Interior Health
Every person matters

♦ = *Attachment*
■ = *Standing Item*

BOARD MEETING

Tuesday, April 17, 2018
12:25 – 1:50 pm
1st Floor Boardroom – Kelowna Community Health and Services Centre
505 Doyle Avenue, Kelowna

Board Members:
Doug Cochrane, Chair
Joyce Beddow
Patricia Dooley
Spring Hawes (R)
Diane Jules
Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:
Chris Mazurkewich, President & CEO (Ex Officio)
Carmen Gudljek, Board Resource Officer (Recorder)

Guests:
Susan Brown, VP & Chief Operating Officer, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Dr. Michael Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications and Public Engagement
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & Chief Financial Officer
Norma Malanowich, VP Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP Health Systems Planning, Mental Health Substance Use & Residential Services
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:
Dr. Barbara Campling, Head of Medical Oncology, BC Cancer Agency
Dr. Michael Humer, Interior Health Thoracic Surgery Group
Dr. Douglas Kingsford, EMD & Chief Medical Information Officer

(R) Regrets (T) Teleconference (V) Videoconference

A G E N D A

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	**Call to Order**			
1.1	Acknowledgement of First Nations and Traditional Territory	Board Chair	12:25 pm 5 min	■
1.2	Approval of Agenda	Board Chair	12:30pm 2 min	■ ♦

2.0	**Presentations – from the Public**			
	None			
3.0	**Presentations – for Information**			
3.1	Thoracic Surgery – Telemedicine Program	Dr. Humer Dr. Campling	12:32pm 20 min	♦
3.2	A Digital Wave is Coming. How Do We Prepare?	Dr. Kingsford Chris Mazurkewich	12:52 pm 20 mins	♦
4.0	**For Approval**			
4.1	Minutes – Board Meeting February 6, 2018	All	1:12 pm 1 min	■ ♦
5.0	**Follow Up Actions from Previous Meeting**			
5.1	Action items – February 6, 2018 Board meeting	Board Chair	1:13 pm 1 min	■ ♦
6.0	**Committee Reports (Recommendations may be brought forward)**			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	1:14 5 min	■ ♦
6.2	Audit & Finance Committee	Director Rounsville	1:19 5 min	■
6.3	Quality Committee	Director Stewart	1:24 5 min	■
6.4	Governance & Human Resources Committee	Director Tugnum	1:29 5 min	■
6.5	Strategic Priorities Committee (No Report)			■
6.6	Stakeholders Relations Committee	Board Chair	1:34 3 min	■ ♦
7.0	**Reports**			
7.1	President & CEO Report	Chris Mazurkewich	1:37 5 min	■ ♦
7.2	Chair Report	Board Chair	1:42 8 min	■
8.0	**Correspondence**			
8.1	Board Correspondence			♦
9.0	**Discussion Items**			
	None			

ITEM		RESPONSIBLE PERSON	TIME	ATT
10.0	**Information Items**			
	None			
11.0	**New Business**			
	None			
12.0	**Future Agenda Items**			
13.0	**Next Meeting:** Tuesday, June 19, 2018			
14.0	**Adjournment**			

Information Brief

For Board of Directors

Version: 1.0 (Mar-2018)

EXECUTIVE SUMMARY

Title Presentation on Thoracic Surgery Group's Telemedicine Program

Purpose To share the improved access to medical care for patients of Interior Health's Thoracic Surgery Group through increasing use of Virtual Care.

Top Risks

1. (Patient) Relying on traditional patient visits for follow up thoracic care increases burden on patient.
2. (Other) Increasing demand on Interior Health to provide human resources and technology to provide access to virtual care for both patients and providers.

Lead Dr. Michael Humer, Interior Health Thoracic Surgery Group
Dr. Barbara Campling, Head of Medical Oncology, BC Cancer Agency

Sponsor Dr. Mike Ertel, VP Medicine & Quality

RECOMMENDATION

That the Interior Health Board of Directors receive the presentation by Drs. Michael Humer and Barbara Campling at the April 17, 2018 public Board meeting.

BACKGROUND

Since 2003, the Interior Health Thoracic Surgery Group (IHTSG) has been providing a telemedicine program for patients in the Interior and North regions of the province. Between 2003 and 2015 the IHTSG conducted 15,073 telemedicine appointments from 63 different geographic regions. This service saved patients from travelling 11.5 million kilometres.

On request of CEO Chris Mazurkewich, Drs. Michael Humer and Barbara Campling will share a summary of research they conducted with the University of British Columbia.

DISCUSSION

The Board will be informed regarding the research that shows telemedicine dramatically improves access to quality medical care in small and rural British Columbia communities, while saving time, money and travel risk for patients.

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dr. Mike Ertel, VP Medicine	March 20, 2018	March 20, 2018	Information

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Michaela Swan, Director, Medicine & Quality Initiatives	March 20, 2018
Assessment of communication requirements	N/A	N/A

Presentation to Strategy and Risk Management Council	N/A	N/A
Presentation to SET	Dr. Mike Ertel, VP Medicine & Quality	March 26, 2018
Presentation to the Board	Dr. Michael Humer, Interior Health Thoracic Surgery Group Dr. Barbara Campling, Head of Medical Oncology, BC Cancer Agency	April 17, 2018

ENCLOSURES

N/A

REFERENCES

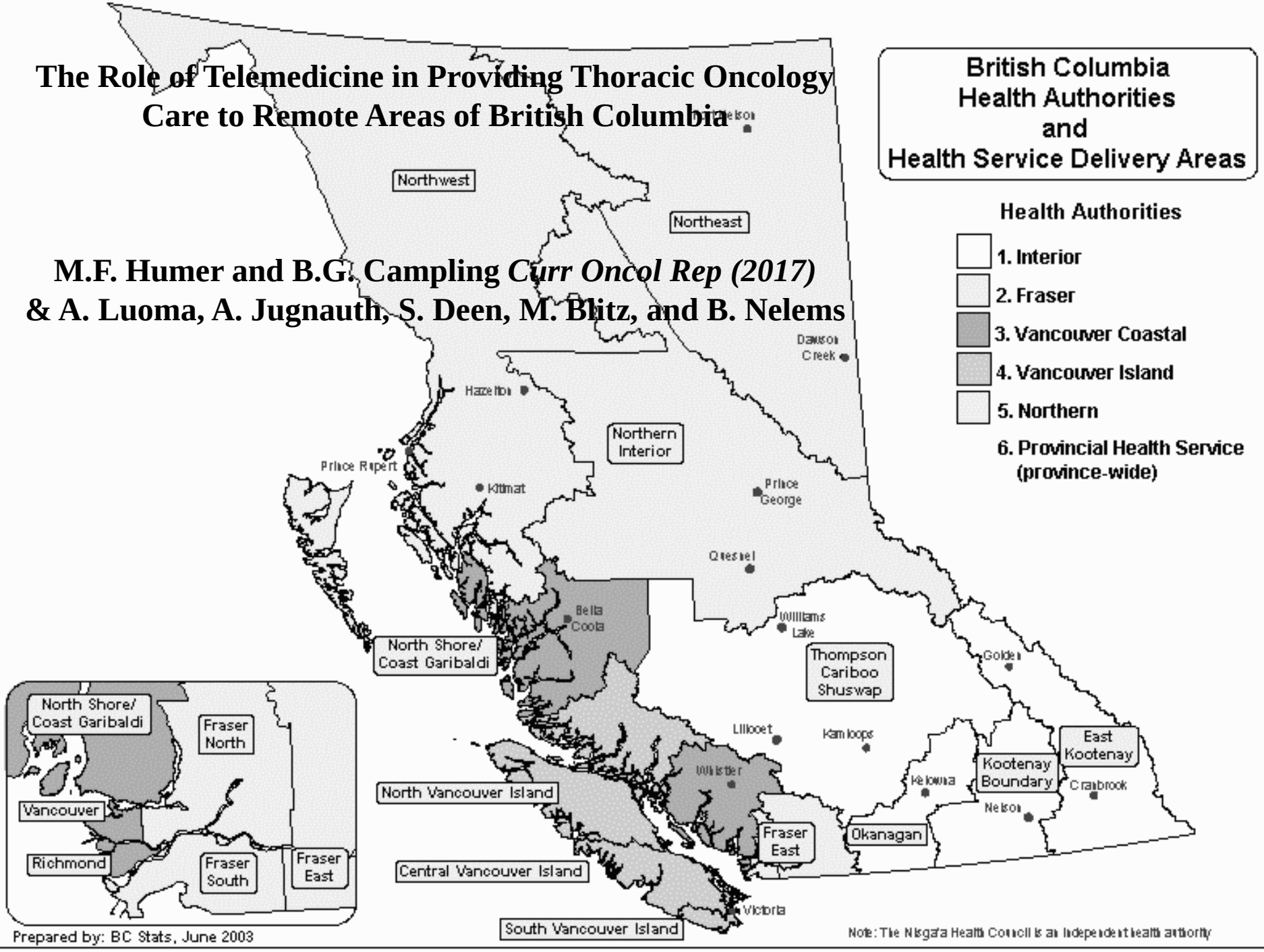
N/A

APPROVAL OF RECOMMENDATIONS

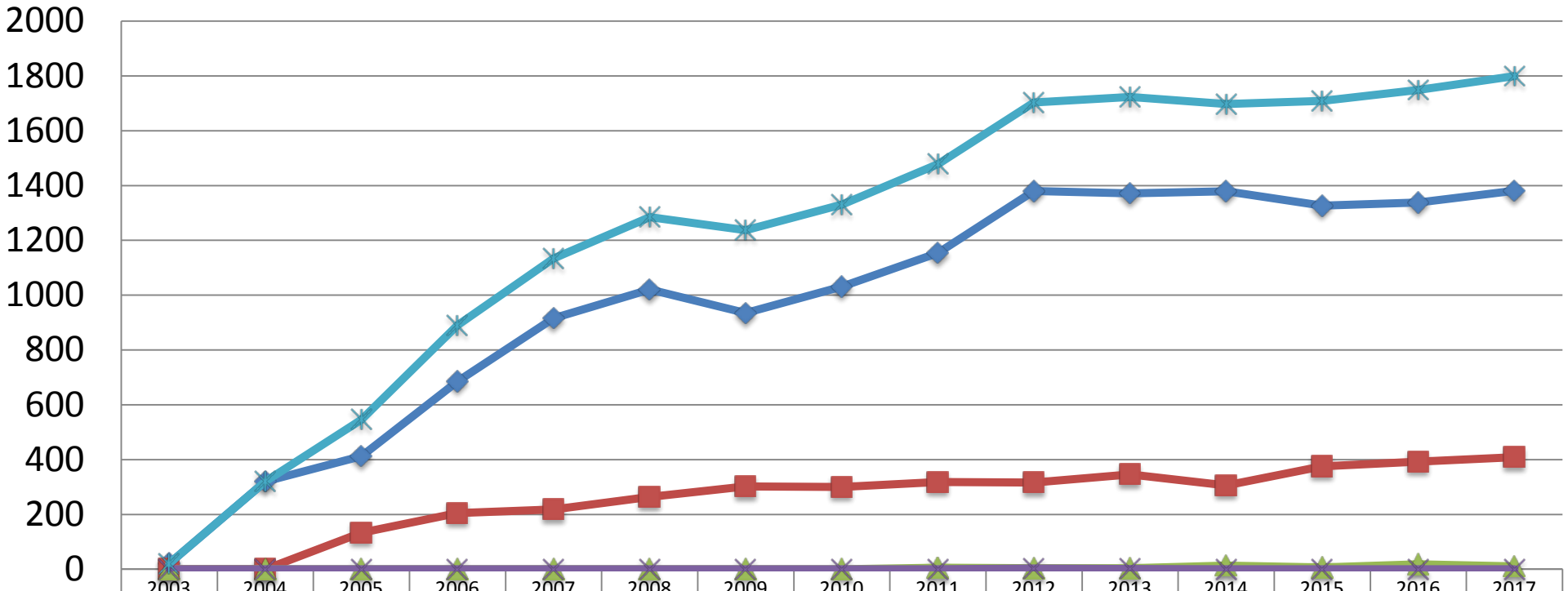
Name for Approval / Endorsement	Signature	Date

The Role of Telemedicine in Providing Thoracic Oncology Care to Remote Areas of British Columbia

M.F. Humer and B.G. Campling *Curr Oncol Rep (2017)*
& A. Luoma, A. Jugnauth, S. Deen, M. Blitz, and B. Nelems

