

VOICE OF ST. PAUL'S FOUNDATION



Promise

2022

Together on the front lines of discovery

How partnerships between
researchers and patients are
rewriting the future of care





FROM THE TEAM

“Whether it’s establishing a new treatment centre for IBD, expanding academic fellowships in addiction medicine, or building on our capabilities as a provincial centre in stroke rehabilitation, the connection between care, teaching and research is ingrained in the culture across all Providence Health Care hospitals and long-term care homes.”

PROVIDENCE’S THREE PILLARS

IT BEGAN WITH CARE. Over 128 years ago, the Sisters of Providence built St. Paul’s Hospital to provide care to residents of this upstart boomtown who needed it most. In time, we became renowned for that care, along with world-class teaching and training, and life-saving research and innovation.

Today, those three pillars underpin a virtuous circle around everything we do, as you can read for yourself in this issue of *Promise*. Whether it’s establishing a new treatment centre for inflammatory bowel disease, expanding academic fellowships in addiction medicine, or building on our capabilities as a provincial centre in stroke rehabilitation and research; the connection between care, teaching and research is ingrained in the culture across all Providence Health Care hospitals and long-term care homes.

That’s why the excitement is mounting around the new St. Paul’s Hospital on the Jim Pattison Medical Campus, now under construction. Imagine what we’ll be able to do on a campus that is built with patients at its heart. With labs, pharmacies, and other patient services that are linked and easily accessible; clinical spaces with leading-edge tools and equipment

that support real-time imaging and surgery; and natural light, wellness gardens and public art to create a restorative environment for healing and recovery.

And with the new campus connected to, and integrated with, community health centres across the province, we can continue to provide the very best care to patients right across British Columbia. At the new campus, Providence will fully realize its mission: to build a state-of-the-art facility where clinical care, training, and medical discovery go hand in hand; a place that is purpose built to put people first.

We have our work cut out for us, but we’re ready. We invite you to be part of this historic leap forward for health care in BC.

DICK VOLLET
PRESIDENT AND
CEO, ST. PAUL’S
FOUNDATION

JOHN MONTALBANO
CHAIR, BOARD OF
DIRECTORS, ST. PAUL’S
FOUNDATION

On behalf of the St. Paul’s Foundation team

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ST. PAUL’S FOUNDATION plays an essential role in ensuring that all Providence Health Care hospitals and long-term care homes have the funds they need to meet their most urgent and essential needs. Your donations have a direct impact on tens of thousands of patients and residents every year, helping us deliver on our promise of innovative and compassionate care. Thank you!

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COVER: Eileen Davidson and Dr. Linda Li
by Jeff Topham





Eileen Davidson, patient partner in the PRECISION research initiative, and Dr. Linda Li, PhD, scientist, CHÉOS, and Canada Research Chair in Patient-Oriented Knowledge Translation

A BRIDGE TO THE FUTURE

The brand-new Providence Research Institute will be connected to the new St. Paul's Hospital by a sky bridge. The walkway is both practical and symbolic: creating a real-time link between researchers and patients

BY JOANNE PETERS WITH KRIS WALLACE
PHOTOGRAPHY BY JEFF TOPHAM
ARCHITECTURAL RENDERING: PCL CONSTRUCTION

Almost seven million Canadians live with chronic inflammatory conditions including arthritis, psoriasis, lupus, and Crohn's disease. They're caused when the body's immune system detects an injury or infection but mistakenly attacks its own healthy tissue – including the joints, skin, and bowel. People living with chronic inflammation not only have to manage their disease, but also a long list of associated complications like heart attack, stroke, blood clots, infection, fractures, diabetes, cancer, and lung disease. It's a lot to manage and there's a lot on the line.

Scientists at the Centre for Health Evaluation and Outcome Sciences (CHÉOS) are among dozens of investigators, and more than one

million patient partners, collaborating on an exciting initiative that's changing the way we study, treat, and prevent the debilitating effects of these conditions: the PRECISION research initiative, a five-year, \$2.5 million study designed to help Canadians living with inflammatory disease to understand their symptoms and take control of their wellness.

One of the things that makes PRECISION so innovative is the breadth of researcher teams. Of course they include specialists in each of the diseases, but they also have physical therapists, occupational therapists, pharmacists, epidemiologists, and digital experts. Together, they're working directly with patients to help them understand and interpret the cues they get from their bodies and

to recognize when to seek medical guidance. In short: to empower them with the knowledge and tools to live their best lives.

LET'S GET PHYSIO, PHYSIO

Dr. Linda Li is a CHÉOS scientist and a physical therapist. Since 2015, she has led one of the PRECISION studies within the larger research initiative aimed at developing digital tools to help patients manage their disease.

"With PRECISION, our team worked with researchers in computer science and digital media. We used Fitbits and developed a customized app called FitViz. The app helped patients to monitor their day-to-day activities and it motivated them to become more physically active."

As Li knows from her own experience, multidisciplinary collaboration between scientists and patient partners is a game changer for everyone. Going forward, life-changing "collision" opportunities, like the ones fostered in PRECISION, will increase exponentially. That's because the new Providence Research Institute on the Jim Pattison Medical Campus is being purpose built to cultivate and encourage collaboration and discovery.

THE FUTURE OF RESEARCH

Simply put, the new Providence Research Institute represents the future of medical research.

Everything about it – from its size, to its equipment budget, to the sky bridge that connects it to the new St. Paul's Hospital – will expedite collaboration between patients, researchers, clinicians, and industry partners. By integrating patient care, education, and research, we'll be able to accelerate the development of new drugs, treatments, and therapies.

