

AUGUST 2013

# BUILDING CARE TOGETHER

VICTORIA HOSPITALS FOUNDATION

## WINNING HOSPITAL

WHY THE PATIENT CARE CENTRE IS  
DRAWING INTERNATIONAL KUDOS

*plus*

HOSPITAL TOUR » DISASTER RESPONSE » DONOR STORIES » CARDIAC CARE

## ABOUT BUILDING CARE TOGETHER

PHOTO BY ALI BLYTHE



# Giving makes us all better

**W**ELCOME TO A SPECIAL publication by *Boulevard* magazine dedicated to the Victoria Hospitals Foundation's \$25 million *Building Care Together* campaign in support of leading-edge healthcare equipment and technology for the Royal Jubilee Patient Care Centre.

The eight-storey Patient Care Centre is now the anchor of the Royal Jubilee Hospital, bringing together inpatient units that had been spread throughout multiple buildings and uniting them in a single world-class building. By modernizing and centralizing inpatient units that were over 120 years old,

the Patient Care Centre creates a core of progressive facilities to meet the hospital care needs of all patients.

In the pages ahead we will share stories of how innovative technology and specialized training help patient recovery and caregivers' abilities to deliver the best care possible.

The Victoria Hospitals Foundation is the leading healthcare charity on Vancouver Island. It is governed by a volunteer Board of Directors consisting of dynamic community leaders. Since 1989, together with our community, the Foundation has raised nearly \$90 million for urgently needed medical equipment and special projects at Vancouver

Island's two largest hospitals: Royal Jubilee and Victoria General.

Every year, the Victoria Hospitals Foundation funds 40 per cent of capital medical equipment purchases for Royal Jubilee and Victoria General hospitals, helping to provide care to more than 765,000 residents of the Vancouver Island Health Authority. Supporting our hospitals positively impacts the delivery of patient care, bringing leading-edge equipment to the

*"No private donations have been used to fund this publication; it is a generous gift by Boulevard magazine."*

medical teams who treat patients each day.

"The *Building Care Together* campaign is now over half way to meeting its goal to fully equip the Patient Care Centre and help it reach its full potential as a world class hospital," said Lance Abercrombie, Board Chair, Victoria Hospitals Foundation. "With the support and perseverance demonstrated to date, and the amazing team behind the effort, I am certain that we will reach our goal, because ... *"Giving makes us all better."*

We are pleased to share that no private donations have been used to fund this publication; it is a generous gift by *Boulevard* magazine. ♦

## LETTER FROM VIHA'S ACTING CEO

## giving thanks

**O**N BEHALF OF THE Vancouver Island Health Authority, I extend a heartfelt "thank you" to *Boulevard* magazine for dedicating this special edition to the Victoria Hospitals Foundation.

It is inspiring to read about the brilliant people who are committed to providing the highest quality of care and delivering the best outcomes for our patients.

The Victoria Hospitals Foundation and its donors are important partners in our success. Their support allows us to focus on excellence, quality and safety for the more than 10,000 patients we serve at the Patient Care Centre each year.

The Patient Care Centre at the Royal Jubilee Hospital is one of the most significant developments in healthcare in the history

of our region. Through its *Building Care Together* campaign, the Foundation has, so far, raised \$13.4 million to help ensure our medical teams at the Patient Care Centre have the right tools to do their finest work.

We are honoured to have a dedicated group of volunteers on the Campaign Cabinet fundraising to ensure this facility realizes its full potential.

We hope you enjoy reading this special edition produced by *Boulevard* magazine. By shining the spotlight on our staff, the Patient Care Centre and the incredible work of the Victoria Hospitals Foundation, *Boulevard* has made a significant contribution to the Foundation's *Building Care Together* campaign.

Thank you so very much.



**Dr. Brendan Carr,**  
Acting President and CEO,  
Vancouver Island Health Authority



# TABLE OF CONTENTS

- 2 About *Building Care Together*
- 2 Letter from VIHA's acting CEO
- 3 World Class Site
- 4 Irresistible Workplace
- 5 Leading Technology
- 6 PCC Hospital Room Illustration
- 8 PCC Hallway Illustration
- 10 Caring For The Elderly
- 11 Renal Care
- 12 Matching Gift Challenge
- 14 All Nations Healing Room
- 14 Disaster Response
- 15 Environmental Features
- 16 Cancer Care
- 17 Cardiac Care
- 18 PCC Academics
- 19 Infection Control
- 20 Mental Health Integration
- 21 Donor Stories
- 23 Thank You From Campaign Co-Chairs

**ON THE COVER :** Patient Ann Gibson and nurse Veronica Grey

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# Kudos abound for award-winning tower

**A** HOSPITAL ADMISSION, whether planned or sudden, is always a time of stress and anxiety for patients and their families. Truth be told, no one really wants to be there, if they had any real choice about the matter.

But when it comes to stays in the award-winning Royal Jubilee Hospital Patient Care Centre — the big eight-storey tower, called the PCC, that can be seen for miles — the comments from patients and families are more like hotel reviews on Trip Advisor than for a hospital stay. “The view was lovely.” “The room was beautiful.” “I really enjoyed the sitting area by fireplaces.” “It was so quiet.”

Comments like these delight Robyne Maxwell, Director, Care Delivery Model Redesign, who was part of the project clinical design team in the building of the \$350 million, 500-bed tower.

“Everything we set out to do was to create a warm, comforting, reassuring space, to take away the old institutional feel of a hospital,” said Maxwell.

The PCC has been built to embrace three central pillars in its design: be an irresistible workplace, be elder-friendly and adhere to Pacific Green environmental standards.

Opened in March 2011, the site has been garnering rave reviews, as well as international awards. A panel of 20 judges for the Public Private Finance Awards in London England selected it as “Best International Project” in 2010. The US-based Center for Health Design hailed it for its “exquisite

execution of a patient-centred environment” and awarded it a record 103 of 105 points for design that positively impacts patient care.

In the two years since the Royal Jubilee Hospital Patient Care Centre opened, a number of national and international visitors have come from as far away as the Netherlands and China to take notes on the various design features.

“The quality of design and equipment in a hospital has the ability to significantly impact the quality of care delivered to our patients,” said Dr. Brendan Carr, Acting CEO of the Vancouver Island Health Authority. “What we have here in Victoria at the Patient Care Centre is an outstanding example of how leading-edge design and equipment are revolutionizing the healthcare experience for patients and medical teams. This is an exciting time in healthcare for our community.”

This 24-page, special publication, donated by *Boulevard* magazine to the Victoria Hospitals Foundation, celebrates the Royal Jubilee Hospital Patient Care Centre. Inside these pages are numerous stories that detail the 102 special design features that make this extraordinary building truly a hospital of the 21st century, where some 500 people are treated each day.

Read on to find out more about these pivotal design characteristics, why they matter, and what they mean to you and your loved ones should you ever need a hospital stay at the Royal Jubilee site. ♦



PHOTO BY MELANIE SEAL-JONES

## IRRESISTIBLE WORKPLACE



IMAGE CREDIT: GARY MCKINSTRY

FROM LEFT TO RIGHT: Dr. Imad Nadra chats with medical resident Dr. Dave Harrison

# Irresistible hospital proves if you build it, they will come

**D**R. IMAD NADRA'S MEDICAL credentials are such that the 40-year-old interventional cardiologist could have established a thriving career at any number of leading hospitals around the world.

He holds both a PhD in vascular immunology and an MD specialty in cardiology, with research interests in the role of inflammation in cardiovascular disease. He specializes in the field called “percutaneous coronary intervention (PCI)” and is an expert in the delicate procedure of diagnosing and treating cardiac problems by accessing the heart via the arteries of the arm.

Nadra, who has worked in some of the most prestigious heart hospitals in the UK, was awarded the British Heart Foundation Clinical Research Fellowship and a Boston Scientific International Fellowship in 2010, when he chose to come to Victoria to gain further expertise in PCI. When the fellowship ended he was offered good career opportunities in the UK and abroad.

But when the time came this past year to decide where he would finally put down permanent roots, and where he and his wife would raise their two young daughters, he chose Victoria.

## PCC NOT THE ONLY DRAW — BUT IT HELPS

Of course, the new Patient Care Centre was not the sole reason Nadra chose to settle here, “but I am sure it helped,” said Dr. Eric Fretz, one of Vancouver Island Health Authority’s (VIHA) interventional cardiologists.

Nadra agrees: “It was the whole package, the terrific team I’d work with, the research possibilities, the quality of care provided to patients — which is number 1 for me — and the attractive working environment. All of it.”

Highly skilled doctors, nurses, medical technicians and other allied health professionals are in huge demand around the world. According to the World Health Organization, a current global shortage exists for 4.3 million trained healthcare personnel.

One way to address that shortage is to train more people — a goal being taken up worldwide, including in BC and Canada. But another way is for healthcare organizations to do all they can to attract and retain the best talent available.

## STAFF CONSIDERED FROM START

For VIHA, creating an “irresistible hospital” — a highly irresistible workplace — was one of three key pillars of the PCC design from the start. (The other two

pillars are an elder-friendly hospital, and an environmentally green facility.)

“Even before the blueprint stage we knew we wanted to incorporate design elements and features that would make this one of the best working environments for hospitals in Canada, if not the world,” said Dr. Lynn Stevenson, Executive Vice President, People and Organizational Development and Chief Nurse. “And after all the planning the result is incredible. We truly have a state-of-the-art facility that is being viewed as a model nationally and internationally.”

During construction, a dedicated project

“*One of the best working environments for hospitals in Canada*”

team consisting of frontline doctors, nurses, and other health professionals consulted extensively with all of the RJH staff on how to design a hospital that helped medical teams do the best job possible, and helped improve patient outcomes. That project team then worked alongside architects to incorporate staff ideas into the building, says Robyne Maxwell, Director of Care Delivery Model Redesign. As well, staff photos of British Columbia landscapes, garnered via a competition, were used to adorn the hallways as way-finding markers, a personal touch that enhances staff and patients’ feeling of connectedness to the building.