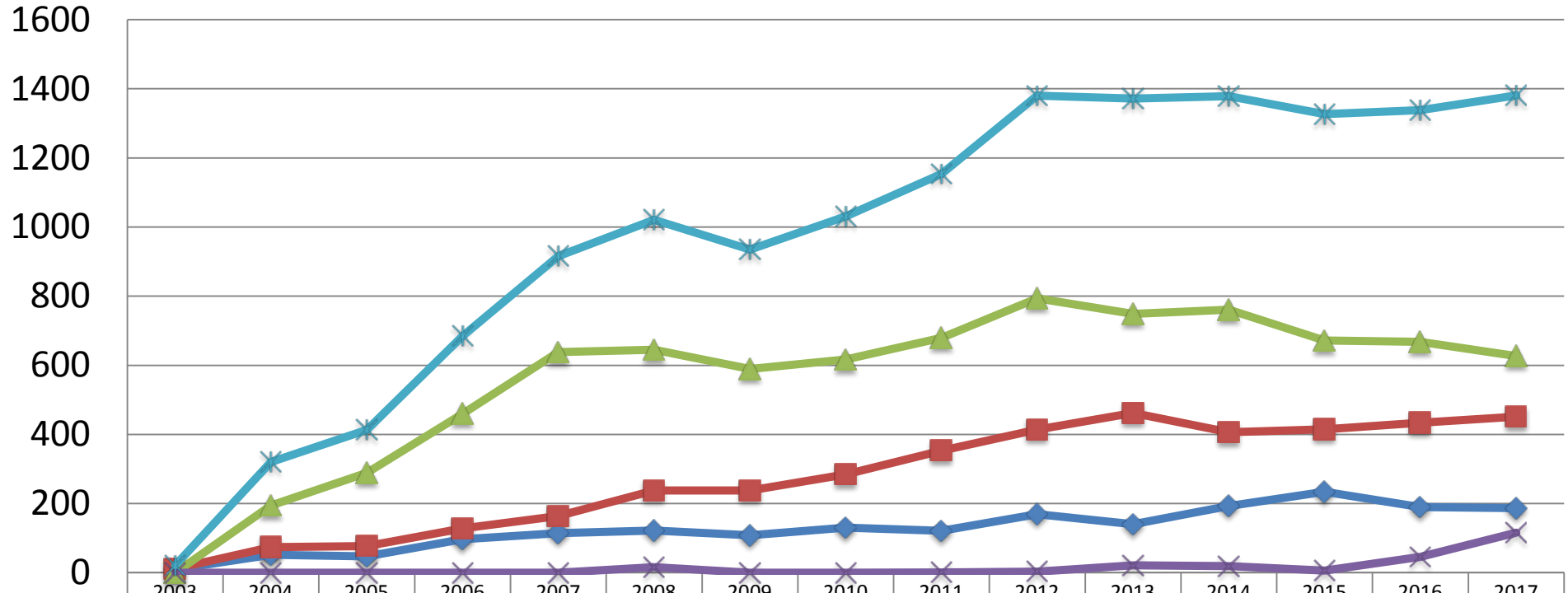


Telemedicine – patient encounters



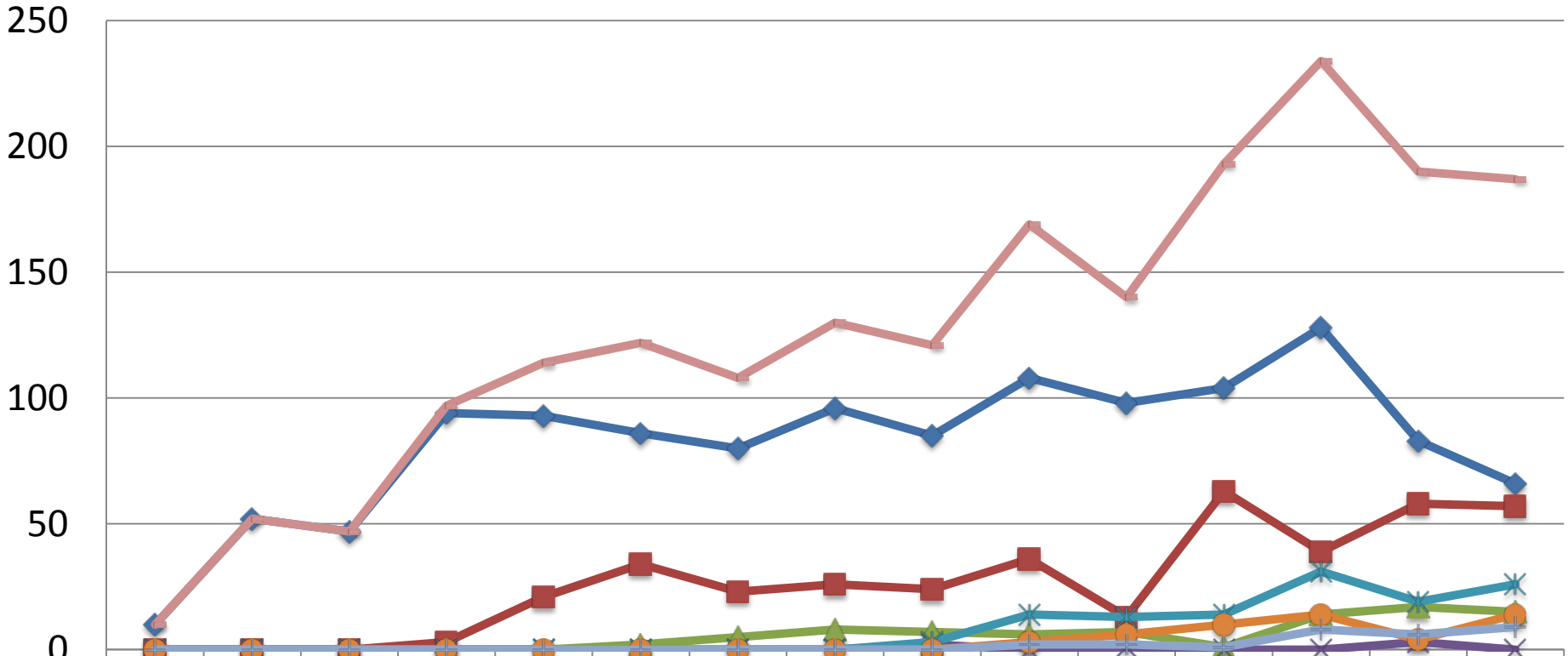
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
IH	21	320	413	685	916	1021	935	1031	1154	1380	1372	1379	1327	1338	1381
NH			133	205	218	264	302	300	318	316	346	306	375	393	409
YK									6	4	4	13	7	18	10
Other										3	1	0	0	0	0
Total	21	320	546	890	1134	1285	1237	1331	1478	1703	1723	1698	1709	1749	1800

Telemedicine – IH patient encounters



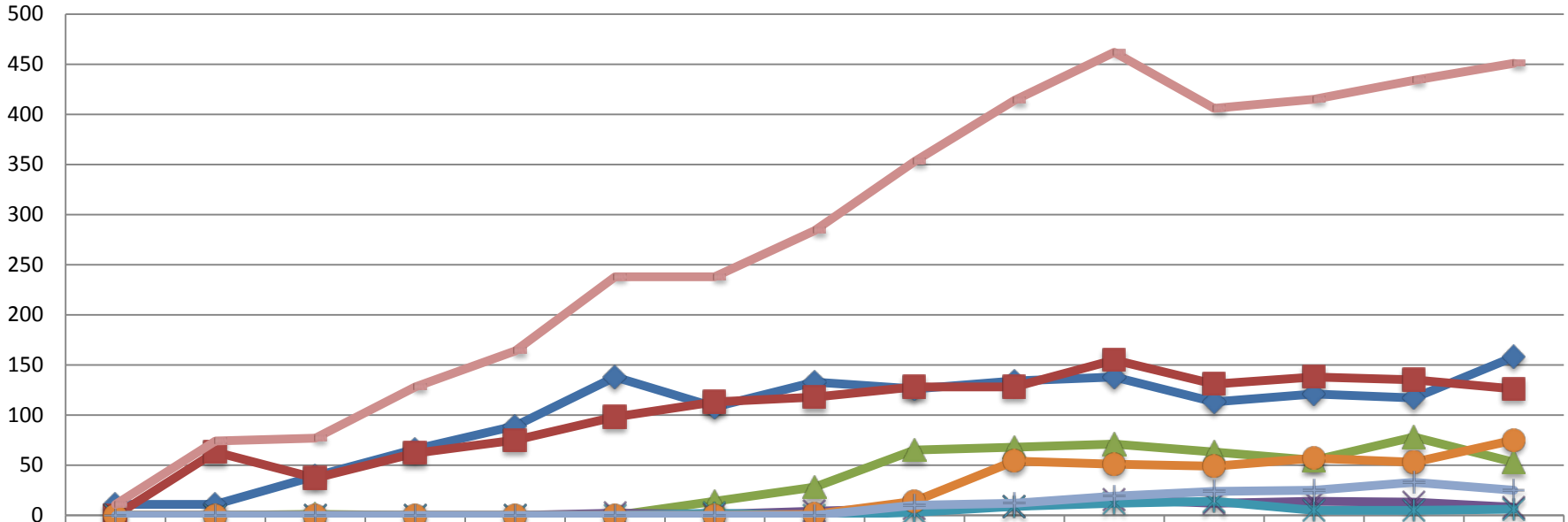
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
EK	10	52	47	97	114	122	108	130	121	169	140	193	234	190	187
KB	11	74	77	128	164	238	238	284	353	414	462	406	415	434	451
TCS		194	289	460	638	645	589	617	679	794	749	761	672	668	627
Ok						16	0	0	1	3	21	19	6	46	116
IH Total	21	320	413	685	916	1021	935	1031	1154	1380	1372	1379	1327	1338	1381

Telemedicine – EK patient encounters



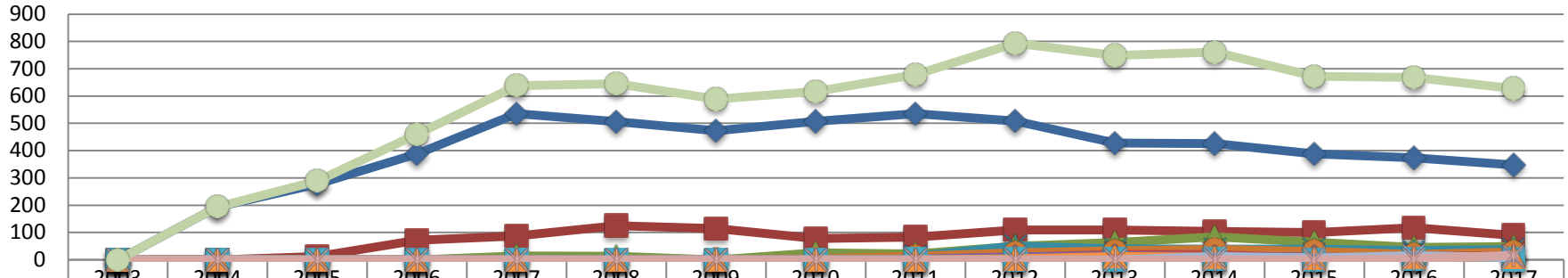
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Cranbrook	10	52	47	94	93	86	80	96	85	108	98	104	128	83	66
Creston				3	21	34	23	26	24	36	13	63	39	58	57
Golden						2	5	8	7	6	7	1	14	17	15
Sparwood									2	0	1	0	0	3	0
Invermere									3	14	13	14	31	19	26
Kimberley										3	6	10	14	4	14
Fernie										2	2	1	8	6	9
EK Total	10	52	47	97	114	122	108	130	121	169	140	193	234	190	187

