



PHC Research to Examine New Treatment for Heroin Addiction

A clinical trial to test better treatment options for chronic heroin addiction is expected to begin in Vancouver at the end of this year. Led by researchers from PHC's Centre for Health Evaluation and Outcome Sciences, it's the only clinical trial of its kind in North America.

See story on page 3





Caring Hearts

Hi Providence Health Care,

I would like to express my sincere gratitude for the excellent care I received from the chronic pain service anesthesiologists and surgical daycare staff at St. Paul's Hospital. Your patient-centered caring approach made me feel reassured and comforted at the right time. I would like to thank everyone from the doctors, to the nurses, to the porters, to the x-ray and clerical staff for facilitating my care throughout the past year.

*With great respect
and much appreciation,
Anne*

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New Specialized Mental Health Services Open at PHC

Over the last two years, Providence Health Care (PHC), in partnership with Vancouver Coastal Health (VCH), has celebrated the opening of two new specialized mental health services within PHC. This includes the adult neuropsychiatry service at the Alder unit, Langara Residence and the older adult specialized mental service located at the Parkview unit, Youville Residence.

These new services are part of a larger provincial plan that PHC and VCH helped create to meet the need for mental health services in our communities.

About our specialized mental health services

Parkview at Youville Residence

Our older adult tertiary mental health service is for adults 65 years or older with serious symptoms of dementia, which currently prevent them from living at home or in the community.

We are opening the Parkview unit in two phases: the 5th floor is now open and the 4th floor will open after renovations are complete in 2012. Some people accessing this service will receive care at Mount Saint Joseph Hospital while we complete renovations at Youville Residence.

Alder at Langara Residence

Our adult neuropsychiatry service provides a range of specialized services to meet the needs of people with both brain conditions and mental health issues that currently prevent them from living successfully at home or in the community.

With both services, specially trained staff members work with each person to improve their quality of life through individualized, meaningful activities in a safe and nurturing environment. Both services are also located in new, purpose-renovated facilities located within existing PHC sites.

The care teams support each person to progress in their care, with the goal of helping people transition back to a community setting with supports in place.

What's next?

In the next year, more specialized mental health services will be opening to serve our communities.

If you or a loved one have any questions about our new specialized mental health services, or general questions about the overall plan for the PHC/VCH region, email the PHC/VCH specialized mental health team at tertiarymentalhealth@vch.ca.



Kelsey Koros, registered psychiatric nurse and Paolo Avelino, registered nurse, are two new staff members at Parkview.



left to right: Daisy Estrada, total care worker, Parkview; Kimberly Smith, program coordinator, Parkview at Youville Residence; Jo-Ann Tait, site/operations leader, Youville Residence and Heather Mak, interim program director, Elder Care Services, PHC, at the formal opening of the new 5th floor Parkview unit at Youville Residence.

Dr. Kris Sivertz – In Memoriam



It is with sadness that we announce the passing of Dr. Kristin Sivertz on October 16, 2011. Dr. Sivertz was a clinical professor of Psychiatry, UBC; past executive associate dean

of Education, UBC Faculty of Medicine; former department head of Psychiatry at Providence Health Care; and a colleague and friend. She is survived by her husband Dr. Bill Abbott, from the Department of Anaesthesia at St. Paul's Hospital, her sons Patrick and David, grandchildren Matty, Grace, Nathan and Evan, and her sisters Carol and Sigrid.

In lieu of flowers, donations to Covenant House Vancouver, would be appreciated.



Providence Health Research to Examine New Treatments for Heroin Addiction

A clinical trial to test better treatment options for chronic heroin addiction is expected to begin in Vancouver at the end of this year. Led by researchers from Providence Health Care's Centre for Health Evaluation and Outcome Sciences, it's the only clinical trial of its kind in North America.

The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) is a carefully controlled three-year clinical trial that will test whether hydromorphone (Dilaudid®), a licensed pain medication, is as effective as diacetylmorphine, the active ingredient of heroin, at engaging the most vulnerable long-term street heroin users, so they will enroll in treatment programs and end their use of illicit drugs.

The intent of the SALOME project is to determine whether some

participants become healthier and reduce their illicit drug use or are able to switch to other forms of treatment. SALOME also intends to test if, after stabilizing patients on injectable medications, they can transition to oral formulations without losing effectiveness.

This study builds on the North American Opiate Medication Initiative (NAOMI), which was North America's first-ever clinical trial of prescribed heroin that took place from 2005 to 2008. NAOMI, which also was led by researchers from Providence Health Care and UBC, was a randomized trial aimed at testing whether medically prescribed heroin (diacetylmorphine) was more effective than methadone therapy for individuals with chronic heroin addiction who were not benefiting from other conventional treatments.

The results, published in the *New England Journal*

“SALOME addresses critical social and ethical concerns dealing with addiction. Opioid-dependent people are in need of treatment options to avoid marginalization from the health care system...”

