

Voice of St. Paul's Foundation

Promise

2026

Building on every breakthrough

The future of health
care at the new
St. Paul's Hospital

Dr. Lik Hang (left) and
Dr. Zachary Laksman in front
of the new hospital at the
Jim Pattison Medical Campus



From left: Karimah Es Sabar, board chair, St. Paul's Foundation, and Sheila Biggers, President and CEO, St. Paul's Foundation.

“That legacy now carries us forward to the new St. Paul's Hospital on the Jim Pattison Medical Campus, where everything we've learned over the past 132 years will define what's next.”

FROM THE TEAM

WHERE HEALING BEGAN – AND WHERE IT'S GOING

FOR MORE THAN A CENTURY, Healing Better at St. Paul's Hospital has meant listening closely, pushing boundaries, and turning bold ideas into change that improves lives. Rooted in clinical excellence, world-class innovation, and a deep belief in the dignity of every person who walks through its doors, this approach has shaped generations of care.

That legacy now carries us forward to the new St. Paul's Hospital on the Jim Pattison Medical Campus, where everything we've learned over the past 132 years will define what's next. In this issue, you'll learn how the new medical campus will expand what's possible while staying grounded in compassion.

You'll hear from Denise, who was once told she had just five years to live after her HIV diagnosis in the 1980s. Her experience reflects the power of compassionate, stigma-free care—and the life-saving impact of decades of leadership in HIV/AIDS research at St. Paul's Hospital.

Innovation is another constant thread. From 3D tissue printing to digital pathology, you'll discover how advanced technology is transforming diagnosis, treatment, and the patient experience.

You'll meet Aryan, whose series of devastating diagnoses as a teenager shows how digestive health specialists working together—and caring for the whole person—can change the course of a young life.

We share how Providence Living is redefining what it means to thrive in a long-term care setting, alongside our broader efforts in seniors' care—from community services to hospital-based programs—that help older adults age with dignity, confidence, and choice.

Thank you for your continued belief in compassionate care—and in the extraordinary people setting new standards for health care, here and around the world. Your support helps sustain this work, today and for generations to come.

KARIMAH ES SABAR
CHAIR, BOARD OF
DIRECTORS, ST.
PAUL'S FOUNDATION

SHEILA BIGGERS
PRESIDENT AND
CEO, ST. PAUL'S
FOUNDATION

On behalf of the St. Paul's Foundation team

Promise

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AT ST. PAUL'S FOUNDATION, thanks to the generous support of our donors, we're helping drive global health care innovation, all while fostering collaborative excellence and compassionate solutions.

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COVER: Photography by
Coconut Creative.



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Dr. Zachary Laksman (left) and heart patient, Tess Gregory, look ahead to bringing life-changing technologies like 3D printing to more patients at the new hospital.



PRINTING A PATH TO ANSWERS

Printing 3D cardiac tissue is helping doctors at St. Paul's Hospital catch silent genetic risks before it's too late.

BY ALYSSA HIROSE

PHOTOGRAPHY BY COCONUT CREATIVE

At just 29 years old, Tess Gregory suffered her first cardiac arrest. Her heart stopped for 23 minutes.

It was only thanks to CPR and quick medical attention that she survived.

"[The cardiac arrest led to] a pretty significant brain injury," Tess shares. She spent months in a local hospital. "I had to learn how to walk, learn how to talk, just regain basic functioning," she says.

At the time, Tess was not referred to a specialist clinic as her cardiac arrest was believed to be an isolated occurrence.

She spent the next two years healing and prioritizing her health, even actively helping others in the community. But during a CPR training course for a nonprofit in Vancouver's Downtown Eastside, her heart stopped again.

Tess was resuscitated and brought by ambulance to St. Paul's Hospital, where she was introduced to Dr. Zachary Laksman, a cardiologist and electrophysiologist, and the director of the Inherited Arrhythmia Clinic (IAC).

It was clear to the team at St. Paul's Hospital that Tess's heart issues were not solely related to her lifestyle.

"After her first cardiac arrest, unfortunately, she wasn't referred to us from the hospital where she was initially treated," Dr. Laksman says. At the IAC, now-31-year-old Tess took several standard genetic tests. When those came up negative, Dr. Laksman took an extra step and launched a research project using Tess's heart cells to build a "disease-in-a-dish" model of her heart. This led to a breakthrough discovery: Tess had a rare genetic heart condition that had caused both of her arrests.

Once her genetic condition was identified, Dr. Laksman and his team were able to put the right treatments in place. Tess first received an implantable cardioverter-defibrillator (ICD)—a device that detects dangerous heart rhythms and delivers life-saving shocks from inside the body.

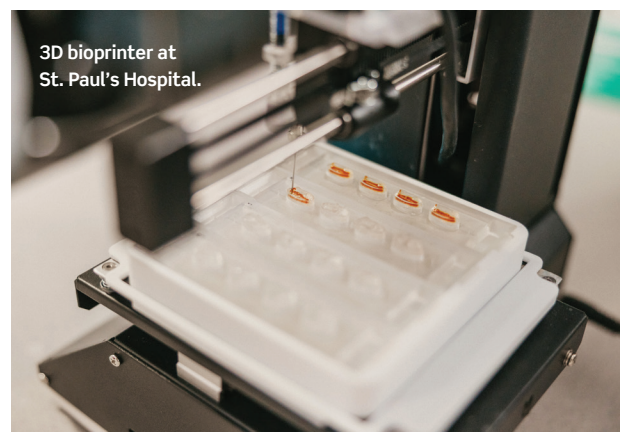
Understanding the mechanism of her condition also opened another door. The team was able to perform an ablation—a procedure that targets the abnormal electrical signals causing irregular heartbeats and stops them at the source.

"Because we understood the mechanism of her inherited disease, we were able to offer and successfully perform a novel type of invasive procedure that we would not normally perform," says Dr. Laksman. The ablation stopped Tess's disease in its tracks after she'd failed conventional therapy and suffered repeated cardiac arrests.

Further family screening determined that her brother and father may have related conditions, and while they haven't experienced any issues yet, knowledge of their condition could very well have saved their lives.

“It's amazing that technology exists that can get patients like me to a point where they can lead full, healthy, whole lives.”

—Tess Gregory





Tess (left) and Dr. Laksman in front of 3D printer.

Growing the next breakthrough

In 2025, Tess became one of the first patients to provide blood samples to be used in the 3D bioprinter at the Centre for Heart Lung Innovation at St. Paul's Hospital. This custom-built device was created by Dr. Laksman, Hattie Luo (PhD candidate in Experimental Medicine at UBC), and Ardin Sacayanan (graduate student in the UBC School of Biomedical Engineering). It's able to print living heart tissue that acts just like human heart tissue—it can squeeze, stretch, and react exactly the way that real tissue does.

This groundbreaking technology is faster, safer, and more economical than current alternatives and may eventually be able to replace early-stage human trials.