Telemedicine – KB patient encounters



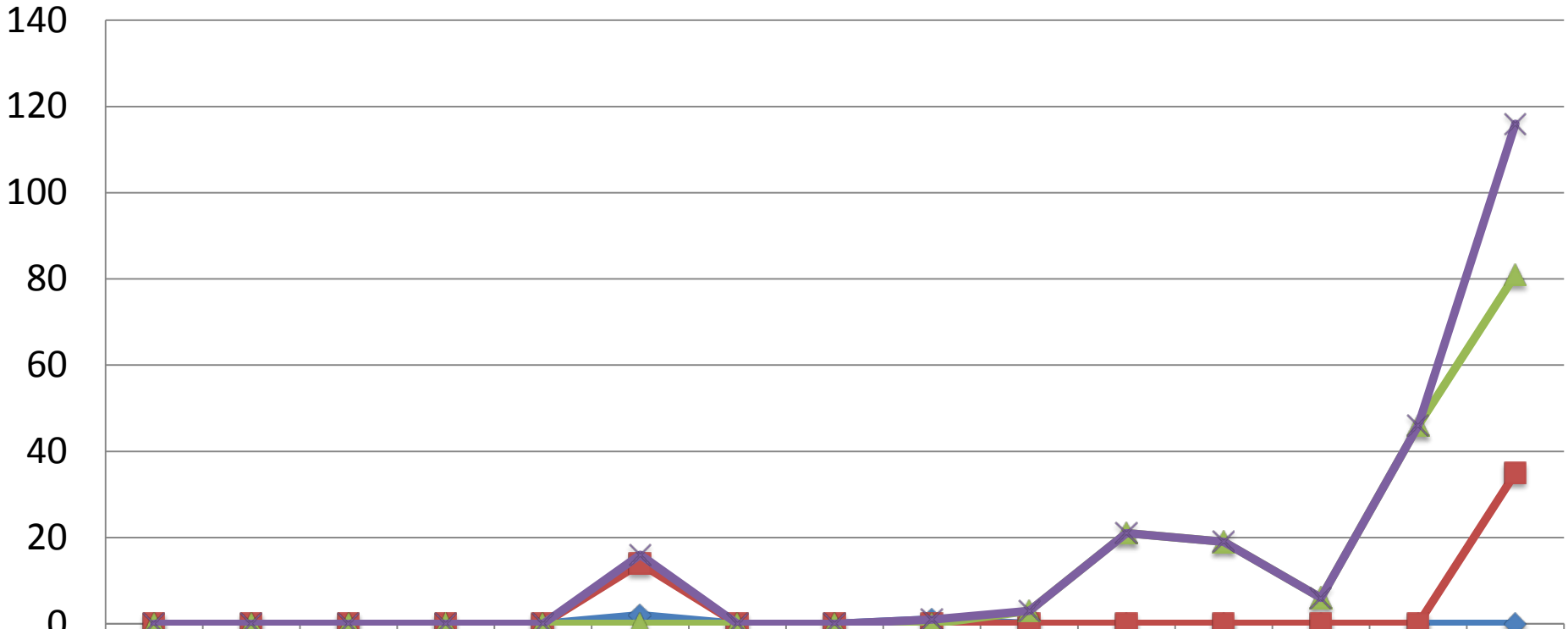
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Trail	11	11	39	66	89	138	108	133	126	134	138	113	121	117	158
Nelson		63	37	62	75	98	113	118	128	128	155	131	138	135	126
Grand Forks			1	0	0	0	14	28	65	68	71	63	55	78	53
Kaslo						2	1	4	7	9	16	12	14	13	8
New Denver							2	0	3	9	12	14	5	5	6
Castlegar								1	14	54	51	49	57	53	75
Nakusp									10	12	19	24	25	33	25
KB Total	11	74	77	128	164	238	238	284	353	414	462	406	415	434	451

Telemedicine – TCS patient encounters



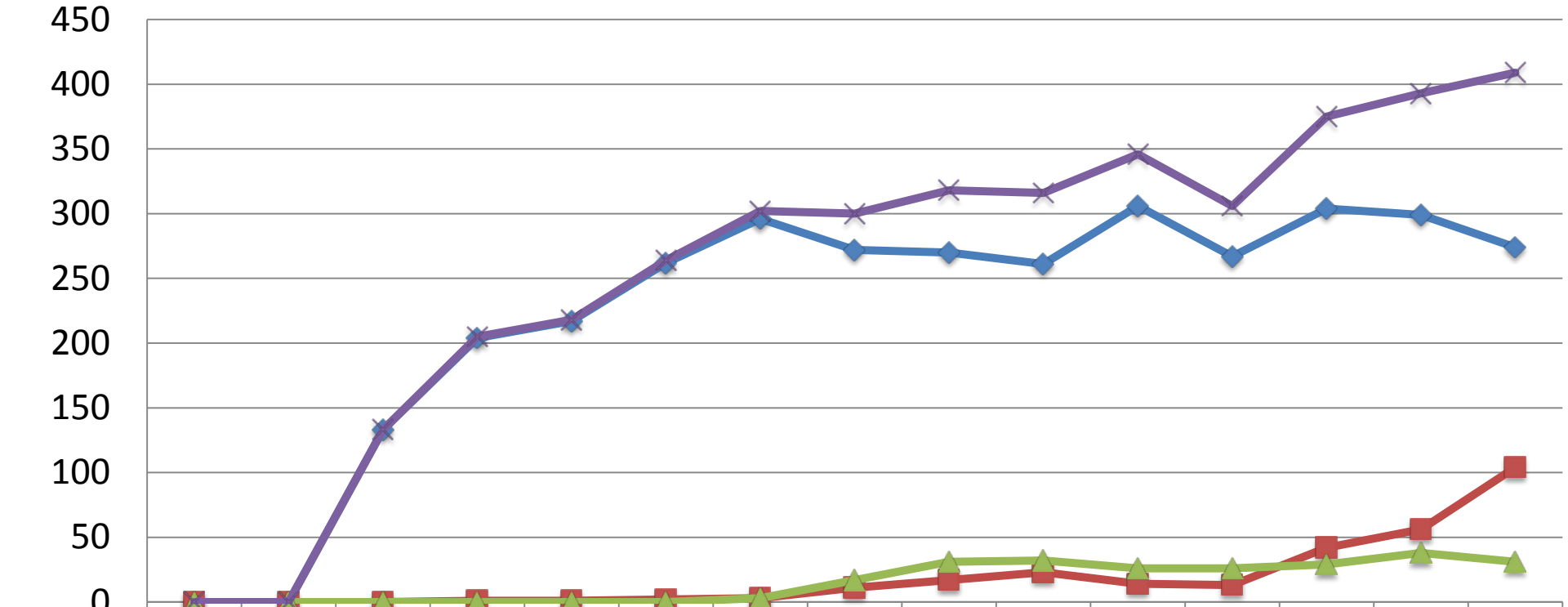
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Kamloops		194	277	388	536	506	473	507	535	508	428	426	388	374	347
Williams Lake			12	72	87	125	115	78	83	109	109	104	100	118	90
100 Mile					14	13	0	26	22	50	63	84	64	46	49
Clearwater					1	0	0	0	6	22	27	14	18	27	15
Merritt						1	0	0	13	51	40	39	39	34	38
Revelstoke							1	4	13	26	33	38	31	20	29
Alexis Creek								2	0	0	0	0	1	0	0
Ashcroft									1	9	21	19	6	13	14
Lytton									2	3	0	2	0	0	3
Lillooet									3	11	15	11	11	4	7
Tatla Lake									1	1	1	2	0	4	1
Logan Lake										4	12	10	7	9	10
Barriere												12	7	15	8
Chase														4	16
TCS Total		194	289	460	638	645	589	617	679	794	749	761	672	668	627

Telemedicine – Ok patient encounters



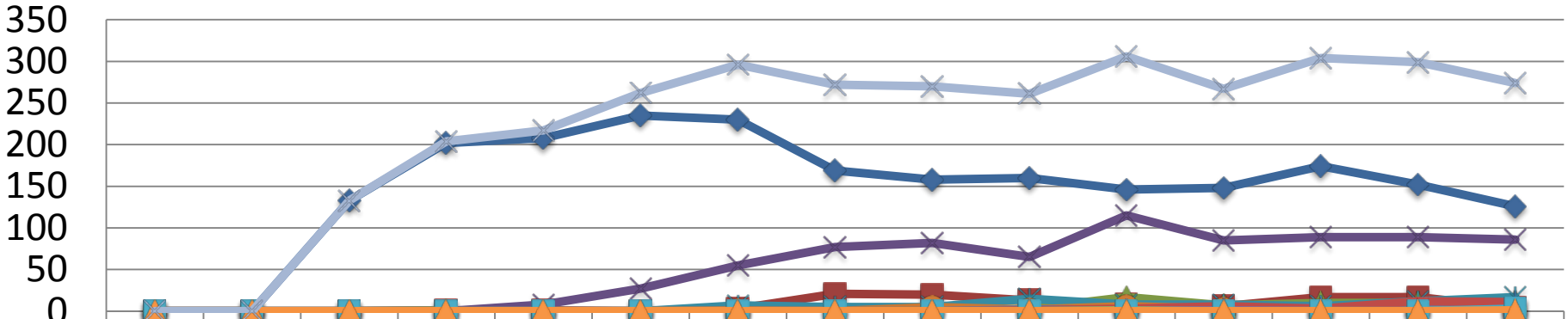
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Vernon						2	0	0	1	0	0	0	0	0	0
Penticton						14	0	0	0	0	0	0	0	0	35
Oliver										3	21	19	6	46	81
CO Total						16	0	0	1	3	21	19	6	46	116

Telemedicine – NH patient encounters



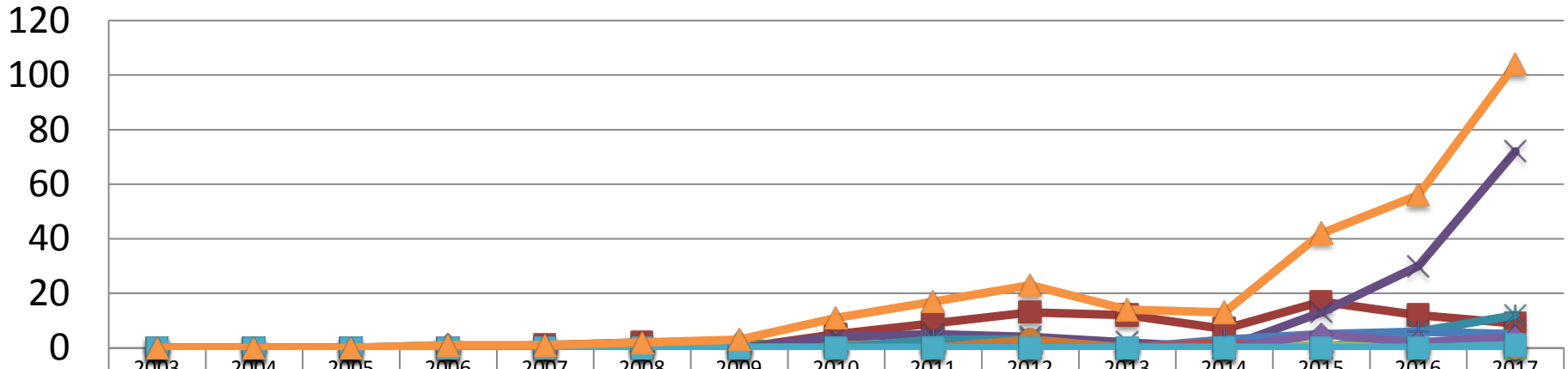
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
NI			133	204	217	262	296	272	270	261	306	267	304	299	274
NW				1	1	2	3	11	17	23	14	13	42	56	104
NE							3	17	31	32	26	26	29	38	31
NH Total			133	205	218	264	302	300	318	316	346	306	375	393	409

Telemedicine – NI patient encounters



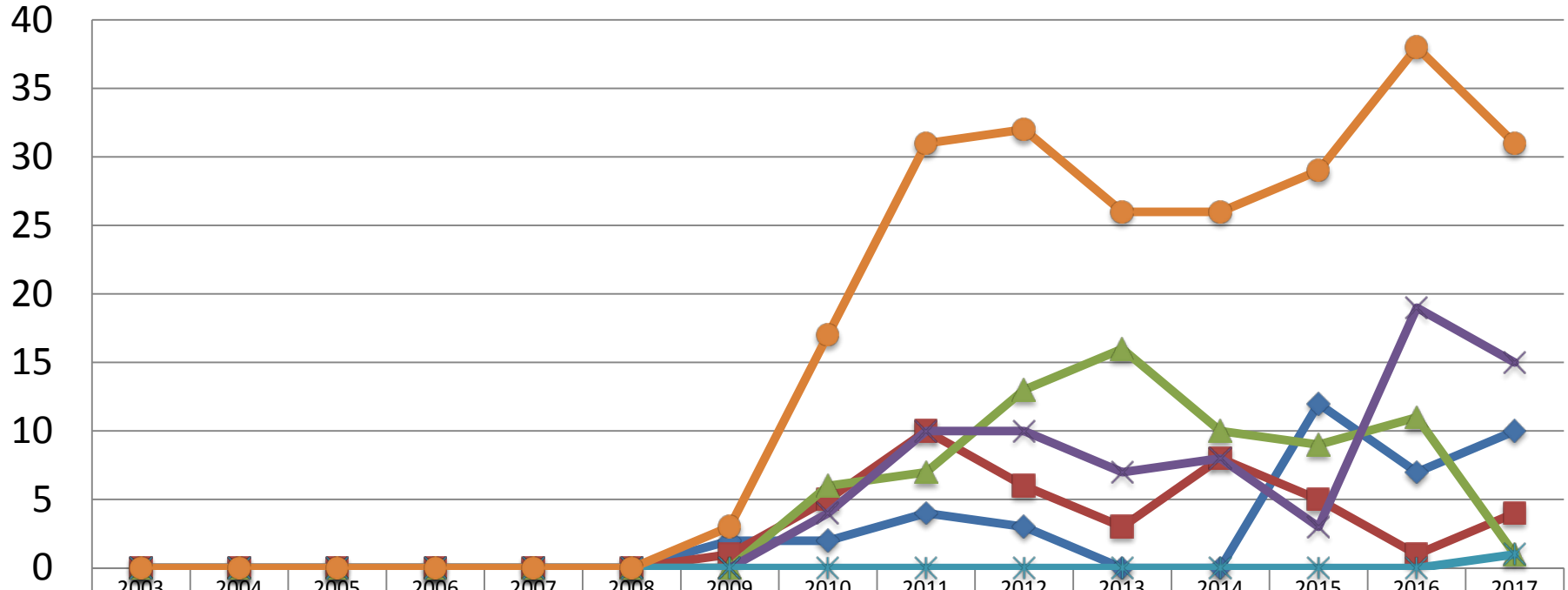
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Pr. George			133	202	208	235	230	169	158	160	146	148	174	152	126
Fraser Lake				1	1	0	3	21	20	13	8	6	17	17	4
Burns Lake				1	0	0	0	0	0	3	17	7	10	10	11
Quesnel					8	27	55	77	82	65	115	85	89	89	86
VDHoof							7	5	5	15	8	8	6	12	17
McBride							1	0	5	2	6	3	1	3	1
Ft. St. James										2	2	3	4	4	11
Mackenzie										1	3	6	3	12	11
Takla Lndg.											1	0	0	0	2
Valemont												1	0	0	1
Granisle															3
Tsay Keh D.															1
NI Total			133	204	217	262	296	272	270	261	306	267	304	299	274

