

Partners in Care

Supporting health care together



Providence Health Care
**Patient And Family
Partner Newsletter**

March 2025, Volume 4, Issue 1

Email pfcc@providencehealth.bc.ca to submit story ideas, comments or questions.

Patient and Family Partners in Person and Family Centred Education

Person and Family Centred Care (PFCC) education is a key element in helping Providence Health Care (PHC) staff better understand PFCC practices and put them in to action. The PFCC team offers a range of educational opportunities throughout the year, including the PFCC Interdisciplinary Workshop and orientation sessions for different disciplines, such as new point of care staff, clinical mentors, and relational security officers.

Patient and Family Partners play a vital role in designing and facilitating these education sessions. With Patient and Family Partners' co-designing, the education content is enriched with practical examples of PFCC practices and bring out what truly matters to patients and families. During these sessions, patient and family partners share their perspectives as patients or family members, highlighting both positive experiences and areas for improvement, while providing examples of best practices and learning opportunities. This enables health care professionals to learn from our patient and family partners and reflect on these experiences.

Here are some reflections from the patient and family partner involved:

"It's a tremendous privilege to welcome and encourage new staff and mentors. It means a great deal to thank all types of staff who have contributed immensely to the quality of my care."

– **Carol Anderson, Patient Partner**



The Independence Model: Runner-Up for Health Quality BC's 2025 Quality Awards

The Independence Model – or TIM – has been named a Runner-Up for Health Quality BC's 2025 Award in the category of Returning to Health & Wellness. This recognition highlights the significant contributions that TIM has made in improving health care quality in the province.

Anyone who's been admitted to a hospital knows the drill: long hours lying in bed, day after day. It sounds like an obvious necessity when you're ill, but there's a hidden cost to this seemingly passive recovery. Research shows that patients in acute care spend about 83% of their time lying down—much of it completely still. While rest is important, this lack of functional stimulation and mobility has serious consequences. It leads to a rapid decline in muscle strength, cognitive function, and even the ability to perform basic tasks like dressing, eating, and using the bathroom. For patients, this decline can extend the hospital stay and slow recovery, making the road to wellness even longer.

This pressing issue has led to the development of TIM, a groundbreaking approach to patient care that has recently been published in the Dove Press Journal of Multidisciplinary Healthcare.

The Independence Model (TIM): A Holistic Approach to Healing

TIM launched in 2021 in the medicine unit at SPH, pairing rehab assistants (RAs) with patients who are at risk of functional decline. The RAs support the patients to perform a range of activities from oral care and positioning, to mobility and socialization, and even work on cognition – all to help them maintain their independence.

Evaluations of the model using surveys and patient health records showed consistently positive outcomes. Not only did TIM improve patient outcomes, but it also lightened the workload for staff, helping to address the chronic shortage of rehabilitation professionals in hospitals. As a result, TIM has become a shining example of how to integrate functional recovery into acute care settings in a way that benefits everyone involved.

Encouraged by the positive results, PHC is now working on expanding the model across multiple healthcare settings. Early versions of TIM are already being implemented in other hospitals and care centers, with the hope that it will become a blueprint for patient-centered care across the region and beyond.

Engaging with patient and family partners to develop TIM

Patient and family partners were involved in the design of the initial TIM model, validating the patient journey and validating interventions to address gaps in functional care. "Working with patient and family partners was a really positive experience. It's always surprising to see how we, as healthcare providers, easily miss the patient's perspective and the things that really matter to them and their families. Having this perspective and voice definitely strengthened the TIM model, and made it easier to highlight specific patient needs that otherwise might have been overlooked" says Eduardo Naranjo, Practice Consultant for Allied Health Practice.

[Read more about the project here.](#)



Some of the authors of the TIM paper, left to right: Sandra Squire (creator of the model), Desh Pillay (creator of the model), and Eddie Naranjo.

Canada's First "Tooth-In-Eye" Surgeries Aim to Restore BC Patients' Sight

Brent Chapman, a 33-year-old Vancouver-area resident. At just age 13, he took ibuprofen during a basketball game and had a horrific reaction that blinded him fully. He and his family have spent countless hours and dollars over the years trying everything to get him to see again. He has had nine surgeries in the US, has undergone surgery using stem-cell tissue from his parents' eyes, and had 12 corneal transplants.

Nothing has worked.

"That's why this tooth-in-eye surgery is the last resort", he says.