Now the PCC is home to some 5,000 staff, of which about 1,500 are working on site at any one time. The natural light, fresh air, infection control safety features, efficiency, quiet and calm are almost as much for their



benefit as for the patients’.

Other features for staff include ergonomic design of work stations, space for meetings and collaboration, lockers for personal items, and staff rooms on each floor with computers and small kitchens. There is a ground floor fitness facility with treadmills, bikes, elliptical trainers, weights, and mats, and with TVs to watch while working out. Gardens provide a pleasant place for a coffee break or quick lunch, or just a space for quiet reflection given the high-stress nature of their work. Top-quality food is available from a variety of vendors in the main floor Atrium.

### HUNDREDS HIRED

Since the PCC opened in March 2011, according to VIHA human resources, hundreds of staff from all fields have been hired, including specialist physicians, nurses, managers, IT staff, lab technicians and more.

Dr. Nadra has been so busy working since arriving here, he hasn’t had time to use the fitness room yet — but he hopes to someday. And he does enjoy the gardens around the PCC regularly, often talking with medical residents on the benches while having a coffee. “It is a lovely spot.”

At the patient bedside he likes how he can turn the computer screen and show the patient and the family the patient’s angiogram results “right there.” Most importantly for him, though, is how the entire RJH campus now — from the emergency department, to the Diagnostic and Treatment Centre, to the new Patient Care Centre — integrates high quality patient care, supports collaboration, and emphasizes teamwork. “It is a holistic, multi-disciplinary approach that really benefits the patient and is great to be a part of. I hadn’t experienced this in the UK.” ♦



IMAGE CREDIT: MELANIE SEAL-JONES

## LEADING TECHNOLOGY

# Wired for the future:

*New technology integrated into PCC’s design and operation*

**W**HEN PATIENTS ENTER their rooms in the Patient Care Centre, they’ll likely first notice the fresh air, sunlight and privacy. But a whole network of advanced technology supports their recovery.

Built to integrate IT into everyday processes and anticipate future IT needs, the PCC exemplifies what technology can do for patient care. No one is more excited about this than Dr. Steve Holland, a Gastroenterologist who is a physician lead in integrating IT at the PCC. Dr. Holland said, “The power of IT is phenomenal to increase efficiency and safety and break down barriers in healthcare.”

Here are just a few IT advances that are being put to work in the PCC:

### → HANDS-FREE COMMUNICATIONS

Think “Beam me up Scotty.” The hands-free Vocera voice communication system lets staff talk to each other, and to patients, with a simple voice command. Clipped to a uniform or on a lanyard around the neck, the small device is not only linked into alert systems like “Code Blue,” it also takes messages and locates wearers anywhere in the building. No

more overhead paging means a quieter, more healing environment.

### → EHR: ONE PATIENT, ONE RECORD

“One patient, one record” is the ultimate VIHA-wide goal. The PCC has computers with fully-electronic health records (EHR) at every bedside. These integrate into the nursing stations, doctors’ records, lab, pharmacy and other services.

### → BEDSIDE VITAL SIGNS

Blood pressure, heart rate, temperature, respiration rates and oxygen saturation: in the PCC, vital signs are automatically monitored at the patient’s bedside and uploaded to the medical record, reducing the need for paper charting. More critically, the monitors send alarms to a caregiver’s Vocera — no matter where they are in the hospital — should vital signs signal a need for intervention.

### → BARCODE TECHNOLOGY

A barcode on the patient wristband can be scanned and linked to a barcode on patient medication. This closed-loop medication delivery system reduces medication errors by ensuring the right dose for the right patient at the right time.

### → GPS TAGS ON EQUIPMENT

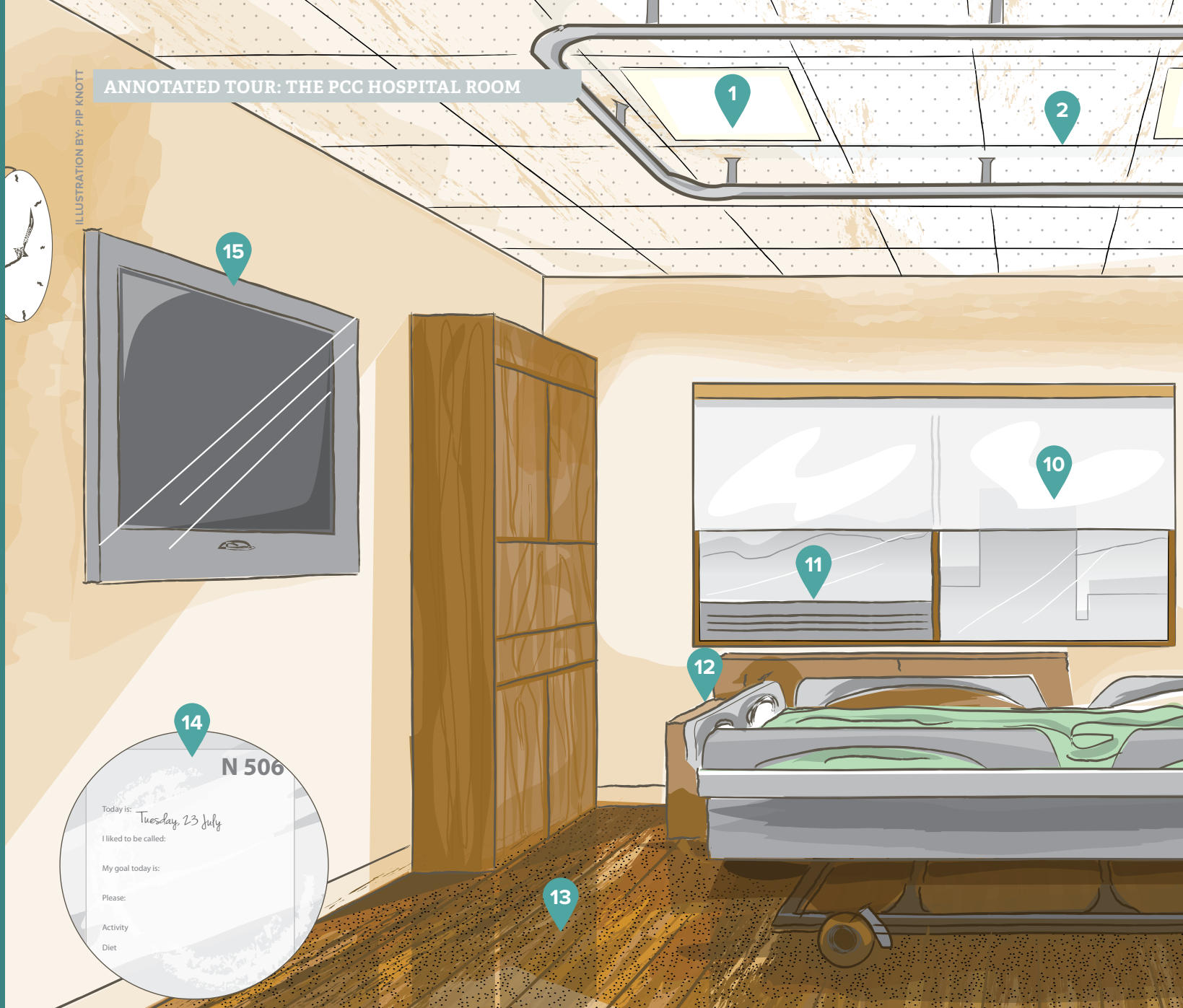
Keeping track of valuable hospital inventory — particularly specialized medical equipment in an eight-storey building — is now done with GPS tags. The system easily identifies where a particular piece of equipment is located, and whether it is in use or available, and when it was last cleaned and sanitized. ♦