Telemedicine – NW patient encounters



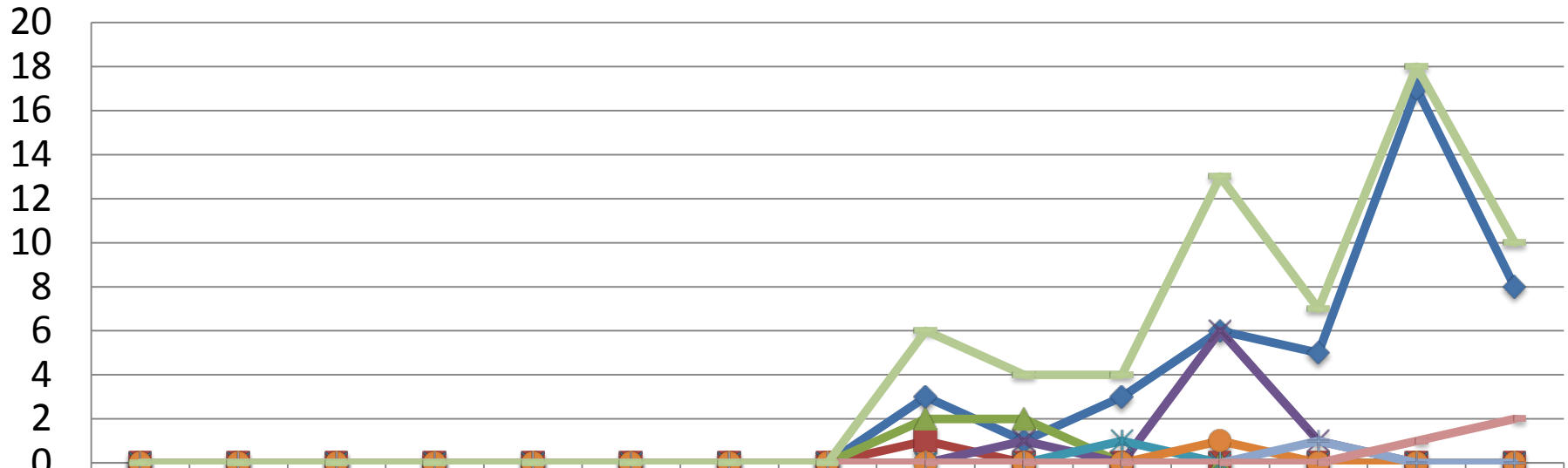
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Hazelton				1	0	0	2	0	0	0	0	1	0	0	0
Smithers					1	2	0	5	9	13	12	7	17	12	9
Stewart							1	2	0	0	0	0	0	0	0
Terrace								4	5	4	2	0	13	30	72
Pr. Rupert									3	3	0	0	0	6	12
Q. Char. City										3	0	0	1	0	0
Houston												3	5	6	5
Bella Coola												2	0	0	0
Dease Lake													1	0	1
Kitimat													5	2	4
Tele Ck.															1
NW Total				1	1	2	3	11	17	23	14	13	42	56	104

Telemedicine – NE patient encounters



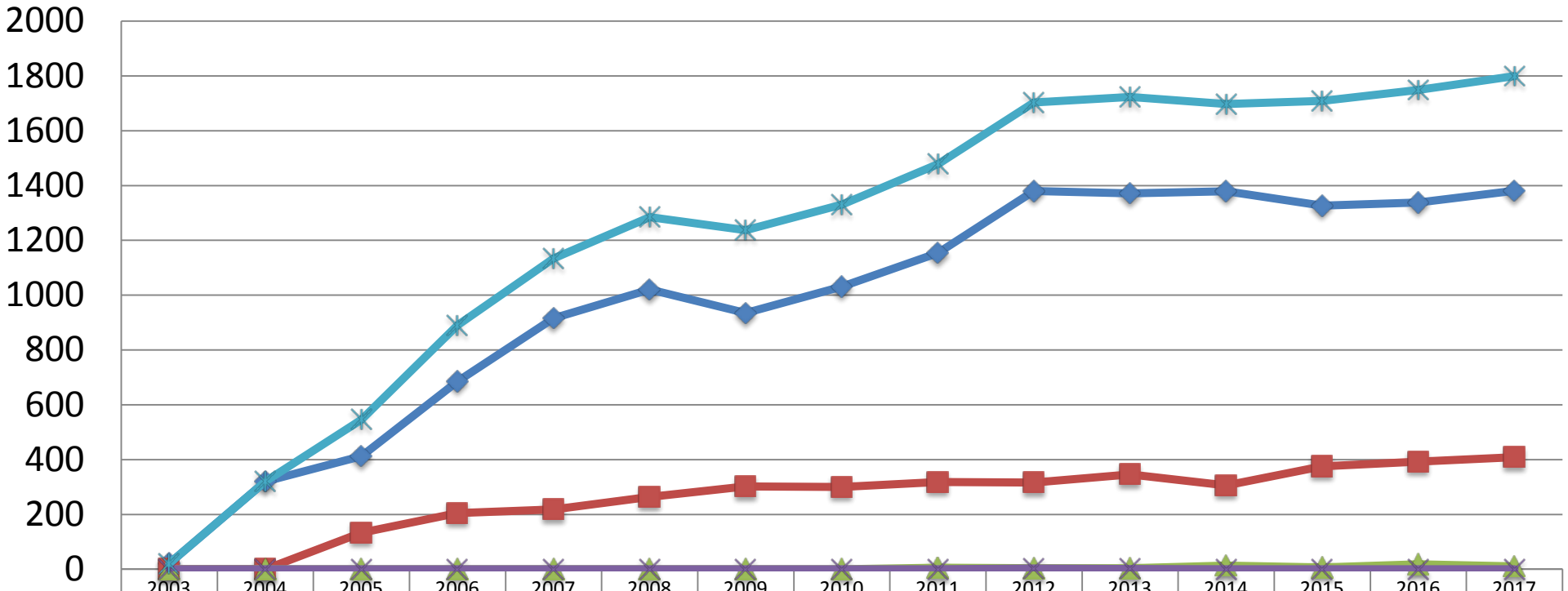
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dawson Ck.							2	2	4	3	0	0	12	7	10
Tumb. Ridge							1	5	10	6	3	8	5	1	4
Chetwynd								6	7	13	16	10	9	11	1
Ft. St. John								4	10	10	7	8	3	19	15
Hud. Hope															1
NE Total							3	17	31	32	26	26	29	38	31

Telemedicine – YK patient encounters



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Whitehorse									3	1	3	6	5	17	8
Mayo									1	0	0	0	0	0	0
Carcross									2	2	0	0	0	0	0
Watson Lake										1	0	6	1	0	0
Haines Jxn											1	0	0	0	0
Faro												1	0	0	0
Inuvik NWT													1	0	0
Daw. City														1	2
YK Total									6	4	4	13	7	18	10

Thank you – Questions?



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A Digital Wave is Coming.
How do we Prepare?

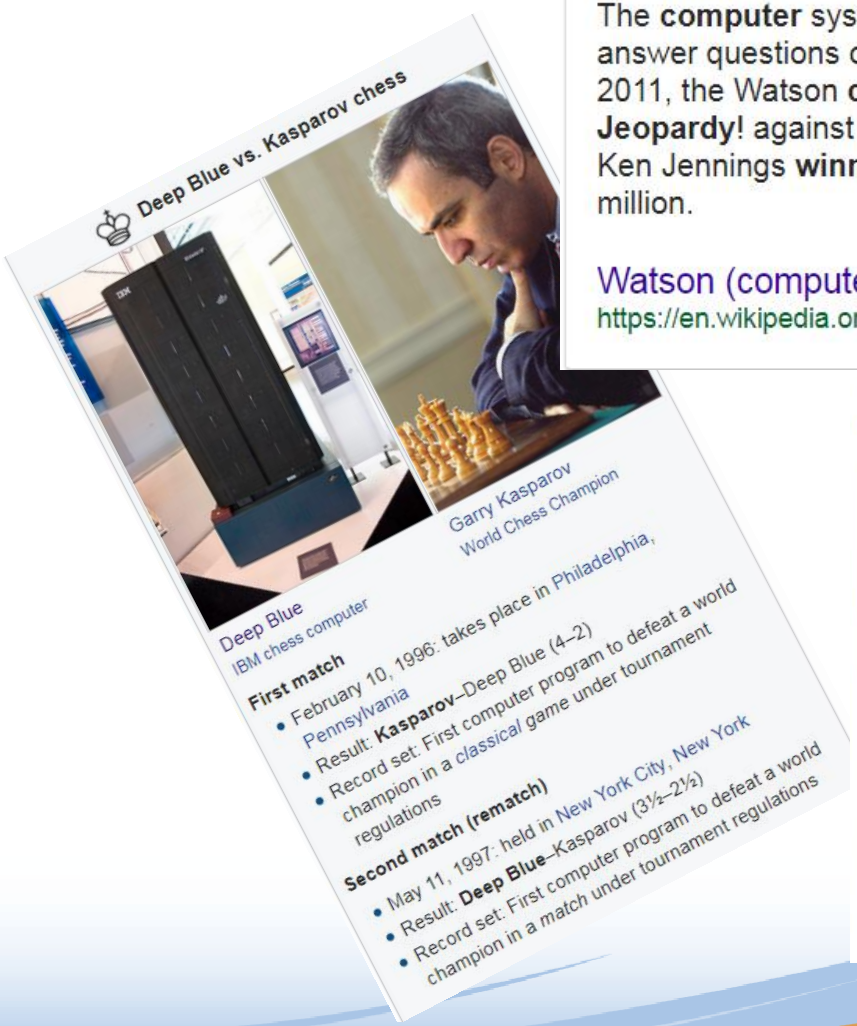
Presentation to IH Public Board Meeting

April 17, 2018

Chris Mazurkewich, President & CEO
Interior Health

Interior Health
Every person matters

Computer wins!



The **computer** system was specifically developed to answer questions on the quiz show **Jeopardy!** and, in 2011, the Watson **computer** system competed on **Jeopardy!** against former winners Brad Rutter and Ken Jennings **winning** the first place prize of $1 million.

Watson (computer) - Wikipedia
https://en.wikipedia.org/wiki/Watson_(computer)

Google computer wins final game against S. Korean Go master

March 15, 2016

South Korean Go grandmaster Lee Se-Dol (R) makes a move during the first in a five-game series against AlphaGo in Seoul on March 9, 2016

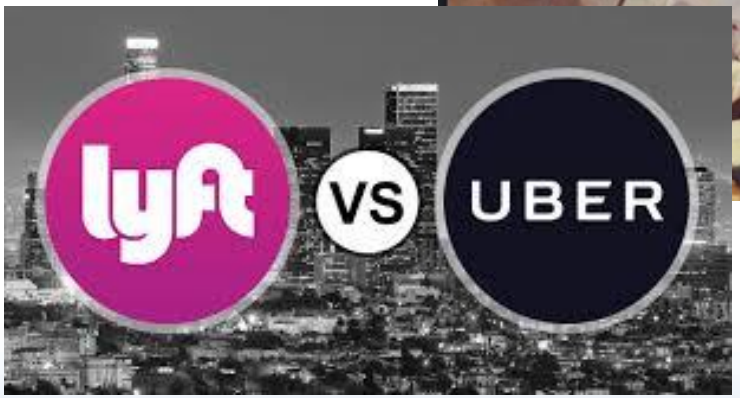
The Robot Will See you Now

Disruption to Business Models

- *"When it comes specifically to the disruption of business models, the survey yielded some surprising results, especially the low priority assigned to "artificial intelligence."This seems odd, as AI represents one of the biggest opportunities…"*

Source: KPMG/Conference Board of Canada: Audit Trends, Volume 3, Talent, tech and turmoil are shaping the audit environment.