*Dr. Perry Kendall
BC's Provincial Health Officer.*

of Medicine, showed that patients treated with the prescribed heroin were more likely to stay in treatment or quit heroin altogether and more likely to reduce their use of illegal drugs and other illegal activities than patients treated with oral methadone.

In the NAOMI study,

the researchers also provided a small sample of patients with injectable hydromorphone, (Dilaudid®). An unexpected finding was that injection patients could not accurately discriminate whether they were

receiving prescribed heroin or hydromorphone. The researchers also observed similar results and benefits with both these drugs although the small number of participants receiving hydromorphone did not permit any definite and scientifically valid conclusions to be drawn as to the effectiveness of hydromorphone as a possible treatment option.

Should hydromorphone be proven to be as affective as heroin, the benefits of this form of injectable treatment may be more feasible and achievable without the emotional and regulatory barriers often presented by heroin maintenance.

SALOME, led by Dr. Michael Krausz, the Providence Health Care/UBC BC Leadership Chair in Addiction Research; and Dr. Eugenia Oviedo-Joekes, Providence Health Care researcher and an assistant professor in UBC's School of Population and Public Health, will enroll 322 individuals with chronic heroin dependency (who are currently not sufficiently benefiting from conventional therapies, such as methadone treatment) at one site based in Vancouver.

Throughout the treatment period, social workers will be assigned to both groups to assist them with reaching other addiction services and community resources such as counseling, housing and

job training services.

Some 60,000 to 90,000 people are affected by opioid addiction in Canada. This study will enroll the most chronically drug-dependent members of Vancouver's population — those who are not benefiting from other treatments, such as methadone therapy and abstinence-based programs, and who continue injecting street heroin.

“SALOME addresses critical social and ethical concerns dealing with addiction. Opioid-dependent people are in need of treatment options to avoid marginalization from the health care system and this study aims to answer questions that could lead to improvements in the health of persons with chronic addictions and identify new ways of reintegrating this population into society,” says Dr. Perry Kendall, BC's Provincial Health Officer. “If the SALOME study shows that hydromorphone can go head-to-head with heroin as an alternative therapy for people who have failed optimally provided methadone, then I think this should be part of the treatment continuum that's available through licensed physicians.”

For more information on SALOME, please visit www.providencehealthcare.org/salome/index.html.



Dr. Eugenia Oviedo-Joekes, PHC researcher and assistant professor, UBC; with Dr. Michael Krausz, PHC/UBC Leadership Chair in Addiction Research.



Strategic Direction: Engage and Develop our People

PHC Shakes It Up Again

In October, PHC staff joined over half a million people across the province in the 2nd annual ShakeOut BC, the largest earthquake drill in Canadian history. Participants were encouraged to “Drop, Cover, and Hold On” for 60 seconds, or to at least think about their immediate response to an earthquake.

The primary goal of ShakeOut was to raise awareness, as education is the first step to a disaster-resilient workplace and community. Following the drill, the halls within PHC facilities were buzzing with people talking about earthquakes, what to do,

and how to be better prepared.

Even without the convenience of an overhead announcement to alert that the drill had begun, staff at our Honoria Conway site convened at the appointed time to conduct their own drill. Many tenants also participated. After the drill, one staff member captivated her colleagues with a personal earthquake survival story. As a teenager, Cristina experienced a major quake in the Philippines and was separated from her family for a week. Though it was 20 years ago, she says she will never forget

the devastation. When asked if she has a disaster supply kit at home, she responded with a resounding “YES”.

Participation in and response to ShakeOut BC has been tremendous across all PHC sites. Staff, patients, and residents at all sites welcomed the chance to practice what to do during an earthquake, and leaders took the opportunity to promote personal preparedness.

Emergency Preparedness (EPP) champions at all PHC sites were thanked for their commitment to emergency preparedness with ShakeOut t-shirts,

which they were encouraged to wear on the day of the drill. The promotional t-shirts were in such high demand at Langara Residence that site leader, Arif Padamshi, felt inclined to raffle his off. “I gave [my staff] the shirt off my back”, he chuckles.

Youville’s EPP committee tasked staff member Karen Wilson with putting together her own disaster supply kit to display during the week of ShakeOut. Wilson’s kit was not only impressive; she admits she had a lot of fun putting it together. “It was like a scavenger hunt.” Youville also offered a chance for their staff to win prizes by correctly answering an earthquake safety quiz.

Brock Fahrni used the t-shirts as random prizes for staff (and residents) who were seen correctly practicing “Drop, Cover, and Hold On” when they heard the overhead announcement instructing them to do so.

ShakeOut began in southern California in 2008 as a way of involving the general public in a large-scale emergency management exercise. ShakeOut BC will now be held annually on the third Thursday of October. Next ShakeOut: October 21, 2012!



PHC President and CEO Dianne Doyle demonstrates the appropriate action to take during an earthquake to reduce injury and death.

Heart Centre Nurses: The Pulse of Canadian Cardiovascular Congress

The Canadian Cardiovascular Congress, the largest scientific meeting of cardiovascular health professionals in Canada, was held in Vancouver from October 22 to 26. The Congress, which attracts over 5,000 delegates, allows several professional organisations to hold their annual conferences at a single venue, which facilitates networking, professional sharing and fun.