For patients like Tess and her family, the 3D bioprinter can support research that provides critical information about their genetic condition.

"Tess had a really wonderful outcome, but there are lots of patients like Tess who could benefit from this type of translational research," says Dr. Laksman. At the new St. Paul's Hospital and Clinical Support and Research Centre on the Jim Pattison Medical Campus, there will be more space, resources,

and opportunities devoted to streamlining groundbreaking and life-saving research.

"As we're moving to the new St. Paul's Hospital, we really want to scale up these types of operations to offer them to more patients," Dr. Laksman says. He and his team are working to increase the complexity of the tissues that they can print, with the end goal of replicating entire organs.

To Tess, the more patients that the St. Paul's cardiac team can see, the better.

"I've heard that our medical system can be challenging for patients," Tess says, "But I have never had that experience with Dr. Laksman or the IAC. I have always felt so well taken care of."

She shares that she experiences no limitations after her procedure: she works an active job, goes to the gym, and does yoga regularly.

"It's amazing that technology exists that can get patients like me to a point where they can lead full, healthy, whole lives," Tess says. ✦



Research like this shapes tomorrow's cardiac care at St. Paul's Hospital. Scan the QR code to support. helpstpauls.com/donatenow

3D PRINTING HEART TISSUE: HOW IT WORKS

1. The cardiac team at St. Paul's Hospital takes blood samples from a patient.
2. The blood cells are chemically reprogrammed into stem cells (in other words, they become "blank slate" cells that can differentiate into any kind of cell).
3. The reprogrammed stem cells are then used as heart cells. These heart cells will perfectly match the heart of the patient from whom the initial blood sample was taken.
4. To create the ink for the bioprinter, the heart cells are mixed with a supportive substance that ensures the cells can survive the printing process. When printing is complete, this substance will evaporate or dissolve (it's not present in the final tissue).
5. The custom 3D printer produces the tissue between two small posts and as it is being printed, the tissue pulls the posts together in the same way heart muscles would squeeze the heart to pump blood.
6. These small pieces of heart muscle behave like real human tissue, and are used by the cardiac team to safely and accurately test new drugs and treatments outside of the human body.



Kidney patient Graeme Waine (left) and Dr. Monica Beaulieu share a decades-long relationship shaped by integrated care and a successful transplant journey at St. Paul's Hospital.

A LIFELINE TO HEALING

Compassionate, integrated kidney care is changing patient recovery at St. Paul's Hospital

BY STEPHEN SMYSNUIK

PHOTOGRAPHY BY COCONUT CREATIVE

Graeme Waine was 28 years old when he got the news. Recently married and working his dream job as an arborist, he thought he was in the prime of his life. Instead, sitting in a nephrologist's office at St. Paul's Hospital after rounds of tests for persistent fatigue, he got an answer he wasn't prepared for.

His kidneys were failing, and he'd need a transplant. Graeme couldn't believe it.

"The only thing I can equate it to is just white-hot fear," Graeme recalls now, 24 years later.

He'd previously suffered a severe bout of bacterial pneumonia, which left some lingering effects



Graeme Waine
(left) with Dr.
Monica Beaulieu.

on his health. Testing eventually revealed he had focal segmental glomerulosclerosis, a disease that scars the kidney's tiny filtering units.

"[The glomerulosclerosis] attacked my kidneys," Graeme explains. "Instead of holding toxins back, [the filtering units] just let everything flow into my body."

What he didn't know was that Dr. Monica Beaulieu, a nephrologist just out of her residency, was about to take him on as a patient—and become one of the most important people in his life.

"We quickly developed a mutual respect and also trust as we went through this," Dr. Beaulieu says. "It was the first time I was treating some of these conditions on my own, and it was obviously the first time he was hearing any of these words."

Using a range of therapies and medications, Dr. Beaulieu helped manage Graeme's disease for nearly 20 years before he finally needed a transplant. During that time, she says the two essentially grew up together—as their families grew, and as they matured in all aspects of their lives.

I've had more great experiences at St. Paul's Hospital than I can count. Every single person I've come across, they're just invested."

—Graeme Waine

More than treatment

The relationship Dr. Beaulieu and Graeme shared reflects what makes kidney care at St. Paul's Hospital unique.

"One of the strengths of our kidney program is how integrated it is," says Dr. Beaulieu. "Kidney patients often move through many stages, including clinic care, dialysis, and transplants. Those transitions can be jarring, but at St. Paul's Hospital, we try to make it feel like one continuous journey."

That integrated approach is one reason the kidney program is recognized internationally, having

initiated models of kidney care now emulated across Canada and beyond.

The kidney team has developed innovative services that are hard to come by in BC, including maternal kidney care for women navigating pregnancy with kidney disease, donor programs that connect patients with living donors, and specialty clinics focused on rare and complex kidney conditions. For some patients, care extends beyond the hospital itself, with teams training them to safely self-administer life-saving dialysis closer to home.

The hospital is also recognized for having the highest survival rates for in-centre dialysis patients in BC.

Looking toward the future

At the new St. Paul's Hospital, opening in early 2027, Dr. Beaulieu looks forward to caring for more patients like Graeme, supported by expanded space for the kidney team. This will also include more capacity to train patients on self-administered dialysis at home, which Dr. Beaulieu says will help reduce

frequent travel for the patient.

And that's just one enhancement. The new Kidney Medicine and Transplant Unit will take integrated care further, including a new hemodialysis unit with individual rooms for patients who need isolation to either protect themselves (for those who may have very low immune systems) or protect others (for patients living with a contagious condition).

The new hospital will also offer kidney biopsies on the same floor—a service not currently available elsewhere in BC.

"This means the kidney team can meet patients and talk about the procedure before and after it's done," Dr. Beaulieu says.

For Graeme, the treatment he experienced at St. Paul's Hospital was unparalleled. He says there's a "magic" in the air at the hospital—something special that

courses through the halls and invigorates every health care worker and staff member.

"I've had more great experiences at St. Paul's Hospital than I can count," he says. "Every single person I've come across, they're just invested."

A second chance at life

In 2022, Graeme's disease caught up with him. Dr. Beaulieu called with the news that his kidney function had fallen to about 8%. Eight months later, a kidney was available.

On July 13, 2023, Graeme received his transplant at St. Paul's Hospital, home to one of the largest kidney transplant programs in Canada and among the top 10 in North America.

Now, at 52, he says his recovery has been about as good as can be expected. "I've been incredibly lucky. The stars just kind of aligned for me. I was told I received a super kidney."

Dr. Beaulieu, meanwhile, still hears from Graeme. He sends Christmas cards during the holidays and always calls her on his "kidney-versary."

"Treating him has been one of the great joys of my career," she says.

Small comforts, lasting impact

Hemodialysis is life-sustaining, but it also means spending hours at a time in a treatment chair, several times a week.