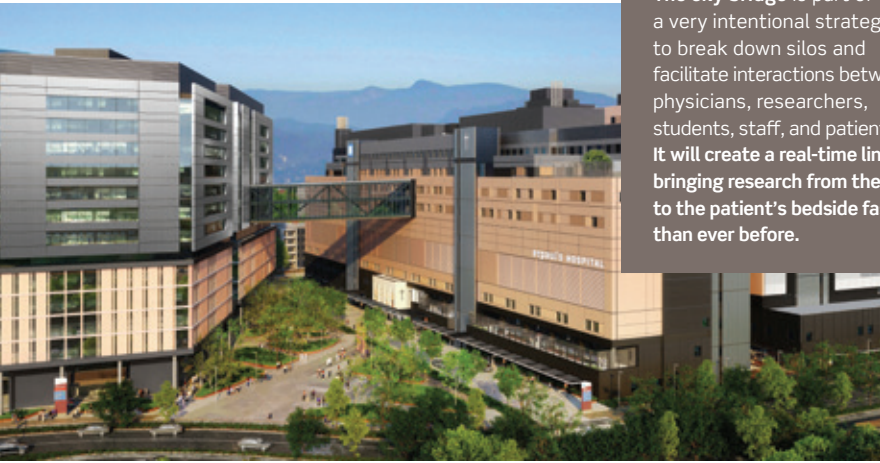
Li is especially excited about the collaboration opportunities. "As we've seen with PRECISION, we can achieve so much more when we bring people together from different fields; people who aren't normally in the room with each other."

"We have this unique opportunity to look at what we need and to dream about what we can do," says Li. "And in just a few short years, we'll have the space and support to actually do it."

HELPING PEOPLE LIVE THEIR BEST LIVES

Our vision for the new Institute puts patients in a key role as fully-engaged

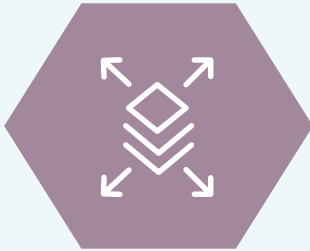
“ We have this unique opportunity to look at what we need and to dream about what we can do. And in just a few short years, we'll have the space and support to actually do it. ”
– Dr. Linda Li



The sky bridge is part of a very intentional strategy to break down silos and facilitate interactions between physicians, researchers, students, staff, and patients. It will create a real-time link, bringing research from the lab to the patient's bedside faster than ever before.

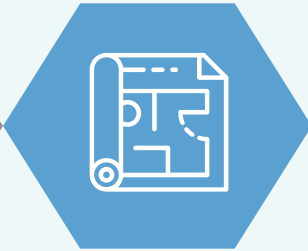
Providence Research's Guiding Pillars

Providence's vision is to be the world-leading epicentre for transformational medical research. How? By focusing on:



FLEXIBILITY

Embrace building choices that offer flexibility and adaptability for future research needs.



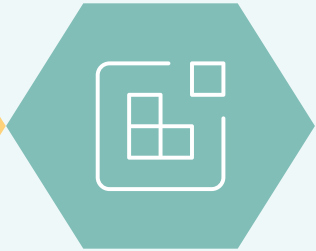
QUALITY

Design high-quality spaces that are functional and flexible, and promote wellness.



COLLABORATION

Inspire and enable collaboration and connectivity between clinicians, researchers, and industry partners.



INTEGRATION

Integrate leadership, innovation, discovery, teaching, and care, all in one place.

partners. Li points out that this isn't new. "Patient partners have been part of PRECISION from the get-go."

Consider Eileen Davidson. She endured months of increasing pain that became so severe she struggled to do her grocery shopping or to walk for more than a few minutes. She was just 29 years old when she learned she had rheumatoid arthritis. Adjusting to the life-altering diagnosis has been a challenge, but Davidson has taken some control over her condition by becoming a PRECISION partner.

"Participating in this research has given me a deeper understanding of my health beyond what my health care providers and my rheumatologist can address during our short, infrequent appointments," Davidson says. "It's been an amazing experience to learn about my illness and to give back to my community."

For Li, another invaluable benefit of the new Institute will be having a dedicated facility to meet with patient partners. "Working alongside patients from the very beginning will help us accomplish so much more together," she says.

"Early intervention can make a huge difference to people's cardiovascular health, their lung health, and other areas affected by chronic inflammation," says Li. "Plus, patients can tell us what's most important to them. And we can work together to help achieve their objectives."

A goal for one person might be walking the dog to the park and back; for another, it might be routinely getting 10,000 steps. In fact, that step count was Davidson's initial target. But with Dr. Li's support, she sometimes "crushed" 22,000 steps a day in addition to reducing her fatigue, boosting her mood, and improving her overall wellness.

Li says, "When we involve patients in research and their health care, and help them understand and manage the complex symptoms of their disease, they have better outcomes."

For her part, Davidson tries to take part in as many studies as she can and acts as a patient advocate. "It has been a great way for me to grow as a person," she says. "One of the best ways to fight a serious illness is through education."

AN ENVIRONMENT FOR CONTINUOUS LEARNING

Li and Davidson's work in PRECISION is just one example of the life-changing research that will become the gold standard at the Providence Research Institute.

Beyond the space itself, the new Institute will be fully equipped to promote collaboration between clinicians, researchers, and scientists in BC and around the world. For Li, the sky's the limit. "You can definitely do more – and do it more quickly – when you don't have to discuss your 'out there' ideas in an email!"

"It's amazing how working with people from different disciplines really unleashes creativity. After all, bold ideas are the seeds of discovery." ♦

We reach further, and accomplish more, when we engage and collaborate with our staff, patients, and the communities we serve. By any measure, the new Providence Research Institute will inspire a renaissance of discovery led by researchers like Dr. Li, patient partners like Eileen Davidson, and generous donors like you. Visit donate.helpstpauls.com/promise22 to support the future of research.