This year, nurses from the Heart Centre at St. Paul’s Hospital can boast authorship of an impressive 17 abstracts

accepted for presentation at the Annual Scientific Sessions of the Canadian Council of Cardiovascular Nurses, as well as two accredited workshops. The

keynote address was also delivered by a member of the Heart Centre nursing staff. The presentations covered a wide variety of topics, including new

practices for caring for patients receiving a new valve procedure (transcatheter valve replacement); the challenges of caring for patients with complex cardiac devices (short-term ventricular assist devices, pacemakers and defibrillators); the Heart Centre’s innovative and nationally recognized Nursing Rounds “webinars”; and quality improvement in discharge planning.

Our many presenters enjoyed showcasing our world-class clinical and research programs at this important meeting.



Jenny Knoll, staff nurse on 5A, St. Paul's Hospital, interacts with conference participants as she presents her poster on discharge planning on behalf of her co-investigators.



Innovative Surgical Procedure Saves the Lives of Cardiac Patients

Dr. John Webb and his colleagues at Providence Health Care are making open-heart surgery a thing of the past, saving the lives of patients not viable for conventional heart surgery, such as former Vancouver City Councilor and Order of Canada honoree May Brown.

And thanks to St. Paul's Virtual Teaching Laboratory (VTL), Dr. Webb has been able to help save yet more lives by teaching this technique to cardiologists and cardiac surgeons from more than 25 other countries.

"Since Dr. Webb and his team developed the first routinely successful percutaneous valve replacement in 2005, more than 500 successful surgeries have been performed at St. Paul's Hospital. This medical advancement is yet another example of the pioneering achievements of this organization, as is the VTL which enables Dr. Webb and his colleagues to instruct cardiologists and cardiac surgeons around the world in this procedure," said Dianne Doyle, president and CEO of Providence Health Care.

Dr. Webb, director of interventional cardiology at St. Paul's Hospital and McLeod professor of heart valve intervention at UBC, is the first interventional cardiologist to develop successful methods of percutaneous aortic valve

replacement as commonly used today. More than 10 hospitals in Canada are now performing this procedure. The Edwards SAPIEN transcatheter heart valve frequently used in the procedure received Health Canada approval in June. FDA approval in the US is expected this fall.

"Since Dr. Webb and his team developed the first routinely successful percutaneous valve replacement in 2005, more than 500 successful surgeries have been performed at St. Paul's Hospital."

*Dianne Doyle
President & CEO
Providence Health Care*

Instead of the traditional valve replacement technique of open-heart surgery, Dr. Webb's procedure uses a replacement valve that can be threaded up to the heart using a special catheter inserted into the patient's artery just above the leg. It's available on a limited basis for patients with significant valve problems who would not be able to endure



Dr. John Webb (far right) performs a percutaneous aortic valve replacement broadcast via the Virtual Teaching Lab.

open-heart surgery. Until this procedure became available, there was no other option for cardiac patients who, when the aortic valve became leaky or blocked, might suffer angina and heart failure.

May Brown, 91, who devoted her life to physical activity and community service wouldn't have been able to continue without Dr. Webb and his revolutionary procedure.

"Up until I had the surgery, I found myself deteriorating, had to be sure I had someone with me on a walk, found I had to hold onto railings all the time and be careful on steps. I could see how, if I didn't have the procedure, I would have to keep pulling back and diminishing. However, once I had the procedure, I was discharged within five days. My recovery

was good and I'm back to my previous fitness level and can go uphill without puffing. I've got my life and confidence back," said Brown.

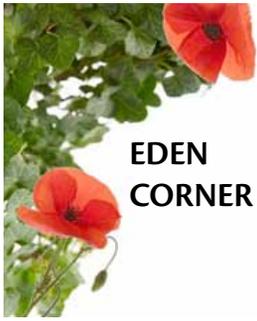
"According to the findings of the recent PARTNER* trial, there are 20 per cent more deaths in patients with severe aortic valve disease after one year who don't undergo this surgery than in those who do – the largest reduction of mortality of any heart therapy ever," said Dr. Webb.

Recovery time from this surgery is shorter than for open-heart surgery as the heart/lung machine is not involved. Patients may be discharged from hospital as early as within two days of the procedure. Increasingly, younger patients are being targeted for this surgery, including some patients in their 40s

for whom open-heart surgery is not an option.

"We first proved that we could perform this surgery on patients who couldn't have surgery. Then we proved it's better than open-heart surgery in many high risk patients. Over the next 10 years, we hope to prove that it's the best surgery in most patients requiring valve replacement," said Dr. Webb.

Prior to the advent of the Virtual Teaching Lab – which offers real time, high definition broadcasts of surgeries – Dr. Webb spent one-third of his time criss-crossing the globe to teach in person. Now Dr. Webb and his fellow cardiologists and cardiac surgeons are able to help others save lives without ever having to leave the hospital.