A specialized treatment recliner can make a meaningful difference during those long sessions, offering comfort, stability, and dignity. ✦



Your gift today can support St. Paul's Hospital Outpatient Dialysis unit. Scan QR code to donate. helpstpauls.com/donatenow

Compassionate care begins with you.

Becoming a monthly donor is a simple way to stand beside the patients, residents, and families at Providence Health Care and Providence Living every single day.

Your gift brings comfort, hope, and healing where it is needed most.

Give monthly. Make healing happen.



helpstpauls.com/monthly



Dr. Julio Montaner led groundbreaking research at St. Paul's Hospital that helped change the course of HIV/AIDS worldwide.

A FUTURE NO ONE THOUGHT POSSIBLE

How St. Paul's Hospital helped rewrite the story of HIV, and why continued support is more critical than ever.

BY ALYSSA HIROSE PHOTOGRAPHY BY COCONUT CREATIVE

When Denise Wozniak's nine-month-old daughter Katie passed away in 1994, friends and family believed that the baby had died from pneumonia. This was the truth, but not all of it: both mother and daughter had recently been diagnosed with HIV. Denise was infected years back, but she had no idea she was HIV positive until Katie got sick.

According to her doctor, she could expect to live a maximum of five more years. "So basically, I was on my way out," she says.

The diagnosis was a shock, and so was her then-doctor's advice: "Be very careful who you tell."

Because of the rampant negative stigma associated with the infection, Denise was encouraged to keep her HIV a secret even after her daughter passed.

To learn as much as she could about her illness, Denise began attending HIV/AIDS conferences, and that was where she was first introduced to Dr. Montaner.

A turning point for HIV care

Dr. Julio Montaner, executive director and physician-in-chief at the BC Centre for Excellence in HIV/AIDS and the head of HIV/AIDS at St. Paul's Hospital, knows the stigma well. The physician led the team of doctors that developed highly active antiretroviral therapy (HAART), the treatment that revolutionized care for HIV/AIDS patients.

In the '80s and '90s, Vancouver's West End neighbourhood, home to a vibrant 2SLGBTQIA+ community and St. Paul's Hospital, became the epicentre of HIV/AIDS in Canada.

"The sad truth is that St. Paul's Hospital didn't become the natural reference hospital for HIV/AIDS in BC because we planned it that way," says Dr. Montaner. "The epidemic exploded in our backyard."

The physician was doing his fellowship at St. Paul's Hospital when cases of severe respiratory distress started increasing rapidly in the mid-'80s.

Patients were dying of pneumocystis pneumonia (PCP), a fungal infection in the lungs. It was soon understood that HIV/AIDS was the reason for this fatal infection; PCP preyed on the weakened immune systems of patients.

Dr. Montaner, working in a hospital at the centre of the epidemic, found himself conducting research that would change the world. It was under his leadership that HAART was discovered and made widely available in 1996.

A TIMELINE OF HIV/AIDS TREATMENT IN BC

1996

Dr. Montaner and his team at St. Paul's Hospital debut highly active antiretroviral therapy (HAART) to the world at the Vancouver International AIDS Conference to an audience of more than 15,000.

1997

St. Paul's Hospital establishes its AIDS ward.

2014

Dr. Julio Montaner, building on HIV/AIDS research and care led at St. Paul's Hospital, helps develop a global UN-backed strategy to end AIDS as a pandemic.

2015

St. Paul's Hospital model is formally adopted by the United Nations and Canada, shaping HIV/AIDS care worldwide.

2019

The BC Centre for Excellence in HIV/AIDS (BC-CfE) opens the Hope to Health Research & Innovation Centre in Vancouver's Downtown East Side to extend its care to the highly vulnerable and clinically complex inner-city population.

2023

The BC government and the BC-CfE jointly announce the virtual end of the domestic HIV epidemic.

2026

Financial cutbacks in countries including Canada have seen HIV/AIDS back on the rise.



Dr. Julio Montaner and grateful patient, Denise Wozniak.

of Hummingbird Kids Society, an organization that supported families and kids with HIV/AIDS.

She's also remarried and lives happily with her HIV-negative husband, a milestone that she stresses may not have happened without all the work that has been done to fight the stigma against HIV/AIDS.

The fight isn't over

Unfortunately, 2025 marked a significant setback in the worldwide eradication of HIV/AIDS.

"The American administration decided to dismantle all of the domestic and international programs that were responsible for supporting [HIV/AIDS research]," says Dr. Montaner.

Many G7 countries (including Canada) have followed suit and decreased their financial dedication to HIV/AIDS, leading to devastating consequences: the number of people living with HIV is rising again, approaching levels not seen since the height of the crisis in the '80s and '90s.

"We are failing to serve the people who need the services in their communities at the earliest possible time," says Dr. Montaner, who worries that another HIV/AIDS crisis is unfolding while the world is distracted with other priorities.

The doctor says the battle isn't over, and financial support is essential to delivering care quickly to those who need it.

"We need the public to demand action from our political leaders, and we need it urgently." ✦



Your support can speed HIV/AIDS diagnosis and expand access to life-saving treatment.

Scan the QR code to donate today.
helpstpauls.com/donatenow

"To be perfectly candid, it was like the beginning of a new era," says Dr. Montaner. "Overnight, people stopped dying from PCP. They went on to recover even if they were severely affected in the ICU."

How one breakthrough changed a life

Dr. Montaner's optimistic and stigma-free HIV research was a refreshing change.

"I thought, okay, there's hope," Denise says. "He's doing trials...I need to be with this doctor." Once on board with Dr. Montaner and St. Paul's Hospital, Denise received not only life-saving treatment for her HIV, but also critical care for her hearing loss and psychiatric support for complex PTSD. "Dr. Montaner connected me with other areas at St. Paul's Hospital, and I really needed that help."

