about the Malawi culture and meet people who are in health care and who are doing the same type of work as herself, but in a much different environment.



Nancy Chow, in the John Ruedy Immunodeficiency Clinic at St. Paul's Hospital.

Miracles Need Good Technology

Organ transplants, minimally invasive surgery, life-saving care for premature babies—all these miracles are possible today due to scientific advances related to highly specialized, often computerized equipment.

The Pulmonary Function Lab at Mount Saint Joseph Hospital, where Henry Leung began working as a respiratory therapist in 1985, relies on computerized equipment.

“When I started there were four fulltime staff and we were able to conduct five pulmonary function tests in a day,” he says. Now, Henry works alone and completes twelve tests daily. “Forty or fifty years ago a complete lung function test took three hours to administer, but now we can do it comfortably and more accurately in about twenty minutes.”

The Pulmonary Function Lab provides an important service to the hospital. In addition to testing and monitoring ambulatory patients with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory conditions, the Lab assesses the pulmonary function of patients preparing for surgery.

“Advance knowledge of the condition of a surgical patient’s lungs is critical. Surgeons need to be able to predict whether or not a patient will need

“Forty or fifty years ago a complete lung function test took three hours to administer, but now we can do it comfortably and more accurately in about twenty minutes.”

*Henry Leung
Respiratory Therapist
Mount Saint Joseph Hospital*

post-operative care, and book facilities as part of the post-surgical process,” says Henry.

The Pulmonary Function System looks much like a normal computer station: a tower, screen, keyboard and mouse, with what looks like a bread machine where the printer should be. This fixture is the medical part of the system that measures lung function based on analysis of the patient’s breath. The patient blows into a mouthpiece and a transducer measures sensory data for processing in the computer.

Henry can do the mathematical calculations himself, but he observes that probably today someone could do his job with just knowledge of how to use the computer and special software. Previously, a

full-time typist would prepare reports; now the computer supplies the same print-out in a second, with the click of a mouse.

“With electronic communications we get reports to doctors much faster,” says Henry, “often the same day, rather than a week later.”

But, human beings are a long way from being redundant in Henry’s world. As enthusiastic as he is about the advantages of the computerized system, Henry knows the value of human contact.

“If a patient goes pale during the test,” he says, “you want a human being around to notice. Computers can’t do that.”

The Pulmonary Function System in the MSJ lab is about seven years old. The motor, compressor and gas analyzer have now been replaced, but the circuit board could go next. It is possible to continue

“With electronic communications we get reports to doctors much faster,” says Henry, “often the same day, rather than a week later.”



Henry Leung, respiratory therapist, in the Pulmonary Function Lab at Mount Saint Joseph Hospital.

repairing and replacing parts, but like any other computer system, at some point it becomes cost effective to purchase a new system.

The latest technology is faster, more accurate and easier to use than each previous version. Human errors trigger a pop-up alert asking the operator to confirm an action and newer equipment is calibrated by computer.

The Tapestry Foundation has identified a new pulmonary function system as one of the items to be purchased with funds through its upcoming Scotiabank Feast of Fortune on January 27, 2012.

We don’t need any fancy bells and whistles,” says Henry. “We just need a new, reliable system that makes the job run smoothly and processes an optimal number of patients in a day.”



Foundations' Fifth Feast – This Coming January

Tapestry Foundation is poised to set new fundraising records at the 5th annual Scotiabank Feast of Fortune on January 27, 2012. Proceeds from this year's Chinese New Year celebration are being earmarked for equipment needed to support expansion of Mount Saint Joseph (MSJ) Hospital's surgical program.

"In four short years, this event has rallied enthusiastic community support for MSJ," said Ann Adams, Tapestry Foundation CEO. "Right from the start, we've built the event with a volunteer fundraising committee who have brought a wealth of talent and expertise to the table. Our

success is the result of their passion and dedication, and we can't thank them enough for their tremendous support."

At a November 23 media conference outlining plans for the signature event, donations of \$10,000 each were presented from fundraising committee member Dr. Miriam Yu, and honorary event chair Sing Lim Yeo. Proceeds from this year's event will help purchase a Sterrad sterilization unit, a nerve integrity monitor, and a new pulmonary function system.