EDEN CORNER

An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that

Upcoming Honoria Conway Knitting & Craft Sale to Fund Patio Garden

provide the young and old alike with a pathway to a life worth living.

– Principle from the Eden Alternative, the guiding philosophy of care at Providence Health Care's residential and assisted living homes.

Endless gratitude and thanks goes out from the staff and tenants of Honoria Conway to the talented Honoria Conway knitting group, lead by Margaret Lightfoot

and including members Monica, Mary, Isabelle, Felicia, Donna and Mary Jean.

The tenants at Honoria Conway are very lucky to have a beautiful new patio flower garden, thanks to these hard working ladies. Each Wednesday throughout the year, the knitting group meets to knit and socialize. Then, once a year their goods



are displayed for purchase at an Honoria Conway knitting & craft sale.

Last year, Margaret used the proceeds from the craft sale to buy the flowers and

plant them at Honoria Conway for all to share. Members of the knitting group also lovingly tended to the garden throughout the summer months. Other tenants at the residence volunteered to keep up with the watering, and everyone at Honoria Conway shares the joy of the flowers.

The staff and tenants at Honoria Conway would

like to cordially invite you to attend their knitting and craft sale and tea on Saturday, November 19 from 11 a.m. to 2:30 p.m. All proceeds from the knitting go towards next year's patio garden flowers, while proceeds from the craft sale go to the recreation programs for our seniors at Honoria Conway.



Members of the Honoria Conway knitting group get ready for the upcoming knitting and craft sale.

Retirement of Tom Maddix, VP, Missions, Ethics & Spirituality



Tom Maddix

After nearly eight years at Providence Health Care, the organization is bidding a fond farewell to Tom Maddix, vice president of Mission, Ethics & Spirituality. He will be retiring effective November 30, 2011.

Throughout his tenure at Providence, Tom has played an integral role in strengthening and promoting the integration of PHC's mission, values and ethical framework, and helping guide PHC in maintaining its unique identity, position and presence in the provincial health care system during a time of major transformational change.

Tom has also been a leading contributor on the national Catholic health care scene as an author, presenter, member of Catholic Health Alliance

of Canada (CHAC) Board, and as the major force behind the Foundations in Catholic Leadership Program. The latter plays a crucial role in ensuring that current and future leaders are prepared to lead within Catholic health care.

"Tom's contributions to PHC, the PHC Society and Board of Directors, his insights, knowledge of the history and issues impacting Catholic health care, and his commitment to living our values have helped elevate the reputation of PHC's organizational

culture and our overall contributions," said Dianne Doyle, president and CEO. "I know Tom will be especially missed at the direct-care level in our many program areas. He took time out of his daily schedule to visit various units, staff, patients and residents at our numerous sites, always with the goal of engagement, listening, answering questions and providing information as required."

She added PHC has initiated a recruitment process to fill the VP role. In the interim

Thomas Salley, director, Mission Services, will serve as acting vice president, Mission, Ethics & Spirituality, effective December 1, 2011.

He is well known to PHC, having been with the organization for six years, and having fulfilled the same acting vice president role earlier this year during Tom Maddix's absence. Thomas Salley will also retain his current role as director, Mission Services during this interim period.

Glimpsing Into a Brighter Future:

The Fourth Annual Heart Transplant Patient Education Day

With the Beach Boys' greatest hits playing over the sound system and staff members in bright, summer clothes looking like they are about to board a cruise ship heading for a sunny destination, this was not your typical patient education event at St. Paul's Hospital. Far from the grim seriousness that often surrounds the complicated and involved procedure of cardiac transplantation, this year's Heart Transplant Patient Education Day was coloured by unparalleled optimism and offered a refreshingly positive outlook for heart transplant recipients.

The Heart Transplant Patient Education Day, which has been held for four consecutive years, is the brainchild of several employees from the Heart

Centre at St. Paul's Hospital. The event is organized for heart transplant recipients who have passed through the doors of the Heart Transplant Clinic. Patients have the opportunity to learn more about coping with post-transplant surgical concerns and the advancements made in the field of cardiac transplantation. In addition, it serves as an occasion for heart transplant recipients to share their experiences in a caring and informative environment.

The theme for this year's Patient Education Day, *The Future is So Bright, I Gotta Wear Shades*, was focused on technical and clinical research progress that current and future heart transplant recipients could benefit from.

St. Paul's Hospital



*The organizing committee for the 2011 Heart Transplant Patient Education Day in keeping with the theme, *The Future is So Bright, I Gotta Wear Shades*.*

cardiac surgeon, Dr. Jamil Bashir, spoke about how newly improved left ventricular assist devices (LVADs) with decreased probabilities of device failure, may eliminate the need for heart transplant for some patients.

On the clinical research front, Dr. Bruce McManus, Director of the Centre of Excellence for the Prevention of Organ Failure (PROOF Centre), presented on the PROOF Centre's research efforts to develop blood-based biomarker tests. These biomarker tests would be able to diagnose and predict organ failure and rejection, reducing the number of biopsies pre-and post-surgery that heart transplant patients have to undergo.