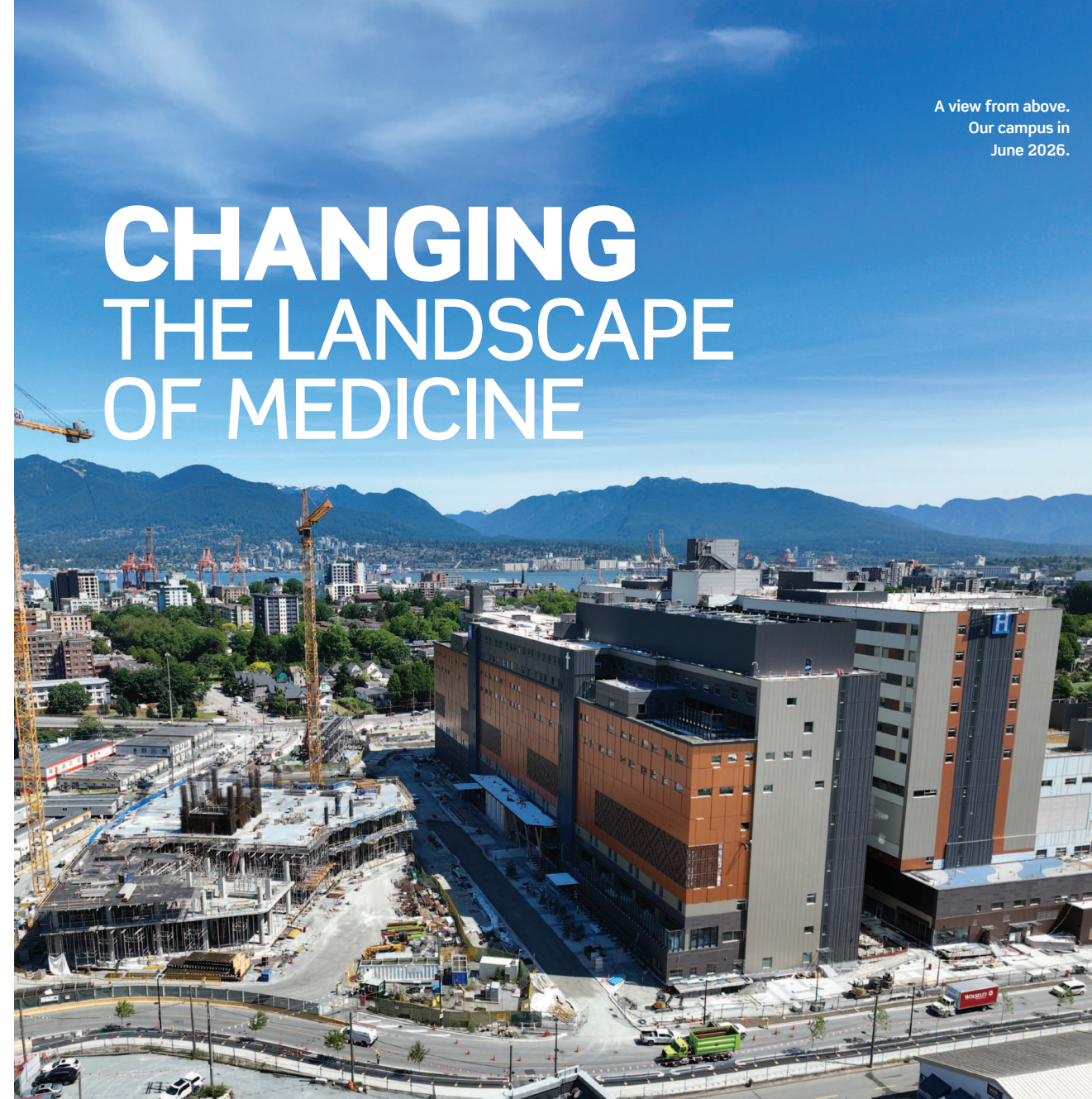
It's been over 30 years since Denise was told she might have five years to live, and she attributes this to the work that Dr. Montaner and his team did to support both her physical and mental health.

"I honestly don't know if I'd be here if it wasn't for Dr. Montaner," she says.

Denise has far outgrown the "be careful who you tell" mandate of her first doctor: she is the founder

CHANGING THE LANDSCAPE OF MEDICINE

A view from above.
Our campus in
June 2026.



THE JIM PATTISON MEDICAL CAMPUS

As we near completion of the new St. Paul's Hospital, we're entering a defining moment for health care in BC.

The Jim Pattison Medical Campus, home to the new St. Paul's Hospital and the Clinical Support and Research Centre (CSRC), will be the most advanced and comprehensive medical campus in Western Canada. It's designed to improve access, privacy, comfort, safety, and healing from the moment people arrive—and drive discovery for decades to come.

Comparable to leading medical campuses around the world like the Mayo Clinic and Johns Hopkins, the Jim Pattison Medical Campus represents a once-in-a-generation investment in the health of BC residents, and in the future of medicine itself.

This is where you and your loved ones will find care that supports longer, healthier lives. And it's where discoveries made in BC will continue to reach communities across the province—and far beyond—when they are needed most.

THE NEW ST. PAUL'S HOSPITAL

Opening early 2027

The new St. Paul's Hospital is shaped by compassion and strengthened by innovation. Designed with patients and families in mind, thoughtful spaces, advanced medicine, and smart technology come together to create a more personal hospital experience.

EMERGENCY CARE THAT'S FASTER, AND CALMER

The Teck Emergency Department will help patients be seen more efficiently with fewer steps, by having registration and triage happen at the

same time to help reduce wait times. A new pod model divides the ED into four separate zones—each operating as its own mini emergency department, including one dedicated exclusively to mental health patients—along with a separate ambulance entrance to support a calmer environment. More patients will be assessed and cared for in single-occupancy or secluded exam rooms to support optimal privacy. This reduces time spent in central waiting areas and creates a more seamless, transparent experience, so patients know what they're waiting for and where they are in their care journey.

SINGLE-OCCUPANCY ROOMS FOR ALL PATIENTS

Every inpatient will have a single-patient room with a bathroom. Each room is designed for comfort and connection, with space for loved ones to stay the night and bedside tablets that help patients access information, speak with family, and control their surroundings.

That same commitment to privacy and family-centred care extends to the Neonatal Intensive Care Unit, where parents and babies can heal together in a single-occupancy room that supports bonding, reduces stress, and promotes better health outcomes.

MORE ROOM FOR LIFE-SAVING PROCEDURES

The hospital includes more operating rooms, some up to 30% larger than current ORs, giving care teams the space they need to perform advanced procedures safely and efficiently.

EASIER TO GET HERE

The campus includes more than 1,100 parking stalls and over 100 electric vehicle charging stations, supporting access today and sustainability for the future. It's also just a four-minute walk from Main Street–Science World SkyTrain Station, making the hospital easier to reach for patients, families, staff, and visitors.

TECHNOLOGY CENTRED AROUND PEOPLE

Technology in the new hospital is designed to make care easier and more connected, from bedside tools that support communication and comfort to digital systems that simplify appointments and access to health information.

Behind the scenes, the PA Woodward Foundation Care Coordination Centre—a first of its kind

in BC—coordinates the many moving parts of a patient's journey from arrival through discharge, helping teams anticipate needs and ensure smoother, safer care for patients and families.

A NEW APPROACH TO AGING WELL

The Shinozaki Family Centre for Healthy Aging will be BC's first centralized hub for seniors care, connecting home, hospital, and specialized services to help older adults age with dignity. By bringing together geriatric specialists, assessments, and outpatient care together in one place, it removes the burden of navigating a fragmented system. With a "no wrong door" approach, care teams will help connect each person to the right mix of medical and community supports, while purpose-built spaces like a simulated home and mobility gym—support real-world assessment and independence. Read more on page 25.

INSIDE THE NEW CAMPUS



A better ED experience, with streamlined check-in and dedicated entrances for mental health and ambulance arrivals.