Dr Sean Virani, head,
division of cardiology,
Providence Health Care,
and Brianna Davies,
genetic counsellor, BC
Inherited Arrhythmia
Program at St. Paul's
Hospital



THE **HEART** OF A PROVINCE-WIDE NETWORK

St. Paul's Hospital will become the home of three leading-edge heart treatment and research centres, changing the future of heart care in BC

BY MICHELLE HOPKINS WITH KRIS WALLACE » PHOTOGRAPHY BY JEFF TOPHAM

Lorraine Wilson enjoyed a healthy, active lifestyle. During a spin class back in June 2021, the 66-year-old felt a tightness in her chest and found it difficult to breathe. Wilson contacted her family doctor, who sent her for an angiogram at St. Paul's Hospital. Wilson quickly learned that her major artery was 70% blocked.

"Within half an hour, I was told that I needed open-heart surgery," says Wilson, who was shocked and frightened.

Today, thanks to the amazing care she received from St. Paul's cardiology team and nursing staff, Wilson is back on the spin bike.

"I am filled with so much gratitude. If you have a heart problem, St. Paul's is the place to be," she says. "I was so lucky to be a patient here."

HOME IS WHERE THE HEART, AND THE HEART CENTRES, ARE

In Lorraine Wilson's words, if you need cardiac care, St. Paul's Hospital is the place to be.

Today, St. Paul's is home to the acclaimed provincial Heart Centre, the referral hub for BC's most complex cardiac cases. And we have the distinction of being the only facility in

“We have always taken a leadership role in emerging research and technology. These are the next steps in our long history of leading-edge cardiac care.”

– Dr. Sean Virani

the province where highly specialized cardiac care is fully integrated within an innovative research centre.

To further expand our leadership in cardiac care and research, St. Paul's is poised to open three new provincial facilities of excellence: the Centre for Cardiogenetics, the Centre for Advanced Heart Failure, and the Yasmin and Amir Virani Provincial Adult Congenital Heart (VPACH) Program.

When we move to the new St. Paul's

Hospital on the Jim Pattison Medical Campus in 2027, all of these centres – and the talented people who bring them to life – will move with us.

HE'S GOT HIS MOTHER'S EYES, AND HIS FATHER'S CARDIAC ARRHYTHMIA

Many cardiac diseases can be inherited, including arrhythmias, congenital heart malformations, and even high cholesterol.

Cardiogenetics is a growing speciality that's looking to identify the specific hereditary causes of heart disease. This work includes genetic diagnoses, genetic testing and counselling, and clinical management for a range of inherited disorders.

"Cardiogenetics is not a new field," says Dr. Sean Virani, head of cardiology at St. Paul's Hospital. "What will be new is having a central hub where experts in the field can work together in a coordinated way at a single location.

A place with resources to support patient care and assessment where we can really leverage everything we know, and everything we learn, about cardiac care."

St. Paul's Centre for Cardiogenetics – the first program of its kind in Canada – will become a learning centre for patients and researchers alike. We'll be able to identify patients with inherited cardiac disease and refer them for genetic counselling. This will enable families to participate in preventive and therapeutic treatments.

As a genetic counsellor in the field of inherited arrhythmias, Brianna Davies is specially trained to provide patients and their families with invaluable resources and support. Genetic counsellors help patients to understand the heritable nature of their disease, its potential risk to family members, and the necessity of screening.

"When we meet with a patient and their family, we discuss whether genetic testing is an appropriate screening tool for the family members," says Davies. "We talk about why genetic testing is valuable and what they can expect if the test indicates they are at risk."

Some 40%–60% of heart disease is thought to be heritable. Unraveling the underlying genetics will not only improve care, it will bring peace of mind to countless patients and families. That's why we are committed to opening this new centre for excellence.

Of course, these benefits will also apply to the patients at our new Centre for Advanced Heart Failure and the VPACH Program as well. Dr. Virani sees the three new centres as cornerstones of our commitment to patients and to innovation. "We have always taken a leadership role in emerging research and technology. These are the next steps in our long history of leading-edge cardiac care." ♦

St. Paul's new heart centres are part of our commitment to transform cardiac care for those who need it most. Donor support is an incredibly big part of our success. Be part of this life-saving work at donate.helpstpauls.com/promise22.

“Thanks to breakthroughs in surgical techniques, non-invasive treatments, and specialized medical care, many of our patients survive well into adulthood.”

– Dr. Jasmine Grewal

PROVINCIAL CENTRE FOR ADVANCED HEART FAILURE

If you have Advanced Heart Failure (AHF), it means conventional therapies and symptom management are no longer working for you. However, improvements to heart failure therapies have led to longer survival rates and improved quality

of life even for patients with severe AHF. "St. Paul's is home to the provincial experts for treating end-stage AHF," says Dr. Sean Virani.

The Provincial Centre for Advanced Heart Failure will be a luminary for heart function innovation and excellence in care, and be foundationally grounded in a learning health system. It will become the central repository for clinical expertise and training of clinicians engaged in the care of this complex patient population.

YASMIN AND AMIR VIRANI PROVINCIAL ADULT CONGENITAL HEART (VPACH) PROGRAM

Congenital heart disease (CHD) is one of the most common types of birth defects worldwide: in Canada, about one in every 100 babies is born with CHD. Sixty years ago, fewer than 20% of children with CHD reached adulthood. Today, it's more than 90%. Because of these incredible survival rates, there are

now more adults living with CHD than babies born with it.