Despite providing exciting insights on the future of cardiac transplantation, a large part of the Heart Transplant Patient Education day is dedicated to building a

supportive patient social network. The day-long event created a space and time for heart patients and their families to meet and mingle with others from the heart transplant community.

"The Patient Education Day is more than just learning about the progress being made in the medical field, but also about supporting a way for the patients to connect. The ones who are further along in their post-transplant life can support the new transplant patients and answer a lot of questions that the staff may not be able to answer," says patient educator, Carol Imai, who was part of the organizing committee for the event.

To Barb Parobec, being able to connect with the families of other heart transplant recipients is especially meaningful. As the wife of a heart transplant recipient who had to endure a

tough road to recovery, Barb understands the importance of receiving support from others.

"At Patient Education Day, we not only get a chance to talk to the other recipients and find out how they are recovering, but we also get to meet their families and find out how they are doing as well," says Barb.

Heart Transplant Patient Education Day doesn't stop short at benefiting only patients and their families. The event also presents staff members with the opportunity to interact with patients outside of the clinic. Doctors, nurses, research coordinators and other allied health professionals get to catch up with patients and know them better.

"We enjoy seeing the patients and families in a different context; it gives value to what we do in the clinic," notes Imai.



Heart transplant recipient, Maurice Parobec (left) and his wife, Barb (right) at this years Heart Transplant Patient Education Day.

Lights of Hope Campaign Returns for 14th Year

A holiday tradition returns for a 14th year, when the 2011 Lights of Hope display is turned on between 6:30 and 7:00 p.m. on November 24.

Every year, the Lights of Hope campaign illuminates the exterior of St. Paul's Hospital with a spectacular display of holiday lights to inspire members of the community, businesses and the St. Paul's family to give generously to the hospital and support its role as an invaluable resource for the people of BC.

Since 1998, donors

have given more than \$16 million to the campaign. This year, the Lights of Hope campaign has a goal to raise \$1.9 million for the hospital's greatest needs.

The Lights of Hope display is built by volunteers using donated materials, including more than 10 km of holiday lights and more than 100 stars recognizing donors to the campaign.

One of those donors will be the cardiologists of St. Paul's Hospital. After reaching the Gold Donor level in 2010, they are again reaching for the stars this

year – a Platinum one, to be specific.

"I grew up thinking that challenging oneself to achieve the highest possible goal is the way to go," says division head Dr. Andy Ignaszewski, "We want to show our support for programs throughout the hospital by making a gift to the greatest needs fund, which we know can often be difficult to fundraise for."

View the Lights of Hope display from Burrard Street, from November 24 through to early January 2012. To make a donation

to the 2011 Lights of Hope campaign to support world-leading care, research and teaching at St.

Paul's Hospital, please visit www.lightsofhope.com or call 604-662-HOPE.



Dr. Andy Ignaszewski, head of the Division of Cardiology, which has pledged to be a Platinum Donor of the 2011 Lights of Hope after achieving the Gold level in 2010.



Langara Lights Up for Christmas

This Christmas, imagine the courtyard at St. Vincent's Langara aglow with lights. That is what Tapestry Foundation is envisioning as part of its annual Angel Campaign.

Donations to the Light Up Langara, Angel campaign will support The Langara Refurbish Project. Now underway, the project includes updates to the atrium, palliative care room, chapel and other areas of the site at a cost of \$135,000. To date \$100,000 has been raised.

Donations for the remaining \$35,000 to complete the project are being sought through the Light Up Langara campaign. As you make your donation to the campaign, we will string Christmas lights in the Langara courtyard. For every \$20 donation, one light will be added to the display. Give \$50 for half-string of lights or \$100 for a full-string of lights to be installed in the courtyard.

**For more information call
Judy Finch at 604-877-8187.**

Feast Set to Support Surgical Excellence at MSJ

Tapestry Foundation for Health Care is hosting its 5th annual Scotiabank Feast of Fortune event on Friday, January 27, 2012 at The Westin Bayshore Hotel.

This signature event has grown steadily over four years and has helped raise close to \$1 million for priority equipment needs at Mount Saint Joseph Hospital.

"We are continuously encouraged by the strong support there is for MSJ out in the Vancouver community," says Doreen Lam, manager, Asian Program for the Foundation. "We've attracted increasingly larger crowds that have been very supportive of our fundraising efforts for the hospital."

Proceeds from the 2012 event will be used for equipment to support MSJ's surgical programs – a second sterilizing unit for the Sterile Processing Department, a new pulmonary function system, and a nerve integrity monitor.

For information on becoming an event sponsor or auction donor, or to purchase tickets, contact Doreen Lam at 604-877-8336.



Lion dancer at last year's Feast of Fortune event.



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

Healing Homeless

An estimated 40,000 British Columbians have inadequate housing, with many of them living on the streets of Canada's poorest postal code – 10 square blocks of Vancouver known as the Downtown Eastside (DTES). While homelessness exacts a terrible social and financial burden on this province, the problems faced by these people began long before they lost the roofs over their heads.