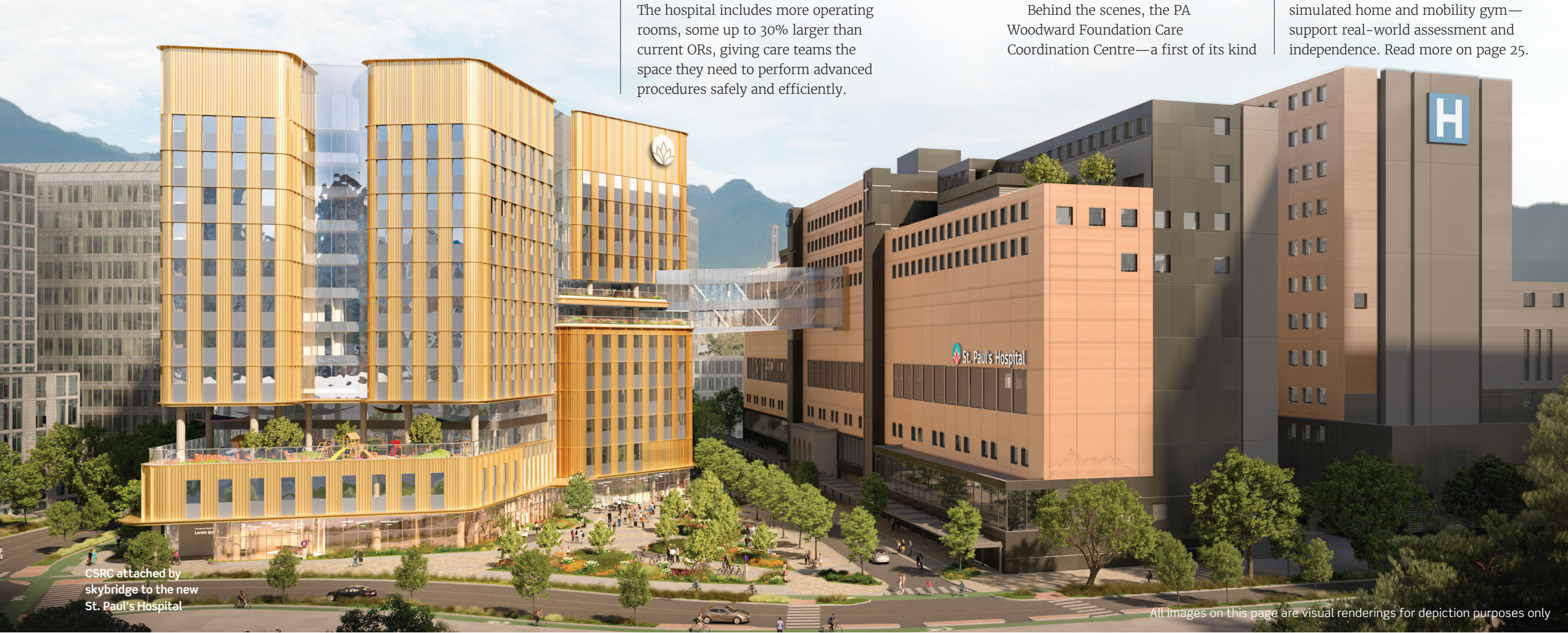
Larger operating rooms—built for complex surgeries and leading-edge technology.



High ceilings, abundant natural light, and nature-inspired graphics create an uplifting and welcoming main floor atrium.



Located in False Creek Flats near Terminal Avenue—just a 4 minute walk from Main Street–Science World SkyTrain.



CSRC attached by skybridge to the new St. Paul's Hospital

All images on this page are visual renderings for depiction purposes only



**THE CLINICAL
SUPPORT AND
RESEARCH CENTRE:
Opening 2029**

The CSRC is the next step in transforming how care is delivered at the Jim Pattison Medical Campus. Connected to the new St. Paul's Hospital by a skybridge, it brings research, education, and clinical care closer together so new discoveries can turn into better treatments, faster, straight to the patient's bedside.

As Western Canada's most advanced research facility, the CSRC completes the vision—uniting multidisciplinary teams to tackle today's and tomorrow's most urgent health challenges. It's where scientists, clinicians, and care teams will work side by side to create sustainable solutions to the most urgent challenges in health we face today and tomorrow.

**EARLIER ACCESS TO NEW
TREATMENTS**

St. Paul's Hospital has a distinguished history of creating solutions to the most pressing health problems of our time. From HIV/AIDS care (see page 10) to groundbreaking sepsis research, discoveries made here have helped save hundreds of thousands of lives in BC and around the world.

Building on that legacy, the CSRC's Clinical Trials Unit will conduct Phase 1-3 trials, including first-in-human studies, a BC first outside of oncology. These early phase trials are a critical gateway to new medical interventions, allowing us to bring promising

treatments from concept to effective care right here. For patients, this means earlier access to new therapies closer to home, while also driving discovery and supporting the growth of BC's life sciences economy.

MORE CARE, FEWER STOPS

This new facility brings Providence's specialty practices and medical offices together in one place, so patients don't have to travel between sites for different appointments. From hospital-based treatment to outpatient and community care, services work together to provide smoother, more coordinated support. For patients like Aryan (see page 19)—living with IBD, liver disease, and major surgery—care has meant navigating multiple specialists, tests, and clinic visits across different locations. At the CSRC, that care will be brought together in one place, making it easier to get the right care, sooner.

TURNING SAMPLES INTO ANSWERS

St. Paul's Hospital is already home to the largest heart and lung tissue biobanks in Western Canada, sharing its samples with researchers around the world to enhance discovery. With expanded biobanking capacity in the CSRC, patient-donated samples can be studied to help researchers better understand disease and develop new, more precise treatments, vaccines, and therapies.

**DISCOVERY THAT CHANGES LIVES
AROUND THE WORLD**

The Innovation Centre is a dedicated floor where bold ideas become the next generation of treatments. It brings clinicians, researchers, and partners together with flexible spaces and specialized infrastructure, including advanced data analytics and 3D bioprinting—a breakthrough technology that helped save patients like Tess by creating samples of living

heart tissue to safely test treatments (see page 4). These capabilities move discoveries into real solutions, shaping the future of care in Canada and beyond.

**TRAINING FOR REAL WORLD
SITUATIONS**

The Simulation & Experiential Learning Centre blends real-life simulation with state-of-the-art digital technology, creating a safe, interactive environment where health care teams can train, learn, and test new approaches before they are used in patient care. Located alongside the Clinical Trials Unit, it supports safer care and faster commercialization of made-in-Canada health solutions. ✦

**FINISH THE VISION.
FUND THE FUTURE OF CARE.**

You're part of a compassionate community that's already built so much. The new St. Paul's Hospital is opening soon, but this level of care depends on continued investment.

The hospital alone is not enough. The Clinical Support and Research Centre is essential to completing the new campus meeting growing demand, supporting increasingly complex care, and ensuring discoveries reach patients faster, at home and beyond.