IMAGE CREDIT: BILL BLAIR

ILLUSTRATION BY: PIP KNOTT

## ANNOTATED TOUR: THE PCC HOSPITAL ROOM



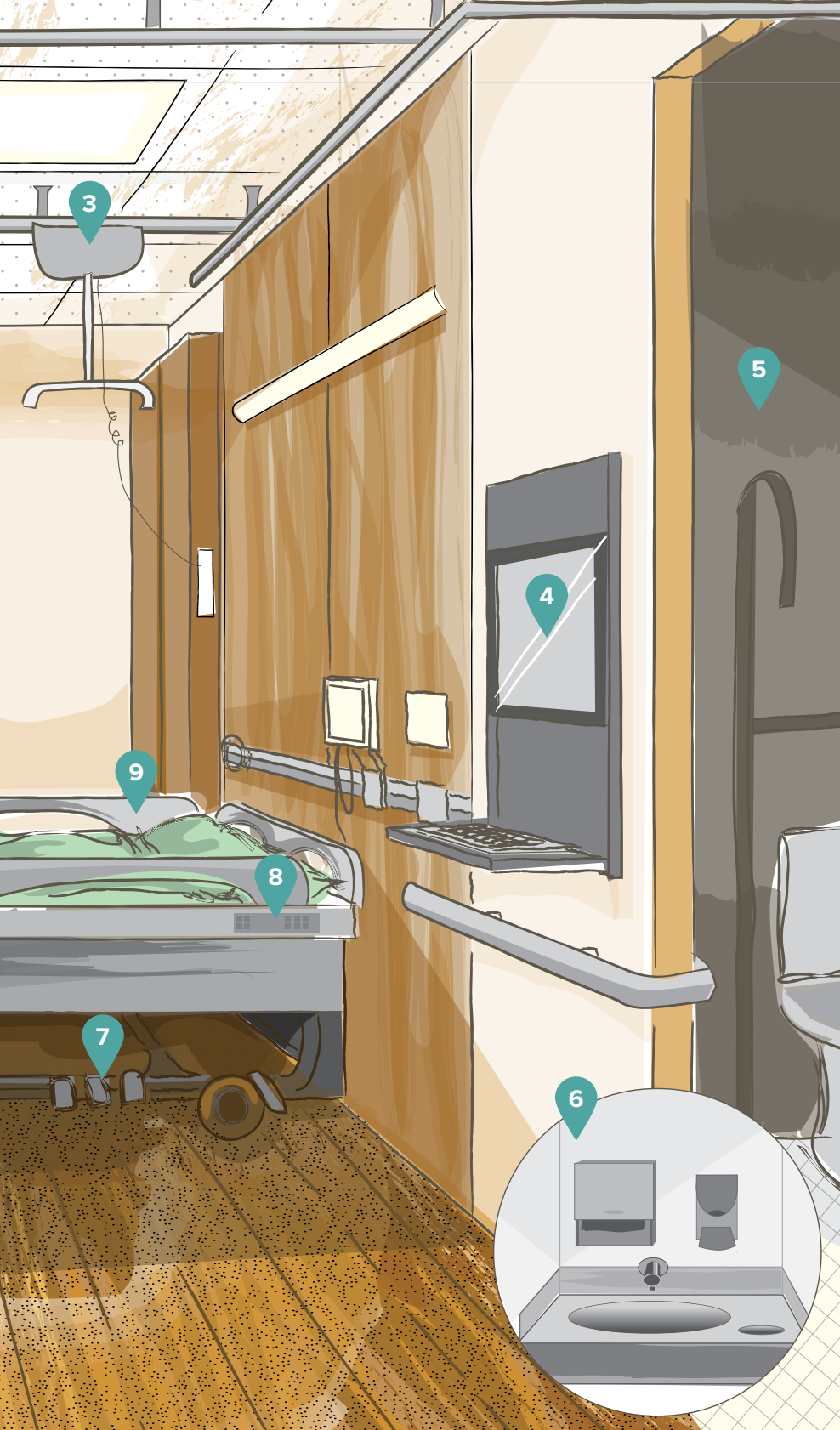
# Rooms with a healing view

*Smart design, patient comfort, and technology combine for optimal care*

## *Welcome to the 21st century hospital room*

**LEADING-EDGE RESEARCH PLUS** extensive staff consultation went into the design of the 500 patient rooms in the Patient Care Centre. Clean, quiet and efficient, the identical rooms make patients and their families feel cared for and comfortable while creating an optimal working environment for staff. Here are some of the design features found in each room:





**1 BRIGHT IDEA** Room lighting includes bright exam lights to illuminate bedside procedures as well as gentle light for reading or repose. Night lights are also specialized with amber light to make the transition easier for patients who need to get up in the night.

**2 SILENCE IS GOLDEN** Top-level, sound-absorbing ceiling tiles make for a much quieter hospital stay — and promote faster healing and shorter admissions.

**3 YOU LIFT ME UP** The first facility in the world to have adjustable ceiling lifts in every patient room to support patient movement and prevent falls, plus reduce staff injuries — and they cover the entire room and bathroom, too.

**4 BEDSIDE COMPUTERS** Computers beside the bed provide access to medical records while also recording vital signs and updating new information, enabling viewing at the bedside, down the hall or across the city in doctors' offices.

**5 SPIFFY PRIVY** Designed for optimal sanitization, private showers and toilets in every room reduce infection spread and speed recovery.

**6 1400 SINKS** Every room has its own sink, right at the entrance and within eyesight of the patient, ensuring hand-washing compliance and minimizing the transmission of infections.

**7 HANDS FREE** Foot pedals allow nursing staff to raise and lower the bed for various care needs.

**8 SMART BEDS** Lights, window blinds, the TV, a nurse intercom, and more can be operated from the bed by the patient.

**9 GPS-ENABLED** GPS labels on all equipment monitor location, maintenance records and sterile status.

**10 WINDOW ON THE WORLD** Each room's large window enables natural light as well as, for many, pleasant city or mountain

vistas. And the blinds can be controlled from the patient's bed.

**11 A BREATH OF FRESH AIR** Every room has a window vent that opens to the outside, circulating fresh air. Air is never recycled and always fresh from the outside using a special ventilation system.

**12 RELAX AND SPEND THE NIGHT A** streamlined couch converts easily to a single bed so a family member can sleep beside a loved one who is ill.

**13 DOUBLE UP** Should a disaster strike, every room has the capacity to double its occupancy.

**14 TODAY IS TUESDAY** A prominent whiteboard in every room notes date, staff names, special instructions and other key information, minimizing patient confusion.

**15 LESSONS PIPED IN** Room TVs can stream educational videos, like wound care or rehab tips.

# Healthy hallways

*Design promotes comfort, safety and efficiency*

**NO DETAIL WAS SPARED** in creating hospital corridors on all eight floors that promote patient and family comfort, a healthy environment, and staff safety and efficiency. Exceptional thought was put into the 102 unique design features in the PCC, many of which occur in the hallways. Here are some of the design features found in each corridor:

**1 OFFSET CEILING LIGHTS** Ceiling lights are off to the side so that patients are not subjected to flashing bright lights when they travel by stretcher down the hallway.

**2 SHHH...** Top quality, noise-absorbing ceiling tiles promote a quiet, restful atmosphere.

**3 CODE BLUE LIGHTING** If a code blue is sounded, blue lighting along the ceiling lead staff directly to the patient's door, saving time.

**4 MORE SINKS** Not only does every room have a sink, but the hallways do, too, boosting hand-washing compliance and reducing infection transmission.

**5 SYSTEMATIC SUPPLIES** Each floor has identically designed, centrally located supply rooms, with every item stored exactly the same — saving time when stocking and finding needed items.

**6 DESIGNATED ELEVATORS** Food, patients, visitors, soiled linens and

equipment never meet, as each has its own elevator system. Separating the flow greatly reduces risks of infection transmission.

**7 NON-STERILE HOLDING AREA** Garbage, used equipment and other unsterile items have their own designated holding areas behind doors, and their own elevator system.

**8 STORAGE BAYS** Carts, wheelchairs and other equipment no longer clutter up

the hall since they can be tucked into dedicated recessed bays.

**9 INVITING SEATING AREAS** A fireplace, leather chairs and TV provide a welcoming feel to the entrance of each ward, while a sunroom with stunning views provides another comfy place for sitting at the other end of every hall.

**10 NEGATIVE PRESSURE CAPABILITY** In case of a pandemic infection, like SARS, rooms, hallways and even whole floors



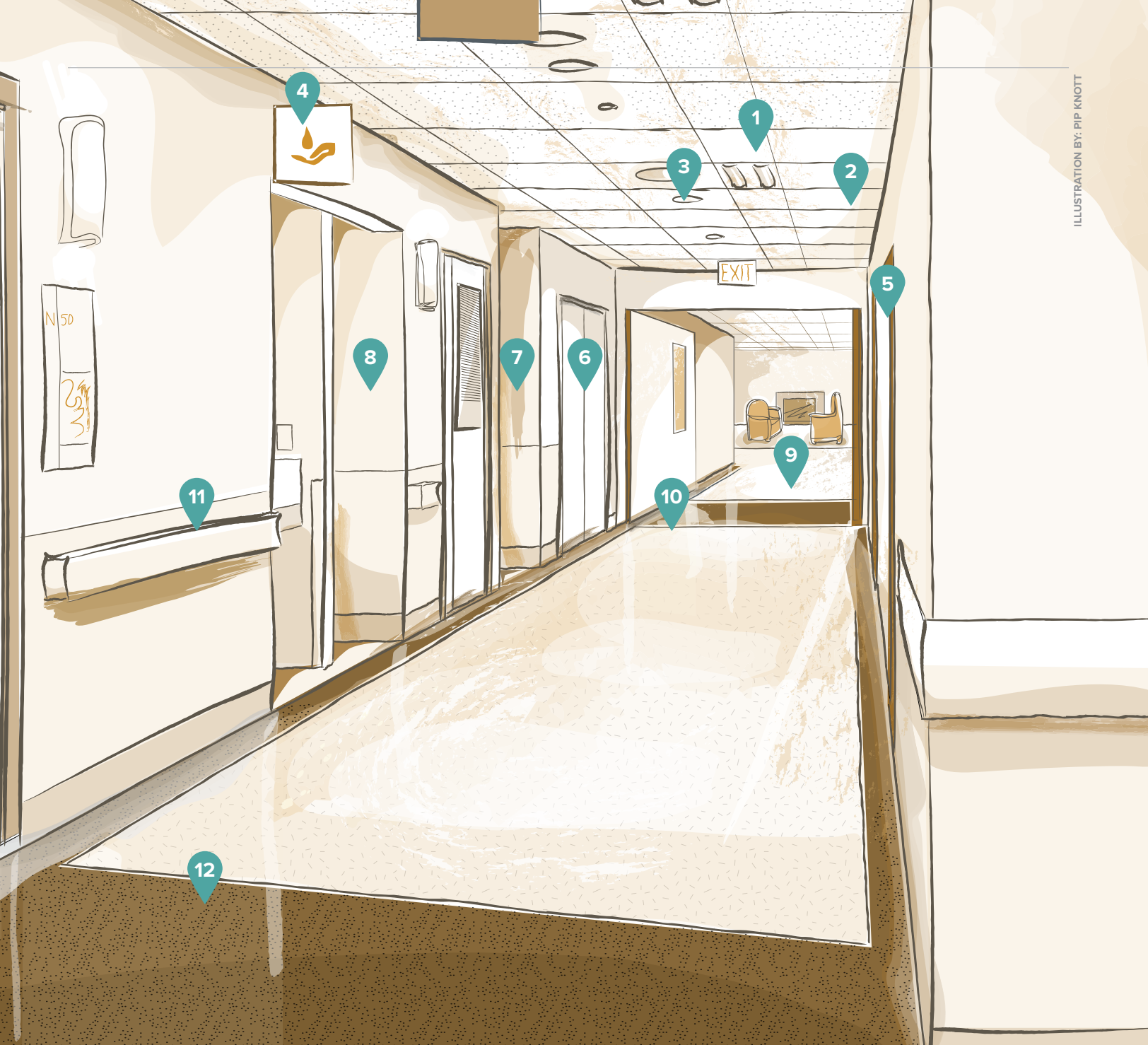


ILLUSTRATION BY: PIP KNOTT

can be turned into negative pressure zones to prevent any transmission of infection by air.