Brent and two other blind patients from BC and a team of surgeons and health-care providers will make Canadian medical history at Mount Saint Joseph Hospital (MSJ) in Vancouver: they'll undergo a surgery that uses one of their own teeth, outfitted with a plastic lens, then sewn over their eyeball, to restore their sight. They will be the first patients in Canada to receive the surgery.

Surgery is for patients with severe corneal blindness

Colloquially known as "tooth-in-eye" surgery, the medical name is Osteo-Odonto Keratoprosthesis (OOKP). The procedure is suited to certain patients whose severe corneal blindness is caused by scarring, conditions like autoimmune diseases or chemical burns and other traumas. In these situations, traditional corneal transplants don't work. However, for patients whose retina and optic nerves are still healthy, OOKP surgery can restore full sight by implanting an optical lens or "telescope" within a tooth to replace the scarred eye surface. (The cornea is the clear tissue part covering the eyeball.)

There are two stages to it.

The first surgery, about six hours long, begins with the extraction of a tooth from the patient (typically the canine, or "eye" tooth). It is then shaped and the lens, or telescope, is glued inside. The tooth is sewn into the patient's cheek for up to three months, allowing tissue to grow around it before it is used as the carrier for the new lens. Surgeons also remove a flap of skin from inside the cheek and sew it over the patient's eye until the second surgery.

During the second surgery, about three months later (and also lasting some six hours), the tooth is removed from the cheek. MSJ ophthalmologist and surgeon Dr. Greg Moloney will pull back the flap of skin covering the eye and take out the patient's damaged iris and lens. He will then sew the tooth holding the plastic lens onto the eyeball. The tissue that formed around the tooth while implanted in the cheek allows the tooth to be sewn onto the eye.

The flap, which helps the tooth stay in place on the eye, is then resealed over the eye ball. Dr. Moloney will create a small hole in the flap of skin so the patient can see.

OOKP surgery has documented positive results dating back to 1973. To date, about 500 to 1000 patients have received the surgery in clinics in about 10 countries including the United Kingdom, Singapore, India, Australia - and now, Canada.

Dr. Moloney will be joined by Dr. Shannon Webber who flew in from Australia specifically for the trio of Vancouver surgeries.

Full story available on [Daily Scan](#).



Dr. Greg Moloney and Dr. Shannon Webber, and the team perform the first Canadian tooth-in-eye operation.

St. Paul's Hospital parent group celebrates four years of community connection

The virtual St. Paul's Hospital Parenthood Meetup group launched in November 2020 at a time when in-person parenting groups were suspended due to COVID-19 public health restrictions. Four years later, with in-person gathering restrictions lifted, the free weekly meetups are still going strong and have embraced the Zoom platform. It means parents can connect without needing to pack up their babies and travel. It also opens up the sessions to anyone in BC who has a young baby, not just people who gave birth at St. Paul's.

"The type of virtual postpartum support for parents does not exist anywhere else and is a unique service from St. Paul's," says Andrea Firmani, Clinical Nurse Educator with the pregnancy, Birthing and Newborn Centre at St. Paul's, who has spearheaded the group since its inception.

'I feel more confident as a mother'

Karima Dossani gave birth to her son Kadir in September 2023 in Montreal. She's been attending the virtual meetups since Kadir was five months old.

"As a new mother, these sessions were super helpful for me. It was like someone hand-holding and guiding me in every step of this journey of parenthood," Dossani says. "I am blessed that I somehow found out about this through social media and had access to such great information. Andrea is simply amazing. She is knowledgeable and very patient."

The group is facilitated by registered nurses, all of whom are also certified lactation consultants, and guest speakers are often invite. Each week, there is a presentation on a topic suggested by the group followed by a question-and-answer period. The focus is on babies from birth to six months old, but topics have expanded to include babies up to 12 months old.

"I feel more confident as a mother and I know if I'm stuck in any situation I have this platform to discuss with Andrea and other professionals who have come in as guest speakers," says Dossani. "I have recommended these meetups to my friends who are new mothers and I will continue to spread the word."

Connie So delivered both her babies at St. Paul's - a daughter in August 2020 and a son in March 2024. She's been attending the meetups since they launched. "It was during the pandemic so I felt like it was one of the only ways I was able to have some interactions with others," she says. "The parenthood meet-ups also covered a lot of topics related to baby care within the first year and also women's postpartum health. It was nice to be exposed to information like that instead of going on Google."

A baby-friendly hospital

The Parenthood Meetup was introduced largely in response to pandemic isolation, but it was also part of the hospital's three-year journey to become Baby-Friendly as part of the Baby-Friendly Initiative (BFI). St. Paul's was officially designated as a Baby-Friendly hospital in 2023, becoming the second hospital in British Columbia to achieve this accreditation.