In BC, children with CHD are treated at BC Children's Hospital. When they turn 18, they are referred to the VPACH Program based at St. Paul's Hospital and led by director Dr. Jasmine Grewal. Every year, the VPACH team of multidisciplinary experts receives about 350 new patients, most of whom will require life-long care.

"Thanks to breakthroughs in surgical techniques, non-invasive treatments, and specialized medical care, many of our patients survive well into adulthood," Grewal says.

Twice a year, members of the VPACH team head to Kelowna to look after CHD patients in the Interior. "We want all CHD patients across BC to have access to the life-saving care they need. Having the VPACH team visit more remote communities to provide care is a big step to providing equitable access to care. Donor support would make all the difference in the world in supporting this." ♦



Dr. Jasmine Grewal,
director, VPACH
Program

WE HEART ST. PAUL'S

Did you know that St. Paul's Hospital is BC's only provider of full-spectrum cardiovascular treatment and care, combined with active research in all of its program areas? Here are just a few of our super stars...

♥ The Centre for Heart Valve Innovation is **recognized internationally as a pioneer** of transcatheter heart valve procedures to treat diseases that inhibit the flow of blood through the valves of the heart.

♥ The Healthy Heart Program's Prevention Clinic is **one of the largest in the world** for patients with inherited high cholesterol and other major risk factors for coronary heart disease and stroke.

♥ The Centre for Heart Lung Innovation (HLI) has **contributed to Canada-first and world-first research findings**. Practices developed at HLI have been adopted around the world including at Johns Hopkins Medical Centre and the Mayo and Cleveland clinics.



BOOST YOUR IMPACT BY GIVING MONTHLY

Giving monthly to St. Paul’s Foundation is a powerful way to make an ongoing impact. Monthly giving provides a steady source of funding for our patients’ and residents’ most urgent needs like life-saving equipment, critical research, and pioneering treatments. When you give monthly, you become a vital part of the compassionate, life-changing care taking place right across our hospitals and long-term care homes.

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STEP 3

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OVERCOMING THE PAIN, AND THE SHAME,
OF LIVING WITH A

DIGESTIVE DISORDER

Inflammatory bowel disease is complex, debilitating, and incurable. To make matters worse, it’s an invisible disability that nobody wants to talk about—but we’re changing that

BY JOANNE PETERS WITH KRIS WALLACE >> PHOTOGRAPHY BY JEFF TOPHAM



“One of our big picture goals is to scale what we’re doing for IBD so it can be used to bring relief to patients living with other chronic diseases across BC.”

– Dr. Brian Bessler

symptoms of IBD, its psychological impact can be a tremendous challenge during what should be the prime of your life.”

That’s one of the reasons they launched the IBD Centre of BC. They recognized the need for a comprehensive facility that would meld treatment, education and research. A place where patients could get holistic support from an entire team of IBD-trained specialists including gastroenterologists, nurses, a psychiatrist, a psychologist, and world-class researchers.

COMPASSION AND COLLABORATION

I have always taken the approach that if you work hard enough, you can overcome anything. I had to accept that colitis isn’t going to be like that. This is forever.

– Emily, patient at the IBD Centre of BC.

Studies show that when patients receive long-term, relationship-based care from their physicians, they have better health outcomes.

That’s one of the things that led Rosenfeld to become a gastroenterologist: he wanted to care for his patients for the long term. And the reality is, IBD is often a life-long condition.

The IBD Centre (housed just three blocks from St. Paul’s Hospital) provides integrated, innovative care for patients with digestive health

concerns. One of its unique features is that it offers specialized sub-clinics for pregnancy, youth, surgery, and psychiatry, in addition to care from a specially-trained dietician and pharmacist. Patients work with an entire team to create their own individualized treatment plans so they can lead healthier, more fulfilling lives.

And while the Centre itself is located in Vancouver, the group leans heavily on telehealth to bring this life-changing care to patients right across BC.

BREAKING NEW GROUND

Canada has one of the highest rates of IBD in the world. And it’s increasing. This has Bessler and Rosenfeld leading the charge for a model of care that extends to the new St. Paul’s Hospital and beyond. “One of our big-picture goals is to scale what we’re doing for IBD so it can be used to bring relief to patients living with other chronic diseases across BC.”

To that end, Bessler and Rosenfeld are part of a team at St. Paul’s, including the hospital’s colorectal surgeons, who share a vision for a truly comprehensive Digestive Health Centre at the new St. Paul’s Hospital. The new centre would include care for all gastroenterology concerns: IBD, colon cancer screening, colorectal surgery, liver, nutrition counselling, and more. It’s a bold and innovative concept.

“This has never been done before,” says Bessler “It fits perfectly with our goals and with the mission of the new St. Paul’s Hospital to provide innovative, collaborative care that meets patients where they’re at and on their terms.”

Rosenfeld agrees. “It would become the first facility of its kind in Canada, and possibly the world, to integrate clinical care, education, and research specifically for patients with digestive diseases.”

“With specialists and allied health professionals all working out of the same centre, we could accomplish in two appointments what might currently take patients 5 or 10 appointments. And that would go a long way to helping these patients get their lives back – especially patients

from outside the Lower Mainland.”

Although that vision is still some five years away, Bessler points out that the team is already laying the groundwork. “Yes, we’ll be able to work more seamlessly with other specialists and researchers at the new St. Paul’s, but we’re definitely doing that now,” he says.

The IBD Centre of BC, as a precursor to the fulsome Digestive Health Centre, is already contributing invaluable patient data to the field. Going forward, health care professionals will be able to analyze outcomes and perform quality improvement measures faster than ever before. This will further ensure each patient’s care reflects their individual needs and expectations.