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With gratitude,
Rob, Kari & Emmitt



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Aryan Sachdeva found a team at St. Paul's Hospital determined to give him back his future.

A GUT FEELING

The determination of doctors at the IBD Centre of BC at St. Paul's Hospital is helping patients reclaim their futures.

BY KERRA TODD PHOTOGRAPHY BY COCONUT CREATIVE

At eight years old, Aryan Sachdeva should have been thinking about school, sports, and weekends with friends. Instead, his days were shaped by exhaustion, stomach pain after meals, and urgent trips to the bathroom.

At 15, he was diagnosed with inflammatory bowel disease (IBD) at BC Children's Hospital. At 17, his care moved to the IBD Centre of BC at St. Paul's Hospital. Soon after, doctors discovered he also had primary sclerosing cholangitis (PSC), a chronic liver disease that can lead to severe liver damage and other life-threatening complications, including cancers involving the colon and bile ducts.



Aryan Sachdeva (left)
with gastroenterologist
Dr. Astrid-Jane Williams.

For a teenager preparing to graduate high school and begin university, the news of his PSC diagnosis was overwhelming. Then came another devastating blow.

During a routine colonoscopy, doctors found dysplasia, or precancerous cells, throughout his colon. If he wanted to avoid cancer, his colon would need to be removed, one more life-altering reality layered

onto a disease that could eventually require a liver transplant.

“I read the average life expectancy of dysplasia without a liver transplant is 10 years. I was so worried about my future,” he says.

Dr. Astrid-Jane Williams, the gastroenterologist who has overseen Aryan’s care for the past two years, was shaken by the complexity of his illness.

“It’s because of Dr. Williams that I developed an interest in becoming a gastroenterologist. I really want to be that for other kids who have been impacted by IBD.”

—Aryan Sachdeva

“Here was a 17-year-old who had such a short duration of the diagnosis of IBD, yet already had multiple regions within his colon of high-grade dysplasia,” she says.

The power of a multidisciplinary team

Amid fear and uncertainty around his health, Aryan found a care team that addressed every aspect of his health.

“Dr. Williams really took the time to understand me, what my goals are, and what I wanted out of my care,” he says.

That extended far beyond Dr. Williams’s office. Counsellors supported his mental health. Specialists coordinated treatment decisions collaboratively. Surgeons, including Aryan’s colorectal surgeon Dr. Amandeep Ghuman, worked alongside gastroenterologists to guide the next steps in his care.

“Having a multidisciplinary team allowed us to support him through every stage, from detection and confirmation of precancerous cells to surgery and then through to recovery,” Dr. Williams says.

St. Paul’s Hospital colorectal surgeons handle the most complex cases in BC and the Yukon, and

perform more colorectal cancer surgeries than any other centre in Western Canada. As Canadian leaders in minimally invasive colorectal surgery, the team is recognized internationally, and close collaboration with oncologists at BC Cancer centres across the province ensures patients receive coordinated, leading-edge care.

Building the future of digestive care

Today, digestive health services are spread across multiple locations, requiring patients to travel between appointments, undergo repeat tests, and navigate a fragmented system —adding stress and delay for people already managing serious illness.

The new St. Paul’s Hospital will change that. Designed with patients like Aryan in mind, the new campus

will bring the renowned digestive health specialists at St. Paul’s Hospital together in a purpose-built environment, one that fosters the kind of collaboration that has long defined care here, but with fewer barriers and far greater reach. Care that once required five to 10 different clinic visits will be completed in as few as one or two.

“We will be a provincial resource of specialized expertise in digestive health,” says Dr. Greg Rosenfeld, head of Digestive Health at St. Paul’s Hospital. “We can assess complex cases, develop treatment plans, and work collaboratively with physicians and other health care providers across BC.”

Coming full circle

Today, Aryan is thriving. He’s studying biomedical physiology

at SFU and hopes to become a gastroenterologist himself.

He keeps a list of goals saved on his phone: Get into medical school. Become a pediatric gastroenterologist. Research IBD and PSC. Find a cure. Get into the Canadian Medical Hall of Fame.

“It’s because of Dr. Williams that I developed an interest in becoming a gastroenterologist,” he says. “I really want to be that support for other kids who have been impacted by IBD.”

“I just want to thank the people who donate. Because of them, I received the care that will help me achieve my goals and become the person I want to be.” ✦



Scan the QR code to help advance digestive health care for patients across BC.
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Dr. Lik Hang Lee and patient Angela Thompson highlight the life-saving speed of digital pathology for patients facing critical diagnosis delays.



EVERY MINUTE MATTERED

How digital diagnosis sped life-saving care into action at St. Paul's Hospital

BY VICTORIA BOUTHILLIER
PHOTOGRAPHY BY COCONUT CREATIVE

Angela Thompson was out walking her dogs when she felt unusually winded. Unsure if she could make it back home without collapsing, she called her husband to take her to the hospital. “Something was not right,” she recalls.

After tests yielded uncertain results, Angela was transferred to St. Paul's Hospital with acute heart failure. There, a biopsy—sending a small piece of her heart tissue to the pathology lab—revealed she had a rare, and potentially fatal, autoimmune heart condition.

“She had something called giant cell myocarditis, which is an uncommon condition where the body is essentially attacking its own heart,” says Dr. Mustafa Toma, medical director of the Cardiac Intensive Care Unit at St. Paul's Hospital and a core member of the specialized team caring for Angela.

Within days of being admitted to the hospital, Angela's heart weakened to the point where she required around-the-clock life support to stay alive. Then, just four days post-diagnosis, she successfully underwent a heart transplant. “Everything happened quickly,” says Angela. “It was a miracle.”

The technology behind a life-saving diagnosis

Angela's care was expedited thanks to the lab's use of digital pathology, an advanced technology that enables faster diagnosis in urgent cases. For Angela, this meant a same-day diagnosis, immediate treatment, and a rapid heart transplant assessment.

While traditional pathology requires manual slides, microscopes, and in-person assessments, digital pathology allows remote consultation and the instantaneous sharing of images with experts worldwide.

After quickly processing the sample, the team at St. Paul's Hospital converted the slides to digital format, enabling St. Paul's pathologist Dr. Chi Lai—at the time the province's only fellowship-trained cardiac pathologist—to review Angela's case remotely and provide a rapid and accurate diagnosis without delay.

If it hadn't been for digital pathology, Angela may not have survived the significant delays. In the past, complex diagnoses could take weeks to months when samples needed to be transported to another pathologist if local expertise wasn't immediately available.

“The technology has improved dramatically. We can scan cases on a mass scale and read our slides on the computer screen rather than the microscope.”

—Dr. Lik Hang Lee

Thanks to this innovative technology, St. Paul's Hospital has reduced that timeline to as little as two days, or even one day when urgency demands it. As the provincial leader in adopting this technology, the St. Paul's Hospital team is able to accelerate diagnoses in critical cases like Angela's, where even a single day can make a meaningful difference in improving a patient's chance of survival.