Lyft vs Uber: David and Goliath Battle Plays Out in 2018 or GM versus Lyft and UBER versus TESLA



Source: *Sharespost;* Lyft: Closing the Gap on Uber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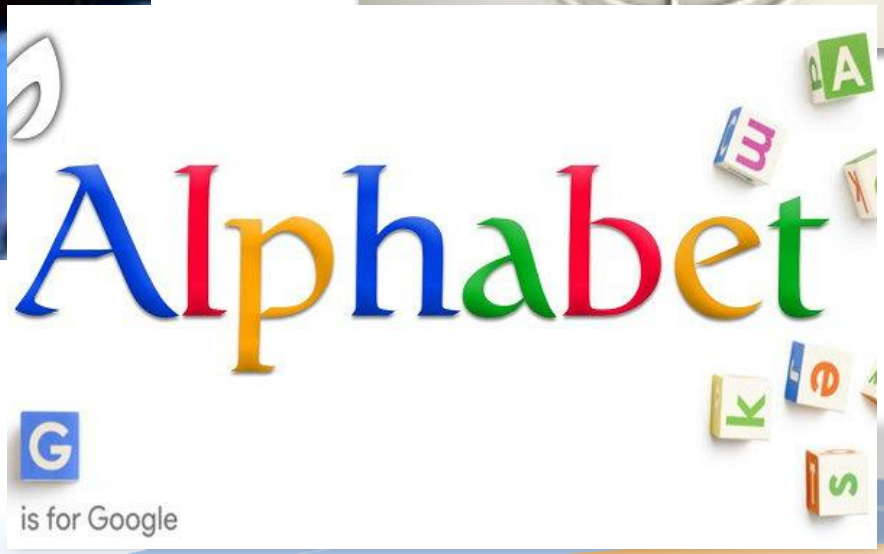
Amazon, Berkshire Hathaway and JP Morgan Team Up to Try to Disrupt Health Care

- *Three corporate behemoths — Amazon, Berkshire Hathaway and JPMorgan Chase — announced January 2018 that they would form an independent health care company for their employees in the United States.*

From left: Warren E. Buffett of Berkshire Hathaway, Jeff Bezos of Amazon and Jamie Dimon of JPMorgan Chase. Associated Press

Source: New York Times

Another Disruptor



Patient Disruptor

Canadian Context

How does this play out in the Canadian context? The federal government recently earmarked $125-million for a Pan-Canadian Artificial Intelligence Strategy – with the Canadian Institute for Advance Research (CIFAR) in charge – and three new research institutes in Edmonton, Toronto, and Montreal. One of the goals is to "develop global thought leadership on the economic, ethical, policy, and legal implications of advances in artificial intelligence.

Opportunities/Risk

- New Health Entities
- New Health Technologies
- New Business Models
- Doctor You – Patient Knowledge

DRAFT MINUTES OF FEBRUARY 6, 2018
REGULAR BOARD MEETING
12:30 pm – 1:45 pm
5th Floor Boardroom – 505 Doyle Avenue

Board Members:

Dr. Doug Cochrane, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
Dr. Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum (V)

Resource Staff:

Chris Mazurkewich, President & Chief Executive Officer (Ex Officio)
Debra Brinkman, Executive Assistant (Recorder)
Carmen Gudljek, Board Resource Officer

Guests:

Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP, Clinical Support Services & Chief Information Officer
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (V)
Anne-Marie Visockas, VP, Health System Planning, MHSU, Residential Services
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:

Rae Samson, Health Services Administrator Practice, Quality and Substance Use Services
Karin Goodison, Medical Health Officer
Dr. Devin Harris, Chief of Staff, Kelowna General Hospital
Demetrios Karogiannis, Manager, Emergency Services Kelowna General Hospital

(R) Regrets (T) Teleconference (V) Videoconference

1. CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed Board Directors, staff and visitors. Chair Cochrane asked the Directors to declare any new conflicts of interests. No conflict of interest where declared.

1.1 Acknowledgement of the First Nations and their Territory

Chair Cochrane respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory. Director Jules offered a pray of thanks.

1.2 Approval of Agenda

Director Jules moved, Director Rounsville seconded:

Motion: 18-01 **MOVED AND CARRIED UNANIMOUSLY THAT** The Board approve the regular agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

3.1 Addiction Services Continuum to Meet Population Needs

Rae Samson and Dr. Karin Goodison joined the meeting to share information on work underway to address the opioid overdose crisis in Interior Health. The presentation focused primarily on how addiction services continuum of care meets the population needs in the Interior region. It highlighted the importance of the flow of patients through an array of specialized services provided. Rae Samson spoke of the need for community partnerships in addition to a comprehensive range of programming offered across primary, secondary and tertiary care and the essential elements of care related to effective patient transition across the tiers of service.

The presenters answered questions from the Board.

3.2 Emergency Physician Triage Pilot

Dr. Mike Ertel, Dr. Devin Harris and Demetrios Karogiannis joined the meeting to present results of the Emergency Physician at Triage trial that took place at Kelowna General Hospital this past year. Dr. Ertel reported that after a LEAN rapid process improvement workshop one of the recommendations was to improve time to physician initial assessment. As a result, the site trialed a Physician at Triage (PAT) proof of concept to determine if this would alleviate some of the concerns. The trial's outcomes were to address increasing patient volumes, improve ED patient flow and time to care. The emergency department team implemented a physician/nurse in triage collaborative during the May-September long weekends. The results of the trial highlighted a reduction in all measured indicators. The benefits of the PAT translate to increased operational efficiency and productivity, which ultimately improve the quality and safety of ED practice. By using the PAT model, all ED patients are evaluated by a physician quickly, higher acuity patients are admitted faster and fewer patients are leaving before being evaluated by a physician. The improved efficiency could result in increased capacity, which translates to the ability to see more patients in the ED. As population in the Interior of BC increases there are opportunities to implement a PAT on a more permanent basis and could be implemented at the larger hospitals within Interior Health.

The presenters answered questions from the Board.

4. APPROVAL

Approval – Minutes

Director Rounsville moved, Director Stewart seconded:

Motion: 18-02 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the December 5, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

There were no actions for review.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Report of the Health Authority Medical Advisory Committee meetings that took place on December 15, 2017 and January 12, 2018.

Highlights included:

- Transcription services provided a presentation on timely access. Voice recognition is also being considered for high use physicians.
- Infection Control presented new data on hand hygiene and over use of antibiotics.
- MyHealthPortal update was provided.

- Dr.s of BC presented engagement survey results.
- Meditech updates and the timing of the downtimes are an ongoing concern.

6.1.1 HAMAC Recommendation(s) for Action / Discussion / Information

- There were no recommendations from HAMAC at this time.

6.2 Audit and Finance Committee

Director Rounsville noted there were no recommendations at this time.

Director Rounsville reported:

- Reviewed period 10 financials noting a slight negative projection at period 10 but IH is tracking to a balanced budget by year end.
- Reviewed major capital projects status report.
- Reviewed IMIT project status report.
- Good discussion regarding the MyHealthPortal initiative.

6.3 Quality Committee

Director Stewart noted there were no recommendations at this time.

Director Stewart reported:

- Overview was provided of Quality Risk and Accreditation Strategic Plan, Objective 6 - *Utilize Data and System Measures to Inform Continuous Improvement.*
- Annual Surgical Report was presented.
- Quality Review Process update was presented.
- Patient Voices speaker was very well received.

6.3 Governance & Human Resources Committee
Director Dooley requested the Boards approval for the following motion.

Director Dooley moved, Director Cochrane seconded:

Motion: 18-03 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the updates to Board Policy 6.1- Board of Directors as presented.

Director Dooley reported:

- Information was received regarding the increase in Aboriginal representation in the IH workforce.
- Worksafe BC provided a thank you letter to Interior Health for the work undertaken to better support the health and safety of IH workers.
- Information was received on talent acquisition and recruitment strategies in the Human Resources Operations Annual Report.

6.4 Strategic Priorities Committee

No meeting was held. No report out provided.

6.5 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

7. REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information.

Directors ask for clarification on the meningococcal outbreak. Dr. Corneil provided detail on the risk group, and the immunization response effort provided.

Chris Mazurkewich answered questions from the Directors.

7.2 Chair Report

The Chair provided a summary of his site tour to the South Okanagan facilities. On February 1 and 2, Chair Cochrane and CEO Chris Mazurkewich toured Princeton General Hospital, South Similkameen Health Centre, South Okanagan General Hospital and Penticton Regional Hospital meeting with physicians, local community leader, auxiliaries, foundations and staff.

He also spoke about learning from a recent surgical summit he attended.

8. CORRESPONDENCE

Board correspondence was received as information.

9. DISCUSSION ITEMS

None

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, April 17, 2018 in Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 1:55 pm.

Doug Cochrane, Board Chair

Chris Mazurkewich, President & CEO

Interior Health

ACTION ITEMS
REGULAR BOARD MEETING

February 6, 2018

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			

Interior Health
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SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC Date: February 9, 2018

1. MOTIONS PASSED

Motion: That HAMAC endorse the Pharmacy & Therapeutics Executive Summary of January 26, 2018, as presented – *carried unanimously*.

Motion: That HAMAC endorse the Referral for Deactivation of Implantable Cardiac Defibrillator (ICD), 826506, as presented - *carried unanimously*

Motion: That HAMAC endorse Implantable Cardioverter Defibrillator (ICD) Deactivation PPO, 826507, as presented, noting suggested revisions - *carried unanimously*

Motion: That HAMAC endorse the Consent for ICD Deactivation, as presented - *carried unanimously*

Motion: That HAMAC endorse the Pacemaker magnet algorithms, as presented - *carried unanimously*

2. DECISIONS

Decision: HAMAC provides their endorsement for the revisions made to the Locum and Short Term Vacancy Reimbursement Policy, as presented – *carried unanimously*

3. ACTIONS

None.

4. PRESENTATIONS TO HAMAC

Medical Health Officer, Child Health Report – *Dr. S. Pollock, B. Chhetri, A. Miller*
Five recommendations delivered in report completed from data gathered from 0-18 year olds who live in the Interior communities. Report completed under statute of Child Health Act

Policy Revision – Locum & Short Term Vacancy – *N. Elliot*
Revision to policy requested in response to current need for frequent completion of exceptions for locum expenses.

Pharmacy & Therapeutics – *K. Peters, I. Petterson*
Detailed report from January 26, 2018 meeting submitted for HAMAC endorsement.

Cardiac Implantable Electronic Device (CIED) Pre-Printed Order – *Dr. G. Fradet, J. Costigan*
Pre-printed orders presented to HAMAC for endorsement.

HAMAC Date: March 9, 2018

1. MOTIONS PASSED

Motion: That HAMAC recommends to the Board that the current term for HAMAC Chair, Dr. Glenn Fedor, be extended by one month until June 30, 2018, – *carried unanimously*

Motion: That HAMAC recommends to the Board that the current term for HAMAC Vice-Chair, Dr. Anneline Du Preez, be extended by one month until June 30, 2018 – *carried unanimously*

2. DECISIONS

None.

Interior Health
Every person matters

SUMMARY REPORT FROM HAMAC TO THE BOARD

3. ACTIONS

Dr. H. Hundal asked to provide update re: current state of Violence Prevention Training for physicians.

4. PRESENTATIONS TO HAMAC

Interior Health Research Department Overview – *D. Taylor, Dr. D. Harris*
Overview of current work underway in IH Research Department and its growth to date.

2016 and 2017 Anatomic Pathology Quality Report – *Dr. M. Moss*
Report submitted for information only.

2017 Laboratory Services Annual Report – *Dr. M. Moss*
Report submitted for information only.

Interior Health

Stakeholders Committee

REPORT TO THE BOARD

— April 2018 —

The Committee has participated in the following stakeholder relations activities in support of management led external/internal communication responsibilities and the Board's goals and objectives.

February 2018

February 1 & 2	Board Chair/CEO Site Tours – South Okanagan Communities visited: Princeton, Keremeos, Oliver, and Penticton
February 2	Ministry event – approval of redevelopment plan for Cariboo Memorial Hospital project - Director Tugnum
February 9	Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane
February 14	Aboriginal Health Practice Lead Position Interviews – Director Jules
February 16	Partnership Accord Leadership Table (PALT) Meeting – Chair Cochrane and Director Jules
February 21-23	BC Patient Safety Quality Council: 2018 Quality Forum – Chair Cochrane, Directors Beddow, Dooley, Jules, Rounsville, and Tugnum
February 23	Health Authorities Chair to Chair meeting – Chair Cochrane

March 2018

March 1	Institute of Corporate Directors (ICD) Conference: Cybersecurity – Chair Cochrane
March 1	Research and Ethics Board (REB) meeting – Director Tugnum
March 2	Talent Acquisition and Marketing Recruitment video profiling staff with Aboriginal backgrounds – Director Jules
March 9	HAMAC Meeting – Chair Cochrane
March 9	PALT Panel preparation meeting for March 13 – Chair Cochrane

March 13	Interior Region First Nations Spring Caucus – Chair Cochrane and Director Jules
March 13	Ceremony to acknowledge Chris Mazurkewich on his leadership in strengthening partnerships with First Nations communities – Chair Cochrane and Director Jules.
March 13	Presentation to the Kimberley Hospital Auxiliary by Dr. Amanda Wilmer on the benefits of the PCR lab equipment - donations which came from the Auxiliary – Director Rounsville.
March 16	Health Authorities Chair to Chair meeting – Chair Cochrane

Interior Health
Every person matters

President & Chief Executive Officer Report to the Board

April 2018

Highlights

February - April

Featured in @IH: *Aboriginal Patient Navigator Deb Donald speaks with Secwepemc patient Debbara Toney about her care plan for when she goes home from hospital.*

Recruitment drive: IH pledges to increase number of Aboriginal employees by 2025
Interior Health has launched a recruitment strategy focusing on attracting Aboriginal people to health-care careers. Senior leadership has set a goal to increase the number of IH employees identifying as having Aboriginal heritage from the current number of 3.93 to 10 per cent by 2025.