“Harnessing modern tools like tech and data opens up a new frontier for research,” Rosenfeld says. The way he sees it, the impact of the IBD Centre of BC is almost immeasurable.

“We get to make a tangible difference in individual lives today. And, we get to make a difference in many, many lives in the future through research and education,” he says. “What a legacy!”

For now, IBD is chronic and incurable. But thanks to Rosenfeld, Bessler, and the gastroenterology team, the IBD Centre of BC is a place of hope and healing. “We’re filled with optimism for our IBD patients today and for our future patients at the Digestive Health Centre at the new St. Paul’s Hospital. This is an exciting, once-in-a-lifetime opportunity.” ♦

Say Bessler and Rosenfeld: “Our patients’ resilience motivates and inspires us to pursue this work.” You can be part of this inspiring work, too. Your gift today at donate.helpstpauls.com/promise22 will support innovative care for British Columbians living with digestive health diseases.

IBD BY THE NUMBERS



Approximately **25,000** British Columbians have IBD. (It’s as common as Type 1 diabetes and epilepsy.)



More than **1,500** new cases of IBD are diagnosed every year in BC.



25-50% of IBD patients relapse annually — and they need specialized care to manage their chronic illness.

Drs. Brian Bessler and Greg Rosenfeld are gastroenterologists at St. Paul’s Hospital. They’re also the co-founders of the IBD Centre of BC: a lifeline and support network for people living with inflammatory bowel disease (IBD).

Bessler and Rosenfeld share a heartfelt compassion for people living with chronic disease and have

dedicated their careers to improving the lives of the more than 25,000 British Columbians living with IBD.

“You can have IBD at any time in your life, but it’s most often acquired in your 20s and 30s,” Bessler says. “This is especially harsh because that’s precisely when many young people are advancing their education, settling into careers, and starting families. So along with the physical

Tracey Day, nurse practitioner and BCCSU 2021-22 Addiction Nurse Practitioner Fellow, and Tim Gauthier, director, BCCSU Addiction Nurse Practitioner Fellowship Program

TEACHING THE SCIENCE AND HUMANITY OF ADDICTION

British Columbia continues to grapple with a province-wide epidemic. Here's a made-at-St. Paul's program that's training the next generation of leaders in addiction medicine to deliver province-wide solutions

BY MICHELLE HOPKINS WITH KRIS WALLACE
PHOTOGRAPHY BY JEFF TOPHAM

To graduate from medical school, you are required to have instruction across a wide range of care areas, but incredibly, you can graduate without any formal training to recognize and treat addiction. And yet, most physicians, regardless of their specialty, are likely to encounter patients dealing with the problematic use of alcohol, tobacco, marijuana, opioids, or stimulants. Thousands of people have paid with their lives for this knowledge gap.

In part because of its location near the epicentre of the toxic drug crisis, and in part because of its longstanding commitment to compassion and social justice, St. Paul's Hospital and Providence Health Care (Providence) are leaders in preventing, treating, and supporting the people at its centre.

In 2016, Providence launched the BC Centre for Substance Use (BCCSU). From the beginning, the BCCSU has pursued a mandate to develop evidence-based approaches to address the all-too-common negative outcomes of untreated addiction. One of its first initiatives was launching a fellowship program to define the way addiction medicine is taught. It has since become the largest inter-disciplinary addiction medicine fellowship in North America.

A UNIQUE AND COMPASSIONATE FIRST IN WESTERN CANADA

Today, the BCCSU's addiction fellowship program trains physicians, nurses, nurse practitioners, social workers, pharmacists, and researchers to recognize, treat, and support patients with substance use disorders.

What makes it so unique? Just about everything.

Tim Gauthier is the director of the BCCSU's Addiction Nurse Practitioner Fellowship Program and is himself a past fellow. "We are more than five years into the public health emergency," explains Gauthier. "Our fellows are out there on the front lines. And we're giving them what they need to respond to this emergency with the urgency it deserves."

24/7 SUPPORT FOR CLINICIANS



A new initiative launched by the BCCSU is providing health care providers across BC with real-time addiction medicine support while they are treating patients.

The 24/7 Addiction Medicine Clinician Support Line is staffed 24 hours a day, 7 days a week, 365 days a year to provide a rapid response for time-sensitive clinical substance use inquiries.

A much needed resource for clinicians in many settings—from an ER doctor working overnight to a nurse in a remote community—it helps improve the delivery of life-saving, evidence-based addiction care across the province.

“We are more than five years into the public health emergency. Our fellows are out there on the front lines. And we're giving them what they need to respond to this emergency with the urgency it deserves.”

– Tim Gauthier

Fellows are trained in detox, in-patient addiction care, residential treatment, complex pain, and the physical and mental health issues that can accompany substance use and the impacts of prohibition. In addition, they work closely with health care practitioners from other specialties to manage concurrent disorders.

Gauthier points out that one of the most resonant parts of the program is learning from world-renowned experts, including people with lived experience. "People with lived experience are the experts when it comes to

the impacts of the war on drugs, and how it plays out in the health care system and beyond.

By centering the voices of people who use drugs in our conversations, we have the opportunity to gain valuable insights into the human experience of substance use, and how we can best support people across the entire spectrum of substance use," says Gauthier.

Fellows graduate with a combination of solid academics, hands-on experience with advanced assessment methods, and a proficiency with an array of new and emerging treatment strategies. It's a lot to pack into a 12-month program.

IT'S NEVER JUST ABOUT THE DRUGS

Tracey Day is a nurse practitioner (NP) in Prince George and the current holder of the Addiction Nurse Practitioner Fellowship. In her role, she sees the devastating impact of addiction on Indigenous Peoples in northern BC. (In BC, the mortality rate amongst Indigenous people who use drugs is five times higher than for other drug users.) The root cause of these disparities is colonialism and racism, and associated trauma and pain. "Systemic racism in health care is one of the reasons I applied for the fellowship," says Day.