**11 HANDY HANDRAILS** All halls are lined with easy to clean and accessible handrails to help patients get up and moving.

**12 HELPFUL FLOORING** Dark brown coloured patterning on the floor is a proven inhibitor to wandering for patients with dementia, who will not cross over them.

**13 DOUBLE DOORS** Each patient room has two doors, enabling a wide opening for gurneys or a narrow one for night-time monitoring.

**14 WINDOW IN THE PATIENT ROOM'S DOOR** Blinds, encased between two pieces of glass in the door to the patient room, reduce the chance of infection and can be closed for more privacy. Left open, patients can be monitored without being disturbed.

IMAGE CREDIT: GARY MCKINSTRY

## CARING FOR THE ELDERLY

# A simple hospital visit is rarely simple for many seniors

WITH THOSE OVER AGE 75 ACCOUNTING FOR ONE-THIRD OF ALL PCC ADMISSIONS AND 50% OF ALL OVERNIGHT STAYS, ACCOMMODATING ELDERLY PATIENTS' NEEDS IS CRUCIAL

← Norma Sheridan and Occupational Therapy Student, Paula Bellagio share a laugh in the PCC atrium.

**L**AST THANKSGIVING ANNE Ravdin was cooking a large turkey, using a disposable aluminum roasting pan, something she has done umpteen times before. But as the 78-year-old Victoria resident was taking the bird out of the oven, the pan crumpled, spilling hot turkey grease down her front, and burning her left foot. She thought the burn would heal on its own, but a few weeks later her doctor took one look and said “You need plastic surgery.” She ended up having a skin graft and spending more than two weeks in the new Patient Care Centre.

As a former cancer patient, and as a diabetic since 1989, with circulation and nerve problems, as well as vision loss, “I have a lot of medical issues,” said Ravdin. Her complex health situation is similar to that of many seniors who enter the hospital, explains Geriatrician Dr. Marilyn Bater. While younger people may have day surgery or a single disease to deal with, older adults have a lot of “medical baggage,” a range of conditions that may or may not be related to the acute problem — such as a burns, falls, or heart attack — that brought them to the hospital in the first place.

Patients over the age of 75 now account for one third of all admissions and half of all overnight stays in the PCC. Since the number of seniors in the region is expected to quadruple by 2050, the Patient Care Centre was designed specifically to accommodate its elder citizens, and is the first acute care elder-friendly hospital in the world.

From the built environment to the best

practices encouraged for care staff, a range of features help the facility be as elder friendly as possible.

Some innovations are evident from the moment a person enters the ward and is settled into a quiet, cozy, private room. The comfy Smart Beds monitor whether a patient is in bed, and have connections for blood pressure and heart rate monitors. A ceiling-track lift protects against falls and helps patients with mobility issues get from the bed to the private bathroom, which has enough space for two caregivers to help out with showering and hygiene. And speaking of hygiene, every room has a sink where anyone going in or out must wash their hands, preventing issues like infection with *C.difficile* that can be so devastating to elderly patients.

After her surgery, Ravdin was first admitted to the old RJH 2 West site, then moved last November during her stay when 2 West was decommissioned. “We were part of a special parade as they moved us all over. People were clapping.”

The difference between the old hospital and the new: “was like night and day. I had been in a four-bed ward. It had no privacy and no room to move. Then I had my own room and bathroom. It was wonderful.”

Norma Sheridan, 86, was in the PCC last fall too, after suffering a heart attack that she thought at first was just bad flu. Like Ravdin, she has complex health issues — chronic obstructive pulmonary disease that required extra oxygen and a thyroid problem that requires daily medication. She, too, had been

previously in the old hospital, which she called “chaotic.” She loved the quietness and pleasure of having a private room in the PCC. An avid reader, she would have liked more time with the hospital’s mobile book trolley.

In each room, a white board keeps track of the person’s name and medication schedule, and includes information for both patient and caregivers.

“Healing comes from getting patients active as quickly as possible,” said Dr. Bater. “Even a few days in bed can lead to a sharp decline in muscle tone.”

Grab bars along walls and in bathrooms help patients get around independently, and night lights let them feel safe, even when it’s dark. Once they’re ready to venture further, each floor has comfortable sunrooms and lounges, and even group eating areas, to provide interesting destinations where patients can socialize and begin to heal in a more holistic way. Benches built into the walls offer places to rest along the journey. And different colours of flooring designate pathways, helping patients keep on track and deterring those with memory loss from straying outside the ward.

While most evidence for the PCC’s success is still anecdotal, it’s overwhelmingly positive. Dr. Bater points to the incidence of delirium — confusion caused by physical disruption, which can extend the length of a hospital stay — as one measure. “In the old building, rates of delirium on the vascular ward were as high as 60 per cent. But after the move? The delirium rate is down to 25 per cent,” she said. ♦



## ELDER-FRIENDLY DESIGN FEATURES

- Bathroom doors that slide rather than swing.
- Levered door handles that don't require gripping or twisting.
- Window blinds, thermostats and lights operated from the bed, or from sitting or standing positions.
- Toilets placed so assistance can be offered from either side.
- Shower stalls with wheelchair access.
- Handrails in all bathrooms, bedrooms, inpatient hallways, lobbies and outside spaces.
- Strategically placed lighting to avoid glare on signs, counters or floors.
- Coloured floor patterning that inhibits wandering by patients with dementia.
- Safe places to walk to — family lounges, kitchenettes to make a snack or cup of tea, sitting areas with fireplaces, gardens.
- Seating placed throughout hallways, elevator lobbies, and by all intersections.
- A quiet hospital, with sound absorbing ceiling tiles and no overhead paging.

## RENAL CARE

# Room for dialysis:

*If the patient is too sick, dialysis comes to them*

*“Patients with chronic renal failure have complex health needs”*

**S**INCE HIS KIDNEYS FAILED just over a year ago, 73-year-old retired electrician Frank Bailey has been hospitalized seven times for pneumonia caused by his compromised immune system. When this happens, Bailey stays on the fourth floor of the PCC under the care of seven skilled nephrologists and a team of experienced Registered Nurses and Licensed Practical Nurses.

“Patients with chronic renal failure have complex health needs,” said Joanne Dolynuk, the Patient Care Manager for the floor. If hospitalized for any reason — from heart attacks, to falls, to complications from transplants — patients with renal failure need careful monitoring of their medications and fluid levels. And regardless of what else is happening with their health, they must continue with their dialysis.

Like approximately 135 other Victoria-area patients, Bailey relies on dialysis to clear his body of the toxins his kidneys can no longer handle. Some manage this at home. Others, like Bailey, need more complex hemodialysis. For three or four hours, every three days, Bailey's blood is filtered through a special machine. Either way, the procedure must happen routinely — even when a patient is hospitalized for other reasons.

Jodi Jantzen, Manager of the Renal Services Unit, said many hospitalized dialysis patients travel from their rooms in the PCC to

the Diagnostic and Treatment Centre for their dialysis. But if they aren't well enough to move around, Jantzen's nurses bring the dialysis machines right to their bedsides.

This task is easier now, said Jantzen, because the new rooms are big enough to accommodate both the dialysis machine and the reverse osmosis water purifying machine that supplies it. Special drains built right into the walls handle waste fluids in an efficient and sanitary way.

From his perspective, Bailey said he

enjoys the facility's bright, sunny atmosphere and spacious rooms. “They're more like hotel rooms than hospital wards.”

He also enjoys the activities and exercise room, and likes that when he's well enough to get moving, he can venture to the Atrium restaurants, the garden, and the chapel.

Bailey says the new facility seems to make the nursing staff happier, too, which leads to a better experience for patients. “They're not just skilled with the medical end of things, they're more like family than nurses,” he added. ♦

Frank Bailey gets ready for his dialysis



IMAGE CREDIT: GARY MCKINSTRY



IMAGE CREDIT: ALI BLYTHE

# Building Care Together

*We're so close ... and you can make the difference*

## The Community Matching Gift Challenge

**N**OW IS THE TIME TO JOIN with your community and be a part of something extraordinary.

In the midst of our \$25 million *Building Care Together* campaign to equip the Patient Care Centre, Jim Pattison has stepped forward with an outstanding commitment to the health of our community, and one that launches the Community Matching Gift Challenge.

Every new donation will now have double the impact in our hospitals. If we can raise \$5 million from compassionate people like you, Jim Pattison will match your generosity, dollar for dollar, and \$5 million will become \$10 million.

“The Royal Jubilee Hospital is a vital and important part of the healthcare system for the whole of Vancouver Island. The Jim Pattison Foundation would like to commit to the Vancouver Island community that we will match your gifts to the *Building Care Together* campaign dollar for dollar up to a total of \$5 million. We look forward to a successful campaign that will allow the Royal Jubilee Hospital to make a significant difference to the healthcare needs of our children, parents, friends and neighbours.”