- *Read @Interior Health feature article*
- *Read 'Sharing our Stories'*
- *Read In the Loop and watch CFJC interview (Kamloops)*

Redevelopment announced for Cariboo Memorial Hospital
IH received provincial approval in February to move the CMH project to the business-plan stage, a critical step in the redevelopment process. The project will create more functional space for patients and health-care providers, meet the most recent technological standards, and increase capacity to serve more patients.

- *Read the news release*
- *Read coverage in the Williams Lake Tribune (Feb. 2)*

Interior Health CEO to retire October 2018
Interior Health's Board Chair Doug Cochrane announced today that President & CEO Chris Mazurkewich has provided the Board of Directors with his letter of resignation, expressing his decision to retire at the end of October.

- *Read the news release*
- *Read CEO's message in @Interior Health*
- *Read 'Interior Region Caucus honours CEO' In the Loop*

IH represents at 2018 Quality Forum
Organized by the BC Patient Safety & Quality Council, the Quality Forum is an annual event that brings together hundreds of people who are passionate about improving the quality of health care to learn, connect, and share their work. Interior Health was a key contributor to this year's event, with employees from across IH presenting diverse perspectives of the health-care system through workshops, storyboard presentations, and the annual debate.

- *Read more In the Loop*

Strategic Goal #1

Improve health and wellness

New Drug Checking Services

Fentanyl drug checking services are being launched at the beginning of April 2018, starting with five priority communities across IH (Kamloops, Kelowna, Vernon, Penticton and Nelson). Initially, these community-based services will provide Fentanyl Test Strip checking of substances and/or urine of clients seeking testing. A *Guide to Drug Checking* has been developed, with clear protocols, and an educational training day was held on March 16, 2018, for participating agency staff.

Mental Health – Art Open House

An Art Open House and tour was held on March 21 at our Community Health & Services Centre to showcase local artists on display throughout the new downtown Kelowna building. The variety of art pieces has helped create a more inviting atmosphere for patients and members of the public, many with strong mental health connections and meanings. The event was well attended by public, staff, and media.

Influenza and Facility Outbreaks Report

A mid-season review measuring the average number of outbreaks at IH facilities related to Respiratory Illness shows a decrease in both the rate (proportion of residents/clients who became ill) as well as a decrease in the average duration of outbreaks (outbreaks were almost four days shorter than last year's average).

Okanagan Meningococcal Outbreak Response

IH's response to the Okanagan meningococcal outbreak spanned the period from December 2017 to February 2018. Response activities involved numerous community areas, portfolios and programs across the Okanagan. Of particular note was the immunization response, which succeeded in immunizing 11,417 persons aged 15-19 years with Meningococcal Quadrivalent vaccine (14,503 15-19 year olds received the vaccine before or during the outbreak). On the recommendation of the MHO lead, the outbreak was declared over on February 14, 2018. A 'Lessons Learned After Action Review' is planned to inform future Public Health response events.

Strategic Goal #2: Deliver high quality care

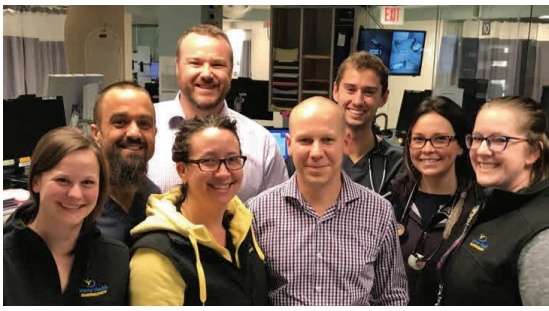
Emergency Department Ambulance Offload Delays

IH has seen a 62% decrease in emergency department ambulance offload delays since April 2017 through collaborative efforts between the Hospitals, IH Patient Transportation Services, and BC Emergency Health Services (BCEHS).

One year anniversary for Community Hospice beds

It has been one year since community hospice beds opened at Trinity Unit at Overlander Residential Care in Kamloops, and at Brookhaven Care Centre in West Kelowna, while other sites will celebrate anniversaries later in 2018. The beds are in private rooms with a comfortable, home-like feeling. The community hospice beds are supported by teams including RNs, LPNs, care aides, physicians, social workers, occupational therapists, pharmacists, and recreational therapists.

RIH emergency department wins WEDOC improvement award



Royal Inland Hospital's emergency department (ED) physicians and staff have worked hard to improve their patients' care experiences and decrease the time they are waiting to be seen, discharged or admitted to hospital. Now, those efforts have been recognized in the Western Emergency Department Operations Committee (WEDOC) annual awards, which tabbed the RIH ED in the Most Improvement category.● *Read more* *In the Loop*

Strategic Goal #3: Ensure sustainable health care

Upgrades to South Okanagan General Hospital emergency department announced

Interior Health is moving forward with a $970,000 upgrade to the emergency department at South Okanagan General Hospital (SOGH) which will improve patient privacy, flow, and the overall quality care provided to residents in the Oliver area. The project is partially funded by the Okanagan Similkameen Regional Hospital District (OSRHD). The OSRHD will contribute 40 per cent of the project with the Province of BC contributing the remaining 60 per cent.

New residential care home opens in Vernon

The Hamlets at Vernon officially opened its doors to more than 100 new residential care clients in January. Construction of the new residential care home began in March 2016. Located at 3050 29th Ave., the six-storey building houses 85 publicly-funded and 15 private pay residential complex care beds, as well as 52 private pay assisted living units.

Royal Inland Hospital (RIH) – Research Department

On March 15, RIH hosted the grand opening of the RIH Research Department. Over 50 people attended, including academic and community partners. The RIH Research Department is planned to support physician recruitment, expand clinical research, and become a central hub to support patient orientated research (BC SPOR).

Provincial research strategy unveiled

Improving outcomes for patients and providing a public health-care system they rely on through robust, unbiased analysis and evaluation, is at the centre of the new Ministry of Health research strategy. Entitled *Putting our Minds Together: Research and Knowledge Management Strategy*, this plan responds to recommendation 35 in the ombudsperson's report, Misfire: The 2012 Ministry of Health Employment Terminations and Related Matters, for a plan to address gaps found in evidence-based programs after the Health ministry firings. It also expands the use of objective analysis across all of the ministry's work.

Pharmacy network links prescription information to patient files at SOGH

PharmaNet Integration into Meditech went live in March at South Okanagan General Hospital, improving medication reconciliation, efficiency, accuracy, and patient safety. PharmaNet is the province-wide network that links all B.C. pharmacies to a central data system. Every prescription dispensed is entered into PharmaNet. Now, this information will be directly linked to patient files at SOGH, through Interior Health's Meditech database. The next IH site that will see PharmaNet integrated into electronic patient records is the Royal Inland Hospital Emergency Department in Kamloops. ● *Read more* *In the Loop*

Strategic Goal #4

Cultivate an engaged workforce and a healthy workplace

Featured In the Loop: *Rita Jara accepting her Level 1 Clinical Educator of the Year award at a UBC gala dinner in Vancouver.*

New recruitment strategy profiles IH staff with Aboriginal backgrounds

A new Talent Acquisition and Marketing recruitment campaign that profiles IH staff who have Aboriginal backgrounds launched in early 2018, and includes a recruitment video filmed in March. The video encourages Aboriginal peoples to consider studying for a career in health care with Interior Health, and is being shared broadly through IH social media and other channels. The filming was led by Westbank First Nation member Rick Sagayadan of SAGAcom Productions.

Superstar educator receives prestigious award

Physiotherapist (PT) Rita Jara is an example of a giant in the field of clinical education, and has received accolades from students, colleagues, and universities alike. Ricardina, who is Rita to her colleagues and patients, is a PT at Ponderosa Lodge in Kamloops. She was recently awarded the prestigious Level 1 Clinical Educator of the Year from the UBC Department of Physical Therapy.

- *Read more In the Loop*

Anti-Bullying in the Workplace

Staff from across IH showed their support for a workplace free from harassment and bullying, donning pink shirts on February 28th.

- *Read more and see pictures In the Loop*

Workplace Health & Safety: Communications

Health and safety messaging is being integrated into regular IH communication channels, including the CEO message in @Interior Health magazine in February, through IH-designed advertisements, and on social media. A communication plan to support health and safety as a key strategy using the framework of a Health and Safety Management System is being finalized and will encourage all staff and physicians to make health and safety part of their everyday practice.

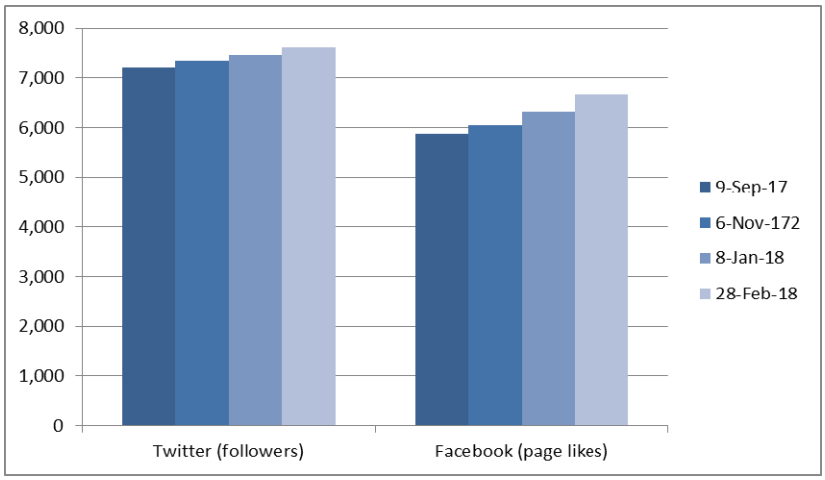
Community Engagement

Social media presence and engagement

(as of February 28, 2018)

The **top performing** post on IH social media in January and February was announcing the appointment of Judy Sturm, the new Aboriginal Mental Wellness Director. The Facebook post generated 529 post clicks; **159** reactions; **12** comments; and **12** shares, with a total reach of **4,443** people.

Audience growth —Twitter and Facebook



IH public website

919,049 unique page views

Top pages (page views):

- Homepage – 636,871
- MyHealthPortal – 32,482
- Careers – 24,556
- Find a Location – 20,415
- Find a Service – 17,549
- MyHealthPortal Signup – 10,729
- Contact Us – 9,956
- Your Environment/Outbreaks – 7,596

IHintheloop.ca Website *(January 1 – February 28, 2018)*

- 14,842 users
- 57,872 page views of whole site (increase of 21.07 per cent) and 3,926 for the home page
- 78 new comments and 370 likes (compared with 44 new comments and 333 likes (for Nov/Dec timeframe)

Top 5 viewed posts

- Influenza season underway – flu policy in effect (927 page views)
- Gold apple nominations are open (915 page views)
- Retirement on the horizon for CEO (894 page views)
- SmarTrack allows public to track loved ones surgical journey (873 page views)
- Practice change for staff applying peripheral IV dressings (770 page views)

Community Engagement

Stakeholder Engagement by Community Liaisons

IH East

Community Liaisons in IH East attended and held several meetings with key stakeholders in the reporting period, including:

- Meeting with the BC Health Emergency Services to discuss the next phase of the Community Paramedicine initiative;
- Community Primary Care Network planning meeting with Doctors of BC;
- Attending the West Kootenay Boundary Regional Hospital Meetings;
- Hosting the Fernie Mayor and one Councillor of a tour of the OR and Endoscopy Suite.

IH Central

Community Liaisons in IH Central attended and held several meetings with key stakeholders in the reporting period, including:

- Hosting the CEO & Board Chair tour in February at Penticton Regional Hospital and South Okanagan General Hospital;
- Attending a community meeting with the RCMP Superintendent, Mayor and City of Penticton staff;
- Hosting PRH Operational Commissioning meetings, which began in March and will progress through the summer, with routine tours of the new building beginning in the fall.

IH West

Community Liaisons in IH West attended and held several meetings with key stakeholders in the reporting period, including:

- Meeting with the Mayor of Williams Lake, CRD Chair, Dean of TRU, RCMP Community Liaison at *Leaders Moving Forward* meeting;
- Attending Secwepemc, Tsilqot'in and Ulkatcho First Nations at *Linking IH* and *FN Nurses* meetings;
- Meeting with the Revelstoke Aboriginal Friendship Society, to share the IH Aboriginal Health and Wellness Strategy, and report on Patient Navigator program and the IH Aboriginal recruitment & self-identification initiatives;
- Meeting with Okanagan College representatives to review the Health Care Assistant course and to attend the graduation ceremony; several of the 10 students graduating have already connected with the local Residential Care manager to explore employment options;
- Meeting with the KB Division of Family Practice regarding a Shared Care Proposal on Palliative Care.