While research has significantly advanced our understanding of the neurobiology of addiction, some people continue to see it as a moral failing or lack of self control.

“Nowhere are these negative stereotypes more persistent than within the Indigenous community,” says Day. “All too often, addiction is a symptom of complex intergenerational trauma or colonization trauma.”

Day is licensed to diagnose, order, and interpret diagnostic tests and to prescribe medication and other treatments. Importantly, she also provides much needed compassionate care to her patients.

“Rural practice is often overlooked and doesn’t get the attention it deserves,” explains Day. “I’m grateful that this fellowship will allow me to better serve patients in our remote northern communities, especially patients who have experienced stigma from the health care system.”

TRAINING SO CRITICAL, FELLOWS ARE PAYING OUT OF THEIR OWN POCKETS

Unfortunately, in spite of its innovative approach and overwhelmingly positive

“Rural practice is often overlooked and doesn’t get the attention it deserves. I’m grateful that this fellowship will allow me to better serve patients in our remote northern communities, especially patients who have experienced stigma from the health care system.”

– Tracey Day

impact, the fellowship program is seriously hampered by a lack of funding.

For Gauthier, it’s impossible to overstate the urgent need for donors

to support the BCCSU Fellowship Program. “Each fellowship can cost upwards of \$100,000,” he says. “Unfortunately we’ve had to defer several really qualified candidates because we weren’t able to secure adequate funding.”

Even worse, some NPs have had to forgo months of salary to participate in the program. Others, like Day, have tried to source their own funding, sometimes even paying out of their own pockets. “That’s not a sustainable solution. And it’s not even possible for most NPs,” says Gauthier.

Asked what she would say to a potential donor, Day is candid. “By funding this crucial work, you’re supporting people like me with their boots on the ground,” she says. “I’m learning so much. I know I’m going to make a real difference for my patients and my community.” ♦

Addiction doesn’t discriminate. When you support the invaluable work happening at the BCCSU, you equip these front-line workers with the skills, experience, and humanity to help someone you might know. Give today at donate.helpstpauls.com/promise22.

A BOLD STEP FORWARD IN HARM REDUCTION

Against the backdrop of an unprecedented opioid crisis, Providence Health Care creates opportunities for care, learning, and advocacy.

The Providence Crosstown Clinic is the only clinic in North America to offer medical-grade heroin and hydromorphone (a legal analgesic) to chronic substance use patients.

In this clinical setting, doctors and nurses supervise patients as they take low-dose injections, and in a post-treatment waiting room in case of complications. (Complications are rare because, unlike at safe injection sites, where clients bring their own drugs, the Crosstown Clinic has an on-site pharmacy that provides prescription injectable opiates based on each client’s individual need.)

Also on site are social workers and counsellors, available to support with life-skills counselling,

housing referrals, and recommendations for legal assistance.

As part of the program, clinic users participated in first-in-field research, including the North America Opiate Medication Initiative (NAOMI), the first heroin-assisted treatment study in North America, and the SALOME (Study to Assess Longer-term Opioid Medication Effectiveness) study at St. Paul’s. Findings from both studies show that this treatment method is an effective harm reduction initiative that reduces opioid overdose deaths.

As Crosstown staff provide respectful, non-judgemental, and diversified care each and every day, they also advocate for continuing this treatment program which helps people stabilize their lives and, in many cases, reclaim them.

L-R: Bruce Clayton, Jaye Currie,
Paulette Nyce, Angela Thomson,
and Neil Fowler.

Absent: Rebecca Watt, Olivia
Scout, and Saige Flaumitsch



RECONCILIATION IN ACTION

How a small team and a big vision are changing care
for Indigenous patients

BY BRENNALATIMER (WEWAIKUM NATION) AND STEPHANIE SLATER (WEIWAIKAI NATION)

PHOTOGRAPHY BY JEFF TOPHAM

“Tonight I heard the drums. That sounds like like my heart. For the first time in a long time, I’m okay. This is in my blood, my spirit... This holds me up. You guys hold me up.”

– Indigenous patient after a healing circle at St. Paul’s Hospital.

I am told the story of an Indigenous man at St. Paul’s Hospital. He was dying of lung cancer and struggling to breathe. The Indigenous Wellness team arranged a cedar brushing ceremony for him. Almost immediately, his breathing calmed. Even the man’s doctor was humbled. She acknowledged she had no medication that could give him as much relief as that ceremony. When the man passed, his traditional medicines were placed with him and he was wrapped in the blanket he had been given. His family took comfort in knowing he had that cultural support for his journey to the spirit world.

“I cannot tell you how powerful it was to witness that in a Catholic hospital,” says Neil Fowler, manager of Indigenous Wellness & Reconciliation at Providence Health Care. Among his

many roles, Fowler leads a team of five Indigenous Wellness Liaisons (IWLs) and two Indigenous Peer Support Workers empowered to bring culturally safe care and comfort to Indigenous patients. It was the IWL team that arranged the ceremony for the dying man.

Day by day and patient by patient, IWLs are bringing reconciliation to life at St. Paul’s and across Providence.

WELLNESS LIVES HERE

In 2020, the In Plain Sight report detailed widespread anti-Indigenous racism and discrimination in BC’s health care system. And it confirmed that common stereotypes about Indigenous Peoples have a negative impact on the quality of care they receive.