The event takes place at The Westin Bayshore Hotel and includes fine dining, entertainment

by The Piano Man, and opportunities to bid on hundreds of live and silent auction items. Tickets are on sale at \$188 each, with a tax donation of \$90. For more information about the event or to purchase tickets, contact Doreen Lam at 604-877-8336, or dlam@providencehealth.bc.ca.

Can't make the event? Make an online donation instead at www.tapestryfoundation.ca.



Fundraising committee members demonstrated their commitment to MSJ through donations totaling \$20,000 in support of the 2012 Scotiabank Feast of Fortune. From left to right: Ann Adams, CEO, Tapestry Foundation; Dr. Emile Woo, surgeon, MSJ; Dr. Miriam Yu, fundraising committee member; Mrs. Anita Law, event co-chair; Mrs. Patricia Yeo, fundraising committee member; and Mr. Sing Lim Yeo, honorary event chair.

An Outstanding Volunteer with a Heart

Volunteers form the backbone of successful charitable organizations. On National Philanthropy Day, November 22, Tapestry Foundation was

honoured to see board director Sing Lim Yeo awarded a Giving Hearts Award for Outstanding Volunteer Fundraiser by the Vancouver Chapter

of the Association of Fundraising Professionals (AFP).

"We are blessed to work with a fundraiser as committed as Sing Yeo," notes Ann Adams, CEO for Tapestry Foundation for Health Care. "His guiding philosophy of 'together we can make a difference and enjoy a better quality of life' has been a significant asset to Tapestry Foundation. We are all grateful for his giving spirit, guidance and unwavering support of our work."

A member of the Tapestry Foundation board since 2008, Mr. Yeo has been instrumental

"We make a living by what we get, but we live a life by what we give. We make a life by what we give."

- Sing Lim Yeo

in developing the Foundation's annual signature fundraising dinner – the Scotiabank Feast of Fortune – an event that has generated close to \$1 million for priority equipment needs at Mount Saint Joseph Hospital.

In addition to his involvement with Tapestry Foundation, Mr. Yeo has also helped raise thousands of dollars by spearheading and organizing events for other health, cultural and social charities in the Lower Mainland, including the Real Estate Board of Greater Vancouver, S.U.C.C.E.S.S and Chinese Cultural Center of Lower Mainland.

Tapestry Foundation was proud to nominate Mr. Yeo for this year's award and expresses its gratitude for his commitment and dedication.



Sing Lim Yeo and his wife Patricia Yeo display the 2011 Giving Hearts Award for Outstanding Volunteer Fundraiser.



Strategic Direction: Foster a Culture of Innovation and Improvement

Supporting Patient Choice: An Intervention to Promote Home-Based Dialysis

Chronic kidney disease (CKD) affects an increasing number of Canadians. In 2008 there were 20,465 people on dialysis in Canada, a 69 per cent increase since 1997. It is a devastating illness, with mortality rates for patients requiring renal replacement therapy being 20 times higher than the average population. While there are CKD patients who will never require renal replacement therapy, for many patients, dialysis or transplantation are the only means to sustain life.

Independent Dialysis (ID) therapies, (peritoneal dialysis, home hemodialysis, and independent facility-based hemodialysis), have been recognized as effective treatment options, costing half as much as in-centre conventional hemodialysis. However, despite the clinical and economic benefit, ID use in British Columbia has remained stagnant for the past six years.

In hopes of increasing the number of renal failure patients choosing independent dialysis modalities, both for economic reasons and for improved quality of life for the patient, a team from Providence Health Care and Vancouver Coastal Health conducted a study, using a patient focus group, to better understand patient perceptions and possible

barriers related to choosing independent dialysis therapies.

The team consisted of Bev Sondrup, patient educator, Home Hemodialysis Program, St. Paul's Hospital; Dr. Michael Copland, Department of Medicine - Nephrology at the Gordon and Leslie Diamond Health Care Centre; Michelle Trask, operations leader, Renal Program at St. Paul's Hospital; and Aggie Black, nursing research facilitator, Providence Health Care.

The project involved the use of patient focus groups to determine how patients felt about the current process and the educational materials used to inform patients about their dialysis options.