BOARD CORRESPONDENCE

February 5 to March 14, 2018

Board Correspondence received:

- Daniel Nocente
- South Okanagan Health Care Auxiliary
- Princeton Hospital Auxiliary
- Canadian Partnership Against Cancer Report
- MLAs Letter to Minister Dix re: Medical Assistance in Dying
- BCEHS Community Paramedic Update

The above correspondence items have been referred to the CEO and/or appropriate Vice-President and/or Patient Quality Care Office and have been responded to accordingly.

Daniel Nocente
5840 Newton Wynd
Vancouver, BC
V6T 1H5

Dr. Doug Cochrane
Chair
Interior Health Authority
Suite 220, 1815 Kirscher Road
Kelowna, BC
V1Y4N7

January 30, 2018

Dear Dr. Cochrane,

My name is Daniel Nocente and I am a Director on the Board of the Vancouver Coastal Health Authority. I also Chair the Audit Committee.

I am writing to advise you of the outstanding medical treatment I received from Dr. Bob Lewis at the Boundary Regional Hospital in Grand Forks. He and his team in the ER did a terrific job. You have a great group of people at that hospital.

Yours Sincerely,

Daniel Nocente

Interior Health
Every person matters

Interior Health Authority
Corporate Administration
505 Doyle Avenue
Kelowna, BC V1Y 0C5

Doug Cochrane
Chair, Board of Directors
Phone: 250-469-7070 Ext 12804
E-Mail: doug.cochrane@interiorhealth.ca

February 9, 2018

Daniel Nocente, Director
Board of Directors
Vancouver Coastal Health
c/o 5840 Newton Wynd
Vancouver, BC V6T 1H5

Dear Mr. Nocente,

Thank you for taking the time to let me know about your experience in our Emergency Department at Boundary Hospital in Grand Forks.

I was pleased to hear that the reasons for you coming to the Emergency Department were addressed to your satisfaction and I will share your kind words with Dr. Lewis and the staff involved in your care. I am proud of our staff, physicians and volunteers and the work they do each day.

I hope your recovery has progressed as you hoped.

Sincerely,

D Cochrane

Doug Cochrane
Chair, Board of Directors

cc: Cindy Stewart, Chair Board Quality Performance Committee
Chris Mazurkewich, President and CEO
Susan Brown, Vice President and Chief Operating Officer, Hospitals and Communities
Jenn Goodwin, Vice President Communications and Public Engagement
Thalia Vesterback, Health Services Director, Boundary Hospital
Dr. Geoff Coleshill, LMAC Chair, Boundary Hospital
Dr. Bob Lewis, General Family Practitioner

South Okanagan Health Care Auxiliary (SOHCA)
PO Box 1215,
(5928 Kootenay Street), Oliver, BC V0H 1T0
Thrift Store 250-498-3936

February 5, 2018

Mr. C. Mazurkewich
Interior Health President & CEO
505 Doyle Avenue
Kelowna, B.C.
V1Y 0G5

Dear Mr. Mazurkewich:

On behalf of the South Okanagan Health Care Auxiliary (SOHCA) I wish to thank Interior Health for the Appreciation Award presented to us on February 2, 2018.

We have 81 members, 55 who work regular shifts in our Hospital Thrift Shop, which is our main fundraiser. The other 25 members knit for our Hospital Baby Show Case, work at Dinners at Home or participate in other fund raisers such as our Spring Fashion Show.

We are very proud of South Okanagan General Hospital (SOGH) and the wonderful patient care that it provides our town and the surrounding area. We have a very happy working relationship with staff of the Interior Health and are pleased to be able to provide funds for hospital equipment.

Sincere thanks,

C J Howes

Carol Howes, President of SOHCA

PRINCETON HOSPITAL AUXILIARY SOCIETY
Box 931
Princeton, B. C. V0X 1W0
Telephone: 250 295-7214

February 5th, 2018

Interior Health Authority
5th Floor, 505 Doyle Street
Kelowna, B.C.
V1Y 0C5

Attention: Chris Mazurkewich
President & Chief Executive Officer

Re: Presentation of "Plaque" - Princeton Hospital Auxiliary

Dear Mr. Mazurkewich:

The Princeton Hospital Auxiliary Executive & Members wish to express our thanks for the "Plaque" received from Interior Health Authority in:
"Recognition of our contribution to improving Health Care in our Community – 2018.

This plaque is proudly displayed in our Thrift Shop.

Each member, who attended the Interior Health Meeting on Thursday, February 1st, 2018 found the meeting informative.

Thank-you for inviting us to attend.

Yours truly,

Laila Bird

LAILA BIRD
President

cc to: Doug Cochrane, Board Chairman
Susan Brown, HCIS Health Services Admistrator for the South Okanagan

CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

10 years OF PROGRESS

29 January 2018

RECEIVED
FEB 16 2019

Mr. Chris Mazurkewich
President and Chief Executive Officer
Interior Health
Interior Health Corporate Office
505 Doyle Ave
Kelowna BC V1Y 0C5

Dear Mr. Mazurkewich:

I am pleased to share with you a copy of *Living with Cancer: A Report on the Patient Experience*, from the Canadian Partnership Against Cancer (the Partnership). You would have already received a copy of this report in embargo on January 15.

This groundbreaking report includes data drawn from multiple sources, reflecting the voices of over 30,000 Canadians, and is the country's largest accumulation of patient data on the experiences of people living with, and beyond, a cancer diagnosis.

This report, and the series that will follow, is possible through national collaborations, led by the Partnership, to both understand and respond to patient needs and concerns. The Partnership is working in all parts of Canada with our partners to ensure patient real-time feedback is always captured and made available to their treating physicians, to allow for meaningful conversations about needs and challenges for those undergoing cancer.

This report demonstrates more than half of people with cancer have unmet physical, emotional or practical needs during diagnosis, during treatment and after treatment. As a result of these findings, there are four key changes the Partnership is working with our partners across the Canadian health system to make:

- **Clinicians** should have access to real-time data that informs their decisions, helping to ensure patients' physical, emotional and practical needs are being met from cancer suspicion through to survivorship.
- **Health system administrators** should adopt existing evidence-based, validated tools to collect data on patient-reported outcome and experience measures from cancer suspicion to survivorship.
- These tools should be adapted by **hospitals and other health care facilities** to address the local real-time information needs of their clinicians.

`Continued on next page...

145 King Street West, Suite 900, Toronto, ON M5H 1J8
Telephone 416.915.9222 Facsimile 416.915.9224
partnershipagainstcancer.ca

145, rue King Ouest, bureau 900, Toronto (Ontario) M5H 1J8
Téléphone 416.915.9222 Télécopieur 416.915.9224
partenariatcontrelecancer.ca

CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

10 years OF PROGRESS

- **Provincial and territorial governments** should work with health data partners (such as the Canadian Institute for Health Information and Canada Health Infoway) to ensure the infrastructure is in place to create and maintain a national information database on patient-reported outcome and experience measures to facilitate system performance monitoring, quality improvement and research.

To address these findings, the Partnership is collaborating with governments, cancer agencies and programs, and other health sector organizations to scale-up and spread standardized symptom management tools across the country. Standardization and use of these tools will help health professionals better understand and meet the needs of their patients, and ensure high-quality data is available to help make system-level changes.

As part of our collaborative work to better the patient experience, the Partnership is supporting work for earlier identification of patients needing a palliative care approach to manage and control symptoms and improve quality of life.

This report is also available online at systemperformance.ca. Please distribute this to anyone in your organization who it may be of interest to.

I sincerely thank you for your ongoing support of these collaborative efforts. Should you have any questions about this report, or ideas on how we can drive measurable change in patient experience, please do not hesitate to contact me at Jennifer.Chadder@partnershipagainstcancer.ca.

Sincerely,

Jennifer Chadder
Manager, System Performance

Encl.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

SYSTEM PERFORMANCE REPORTS

REPORT SUMMARY:

Living with Cancer

A Report on the Patient Experience

January 2018

Presents pan-Canadian quantitative and qualitative data on the experiences of individuals and their families living with and beyond cancer.

Living with cancer

"'You have ovarian cancer'...I was absolutely shocked and stunned and sad... there was never any cancer in our family, so cancer was the furthest thing from my mind."

Bonnie

Realizing something is wrong.

IS IT CANCER?

Wait times for a cancer diagnosis are long for some people, which can increase stress and anxiety.

Hearing "you have cancer".

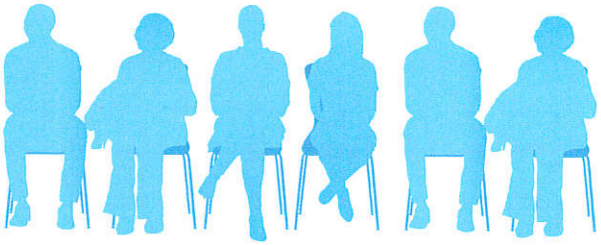
WHAT'S NEXT?

People often have unmet needs when they are diagnosed with cancer and during treatment planning.

AREAS FOR IMPROVEMENT:

Provincial results:

- Women with abnormal breast screen results wait weeks—up to 4 to 8 weeks when a biopsy was not required and up to 11 to 15 weeks when a biopsy was required—for a diagnosis (cancer or benign).
- People with an abnormal fecal test result wait months—up to 3 ½ to 5 months—for a follow-up colonoscopy.



Provincial results:

38% TO 68% of patients who had anxieties and fears upon diagnosis were not referred to a care provider for help with those concerns.

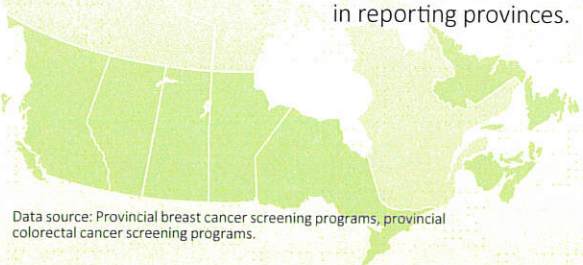
12% TO 20% of patients report that no one discussed different treatments for their cancer with them.

11% TO 25% of patients report that their care providers did not consider their travel concerns when planning for treatment.

AREAS WE ARE DOING WELL:

IMPROVED WAIT TIMES

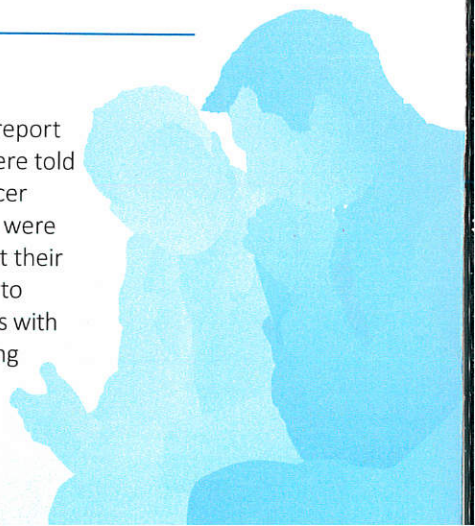
Wait times for a follow-up colonoscopy after an abnormal fecal test result are improving in reporting provinces.



Data source: Provincial breast cancer screening programs, provincial colorectal cancer screening programs.

OVER 90% of patients report that they were told of their cancer diagnosis in a sensitive manner, were given enough information about their cancer treatment, or were able to discuss their worries or concerns with their care provider before starting treatment.

Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.



"I was handled in an expeditious way, and that was phenomenal, don't get me wrong, but it felt like a roller coaster ride emotionally."

Stephen

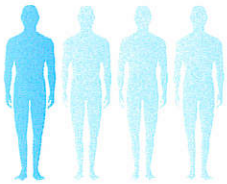
Being treated for cancer.

WILL IT WORK?

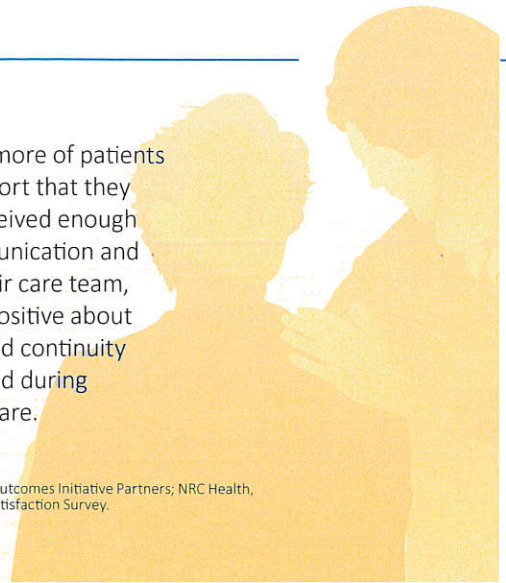
During treatment, more than half of patients with cancer experience symptoms causing distress.