In his almost 15 years with Providence, Fowler has been working to make this a

place where Indigenous patients want to come, a place where they know they’ll have access to the supports they need for their wellness. “A place where they know that they’ll be treated with dignity and respect,” he says.

It’s a tall order for a small team working within a large health care organization.

The reality is, just walking through the doors of a hospital can be difficult for Indigenous people who have experienced stereotyping or racism when seeking health care. Consider, too, that the old brick façade of St. Paul’s Hospital looks very much like a residential school. This can be triggering for patients with direct or intergenerational trauma from residential schools or Indian hospitals.

THIS IS WHAT RECONCILIATION LOOKS LIKE

Providence Health Care is committed to the process of Truth and Reconciliation with Indigenous Peoples and it is embedded in everything we do.

This powerfully simple statement sums up Providence’s commitment to addressing the trauma and racism in health care. And it’s the driving force behind Providence’s first-ever Indigenous Wellness and Reconciliation Action Plan.

“It’s a strong and solemn commitment that recognizes the colonial violence perpetrated against Indigenous Peoples,” says Harmony Johnson, vice president of Indigenous Wellness & Reconciliation.

“It recognizes that we have inherited

“We know that being supported by the IWL team makes a huge difference for Indigenous patients at St. Paul’s Hospital. They provide a fundamental connection that not only improves the patient experience, it improves our ability to ensure the cultural safety, quality, and coordination of their care. That’s why expanding the IWL team is the cornerstone of our action plan. And it’s why we’re asking for donor support. This work simply can’t happen without you.”

– Harmony Johnson

the results of those harms and that they continue today. And that Providence Health Care, as a Catholic health care organization, has both a responsibility and an opportunity to help redress, repair, and support reconciliation,” Johnson says.

That’s where the Indigenous Wellness Liaisons come in. The IWLs, who are all Indigenous and from various nations across Canada, provide a range of cultural, spiritual, social, and emotional supports. This includes everything from arranging for traditional foods to advocating on behalf of patients who feel they have experienced racism. Often, just having a visit from a staff member who is also Indigenous makes a difference.

THIS IS WHAT COMPASSION LOOKS LIKE

Jaye Currie is one of the IWLs working at St. Paul’s. To hear her speak, it’s clear this is much more than a job for her. “You can tell people are lonely and afraid. It means the world when they see us,” she says.

Currie explains that the IWLs follow patients throughout their healing journey. She shares an experience from early in the pandemic when a Cree woman was brought into the ICU intubated and unconscious. Currie, who is also Cree, took a blanket to the All-Nations Sacred Space. She smudged and prayed over it for the patient’s healing. Then, she covered the woman with the blanket and sweet grass and more prayer.

Later, when the woman was well enough, she was transferred to Providence’s Mount Saint Joseph Hospital. Currie visited and prayed with her there.

“I followed her right until she was discharged eight months later,” Currie says. “They didn’t think she was going to make it but something worked. Our spirituality as Indigenous people is powerful!”

Asked about what’s next, Fowler doesn’t hesitate. “We need to hire more IWLs,” he says. “The goal is to be able to offer 24-hour support at St. Paul’s and, ideally, to have at least one IWL at each Providence site.”

“And, as you can imagine, there is an especially urgent need for IWLs to help patients in palliative care, intensive care, emergency, and maternity.”

Currie agrees. “When I first joined the team, I didn’t realize the scope of this work. We’re actually a crucial component to Indigenous patients’ well-being and positive outcomes.” ♦

In a recent session with a group of Indigenous patients to talk about their wellness journey and the IWL team, one woman said, “For my whole life, I always felt connected to something spiritually. But for the last few years, I’ve felt lost. The Indigenous Liaisons saved my life. They listened to me. They gave me hope again.” When you support the IWL program, you bring hope to life. Give at donate.helpstpauls.com/promise22



MAKE AN IMPACT FOR GENERATIONS. LEAVE A LEGACY GIFT.

A gift in your will to St. Paul's Foundation is the gift of a lifetime. It's a legacy for the future that will stand as a meaningful tribute to the things that matter most to you: to live with purpose, to give back, and to make a difference.

St. Paul's Foundation is privileged to support the life-changing care and research at St. Paul's, Mount Saint Joseph, and Holy Family hospitals, and at Providence Health Care's long-term care homes. With a gift in your will to the Foundation, you become part of this community and continuum of health care.

Your gift will support this incredible community, whether it's care for heart, lung, and kidney; high-risk pregnancies; addiction; healthy aging; or another of the countless areas across Providence. Your legacy will accelerate transformational research, pioneer innovative treatments, and always – always – enhance compassionate care for our patients and residents.

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A physiotherapist supports a patient in the HFH Rehab Centre. (Photo from 2019.)



AN EXTREME HOME MAKEOVER FOR REHAB

How Holy Family Hospital's Rehab Centre gives hope to British Columbians recovering from stroke

BY MARY FRANCES HILL WITH KRIS WALLACE » PHOTOGRAPHY BY JEFF TOPHAM

It's the first Tuesday in March and the bustle of activity at Holy Family Hospital's Rehabilitation Centre is energizing – and typical – for a weekday afternoon.

In the gym, a physical therapist guides a senior recovering from a stroke through a series of gentle stretches to practice moving her affected arm. In the occupational therapy spaces, patients sit with their therapists performing cognitive assessments and hand coordination tasks.

People are often surprised to learn that Holy Family Hospital's (Holy Family) Rehabilitation Centre is one of the largest specialized rehabilitation referral centres in British Columbia. Patients are mostly older adults who come to the Rehab Centre for intensive therapy to overcome challenges caused by strokes, orthopedic trauma, or major surgeries like hip or knee replacements and amputation. Each year, the team cares for more than 180 stroke inpatients with an additional 15,000 outpatient visits.