Innovative technology allows for accelerated diagnosis in critical cases.

Dr. Lik Hang Lee, medical lead of Anatomic Pathology at St. Paul's Hospital, says, "The technology has improved dramatically. We can scan cases on a mass scale and read our slides on the computer screen rather than the microscope."

As a pathologist, Dr. Lee is tasked with examining a patient's tissues to make a diagnosis. This is the most important step in ensuring effective treatment. In fact, over 70% of all critical clinical decisions are based on laboratory results.

Considering that the Pathology Lab at St. Paul's Hospital prepares and analyzes 40,000 tissue specimens a year, which are processed onto 500,000 individual glass slides, it's an innovation that significantly improves patient care.

When dealing with critical health crises, access to advanced technology means Dr. Lee can work with other pathologists and specialists around the world in real time. "If we have difficult or complex cases, we consult other experts in the field to make a more accurate diagnosis for the patient," Dr. Lee elaborates.

The outcome for patients is reduced turnaround times, improved diagnostic accuracy, more efficient referrals, and, ultimately, more lives saved.

Though Angela's same-day diagnosis of life-threatening heart failure was a shock to the system, she remembers being comforted by how quickly things progressed. "I was never once scared," she says. "I just felt safe, even when things were declining."

"Every time I opened my eyes, around [my hospital] bed there were at least six team members who were just supportive and smiling," Angela recounts. "I felt safe and in the best hands."

St. Paul's Hospital is well known for its innovative culture, and a lot of the projects we have undertaken could never have gotten started without the help of our partners who have donated."

—Dr. Mustafa Toma

Transforming pathology in BC

Dr. Lee's vision for the future of Pathology at St. Paul's Hospital involves ensuring that patients, including those in remote communities, have access to the kind of medical care Angela received. This involves bringing digital pathology to the forefront. "We want to create an integrated system for the whole province."

St. Paul's Hospital is leading the charge, both provincially and nationally, when it comes to improving patient care and outcomes with digital pathology.

Health organizations across Canada are now turning to St. Paul's Hospital as they modernize their own pathology systems. And as the current hospital prepares to move onto the Jim Pattison Medical Campus in 2027, Dr. Toma describes a sense of "excitement in the air." With the integration of new and exciting technologies and additional space for patients, Dr. Toma and his team look forward to providing the best possible care for patients.

"St. Paul's Hospital is well known for its innovative culture, and a lot of the projects we have undertaken could never have gotten started without the help of our partners who have donated," says Dr. Toma. "These funds go a long way in demonstrating how new technologies don't just help patients get better, but save lives." When asked about the impact the St. Paul's Hospital team has had on her, Angela says, "They saved my life. St. Paul's Hospital was the best place I could have been." ♦

 Scan the QR code to help bring this vision forward. Your support expands digital pathology across BC, connecting specialists, accelerating diagnoses, and giving more patients answers when every minute matters. helpstpauls.com/donatenow



Aging well is one of the defining health challenges of the next generation. The Shinozaki Family Centre for Healthy Aging (SFCHA) at the new hospital will help more people age with confidence and support.

**WHERE
HEALTHY
AGING
BEGINS**

A first-of-its-kind centre will support seniors' health at the new St. Paul's Hospital.

BY LEAH DYCK AND JESSICA WALKER
PHOTOGRAPHY BY JEFF TOPHAM

In just five years, nearly one in four people in BC—more than 1.3 million—will be over the age of 65. At the same time, the number of BC residents living with dementia is expected to more than triple, increasing by 218% between 2020 and 2050.

Aging well is one of the defining health challenges of the next generation. And for many older adults, the current system isn't built to meet it. Care is fragmented across multiple locations. Wait times for specialized services are long. Patients, families, and caregivers are often left to navigate on their own.

In early 2027, that changes. The Shinozaki Family Centre for Healthy Aging (SFCHA), opening with the new St. Paul's Hospital on the Jim Pattison Medical Campus, will be the



From left: Dr. Lai, Dr. Lee, and Dr. Toma using the cardiac lab's digital pathology technology at St. Paul's Hospital.



A mobility gym designed to support real-world needs and functional independence for aging adults.



The Shinozaki Family Centre for Healthy Aging (SFCHA) at the new St. Paul's Hospital (visual rendering for depiction purposes only).

first purpose-built centre of its kind in BC, dedicated entirely to the care of older adults.

Closing gaps in geriatric care

Located on the ground floor near the hospital's main entrance, the SFCHA will bring specialized geriatric care together with interdisciplinary assessments, expedited referrals, and outpatient services—all in one place. It will be the new home for several specialty clinics currently operating together at St. Paul's Hospital, continuing their work in space designed for the future of older adult care.

"What we really are hoping to achieve is clear pathways, strong partnerships, and high-quality clinical care that supports better aging for our population," says Kimberley Vaulkhard, project director for the SFCHA.

Central to that vision is a simple philosophy: no wrong door. Kimberley wants every patient who walks in to hear the same message, "You're

in the right place." In the future, if a geriatrician appointment isn't the right fit, staff will be equipped to connect them with something that is, whether that's a community volunteer organization, a home support service, or another specialty program.

For patients already in the system, the shift will be just as significant. Today, many wait weeks or months for a specialist appointment with little support in between. As the Centre grows and stabilizes, the vision is to reach people earlier, with screening, resources, and referrals to community partners while they're still on the waitlist.

At the first signs of change

Aging affects more than the body. Up to 15% of people over the age of 60 experience subtle changes in memory and thinking that go beyond normal aging but aren't yet severe enough to show up on standard testing.

This is the population the Early Intervention Memory Clinic (EIMC) was built to serve. Launched at St. Paul's Hospital in January 2025, the

EIMC is one of the only services of its kind in Canada, a clinic specifically designed for older adults who are just beginning to notice changes, long before a dementia diagnosis is on the table.

"There's a lot of stigma and fear around cognitive changes and dementia," says Ben Nehra, manager of the EIMC. "But intervening early, when people are just starting to notice changes or even before they notice changes, gives us a critical window to influence the trajectory."

That window matters because many of the factors that drive cognitive decline are modifiable. Physical activity, nutrition, sleep, social engagement, and management of conditions like high blood pressure and diabetes all play a role in long-term brain health. Caught early enough, lifestyle changes can slow decline, reduce risk, and in some cases help people feel sharper and more confident than they did before they walked in.

At the EIMC, every participant meets one-on-one with an occupational therapist to review daily

functioning and brain health habits, complete a cognitive screen, and begin a personalized cognitive wellness plan.

Depending on the assessment, participants may also meet with a geriatric specialist to review medications, cardiovascular risk factors, and order further testing if needed. From there, they can join group programs like Brain Health in Action, attend Q&A sessions with clinicians, and take part in exercise classes run in partnership with the BC Brain Wellness Program.