Findings from the focus group included hardship related to loss of kidney function; the need for support from health care professionals; the need for educational materials and recruitment strategies focused on the benefits of independent dialysis; the need for peer support to encourage the choice of independent dialysis modality; and support for technical issues.

Hardship related to loss of kidney function

After learning that they had to start dialysis, each of the participants described a sense of hardship, loss, fear and/or disbelief about losing

Independent Dialysis (ID) therapies, (peritoneal dialysis, home hemodialysis, and independent facility-based hemodialysis), have been recognized as effective treatment options, costing half as much as in-centre conventional hemodialysis.

kidney function and starting dialysis:

"I went home horrified (after a pre-dialysis orientation session). I said, Okay, is this it? For the rest of my life?" - (HHD patient).

A need for educational materials

During focus group sessions, the facilitator asked, "Imagine you were a patient again at the CKD clinic. What would have supported you to choose ID?"

The participants reported that educational/recruitment material needed to be focused on specific lifestyle aspects presented in a

positive way, explaining the benefits of home dialysis, instead of the pros and cons of different modalities.

Participants suggested a portion of the educational brochure be called Things to Consider, so that future patients would know what each of the therapies involved, including some of the drawbacks. The patients also suggested items that should be included in this section, such as the amount of space needed for dialysis supplies, garbage disposal concerns, the need to maintain clean technique to avoid infections, travel exclusions, and limitations for swimming and bathing.

Strategies focused on the benefits of independent dialysis

When the facilitator asked about the benefits of ID, patients listed a number of benefits including a flexible

schedule, not having to come to a hospital, the ability to manage their own care (including self-needling), the ability to eat and drink what they want, and feeling better because they were receiving more dialysis.

Partnering with patients to shape care delivery

The research findings have given clear direction to nurses in the dialysis program that patient education materials need updating, and patients in renal failure need to hear a great deal more about the benefits of choosing independent dialysis.

The themes identified by the focus group were used to create two new educational tools and a nurse-delivered education program for CKD patients. Future evaluation will determine whether these efforts lead to an increase in uptake of independent dialysis therapies.



Reach for the Stars and Help St. Paul's Shine

From now until January 9, 2012, the Lights of Hope campaign will illuminate St. Paul's Hospital with a spectacular display of holiday lights to inspire the community to give generously to the hospital's greatest needs. Make a donation to help us reach our campaign goal of \$1.9 million! Call 604-662-HOPE or visit www.lightsofhope.com.

A Lights of Hope story

In 1999, John Wiens received the first dual heart and kidney transplant ever performed at St. Paul's Hospital, but getting there wasn't easy. Before the transplant could even be scheduled, John suffered a near-fatal cardiac arrest. While doctors and staff at St. Paul's were able to bring

him back to life, no one knew if he would recover from the ordeal. After five long weeks, though, John had recuperated enough to undergo the successful transplants.

"I feel like I've had two miracles," John says. "I've had the miracle of modern science, with transplantation. And I had the tremendous uplifting of my spirit in the process."

John and his wife of 48 years, Verna, have been supporters of St. Paul's ever since. Their company, Graestone Ready Mix Inc., is a 2011 Lights of Hope Gold Donor. The community's support of the Lights of Hope is one reason the couple enjoys giving to the campaign.

"There are people who volunteer to set

up the display, which in itself is quite a feat," John says. "Then there are all the different stars that represent the people and companies who are contributing because they feel St. Paul's is worthwhile. I think that's just wonderful."

Lights of Hope scores important gift from Scotiabank at 99th Grey Cup

At the Grey Cup on November 27, Scotiabank announced it would continue its long partnership with St. Paul's Hospital Foundation through a \$150,000 donation to the Lights of Hope campaign. The donation will support programs throughout St. Paul's Hospital, including those involving heart, renal and vascular surgery.

During a special 90-second ceremony, more than 50,000 fans at BC Place learned about St. Paul's Hospital's world-leading care, research and teaching programs and its role as an important resource for the people of the province.

"Scotiabank is committed to building bright futures in our community," says Anatol von Hahn, Group Head Canadian Banking of Scotiabank. "We are proud to be a supporter of this important community event since 1998 and look forward to continuing to be part of it for years to come."