- Jimmy Pattison  
Jim Pattison Foundation

→ VISIT [WWW.BUILDINGCARE.CA](http://WWW.BUILDINGCARE.CA)



## Equipping our hospitals for today and the future

**W**HEN WE IMAGINE THE KIND of hospital we want in our community, it is likely one with highly-trained staff working with advanced equipment in a healing environment. This, at its heart, is the Patient Care Centre: a hospital where medical teams have the right tools and environment to do their finest work.

As of today, *Building Care Together* has raised \$13.4 million through generous pledges by more than 2,500 donors. With more than \$9 million already disbursed to the Patient Care Centre, we are beginning to see the impact on patient care for the more than 10,000 patients who visit every year.

But we still need your help to equip every area of care:

- ➔ Adult and Seniors Mental Health
- ➔ Heart Health
- ➔ Cardiology Clinical Teaching Unit

- ➔ General Medicine
- ➔ Kidney Care
- ➔ Bone Health
- ➔ Rehabilitation
- ➔ General Surgery
- ➔ Burns and Complex Wound Care
- ➔ Oncology Care
- ➔ Lung Health

Lance Abercrombie, Board Chair, Victoria Hospitals Foundation said that “it is wonderful to see the Patient Care Centre receive recognition and support from leaders like Mr. Pattison. We invite you to become part of *Building Care Together*, a proud group of donors that is transforming the health and vitality of our community. If you haven’t already, join us today and double the impact of your donation.”

To date the *Building Care Together* campaign has raised \$13.4M. The Community Matching Gift Challenge gives us the opportunity to add \$10M to this total.

## Legacy Donor: Jim Pattison

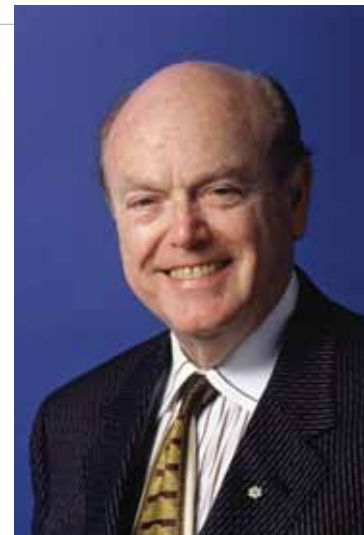
**J**IM PATTISON is one of BC’s most respected business leaders and innovative philanthropists. An officer of the Order of Canada and a member of the Order of British Columbia, he is well known to many in BC for his leadership roles in the province.

Pattison’s story of success started in 1961 when he purchased his first Pontiac Buick dealership in Vancouver. Over the next decades, he would expand into radio and television broadcasting, advertising, magazine distribution, entertainment and grocery stores.

Pattison would ultimately grow this one dealership into the Jim Pattison Group, the

second largest private company in Canada. With 35,000 employees, it is no wonder Pattison cares about the health of the communities where his businesses operate.

Jim Pattison formed the Jim Pattison Foundation with a major focus on funding hospitals, because, in his words, they help everyone. Today, with this Matching Gift Challenge, Jim Pattison joins a community effort that will touch the lives of patients right across Vancouver Island and across BC. In this way, the advancement of his business will enable the advancement of healthcare in our community.



## ALL NATIONS HEALING ROOM

## A space for cultural rituals

*“We recognize that culture is an important part of anyone’s healing experience”*

**E**ARLIER THIS YEAR, JUST A week or so before her father died, Mia Hunt came from Vancouver with an abalone shell, sweet grass, sage, cedar bark, and an eagle feather.

Her 80-year-old father, noted Métis artist Frank Lewis, was in the Patient Care Centre, partially paralysed from a stroke and dying of cancer.

Hunt, who is a teacher in Native Cultural Studies in Vancouver, came to do a smudging ceremony in the new All Nations Healing Room, off the PCC main floor Atrium.

Double carved cedar doors, flanked by two tall Coast Salish welcoming figures, open to a quiet, peaceful room, with a view of a blooming outdoor garden. Designed after a traditional long house, with more wall

carvings inside, it is the first room of its kind in a hospital in Canada, a place where a First Nations patient — or a patient of any culture — can do the rituals or ceremonies important to them.

“We recognize that culture is an important part of anyone’s healing experience,” said Ian Knipe, VIHA’s Director of Aboriginal Health. “We wanted to make the place as meaningful and welcoming as possible.”

His Métis culture was important to Lewis, who in September donated a large painting called “Honouring Creation” to the Hospital Foundation’s *Building Care Together* campaign for the All Nations Healing Room. The painting was the last one he painted before illness struck.

“We did the smudging in front of his

painting, which was very meaningful for him,” said Hunt.

Lewis was wheeled down in a reclining wheelchair from his room in the PCC. With family at his side, Hunt lit the sage, cedar and sweet grass in the abalone shell and, walking around Lewis, wafted the smoke over and around him with the eagle feather while they all prayed to the Creator.

“It brought him great peace and calm. He said he was ready to go,” Hunt said.

By creating a safe space for cultural practices, VIHA has begun creating a more welcoming hospital environment. And there has been such positive response, planning is now underway to incorporate such rooms — which are open to all — into every new hospital building in VIHA from now on. ♦

## DISASTER RESPONSE

## Ready to respond

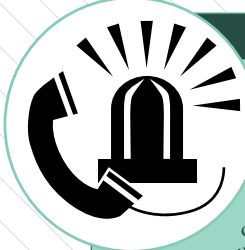
*The Patient Care Centre is poised for action when emergency strikes*



## EARTHQUAKE

Advance planning in an earthquake zone means being prepared for strategic action before and after the event. The PCC building is designed to withstand an earthquake of up to 8 on the Richter Scale, with seismic joints that let the three sections of the PCC building flex independently.

“Single-patient rooms were constructed with double headwalls which allow for additional patients — making a 500-bed facility fit 850,” says Janice Evans, the PCC’s General Manager.



## COMMAND CENTRE

Should an earthquake — or any other widespread emergency — happen, the PCC has been designated the regional emergency command centre. The first person to arrive will find instructions on how to set up the room — with white boards, computers, radio phones (in case cell

phones don’t work) and more. It’s stocked with supplies, water and emergency command identification vests. “It’s set up to mobilize quickly,” says Evans. A back-up generator provides electricity, while separate water, plumbing and medical gas systems let the hospital operate, even off the grid.

## PANDEMIC OUTBREAK

Negative air pressure keeps germs contained in a room, helping prevent the spread of an airborne illness, like SARS or the new coronavirus now in the Middle East called MERS. During an outbreak, the press of a button can change the air pressure in the isolation rooms, and even each ward can be converted to negative pressure, creating a quarantine zone suited for any situation in just 15 minutes. Wide vehicle access paths — cleverly disguised as garden paths — allow for emergency response vehicles. “We’ve followed the very best practices in design and disaster planning,” says Evans.





# A greener hospital, top to bottom

## *Efficient and eco-friendly features at the new Patient Care Centre*

**ENERGY EFFICIENCY IS** built right in to the new Patient Care Centre, which has achieved Leadership in Energy and Environmental Design (LEED) gold certification. Facilities Director Dean Anderson explains that designing for efficiency was an essential part of the building's development process, from top to bottom.

**ROOF:** Green roofs help keep the hospital cooler in summer and warmer in winter. A variety of sedums and other native plants grow on two roofs at the new PCC, reducing the heat load of the building by providing an extra layer of insulation that naturally cools the roof through evaporation. This means less energy is spent on air conditioning. In areas without plants, a white solar reflective coating helps deflect sunlight, which also helps keep the buildings cooler. And the roof lasts longer — an expected 20-year material lifespan will keep materials out of the landfill that much longer.

**WATER:** The green roofs also filter rainwater, which is collected and funnelled into the cisterns that supply water for both the landscaping and the ponds in the gardens. If the cisterns

fill up, the clean overflow runs into Bowker Creek. Anderson estimates the hospital collects — and therefore saves — about 200 to 300 cubic metres of water each year, or about the volume of the Oak Bay Rec swimming pool. Low-velocity generators, powered by wind turbines, power the irrigation system. “The pumps are completely off the grid,” says Anderson. And inside, a heat recovery system gathers warmth from the exhaust system, and transfers that to pre-heat water coming into the building.

**LIGHT:** Natural lighting, like the sunshine through the windows in patient rooms, saves energy, but too much sunlight can be too much of a good thing. Extended sunshades over the windows that receive direct sun help reduce the heat load in those rooms, which helps the heating and cooling system operate more efficiently.

**AUTOMATICALLY BETTER:** Why heat or light a room that nobody's using? Occupancy sensors turn off the lights and heat when people leave the room. “That technology has been included wherever we can,” says Anderson. “It's simple technology.” Hands-free taps, with a sensor powered by a tiny turbine water wheel inside the tap itself, help save water at each of the building's hand washing stations.

**BREATHE EASIER:** Fresh air helps healing, while clean air helps stop the spread of germs. The ventilation system at the PCC refreshes the entire building's air supply every 10 minutes. This kind of system uses a lot of energy, but Anderson says the PCC's system uses 30 to 40 per cent less than a standard one. And it filters the air throughout: “It's the same quality as in the operating room.” And low-VOC paint and finishes throughout help keep the indoor air quality high.

**CLEAN SWEEPS:** Instead of volatile or toxic cleaning products, the PCC uses microfibre cloths for cleaning. These colour-coded cloths (pink for patient room furniture, blue for vertical surfaces, and so on) remove bacteria and are less damaging to surfaces. And seamless, non-porous Corian countertops mean less places for germs to hide in the first place.

**EFFICIENT WORKPLACE:** Because every floor is exactly the same, staff energy is saved, too. By not having to find their way around when they move between floors, staff can spend more time caring for patients, which results in efficiency at every level. ♦

## CANCER CARE

# Airy 8<sup>th</sup> floor brings peace, privacy and protection

*“He described for me the most beautiful sunrise. It was a special moment,” she recalls. “The view gave him great comfort and peace.”*

**E**LIZABETH WESTLAKE WILL never forget the phone call she received early one morning a year ago. Her husband, Tony, was calling from his room on the eighth floor of the PCC, where he was being treated for complications to his end-stage lung cancer.