For more information about the Parenthood Meetup, visit the Pregnancy, Birthing and Newborn Centres' Instagram account (@bornatsph) or email prenatalclasses@providencehealth.bc.ca





Meet & Greet

Ovey Yeung (She/Her)

Patient Partner

For this edition's Meet and Greet, let's get to know Ovey Yeung, Patient Partner

How long have you been a patient/family partner?

Since 2019 more officially but advocating for patient centred care since 2014 when after I lived at GF Strong!

What is your favourite thing about being a patient/family partner?

Learning about all the other broken parts of the healthcare system through people's stories and experiences. Hearing the impact that improvements make on the quality of people's recovery

Tell us about a project or committee you were involved in as a Patient Family Partner at Providence health Care and how you were involved.

I was a Patient Advisor for "PFCC Interdisciplinary workshop" and I find it fascinating to learn about the healthcare system through a providers' eyes but also to learn about their struggles and to work together to deliver a workshop that encourages integrated collaborative care. It helps me understand why things are the way things are and really drives me to be more involved with patient centred care advocacy for awareness and education!

What has been your greatest learning in the patient/family partner role?

Not only listening and hearing about other patient experiences but learning about providers' experiences and their struggles to provide quality care. This has allowed me to understand why the system is so fragmented and to empathize with those delivering care. It feels that the system is not at all designed to neither support nor sustain patient centred care long term!

If you had to describe yourself in three words, what would they be?

Most people would say, extroverted, energetic and too positive!

What is your go-to comfort food?

Congee with century egg and shredded pork or Taiwanese soup vermicelli noodles.

What book and/or podcast are you currently reading or listening to?

Book - The Bitcoin Standard; Podcast - The AI Daily Brief

Who is your favourite music artist? Lecae and Tori Kelly - I'll find you

What's the most interesting place you've ever traveled to? Dakar, Senegal, Africa

What piece of advice would you give to your younger self?

Good and bad things will happen to everyone. How do you want to remember how you handled it?

What's one thing we'd be surprised to learn about you?

I hitchhiked from San Francisco to Los Angeles when the Greyhound bus broke down!

Subscribe to Ovey's newsletter "[The Patient Voices](#)" where she will be writing about other patient stories soon!

Skunkworks: Hacking Chronic Disease



Dr. Darryl Knight, President, Providence Research and various award-winning teams during the Skunkworks: Hacking Chronic Disease.

12 Days of Giving



Thank you to everyone who participated in our 12 Days of Giving blood drive! In total, our Providence team donated blood, plasma, and platelets 231 times with Canadian Blood Services in 2024, 77 donations coming during the 12 Days of Giving blood drive. Overall, the PHC Team increased contributions by 16% since last year. Your donations this year helped save up to 665 lives!

Reusable Sharps



At the start of 2024, PHC embarked on an exciting initiative to transition to reusable sharps containers, a change designed to make a real difference in different aspects. This shift wasn't just about a new container but about empowering us to deliver care that's safer for patients, staff and the planet.

Pacific Pain Forum 2025

Providence Health Care (PHC) proudly presents the **Pacific Pain Forum 2025** in partnership with PHSA Pain Care BC. The Pacific Pain Forum is “where interdisciplinary health care providers, researchers and people with lived experience will learn about the latest advances in clinical care, research and innovations in pain medicine. This event is a hybrid event, with both in person and virtual option.

Event Details

- **Theme:** New Horizons in Pain Care
- **Date:** Friday, April 4, 2025
- **Location:** UBC Robson Square, Vancouver (in-person and virtual attendance available)
- **Keynotes:**
 - Dr. Nel Weiman opening keynote presentation, **“Eliminating Anti-Indigenous Racism and Increasing the Cultural Safety of the Health System”**
 - Canadian Pain Society President Dr. Hance Clarke closing keynote presentation, **“Treating Pain in Canada: Yesterday, Today and Tomorrow”**

Special Highlights:

- Exciting prize draws, great food, and an opportunity to connect with peers from diverse disciplines!
- Join a wine and hors d’oeuvre reception following the conference!

For Registration and more Information, check out [Pacific Pain Forum](#)

Check Out What is Happening at Providence!



[Person and Family
Centred Care](#)



[Daily Scan](#)



[St. Paul’s Foundation](#)



[Providence Research](#)

If you would like to subscribe to Partners in Care email pfcc@providencehealth.bc.ca or scan the QR code