Angels Help Brighten the Season



Residents and family members basked in the glow of angel lights at the December 1 Light Up Langara celebration. From left to right: Heather Mak, interim program director, Elder Care with daughter Zoe; Shanna Lee Sanchez, pastoral care worker, Langara; Dianne Doyle, President and CEO, Providence Health Care; family member Ron Jorgensen, with daughter Chloe Victoria, and his mother, resident Linda Jorgensen; and Tapestry Foundation director Sing Lim Yeo.

Christmas lights shone bright in the courtyard at St. Vincent's Langara on December 1 as residents and family members gathered for the "Light Up Langara" event.

A new twist on Tapestry Foundation's traditional Angel appeal, the Light Up Langara campaign was launched to help support a \$135,000 upgrade project at that site. In acknowledgement of donors' contributions towards the renovations, the Foundation strung Christmas lights in a stunning display throughout the courtyard. Donations continue to be accepted for the project and additional strings of lights will be included in the display throughout the month of December.

Angel Campaign donations this year will also support the purchase of bed and chair alarms for all Providence Health Care sites supported by Tapestry Foundation. For more information about the campaign, or to make an online Angel Campaign donation, visit www.tapestryfoundation.ca.



Pictured left to right: David Poole, Senior Vice President, BC & Yukon Region, Scotiabank; Henry Man, Chair of St. Paul's Hospital Foundation; and Anatol von Hahn, Group Head Canadian Banking, Scotiabank, announce gift during 99th Grey Cup.



Strategic Direction: Engage and Develop our People

Staff Tour BC's Mobile Medical Unit at St. Paul's Hospital

On Wednesday, November 30, BC's Mobile Medical Unit (MMU) made its first visit to St. Paul's Hospital for an Open House to allow Providence Health Care staff and physicians the opportunity to view the unit and learn about this state of the art mobile medical facility.

Three hundred staff and delegates from the nearby 24th Annual

Emergency Preparedness Conference toured through the primary care unit trailer, which is approximately 335 square meters (1,100 square feet). BC Ambulance Service staff also conducted a two hour Mobile Medical Unit Education/Simulation training session for 18 staff and physicians from the operating rooms and emergency department.

The mobile hospital

can be set up in a flexible arrangement to assess, treat and release a large number of patients with minor illnesses or injuries, and can also be deployed to accommodate a higher level of patient care which may include critical care and emergency surgery.

"The MMU is available to support health authority and Ministry of Health emergency management in the event of a disaster, and it is also available to act as an immediate replacement in the event of lost ambulatory or emergency room service capability", says Leanne Appleton, clinical operations director,

An outside shot of the unassuming Mobile Medical Unit, temporarily stationed behind St. Paul's Hospital.



St. Paul's Hospital staff participate in a two-hour Mobile Medical Unit Education/Simulation training session.

Mobile Medical Unit, Provincial Health Services Authority. "While the unit can connect to other power supplies and city water waste systems, the unit has its own power, oxygen, water and waste systems, as well as heating and air conditioning."

The unit is on call 24 hours a day, 7 days a week and, upon approval of deployment, may be at a scene in 8 to 48 hours depending on distance and capability requested. Once on site, the unit

can be operational within four hours for low-acuity patient care. Emergency situations that could benefit from the deployment of the MMU include post-disaster support, wild fires and floods, emergency room shut downs, hospital evacuations, refugee arrivals by boat, or infectious disease outbreaks on a cruise ship.

As a legacy of the 2010 Winter Olympic Games, the provincial government acquired the Mobile Medical Unit (MMU) asset through the Provincial Health Services Authority, and owns the MMU partnership with the six health authorities.

"The MMU is an important asset for BC Health Authorities as we continue to build upon our capacity to respond in the event of a disaster or other significant emergency situation," says Jeanette Beattie, leader, Emergency Preparedness Program, Providence Health Care.



Volunteers Care for St. Paul's Hospital Greenery

Although winter is upon us, it still feels like summer in the St. Paul's Hospital Burrard-Providence Connector. In this hallway on the main floor of the hospital that leads from the Burrard building up a set of stairs, to the tall Providence tower, are eight large potted plants. The beautiful plants, which include Peace Lilies and Umbrellas, were

purchased with funds raised from the St. Paul's Hospital gift shop and are cared for by St. Paul's volunteers.