“He described for me the most beautiful sunrise. It was a special moment,” she recalled. “The view gave him great comfort and peace.”

Although he died a few months later, the week he spent in the PCC last June was a form of refuge for the couple in a difficult time.

“It was such a terrible period, but I have nothing but good things to say about the building. The room was fabulous — so spacious and private,” she said.

Most of all, she remembers the quiet and calm. “That is not something one usually associates with hospitals, it’s usually so noisy, with intercoms and things beeping so that you can hardly sleep. But it was actually peaceful to be there.”

One night when Tony was having a rough time with hallucinations, the staff encouraged her to sleep in his room, converting the special window seat into a pull-out, single bed so she could sleep beside him. “That settled and comforted

him. Something like that is just so important to patients and families.”

## SOME CANCER COMPLICATIONS NEED HOSPITALIZATION

Each year some 5,000 Vancouver Island residents are diagnosed with cancer. Fortunately the majority are able to stay in their homes while being treated as out patients through the BC Cancer Agency, said oncologist Dr. Helen Anderson, a Professional Practice Leader at the agency. But 10 to 15 per cent of patients experience complications during treatment that require hospital admissions, such as infections, blood disorders, swelling, pain, and more.

“These people can become very sick and they need to be in hospital where doctors can better address the issue, such as with IV antibiotics, or get their symptoms under control,” said Dr. Anderson. “The previous cancer ward at the RJH site was “old, cramped, crowded and unpleasant and despite top-notch medical care, the environment only contributed to the distress that the patient and family were going through.”

Now the new PCC has been designed “with the patient and family in mind,” said Dr. Anderson, and “the difference is like night and day.”

Cancer patients are admitted to the eighth floor — the top floor — and every room has a stunning view. Fresh air, light, privacy and quiet all contribute to healing and the resolution of issues. “Patients actually feel less distress because the environment is so calming — and that has a tremendous impact on staff. They feel better, too.”

## IMMUNE SYSTEMS VULNERABLE

People undergoing cancer treatment, with their suppressed immune systems and often high levels of antibiotics, are very susceptible to acquiring hospital-based infections. In the past, said Anderson, a *Clostridium difficile* (C-difficile) infection in one patient in a four-person room, for example, might cause the shut down of the whole ward and the moving of all the patients as a precautionary measure.

“It was so hard on everyone,” said Dr. Anderson. “Because of the improved infection control measures in this hospital that is not happening anymore.”

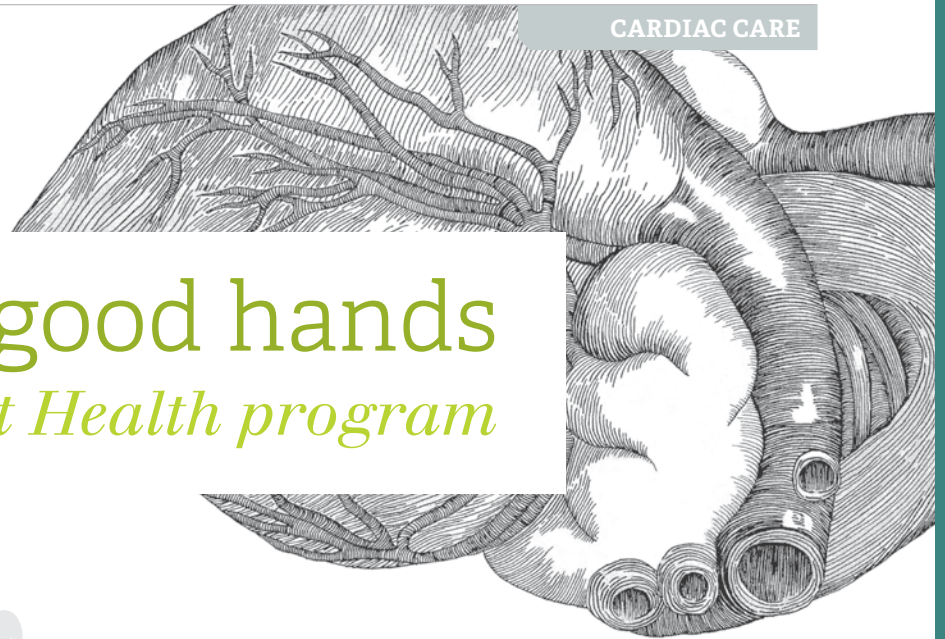
Indeed, with the private rooms, any infection that might put others at risk can easily be contained, confirms Kelly MacDonald, Infection Control Practitioner at Vancouver Island Health Authority.

“We no longer need to move cancer patients for infection concerns. And that means they can get on with the business of healing,” said MacDonald. ♦



# Hearts are in good hands

## *at VIHA's Heart Health program*



*“A fresh new look for patients is like a fresh new start for them.”*

**L**ARRY KOTYK KNEW for more than 10 years that one day he would have to undergo open heart surgery. The Trail, BC, ironworker was just 48 when doctors first heard a heart murmur and told him that his mitral valve was leaking. It was inevitable, he was told, that one day he would need to have a procedure that would open up his sternum, stop his heart, re-route his blood flow on a heart-lung machine, and repair or replace the malfunctioning valve.

“It wasn’t something I dreaded, exactly, I just got on with life, but it was always in the background,” said Kotyk, 60. “I was being followed constantly.”

In the summer of 2011, when his annual echocardiogram and stress test showed the beginning of enlargement of his heart and shortness of breath on exertion, Kotyk was told by his Kelowna specialist: “You need to have the operation now.”

But where? Kotyk assumed, like many, that Vancouver was the only option for someone outside the Lower Mainland, but he learned that Victoria is a province-wide referral centre with a leading, comprehensive Heart Health Program.

“VIHA has a national

reputation for excellence in cardiac care. The physicians and staff are proud of what they do, and they do it very well,” said Dr. Catherine Hodgins, Director of Heart Health and Adult Intensive Care for all of VIHA. Hodgins was at one time the Director of Heart Health at the London Health Services Centre in Ontario and came to VIHA two years ago, from Edmonton just after the PCC opened. “I was very happy when the position came up.”

### **NATIONAL REPUTATION; THOUSANDS TREATED**

In 2012, 760 open-heart surgeries, 3200 cardiac catheterizations (such as angiograms and angioplasty) and 700 electrophysiology procedures (treatments to correct electrical problems of the heart) were all conducted out of the RJH site. In all cases, patients flow through the PCC, staying as little as a day and an average five days, particularly post open-heart surgery.

“Having open-heart surgery represents for most patients a fresh new start in life, and the PCC now represents that fresh new start with its fresh new look,” said Mary Ann Metcalfe, a Clinical Nurse Educator in

the Heart Health program, who has been in heart health 20 plus years.

More than 200 people work in the Heart Health program including nurses, perfusionists, cardiac technicians and technologists, sonographers, physiotherapists, social workers, occupational therapists and more. As well, four cardiac surgeons, 16 cardiologists and six internists are part of the Heart Health program.

### **NEW BUILDING ENHANCES STRONG PROGRAM**

While VIHA’s Heart Health program was known nationally for its high quality before the opening of the PCC, the new building’s design and functionality has enabled a number of enhancements.

“To me, the big thing is that the technology and design has enabled nurses to return to the bedside — where they want to be. Everything is there that they need, so they don’t need to go running down the hall,” said Metcalfe.

Colleague Cathy Whitehead, the Clinical Nurse Leader for the 3rd floor cardiac care ward, agrees: “We can do our oxygen saturations, our blood pressures

and temperatures and it gets entered right there and then at the bedside. It is huge for nurse satisfaction and patient care.”

Larry Kotyk couldn’t be happier with his experience. He had his surgery in August 2011, about four months after the PCC opened.

“It was unbelievable on all levels. I just couldn’t get over how great it was. The doctors, the nursing staff, the physiotherapists, even the cleaning staff — everyone was fantastic. They all seemed really happy. And my room was beautiful. It was like nothing I had been expecting.”

Kotyk has returned to good health. Newly retired from his 40-year career at the Trail smelter, he is looking forward to a summer of golf, boating, walking the family dog, and perhaps even taking a trip down to Victoria — not for any health concerns but to visit family.

In fact, proving the new PCC is acting as a magnet that attracts staff who are happy and want to stay, his daughter recently got a job with VIHA as a Diet Technician: “She works in the PCC, walking through all the wards getting patients’ diet reports. She is on the cardiac ward in her rounds every day and she is just loving it,” he said. ♦

# Room to learn: research and medical education built into the PCC design

**I**T IS 12 NOON ON A FRIDAY. IN four locations around BC — including the new state-of-the-art lecture theatre in the Patient Care Centre — doctors, medical students, biostatisticians, and health researchers have gathered to take part in an interactive presentation by a noted California researcher.

Dr. Richard Lewis, of the David Geffen School of Medicine at UCLA, is being broadcast live from St. Paul's Hospital in Vancouver to more than 50 academics and researchers around the province. The title is a mouthful: *"The Motivation, Promise and Success of Bayesian Adaptive Trial Design."* Its details would be lost on all but a sophisticated medical academic audience.

But the mere presence of such an event at the PCC — and other such academic talks that now happen regularly at the site — positively impacts the quality of healthcare received by all people on Vancouver Island, says Dr. Con Rusnak, Executive Medical Director, Academics and Clinical Engagement for VIHA.