"Mental health challenges are the main reason people end up homeless," says Dr. Michael Krausz, the Providence Health Care BC Leadership Chair in Addiction Research based at St. Paul's Hospital. It's one of the major findings of the Health and Health Care of the Homeless survey led by Krausz, who is developing a body of leading-edge research on innovative treatment approaches for people with mental health and addictions issues, particularly in the DTES. The survey, funded by BC Mental Health and Addiction Services, is an initiative of the Centre for Health Evaluation and Outcome Sciences (CHÉOS) at St. Paul's, an inter-disciplinary research collective where researchers evaluate the effectiveness of a range of health interventions. Researchers conducted

comprehensive interviews with 500 homeless individuals from Vancouver, Victoria and Prince George on topics including mental health, quality of life, patterns of alcohol and drug use, trauma history and access to health care.

Analyzing the mountains of data collected in the survey is a complicated, time-consuming process, but also a necessary one to better understand this under-researched population and adapt interventions to meet their specific needs. The survey could have implications not only for health care professionals, but also for policymakers, politicians and members of the public interested in addressing the "homelessness issue."

"What the initial findings tell us is that homelessness is actually a symptom of a deeper, more complex set of problems," says Krausz. "Homeless people face the

"Mental health challenges are the main reason people end up homeless."

*Dr. Michael Krausz
Providence Health Care
BC Leadership Chair in
Addiction Research*

challenge of concurrent disorders – mental health issues coupled with addiction – apart from their homeless status. Any discussion of a solution to the homeless problem must go beyond the issue of shelter and affordable housing to a more integrated approach."

The survey found a higher than-expected level

of childhood trauma, with 80 per cent of participants suffering significant trauma, abuse, violence or emotional neglect when they were children. Most study participants have experienced more than one type of maltreatment, experiences that have devastating lasting impact, including moderate to high-risk for suicide. Many also suffered severe mental health challenges such as schizophrenia, mood disorders and fetal alcohol syndrome.

So what do the survey results mean in terms of policies and programs? For one, early interventions for childhood trauma, mental health issues and addictions can play a crucial role in curbing homelessness later in life. Also, current substance abuse treatment strategies are not working, and affordable housing and temporary shelters, while certainly part of the solution to homelessness, are not enough.

"Yes, you need to provide a safe place to stabilize and reintegrate into society; the streets are no place to recover," says Krausz. "But you also need to provide effective treatments and supports for the underlying mental health and addiction issues that are endemic in this population. Otherwise, people will just lose their housing again."

This integrated approach provides a less-costly alternative to leaving things as they are. "Right now, we're using the system in a very inefficient way," says Krausz. "People who are homeless drop in and out of the emergency room and suffer expensive complications such as HIV, hepatitis C and respiratory and cardiac illnesses. There are also the non-health-care costs, such as welfare, and the costs of the criminal activity this group tends to get involved in to support their substance use."

Krausz is working with healthcare, university and community partners to develop a Centre of Excellence in Addictions and Concurrent Disorders (CEACD) that will do for addictions and mental health issues what the world-leading BC Centre for Excellence in HIV/AIDS (BC-CfE) at St. Paul's has done for HIV/AIDS treatment and prevention. The CEACD will be the first and only provincial organization to integrate care and teaching, and research focused on addictions and mental illness and other concurrent disorders. Krausz pictures an organization that will play a leadership role in addressing the suffering and social costs that stem from addictions and concurrent disorders.

Story reprinted from Promise magazine. By Helena Bryan.





New Research Program Investigates Leading Cause of Death for Women in British Columbia

Providence Health Care and the University of British Columbia (UBC) have established the first research program in BC to focus on the impact of gender-based differences on cardiovascular disease (heart disease and stroke) – the UBC Heart and Stroke Foundation Professorship in Women's Cardiovascular Health.

The Professorship will develop a focused and integrated vision for cardiovascular care, education and research for women throughout the province, including rural communities. Dr. Karin Humphries, the holder of the Professorship, is based out of St. Paul's Hospital, which is known around the world for its work in

the prevention of heart disease and for the care, treatment and support of people living with heart conditions.

"For decades, cardiovascular disease was considered a man's disease, but the reality is that more women are dying of heart disease than men," says Dr. Humphries, a leading research scientist at the Centre for Health Evaluation and Outcome Sciences (CHÉOS) at St. Paul's Hospital and associate professor in the Division of Cardiology in the Department of Medicine at the UBC Faculty of Medicine. "Although evidence suggests that gender differences can affect the prevalence, symptoms,

diagnosis, treatment and outcomes of cardiovascular disease, we haven't seen enough research in this area of study."

For example, one of Dr. Humphries' recent studies found that women aged 20 to 55 had significantly worse physical limitations, more recurrences of chest pain, and worse quality of life than men one month after a heart attack. Dr. Humphries attributes the slower recovery of women in part to prevalent social and cultural standards that typically place women in this age group in the role of primary caregiver.