"Around here, instead of being tired just from their medical condition, patients are tired because they've exercised as part of their ongoing recovery," says Dr. Evan Kwong, medical site lead at Holy Family's Rehab Centre and one of the team's physical medicine and rehabilitation physicians (also called physiatrists).

"We help patients restore lost function or adapt to their new challenges. It's this very pragmatic focus that really sets us apart," says Kwong.

“Looking ahead to our Rehabilitation Research and Innovation Lab and Professorship in Stroke Rehabilitation, we can further improve care with research, innovation, knowledge translation, and education. This is just the start of an exciting journey.”

– Dr. Evan Kwong

A BLUE SKY VISION FOR REHABILITATIVE CARE

Holy Family's Rehab Centre also stands apart for its vision to incorporate a leading-edge research lab that will harness science to reimagine clinical care and patient outcomes for people needing rehabilitative care.

Over the next five years, Kwong and his colleagues in Providence Health Care's Division of Physical Medicine



Dr. Evan Kwong, medical site lead at Holy Family Hospital's Rehab Centre

and Rehabilitation will establish the Rehabilitation Research and Innovation Lab (RRIL) to embed a vigorous research program into Holy Family's comprehensive rehabilitation services. As part of this renaissance, the team will also launch a Professorship in Stroke Rehabilitation.

This is a real "blue sky" opportunity set to capitalize on the Centre's experienced team, strong research agenda, academic and corporate partnerships, and an enthusiastic cohort of patient partners. It's a genuine recipe for creating "eureka" moments for science and life-changing advances

for people with disabilities.

"Imagine how far we can go with a research program built right into the care we already provide," Kwong says.

TIME TO RE-IMAGINE REHABILITATION

Holy Family Hospital turns 75 years old this year. Nearly 70 of those years have been dedicated to specialized clinical care and rehabilitation.

The Rehab Centre's physiotherapists, occupational therapists, social workers, speech language pathologists, rehabilitation assistants, dieticians, physicians and nurses share a remark-

able combination of expertise and compassion.

In a small space just off the occupational therapy room, a speech language pathologist uses a high-resolution camera positioned inside the throat to evaluate her patient's swallowing capabilities post-stroke. They have also been working on improving the patient's speech.

Next door, a one-bedroom apartment is fully equipped with everything you'd find in your own home. It's a rehearsal space to help patients practice things like getting out of bed, preparing something to eat, and getting around with a walker or wheelchair.

In the gym, patients are monitored on recumbent stationary bikes and a warm swimming pool is ready for gentle resistance training.

Nearby, a therapist in the Driver Rehabilitation Program sits in the passenger seat of a real car fitted with hand and steering wheel controls. He's coaching a patient with a recent amputation on how to drive safely with these adaptive controls.

Now imagine infusing these essential rehabilitation services with a robust research engine and a stroke rehabilitation professorship. The potential for innovation is almost unlimited. "To give just one example, I can envision working with engineering departments to test biomechanical sensors that will help patients measure movement and function," Kwong says.

A BRIGHTER, MORE MOBILE FUTURE

Kwong looks back on the last 10 years and marvels at the team's progress. "We've made huge strides, no pun intended, in improving stroke, orthopedic, and amputee care for older adults," he says.

"Looking ahead, with the RRIL and the professorship, we can further improve care with research, innovation, knowledge translation, and education. This is just the start of an exciting journey."

Kwong and his colleagues across Providence are realistic about the challenges they'll face as the RRIL takes shape. Fulsome discussions are ongoing and include strategies to adapt the Centre's physical space to accommodate the infrastructure of the research facility. Meeting future staffing and funding requirements are additional concerns.

Kwong is confident the team can overcome any hurdles along the way. After all, they're in the business of helping patients overcome obstacles. ✦

Almost 5,000 British Columbians are hospitalized for stroke each year. The good news is that most survive. Your gift today will support the exciting rehabilitation initiatives at Holy Family, profoundly improving the quality of life for recovering stroke patients and their families. Give now at donate.helpstpauls.com/promise22

75 YEARS OF CARE AT HOLY FAMILY HOSPITAL



1947 Holy Family Hospital (HFH) opens in a converted five-bedroom house that cares for 15-23 elderly patients at a time.



1953 HFH expands to a 52-bed facility, with a focus on arthritis and stroke rehab.



1955 A rehabilitation program is fully under way, with physiotherapists, recreational and occupational therapists, social workers, speech pathologists and nursing staff on-site to support patients.



1970s HFH undergoes a third expansion.



1990s A fourth expansion, plus the addition of a renowned ambulatory rehabilitation program for older adults.



1994 HFH opens "Easy Street," a one-of-a-kind rehab experience, and the first of its kind in BC. It features a grocery store, gas station, ATM, and parked car, where rehab patients can practice everyday routines under the supervision of occupational therapists, helping them transition back into the community safely.



2022 HFH is now home to one of the largest referral centres for rehabilitation in BC. Patients from all across the province come to HFH for rehab support. Services include the 65-bed inpatient rehabilitation unit, plus extensive treatment areas that facilitate more than 15,000 outpatient visits annually.



A BOLD NEW VISION FOR LONG-TERM CARE

In less than 10 years, almost one in four people in BC will be over the age of 65.

It's time to fundamentally shift the design and culture of long-term care homes to ensure seniors receive the care they need and deserve.

Starting with Providence Living Place, Together by the Sea, a “dementia village” in Comox, BC, we are completely reimagining seniors care by building community that is just like home, helping residents maintain independent and meaningful lives.

Join us on this exciting journey to boldly transform seniors' care in BC.

donate.helpstpauls.com/providenceliving