## QUALITY CARE, AND MORE DOCS, TOO

"The ability to support medical education and research is what keeps healthcare current, it helps attract and retain leading medical staff, and it connects us to the wider world," said Dr. Con Rusnak, whose job is to help integrate medical academics into VIHA's clinical sites. Statistics repeatedly show that supporting medical education and research

creates higher quality care. It helps reduce doctor shortages, too. The majority of doctors eventually end up practising in the region where they were trained.

In the past, said Rusnak, no dedicated space for teaching existed in the old RJH wards. Interns and residents had difficulty clustering around the cramped bedsides, nor could they easily or privately discuss cases in the crowded, dark halls. Traditionally, the majority of undergraduate and postgraduate medical education all took place in Vancouver at the University of BC (UBC) and its associated teaching hospitals, so therefore none of the existing hospitals in Victoria had been built with teaching needs in mind.

Since 2005, however, the Island Medical Program (IMP) at the University of Victoria (UVic) has been accepting 32 UBC undergraduate medical students each year and training them here. Now a total of about 128 medical students, from all four years, are learning in and around VIHA hospital sites. As of June of this year some 160 new doctors will have graduated from the program.

## COLLABORATION MADE EASY

"A striking quality of the new PCC is how beautifully it has integrated teaching space into the design," said Dr. Oscar Casiro, head of the Division of Medical Sciences at UVic

and the Regional Associate Dean, Vancouver Island, of UBC's Faculty of Medicine.

The 60-seat ramped theatre on the main floor is one such space. It not only holds regular guest speakers, like Lewis, either in person or piped in from Vancouver, but also regular "medical rounds" where difficult or complex cases are discussed among staff.

Across the hall from the theatre is another large meeting space with multiple interactive screens enabling simultaneous interactive hook-up to UBC in Vancouver. Other meeting rooms with videoconferencing capabilities abound, including meeting rooms on each floor.

In addition, every unit in the PCC has a common area behind glass doors, called the Collaboration Centre, situated by the main unit nursing station. Here nursing staff, medical staff, allied health professionals, medical residents and interns can all mix and mingle, discuss cases, check medical records on computers or look

up medical information.

"This space right on the ward makes a huge difference," said Casiro. "The staff and students don't have to leave the unit to talk about a patient's care. It can happen right there, night or day. The learning and interactions are constant as well as efficient and dynamic. I have never seen anything so functional for promoting learning and collaborative patient care." ♦

*"The ability to support medical education and research is what keeps healthcare current"*

## International heart attack research underway

LAST YEAR, Dr. Graham Nichol, a Professor of Medicine at the University of Washington, in Seattle, came to Victoria to deliver a speech about leading-edge heart treatment now under study — the use of rapid cooling of the blood and cardiac vessels to the heart during heart attacks.

As the National Co-Principal Investigator of the *Velocity Study of Ultrafast Hypothermia in ST-elevation Myocardial Infarction*, Nichol is leading a multi-centre trial to see if the technique leads to reduced muscle damage

and better patient outcomes. Dr. Nichol gave his lecture in the new lecture theatre and had a tour of the PCC. “It’s a beautiful physical plant. It makes it very conducive to discussion and collaboration,” Nichol said.

After his visit, Nichol invited the Victoria cardiology team, supported by the Victoria Heart Institute Foundation, to be one of only two Canadian sites — Toronto being the other — to join his 13-site North American study of the rapid cooling technique.

“It was a real coup for Victoria. These sorts

of studies almost always go to Vancouver,” said Dr. Eric Fretz, an interventional cardiologist and local principal investigator for the so-called VELOCITY study. Fretz said while VIHA cardiologists have been using “cooling protocols” for about five years, the trial will expand the range of use.

“We invited Victoria to participate because they are known to provide very good care and they are known to work well as a team, and now they have an environment that supports high quality research,” said Nichol. ♦

### INFECTION CONTROL

# Infection protection

## Halting the spread of hospital-acquired infections

**K**ELLY MACDONALD IS ONE of six designated Infection Control Practitioners working at the Royal Jubilee Hospital campus whose job is to do everything possible to reduce the risk that any patient or staff picks up a hospital-acquired infection.

And these days, because of the PCC, she is loving her job.

“We are doing a better a job of protecting patients and that is a core value for me. And we are helping staff more effectively, too. I feel we can do it — we can significantly reduce the impact of hospital-acquired infections,” said MacDonald.

In fact, statistical results from VIHA’s Infection Prevention and Control program shows that the PCC is already achieving notable results.

“We now have some of the lowest infection rates in

Canada,” said Dr. Pamela Kibsey, Medical Director of Infection Prevention and Control for VIHA. “And we know that because of the PCC design features and our staff care plans for handling infections that we can and will bring rates even lower.”

This is something to truly celebrate, because hospital-acquired infections are among the most serious and costly patient safety issues now facing Canada’s health-care system. Since 1995, their incidence has increased 10-fold across the country and is estimated to now cost the system \$1 billion annually. Now each year in Canada an estimated 222,000 Canadians — or about 10

per cent of all hospital admissions — pick up an infection while in hospital. About 8,000 of those patients die, almost 3,000 more a year than deaths from breast cancer.

### PRIVATE ROOMS; SEPARATE STORAGE FOR SOILED ITEMS

The PCC has numerous design elements to reduce or contain infection spread: 1,400 hand washing sinks; hundreds of strategically placed hand sanitizing dispensers; non-porous surfaces and bacteria-repelling paints; private rooms and private, easily cleaned bathrooms; separate storage and elevators for soiled or potentially contaminated items.

“It is not just the building, it is the whole culture now in place,” explained Kibsey.

For example,

if a patient has an infection, gowning up for staff is now easy since every patient room has

the supplies right at the door. All patient admissions are screened for multi-resistant organisms and any outbreak can be much more easily contained and isolated without disrupting patient care. In addition, hand washing rates are audited.

Already these design features and processes are having an impact on the transmission of two of the most common and concerning organisms:

*Clostridium difficile* is a virulent bacteria that causes severe diarrhea, which is particularly lethal to the elderly. The PCC rate of *C. difficile* infection for 2012 was 4.0 cases per 10,000 inpatient days, compared

to the average of 6.25 cases for the rest of Canada. The latest monthly figures for the PCC have it as low as 3.6 cases per 10,000 inpatient days. “It is coming down each month,” said Kibsey.

**MRSA** (methicillin resistant staphylococcus aureus) is an antibiotic-resistant bacteria that is easily transmissible from silent or symptomatic carriers or contaminated surfaces and can infect any location in the body. It is estimated that MRSA infections alone cost the Canadian healthcare system up to \$59 million annually. But the PCC rate of MRSA is now 2.4 cases per 10,000 inpatient days, compared to the average of 5.54 cases for the rest of Canada.

### WHOLE WARDS CAN BECOME NEGATIVE PRESSURE ZONES

As well, should an outbreak of an airborne infection occur, like SARS or the new coronavirus in the Middle East called MERS, the PCC has been designed with the capability of not only creating four negative pressure rooms on each floor, but also converting entire wards into negative pressure zones. This can help protect patients and staff from the threat of the spread of a pandemic virus.

These design features are making for happy staff and safer patients.

“Everyone is feeling very positive and energized. We are building a really great infection control team. And the design of the PCC just makes it so much easier to do the job right,” said Valerie Wood, Director, Infection Prevention and Control. ♦

*The PCC rate of C.difficile infection is now significantly lower than the rest of Canada.*



## MENTAL HEALTH

# Wellness in mind and spirit:

## *Mental health integration allows healing with dignity*

A SAFE, WARM, NATURALLY LIT AND QUIET SPACE, WHERE FRESH AIR ENTERS FROM WINDOWS THAT OPEN ONTO A GARDEN — THIS IS THE PATIENT CARE CENTRE'S NEW MENTAL HEALTH FACILITY.

**W**ITH PRIVATE ROOMS, more casual lounges, and even computers for patients to use, the new integrated adult mental health ward is a great improvement from the previous facilities at Eric Martin Pavilion. While that building is still in good condition and is used for meetings and day patients, the new PCC facility provides a dignified and welcoming space for patients living with depression, severe anxiety, eating disorders, schizophrenia or other mental illnesses. And the fact that the mental health facility is integrated into the main hospital — but with its own entrances and areas — acknowledges that while mental illness benefits from privacy, it need not be separated from other care, which in the past reinforced stigma.

“It’s so much more of a therapeutic environment,” said Dr. Richard Crow, Executive Medical Director, Mental Health, Family and Public Health Services. “It’s a state-of-the-art facility and having these services integrated with all other hospital services means if patients need treatment for physical ailments they can be quickly and

efficiently treated.”

The facility’s natural light and soothing colours help create a sense of comfort and safety, said Crow, and patients feel calmer.

“Anecdotally, the staff are seeing less agitation, and quicker de-escalation. Having a private room to go to is ideal for patients facing troublesome symptoms, and can result in less need for the staff to take extreme measures like sedation or strict seclusion. Plus, there’s more dignity for each patient, with a more normalized environment, common eating areas and a less hospital-like atmosphere.”

### FRESH AIR

An outdoor garden space is available for all hospital patients, plus a separate additional garden that provides privacy and quiet specifically for patients in the mental health area. This outdoor courtyard is accessed from the mental health area only, to provide a tranquil spot to get some fresh air. As well, the doors open onto the corridors of the mental health unit, which lets a breath of fresh air into every patient’s treatment.

### HOLISTIC WELLNESS

Mental wellness is enhanced by physical activity and creativity, so the new mental health unit has been designed to allow patients to increase these aspects of their treatment. A dedicated fitness area within the mental health unit allows patients to get regular exercise, which has been demonstrated to improve mental well-being. And a wall of artwork created by patients in art therapy groups demonstrates that creativity helps recovery, too.