The UBC Heart and Stroke Foundation Professorship in Women's Cardiovascular Health was established by St. Paul's



The establishment of the UBC Heart and Stroke Foundation Professorship in Women's Cardiovascular Health is celebrated by Dr. Andy Ignaszewski, head, Cardiology, PHC; Bobbe Wood, president, Heart and Stroke Foundation of Canada; Dr. Karin Humphries; David Babiuk, provincial executive director, Cardiac Services BC; Dr. Graydon Menelly, professor and head, UBC Department of Medicine.

Hospital and UBC with the support of part of \$1.25 million in one-time funding to establish cardiac fellowships that was provided by the Ministry of Health through

Cardiac Services BC, an agency of the Provincial Health Services Authority, and through a contribution of \$500,000 from the Heart and Stroke Foundation of Canada.

National Forum on Quality Improvement in Health Care Features Michael J. Fox



Michael J. Fox

Providence Health Care is pleased to be broadcasting the Institute for Healthcare Improvement's (IHI): 23rd Annual National Forum on Quality Improvement in Health Care on December 6 and 7.

Each year, the forum refuels the tanks of leaders of change, from executives to the

bedside. This two-day broadcast provides

health care staff with the unique opportunity to enhance their knowledge of cutting-edge work in health care improvement and will motivate them to effect change in their workplace.

During the broadcast, there will be stories of successes and lessons learned from both within and from outside of PHC. This year's keynote speakers include:

- Michael J. Fox, Actor, Author, and Activist, The Michael J. Fox Foundation for

- Parkinson's Research; Maureen Bisognano, President and CEO, Institute for Healthcare Improvement (IHI);
- Eric Greitens, PhD, Author, United States Navy SEAL Officer, and CEO, The Mission Continues; and
- Donald M. Berwick, MD, MPP, Administrator, Centers for Medicare and Medicaid Services (CMS).

This free broadcast will take place on

Tuesday, December 6 and Wednesday, December 7 at the New Lecture Theatre, Providence Building Level 1, St. Paul's Hospital.

To register, contact June Monthatawil at 604-806-9952 internal ext. 69952 or JMonthatawil@providencehealth.

bc.ca OR register online through the Course Catalogue Registration System (<https://ccrs.vch.ca/>) if available in your organization. For more information visit www.ihf.org.



Farewell, But Not Goodbye to the Sisters of Providence

After over eight decades of service, establishing and operating numerous Catholic hospitals, schools and community services in Vancouver, the Sisters of Charity of the Immaculate Conception are moving to New Brunswick to continue carrying out their mission. They leave behind a storied legacy and strong tradition of social justice and compassionate care – a mission that continues to be strengthened and carried forward by Providence Health Care.

The first six Sisters of Charity of the Immaculate Conception arrived in Vancouver on September 6, 1929 after being invited to teach and initiate health care ministries, by the Archdiocese of Vancouver at the time, Archbishop William Mark Duke.

In keeping with their desire to provide health care in the Archdiocese of Vancouver, the Sisters looked for property on which to build a new Catholic Hospital for the growing city of Vancouver. At the time, Sister Ruth (Helen Ross), was working as Hospital Administrator at St. Vincent's where she oversaw planning, including finding the site at 33rd and Heather which would see the development of a 100-bed facility. St. Vincent's Hospital officially opened on July 19, 1939.

In 1954, the Sisters of Charity of the Immaculate Conception celebrated the 100th anniversary of their inception. The same year, the Sisters were able to expand St. Vincent's

Hospital by another hundred beds with the help of funding from the provincial and federal governments. Aside from the professional staff at the hospital, the Sisters oversaw a growing and extensive network of volunteers who helped supplement the work undertaken there. The hospital was enlarged again in 1974 to serve a growing population.

As the 1980s and 1990s arrived, so did new realities that changed the nature of the Sisters' work in Vancouver.

Fewer vocations meant fewer Sisters to teach throughout the Archdiocese and the Sisters withdrew from many of their positions. The Sisters' work in health care developed and changed too. New political and economic realities led to the amalgamation of the boards overseeing St. Vincent's and Mount Saint Joseph hospitals, and Youville Residence, and the creation of CHARA Health Care Society in 1994. In 2000, Providence Health Care was created, which joined CHARA with St. Paul's Hospital and Holy Family Hospital and centralized their administration in order to ensure a continuing Catholic presence guiding the direction of the institutions under the Providence umbrella.

After 83 years of service to the Archdiocese of Vancouver, the original mission of the Sisters of Charity of the Immaculate Conception continues in



Chris Bernard, coordinator/chair, Pastoral Care Services with Sisters Ruth Monahan, Therese Kergoat, and Marion MacDonald at St. Vincent's Langara.

the form of Providence Health Care and in the schools and generations of children who owe their inception, education and their very start in life to the Sisters of Charity.