Since the clinic opened, Ben says, self-referrals have risen steadily, a sign that people are finding the courage to come forward earlier.

Building on what works

When the Early Intervention Memory Clinic (EIMC) moves into the Shinozaki Family Centre for Healthy Aging (SFCHA) in 2027, it will continue to be embedded within a multidisciplinary team of specialists already working together at St. Paul's Hospital today: geriatricians, geriatric psychiatrists, physiatrists,

occupational therapists, rehabilitation specialists, and allied health professionals, all working in one integrated space.

Purpose-built facilities—including an instrumental activities of daily living (IADL) suite and a dedicated mobility gym—will support real-world assessment, rehabilitation, and functional independence. The Centre will also include the Shinozaki Family Wellness Garden, offering patients and families an outdoor space for rest and reflection during care.

For Kimberley, who has worked across the BC health system in many roles, it's the spirit at St. Paul's Hospital that makes the work possible.

"The culture of teamwork and quality draws me to work here," she says. "When we are united with a shared purpose, some of our most daunting work feels more manageable." ✨



As the population ages, the need grows more urgent. Your support helps bring earlier outreach, faster screening, and personalized care to thousands of older adults in BC. Scan the QR code to donate. helpstpauls.com/donatenow

CARE THAT REFLECTS EVERYDAY LIFE

At the heart of the new Shinozaki Family Centre for Healthy Aging will be an on-site instrumental activities of daily living (IADL) suite, a small simulated apartment complete with a bedroom, a kitchen, and a bathroom with a traditional bathtub to reflect a typical home bathing scenario.

"People don't live in the clinic," Kimberley says. "They live their lives outside those walls. The IADL suite lets us assess what someone is actually going to do at home, whether they can safely take a bath, prepare a meal, or get up from a chair."

The results of those assessments shape everything from discharge plans to community referrals. When the practical, day-to-day tasks become impossible, Kimberley notes, people often can't stay in their homes and end up in a hospital or in long-term care.

The SFCHA will also feature a dedicated mobility gym for physiotherapy and rehabilitation, with floor-to-ceiling windows and space for falls prevention programming and group exercise.



This page: Gail and her daughters (L-R) Sophie, Charlotte, and Gabrielle. Opposite page: Gail with director of site operations at The Views, Kelley Romeril.



CARE THAT FEELS LIKE HOME

A new approach to long-term care at
Providence Living, where residents are thriving.

BY LEAH DYCK PHOTOGRAPHY BY COCONUT CREATIVE

Soon after Gail joined the community at Providence Living at The Views (PLTV), her friends and family noticed a change. “They tell me, ‘You just blossomed,’” she says.

Today, Gail is herself again—reconnected with her independence, her interests, and the rhythm of daily life she once feared she had lost—at The Views, a long-term care facility in Comox, on Vancouver Island. But a few years ago, life looked very different.

A retired music teacher and lifelong singer, Gail lived on Denman Island for over 40 years. When COVID left her socially isolated, her health began to deteriorate. After a series of falls that landed her in hospital, things went from bad to frightening—fast.

Her family was preparing for the worst. “Her health declined so badly that we were rushing to get a will,” says Gail’s daughter, Gabrielle. “She wasn’t eating. She could barely talk. They were asking me about a do-not-resuscitate at the hospital.”

After a few weeks in hospital, Gail’s health needs surpassed what her family could manage at home. Faced with an incredibly difficult decision, they chose long-term care, hoping above all that she would be safe, supported, and able to reconnect with life.

She moved to The Views, Providence Living’s long-term care home, which takes inspiration from the dementia village model pioneered at Hogeweyk in the Netherlands, creating a community centred on residents’ needs. The care she received there helped save her life.

More than a medical model

Guided by the Home for Us (H4U) model, Providence Living’s mission

EXPANDING THE HOME FOR US MODEL ACROSS BC

Providence Living delivers long-term care for seniors grounded in dignity, connection, and choice. Building on decades of experience within Providence Health Care, its approach puts people — not routines — at the centre of daily life.

Looking ahead, Providence Health Care and Providence Living are working together to bring Home for Us models of care throughout BC. St. Vincent's: Heather, set to open in Vancouver, will bring the dementia village concept into an urban setting, welcoming 240 residents across 20 households on 10 floors. Beyond Vancouver, new Providence Living sites are also planned in Prince George, Smithers, and Quesnel, extending this approach to more communities across BC as early as 2028.

Ultimately, the work is driven by restoring possibility and voice for seniors.

"We're taking the fear out of old age," says Mark Blandford, president and CEO of Providence Living. "If you were to come and live in one of our homes, you would see it as a continuation of your life, not an end."

is built on three principles: emotional connections matter most; home is a feeling, not just a place; and residents direct each moment.

"What we want is to move away from a strictly medical model of dementia or seniors' care to what we call a social-relational model of care," says Dr. Janet Kow, vice-president of Quality & Safety and



Gail shopping at The Views grocery store.

We're taking the fear out of old age. Our homes are a continuation of life... a place that you will want to grow old in."

—Mark Blandford, Providence Living, President and CEO

Long-Term Care at Providence Health Care, who works on the research for the Home For Us model. "It's about human connection and having people who really understand you."

The village includes 13 households connected to amenities such as a bistro, art studio, coffee shop, grocery store, courtyard, and chapel. The layout encourages social connection. "I like to go for walks," Gail says. "I'm quite a social person, so I have many opportunities to make friends."

At the core of PLTV's success is supporting residents to live meaningful lives. "Hearing what makes their lives meaningful, and letting that direct our work, that

is the real ongoing H4U work," says Kelley Romeril, director of site operations at The Views.

Life without a schedule

Asked about what her days usually look like, Gail laughs. "I could make them as full as I wanted. There's so much going on."

Residents' lives are far from cookie-cutter. Life here isn't scheduled. They decide when to wake up, eat, stroll, rest, or socialize. Resources like a fully functioning kitchen, an always-open art room, and a sewing machine are just examples of all the

considerations made at Providence Living to ensure residents can continue to feel independent and fulfilled.

"A day well lived for each person is totally individualized," says Kelley.

Gail attends music appreciation, meets weekly with a music therapist, exercises at her leisure, and paints in the art studio. She also uses public transportation to commute to an aphasia book club; sings in an off-site choir; and often joins her daughters, Gabrielle, Sophie, and Charlotte, for family dinners.

Perhaps most notably, she's singing once more. "That has come alive for her again," says Gabrielle.

What would Gail say to others thinking about moving to a Providence Living H4U site?

"I would say, get on the list. It's a wonderful place. [The people who work here] are so compassionate and loving, and they really care about us. It's not just a job." ♦



At The Views, residents like Gail are empowered to live with autonomy, dignity, and fulfilment. To donate to this life-changing initiative, scan the QR code. carethatgoesbeyond.ca

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