### LOW-STRESS ENVIRONMENT

By removing the feeling of an institutionalized space, which many people find stressful, the new mental health unit helps create a low-stress environment for recovery and treatment. It’s also a quieter environment with fewer overhead announcements, made at a lower volume. This helps keep the distractions in the unit to a minimum. “Together it all makes a significant difference,” said Dr. Crow. ♦



IMAGE CREDIT: ALI BLYTHE

# Donor stories → Donor gifts help equip the Patient Care Centre



IMAGE CREDIT: MEDIA ONE

↑ From left to right: Russ, Geoff, and Bruce Courtnall.

## → HOW A GRIEVING FAMILY TURNED LOSS INTO GENEROSITY

**T**HE COURTNALL family name has been associated with the Royal Jubilee Hospital since 2003, when the family started the Courtnall Celebrity Classic golf tournament as a way to raise funds to build the Archie Courtnall Centre, our community's psychiatric emergency services centre. It was named in tribute to the father of brothers Russ, Geoff and Bruce.

"We lost our father to suicide back when we were quite young," said Bruce Courtnall, explaining that the family now makes a concerted effort to support mental health services in Victoria. "We're dedicated to creating awareness and speaking out about what we went through as kids." Bruce Courtnall is now

on the Campaign Cabinet for *Building Care Together*.

Over the years, the Courtnall family has donated almost \$1.5 million to support the Archie Courtnall Centre. With the opening of the Patient Care Centre, they continued their commitment by raising money for the new hospital's Mental Health Unit.

Clearly, the Courtnalls' story has touched hearts. "We've had a lot of support from the community," says Courtnall. In 2011, the third star-studded Celebrity Classic raised \$1.15 million for the *Building Care Together* campaign to help fund programs and equipment at the Patient Care Centre's Mental Health Unit, which provides a next step for those

patients transitioning from the emergency services area.

Courtnall says the spacious patient rooms, new meeting rooms, and outdoor areas as features make the facility "second to none." And, he adds, "It's inviting and warm ... it gives people a chance to heal faster."

Courtnall encourages everyone to address mental health concerns. "There are lots of great professionals who are ready to help," he says. "People should get help, not keep it inside."

When people seek help, they'll access support from professionals, the community, and the Courtnalls, too.

"It feels great to be helping as many people as we can," said Courtnall. ♦

## → WHERE TOM SIEMENS LEADS, OTHER FINANCIAL INSTITUTIONS FOLLOW

**A**FTER 12 YEARS IN VICTORIA, Tom Siemens has become deeply involved in key areas of city life. He sits on the boards of Pacific Opera and Camosun College and is on the Campaign Cabinet for the Victoria Hospitals Foundation's \$25 million *Building Care Together* Campaign.

"I choose to be involved in the community in three areas — arts, education and health," says Siemens, who is Vice President, Commercial Financial Services, for the Royal Bank of Canada on Vancouver Island. "Culture helps support community wellness and

vibrancy, education creates actualized citizens, and healthcare steps in when we are ill."

For Siemens, joining the Campaign Cabinet to raise funds for the *Building Care Together* campaign was a natural choice. The Royal Bank of Canada has pledged \$350,000 to the campaign and Siemens has been leading the drive to bring all of Victoria's financial institutions together for a total community gift of \$1 million.

"My personal goal is to have every financial institution in the city giving, and we are almost there," he said.

Siemens says he has toured the PCC so

many times that he "could give the official tour," but adds it never fails to impress him. "The attention to detail is astonishing. Everything has been thought of for the patient, the family and the staff .... But we need to equip this place so that it can reach its full potential. We need to keep going."

Supporting quality healthcare through his volunteer work with the Victoria Hospitals Foundation resonates with Siemens. "Many of us are sandwiched between aging parents and raising kids, and it makes you very aware of the need for strong and thriving health services in our community." ♦



## → THRIFTY FOODS GIVING BACK

**S**INCE OPENING ITS DOORS 35 years ago Thrifty Foods has been giving back to the community, improving the lives of people across Vancouver Island. When it came time to help support the Victoria Hospitals Foundation's *Building Care Together* campaign to equip the new Patient Care Centre with leading healthcare technology, donating to the cause was a natural fit.

"Helping to equip this incredible hospital is important to us because excellent healthcare is critical to everyone's lives," said Vivian Chenard, Thrifty Foods Manager of Community Relations. "It means healthy

communities and healthy families. The Hospitals Foundation has been part of our giving program, right from the beginning, and the work this campaign is doing is significant."

While Vivian is grateful that so far she and her loved ones have not required a stay in the Patient Care Centre, she has toured the building.

"It is so beautiful; I just can't believe all the thought and care that went into it to make it feel not institutional. The colours are so warm. The whole place is so calming. You don't even feel like you are in a hospital at all."

To help fund *Building Care Together* and

equip the Patient Care Centre with the latest healthcare technology Thrifty Foods launched a fundraising campaign in 2012, donating \$1 from every bag of Buck Brand navel oranges to the new hospital and raising \$31,000.

"If the money is raised here, it stays here. That is our policy," said Chenard.

And Chenard encourages other companies to follow Thrifty Foods' example: "Government simply can't provide all the necessary funding. Equipment is expensive, technology is constantly changing. New procedures keep coming. It is our hospital to own and take care of." ♦

→ Strong supporter of VHF, Barbara Meek

## → LEADING-EDGE EQUIPMENT IMPORTANT TO DONOR BARBARA MEEK

**A**S A RETIRED NURSE AND former patient in the new Patient Care Centre Barbara Meek can clearly see how the new hospital is changing healthcare delivery for medical teams and the patients they serve.

"The contrast between old and new is quite amazing and I really appreciate the new building both as a patient and a professional," says Meek. "It is very pleasing to see the state-of-the-art technology and innovation, the bright and comfortable setting for the patient, the ease of communication between patient and staff, and the convenient and step-saving measures for the healthcare team."

Meek has had four joint replacements at the Jubilee Hospital in recent years and for the last one was a patient in the newly opened Patient Care Centre. "I was really excited by the differences and especially impressed with the magical Smart Beds!

As a former health professional Meek knows the importance of leading-edge equipment in a hospital, and is a strong supporter of the Hospitals Foundation, including the *Building Care Together*

campaign for the purchase of the Smart Beds.

She added "How can you not feel optimistic about the future of healthcare? Because of developments such as in eye surgeries, joint replacements, heart procedures and kidney transplants, to name a few, we are living so much better. Our healthcare system is doing much, much more

than imagined in the early days. I feel strongly that it is up to us, the public, to provide support where we can if we want to receive the benefit of these advances."

At 83 Meek is in good health and still "jumps coasts" each year for an annual visit to Prince Edward Island (and is able to climb the 72 steps up and down to the beach!). ♦



IMAGE CREDIT: GARY MCKINSTRY





## ➔ GIVING IS A FAMILY TRADITION FOR HUDSON MACK

**MOST PEOPLE IN VICTORIA**

recognize Hudson Mack from his role as News Director and nightly anchor at CTV Vancouver Island News. But Mack believes it's a job that comes with a duty: to support the community he reports on every day.

"My father and brother, who were also broadcasters, instilled in me that when you are in the public eye, it is a privilege that has been loaned to you and you should use that

position to give back," said Mack. "For me it's the people here that make Vancouver Island such a special place to live. They are generous and really care about how our communities grow and develop. Contributing to that growth, by supporting important community causes, is very rewarding."

Since the 1980s the Victoria Hospitals Foundation is one of Mack's charities of choice, and as a local media group CTV has helped support the *Building Care Together* campaign. Media spots provide continuous public awareness on the campaign and the new Patient Care Centre to help people

understand the importance of the new hospital and the equipment that needs funding.

"The work the Foundation does is critical to continually improving patient care in our community," said Mack. "We should never take our healthcare system for granted. We need to make sure the right services and equipment are there for everybody, every time."

"My mother was a RN," said Mack. "She worked long hours and I know she would have loved to have the chance to work in a hospital like the Patient Care Centre." ♦

## THANK YOU FROM THE CAMPAIGN CO-CHAIRS

IMAGE CREDIT: GARY MCKINSTRY

# Building Care Together

**ON BEHALF OF MYSELF AND** the Honorable Ted Hughes, I wish to say how proud we are to be Co-Chairs of the *Building Care Together* campaign, alongside a dedicated Campaign Cabinet of 12 outstanding community leaders. From the beginning, the Victoria Hospitals Foundation has succeeded because of the generosity of our community. Your support led to the success of our two previous capital campaigns, both of which exceeded their goals. Your highly valued support of the *Building Care Together* campaign will be another important investment in the future of healthcare in our community.

Together, we are improving the lives of so many people who require hospital care. As you can read in this magazine, the Patient

Care Centre is already having a positive impact on patient care here in Victoria and across Canada. Representatives from hospitals across the country and around the world are touring our new hospital, and we are sharing our innovative care delivery model and best practices.

We hope you are inspired by the stories that share the first-hand experiences of our caregivers and the patients they serve. Day after day our medical teams work tirelessly to ensure patients receive the best care possible. Donors to the *Building Care Together* campaign can take pride in their contributions, knowing they are supporting the utmost in care for all patients in this magnificent hospital.

This is the most significant campaign ever undertaken to improve healthcare on

Vancouver Island. To complete equipment funding for the new hospital we have launched a *Community Matching Gift Challenge*, which you can learn about on page 12 of this magazine. Banding together as a community will allow our new hospital to reach its full potential.

We envision that we will reach our objective and transform the way care is delivered at the Royal Jubilee Hospital site, now and in the future.

Let's work together to build a legacy of better healthcare for our community and generations to come.

*Leslee Farrell*

**Leslee Farrell**  
Co-Chair,  
*Building Care Together* campaign



IMAGE CREDIT: BILL BLAIR



*giving makes  
us all better*

BUILDING  
**CARE**  
TOGETHER



VICTORIA HOSPITALS  
FOUNDATION



IMAGE CREDIT: GARY MCKINSTRY