All of us at Providence would like to honour the services of Sr. Therese Kergoat, Sr. Marion McDonald, Sr. Ruth

Monahan, Sr. Carmel Stancato, and Sr. Margaret Vickers and we share these words of farewell from Sister Vickers:

"For the past fourteen years I have been associated with Providence Health Care. Thanks for the opportunity to minister in an organization built on Catholic values and

traditions, enabling me to increase my faith and remain hopeful in carrying out my health care mission.

Since 1939, our congregation has been involved in health care in this province and as we close this ministry, the image that comes to mind is 'The Doorway of Hope'. God's presence can be felt when people are led to hope. When a people remember the blessings of their past and the fidelity that those blessings manifest, there is reason to trust in the future. Hope is a strange thing. It often seems absurd, and yet it stubbornly persists. It moves us beyond the fear of the present with its challenges to accept a future full of possibilities.

Courage born of hope, I believe, will sustain all at PHC and challenge all in the times to come. The people at PHC are a people of faith and promise. Their belief in the future will lead to the building of a great future. Thus I am confident the legacy of the Founding Congregation will continue to be very much alive."



The original St. Vincent's Hospital opened by the Sisters of Charity of the Immaculate Conception at Heather and 33rd has since been closed; however the name lives on at this St. Vincent's Langara Residence located at 255 West 62nd Avenue in Vancouver.

Protect Yourself and Those You Care For – Get Your Flu Shot!

The PHC Employee Flu Campaign 2011/12 is on now until December 16. The four Lower Mainland Health Authorities have collaborated to ensure that getting vaccinated is more convenient than ever! You are now able to go to any Providence Health Care (PHC), Vancouver Coastal Health, Fraser Health or Provincial Health Services Authority Lower Mainland site offering flu shots, as long as you bring your staff ID.

Staff may also receive a free flu shot at a community pharmacy, public health clinic or physician's office as long as you bring your ID and a Proof of Immunization form, which can be

downloaded from the Occupational Health and Safety intranet site on PHC Connect.

Why get vaccinated? It's free, it's safe and it's the most effective way to prevent the spread of the influenza virus. As health care providers, it's crucial that we take every measure to keep our patients and residents safe. The flu can spread easily from person to person up to five days before any symptoms appear.

Should an employee become ill with influenza-like illness (ILI), they should stay at home to prevent the spread to others. Primary symptoms of ILI are fever and cough; others include: headache,

muscle pain, runny nose, sore throat and extreme tiredness. All staff who experience symptoms of ILI must self-report this to their operations leader/designate. Leaders are asked to relay this information to the Occupational Health & Safety Clinic Nurse at 604-682-2344 ext. 62719. If ILI is confirmed, the employee is to be off on sick leave. Staff should return to work once their symptoms have subsided.

It is important that staff are aware of the consequences of choosing not to be immunized. In the event that an outbreak is declared, the Medical Health Officer has the authorization for



non-immunized staff to be excluded from work and/or take an anti-viral medication.

For more information on vaccination clinics at PHC and other Lower Mainland sites, visit the Occupational Health and Safety intranet site on PHC Connect.

Staff may also call the influenza hotline at 1-866-922-9464, available

now until December 9, Monday to Friday, 7:00 a.m. to 4:30 p.m.

Not staff? For information on seasonal flu shots for the public, please visit ImmunizeBC at www.immunizebc.ca or call HealthLinkBC open 24 hours for questions about immunization and your health: dial 8-1-1 from anywhere in BC.

What Are People Saying About Providence Health Care?

One way Providence Health Care is connected to its staff, physicians, researchers, patients, visitors and the general public, is through social media. This includes: Twitter - @Providence_hlth

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

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

Check out some of the conversations and things people are saying online about Providence Health Care, and then start following our social media channels so you too can stay connected!



Jennifer Laidlaw @JDLaidlaw – **Spent a great day today at annual Providence in the Park event handing out clothes & food to DTES residents.**

Jo-Anne Teal @jtvancover – **Sounds like a rewarding event and very much needed at this time of year. (Re: Providence in the Park on October 29, 2011).**

Ezequiel Chernikoff @BCMedic911 – **So cool!**

St. Paul's Virtual Teaching Lab allows Dr. Webb & colleagues to instruct cardiologists & surgeons around world.

Dave Murray @dvdmurray – **Well done everyone. It [SALOME] has been a long hard struggle and there are so many people to thank for the hard work.**

facebook

Brooke Sherbrooke- **So much work and perseverance went into making this [Insite] decision possible. Thank you to all the Providence Health Care staff who realized that care needs to begin right at the place where people are. With this in place, now the other "pillars" of treatment and prevention can also come into focus but we should never forget harm reduction saves lives.**

St. Paul's Hospital Foundation - **What an amazing medical breakthrough pioneered St. Paul's. It lends itself well to some pretty incredible pictures, too. [Dr. John Webb's live open-heart procedure via SPH's Virtual Teaching Lab.]**

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
4th floor, Hornby
Ph: 604-806-8350
or email:
d'vine@
providencehealth.bc.ca

 Providence
HEALTH CARE
How you want to be treated.