Have a look next time you are in the hospital!

Katherine, St. Paul's Hospital emergency room greeter and maternity special treasures volunteer, is shown here keeping the plants well watered.





Emergency Department Rallies for Three of Their Own

Over the past year, everyone from doctors to nurses and security in St. Paul's Hospital's Emergency Department (ED) have been rallying not only for the patients, but for three registered nurses (RNs). Carolyn, Roderick 'Rod' and Rosemary.

Last year, it was Carolyn who faced cancer. This fall, two other RNs – Rosemary and Rod – were also diagnosed. On December 3, the department held a karaoke fundraiser night to raise funds to help the families out financially during treatment and recovery. Approximately 65 to 70 people attended, raising \$1,400.

A Christmas Tree in pink and blue

This year's ED Christmas tree is dedicated to Rod and Rosemary in their personal fights against cancer with blue ornaments for him, and pink ornaments for her.

"Such thoughtful and caring energy from all at St. Paul's ER," Rosemary



Rod and his family around the ED Christmas tree.

wrote, when she heard of the dedication. While she couldn't make the recent decorating event – it was her birthday – she thought the idea was "absolutely lovely."

Rod was able to attend the celebration with his wife and two children, who participated in decorating the tree.

The team that cares together, sticks together

It's very hard on a team when staff are sick, but especially so when three members have been diagnosed with cancer, all at different stages and degrees of illness and recovery," says David Brown, operations leader, St. Paul's

Emergency Department, "The outpouring of love, compassion and support has been amazing and I am and always have been very proud to be a part of the team."

Carolyn remembers all of the support the staff gave to her like it was yesterday. "Honestly, the staff went above and beyond in a lot of ways."

"Supporting my coworkers is like supporting my family, not only because they are special to me, but because they support me too," says Sarah Van Horn, one of the ER unit coordinators.

"For me it was important to show support for Rose and Rod both as

a friend and colleague and as someone who went through a critical health scare two years ago," says Mary Shervin, clinical nurse leader.

Carolyn, Rosemary, and Rod are now home in different stages of recovery. Some would say the medical treatment they received got them through their life-changing experiences. The emotional support they received from coworkers, and continue to receive, certainly adds to their healing process.

Submitted by
Scott Laresen,
ER ward aide/porter

What People are Saying About Providence Health Care

Here are some comments and snippets of conversation taking place online regarding Providence Health Care. Connect with us online with social media and be a part of the conversation:

Twitter – @Providence_Hlth

Facebook – <https://www.facebook.com/ProvidenceHealthCare.BC>

YouTube – <http://www.youtube.com/user/ProvidenceVancouver>

facebook

Lori Last – "Wish I could be there in person tonight but look forward to checking it out in the coming weeks. One of my fave Vancouver holiday traditions." (On the Lights of Hope launch event).

twitter

Jason Marchand – "Favourite part of xmas in Vancouver. LightsOfHope Providence_Hlth, StPaulsHospital."

ShyDi47 – "Treatment is imperative to give the patient a pain free death." (On Globe and Mail article quoting Dr. Romyne Gallagher on palliative care.)

BCPSQC – "Dr Gallagher describes good palliativecare. "Never stop treating the person." <http://ow.ly/7TiOM> via @globeandmail.

Jo-Anne Teal – "Difficult subject handled well: @Providence_Hlth Dr. Romyne Gallagher discusses importance of good palliative care." <http://bit.ly/sLOOSS>

CHÉOS – "The @Providence_Hlth Research Institute has a new website! Learn more about them through their video: <http://ow.ly/7QJ7y>."

Robyn Sussel – "Dianne's is the best message of the 3." (In reply to: @Providence_Hlth: Our CEO Dianne Doyle shares her approach to a busy workday in BC Business magazine online.)

Its Different Now – "Watch Breakfast TV now to see Scott Harrison from Providence Health, & Dawn Chubai talk about & how Its Different Now."

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:
Jennifer Laidlaw
Communications
11th floor, Hornby
Ph: 604-806-8350
or email:
d'vine@providencehealth.bc.ca

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