Of patients who experience symptoms causing distress, they report having moderate to high levels of

Fatigue	Anxiety	Pain	Depression
35%	20%	19%	16%



1 in 4 report that they were not satisfied with the emotional support they received during outpatient cancer care—this continues to be the most negatively rated dimension of care.



90% or more of patients report that they received enough information, communication and education from their care team, or were generally positive about the coordination and continuity of care they received during outpatient cancer care.

Data source: Patient Reported Outcomes Initiative Partners; NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

"I found it was all harder after treatment stopped. So much more of what you are dealing with is mental, emotional and dealing with day-to-day living."

Charlotte

Finding a "new normal".

WHAT WILL LIFE BE LIKE?

People continue to experience physical, emotional and practical challenges one to three years after completing cancer treatment.

8 in 10
report having physical challenges after their treatment ends.

Fatigue is the most difficult to get help for.

7 in 10
report having emotional challenges after treatment ends.

Worry about cancer returning is the most difficult to get help for.

4 in 10
report having practical challenges after their treatment ends.

Financial problems such as paying health care bills and getting life insurance are the most difficult to get help for.

One in three who seek help for their most difficult post-treatment concerns report waiting too long or being unable to get help.

Only one in two who have emotional or practical challenges receive useful information that addresses their needs.

97% of patients/survivors report that they have a care provider in charge of overseeing their follow-up cancer care after completing treatment.

Patients/survivors who are able to visit or speak to their care provider find it easier to get help for their concerns (57%) compared with those who are unable to reach their care provider (19%).

Data source: Canadian Partnership Against Cancer, Experiences of Cancer Patients in Transition study (2016). The study included over 13,000 people who had completed cancer treatment within the past one to three years.

"When I got out, I went to my family doctor and I said, 'You are my quarterback outside the hospital and I want an appointment to see you once a month, even if it is just to say hi.' Seeing someone regularly, who really cares for you, is so helpful."

Stephen

"The team is a huge factor—as long as they are ready to work with me and I am a member of that team. If I am not a partner, then it won't be as good. The patient is a partner, or needs to be. It is not just all about them, the team. You all need to work together..."

Charlotte

Based on report findings, the following changes are needed to catalyze a shift from disease-centred to person-centred cancer care:

Clinicians should have access to real-time data that informs their clinical decisions, to help ensure patients' physical, emotional and practical needs are being met from cancer suspicion through to survivorship.

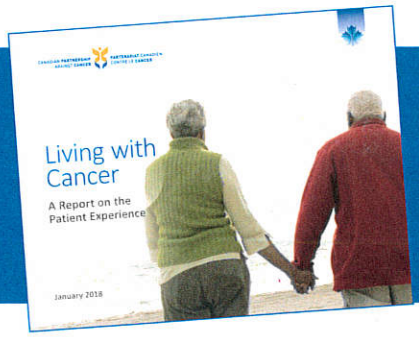
Health system administrators should adopt existing evidence-based, validated tools to collect data on patient-reported outcome and experience measures from cancer suspicion to survivorship.

These tools should be adapted by hospitals and other health care facilities to address the local real-time information needs of their clinicians.

Provincial and territorial governments should work with national health data partners (such as the Canadian Institute for Health Information and Canada Health Infoway) to ensure the infrastructure is in place to create and maintain a national database of information on patient-reported outcome and experience measures to facilitate system performance monitoring, quality improvement and research.

In time, these changes will have the following impact

- People with cancer will have the time and support to communicate their physical, emotional and practical needs, and to be active participants in their care before diagnosis, during treatment and after treatment.
- Clinicians will receive real-time feedback about their patients' needs, allowing them to have conversations with patients about their care, address their concerns and offer person-centred support.
- Health systems and facilities will have a suite of tools and data that help identify unmet needs of patients with cancer and their families. With this information they can efficiently distribute resources to address gaps in cancer care services.
- Health services researchers will be able to conduct studies to identify innovative ways to improve the patient experience of cancer care.



To read about examples of innovative practices to improve people's experiences with cancer across Canada and for the full report, visit **systemperformance.ca/report/living-with-cancer-patient-experience/**

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

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Toronto, Ontario, Canada M5H 1J8

Tel: 416.915.9222
Toll-free: 1.877.360.1665

partnershipagainstcancer.ca

LEGISLATIVE ASSEMBLY
of BRITISH COLUMBIA

RECEIVED
MAR 19 2018

March 14, 2018

Hon. Adrian Dix
Minister of Health
Legislative Buildings
Victoria, BC
V8V 1X4

Dear Minister:

As MLAs, we represent thousands of constituents who share our concern that Medical Assistance in Dying (MAiD) may be imposed on palliative care facilities throughout the Province.

The practice is contrary to WHO guidelines for palliative care, which affirms life, regards dying as a normal process, and intends neither to hasten nor postpone natural death. Hastening natural death by MAiD threatens the very foundation of palliative care.

Although the Supreme Court of Canada has mandated MAiD in our medical system, it did not require that it be offered in every medical facility. Just as there are specialized clinics that deal with radiology or child health, for example, so there could be sites designated for MAiD.

The potential imposition of MAiD threatens the donor base of many hospice associations, discourages volunteer participation, and may cause end-of-life patients who disagree with the practice to nevertheless feel pressure to accept it. This could cause them to avoid palliative care and receive inferior levels of care at a crucial point in their lives.

Finally, it is also contrary to the deeply-held beliefs of many medical professionals. These professionals may refuse to be involved with facilities providing MAiD, reducing levels of care even further. We note that Dr. Neil Hilliard, Program Medical Director for Palliative Care in the Fraser Health Authority, has resigned for reasons of conscience, which is a loss to palliative care in that region.

BC Liberal Official Opposition
Parliament Buildings
Victoria, BC V8V 1X4

LEGISLATIVE ASSEMBLY
of BRITISH COLUMBIA

We ask that MAiD not be imposed on any palliative care facility in British Columbia, and that alternative arrangements be made for patients who wish to choose the option of MAiD.

Thank you for your consideration of this important issue.

Sincerely,

Laurie Throness
Chilliwack-Kent

John Martin
Chilliwack

Martin Hunt
Surrey-Cloverdale

Ian Paton
Delta South

Simon Gibson
Abbotsford-Mission

Shirley Bond
Prince George-Valemount

Mike Morris
Prince George-Mackenzie

c: Health Authority CEOs and Board Chairs

BC Liberal Official Opposition
Parliament Buildings
Victoria, BC V8V 1X4

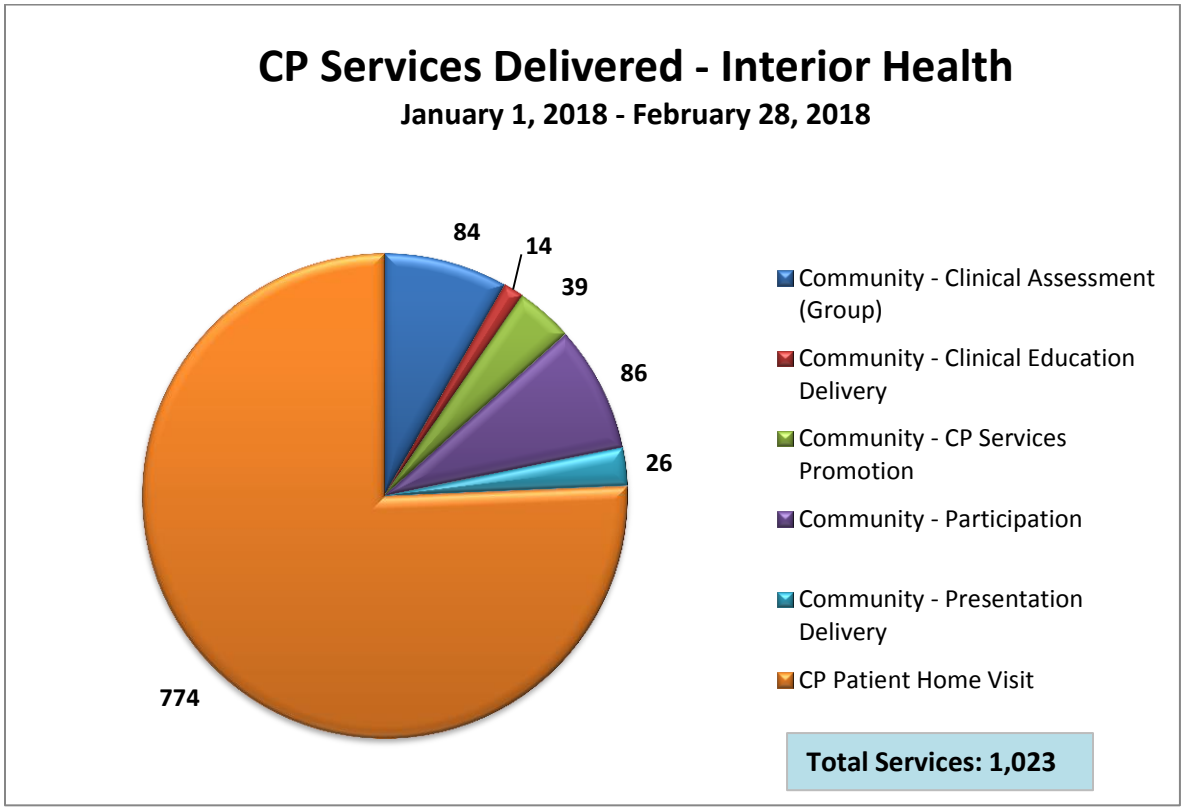
BC Emergency Health Services

COMMUNITY PARAMEDICINE INITIATIVE
Interior Health Bi-Monthly Update – January/February 2018

This document provides an update on the Community Paramedicine Initiative, and is intended for program partners including Interior Health and BCEHS staff actively involved in community paramedicine.

CP Services Delivered

During the first two months of 2018, 1,023 CP services were delivered in communities in Interior Health, with 75.7 per cent of these services provided during home visits.



Since the start of the Community Paramedicine Initiative in 2016, 321 patients in Interior Health communities have been seen by CPs.

The Community Paramedicine Dashboard Report (see page 3) provides information about patients seen and services provided since the start of the program in January 2016 to the end of February 2018 in all communities across the province served by community paramedics.

Program Update

- The final phase of bringing community paramedicine to rural and remote communities across BC got underway on January 4, 2018, with the posting of "optimal deployment" positions. These included positions in Ashcroft, Barriere, Castlegar, Chase, Cranbrook, Grand Forks, Kimberley, Merritt, and Osoyoos. Elected officials of these communities, including MLAs, regional district chairs, and mayors, were advised of the selection.
- Community paramedicine regional training officers received their formal recognition as PHSA+ Team Award recipients during the PHSA Leaders Forum in February. The enthusiastic commitment of these skilled paramedics and leaders is a significant reason the implementation of British Columbia's community paramedicine program has been such a tremendous success. To watch the video featuring the RTOs that was played at the event, click here: **https://vimeo.com/ohboyproductions/review/252976063/04f6ed6583** (Look for a downward pointing arrow icon near the top of the screen, and then select the 'Original' option to download the best quality version of your video.)

On hand from BCEHS to celebrate the RTOs' 2017 PHSA+ Team Award were: Back row, left to right: Rick Mowles, Director of Strategic Program Development, Transformation and Strategy; Rita Jervis, CP Project Director; and RTOs Chris Hui and Wayne Standen. Front row, left to right: RTO Karen Reader; Barb Fitzsimmons, Chief Operating Officer; Nancy Kotani, Chief Transformation Officer and project lead for the community paramedicine program; and Linda Lupini, Executive Vice President.

Home Health Monitoring

Rollout of the CP Home Health Monitoring (CP HHM) program is continuing. There are now 24 community paramedics trained to provide CP HHM services to patients in 19 communities, two of which are in Island Health and the balance in Interior Health, and a cumulative total of 27 patients enrolled in the program. Planning is underway to provide CP HHM in Northern, Vancouver Coastal, and Fraser Health CP communities.

Evaluation

The Interim Evaluation Report and Summary is now available for download at http://www.bcehs.ca/our-services/programs-services/community-paramedicine. As reported in the November/December 2017 update, the report was compiled by Catalyst Research and Development Inc., and includes primary date gathered from January 1, 2016, and August 31, 2017.

For More Information

Visit www.bcehs.ca and click on Our Services/Programs & Services/Community Paramedicine

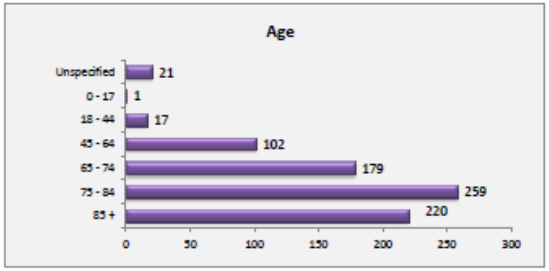
Community Paramedicine Dashboard Report

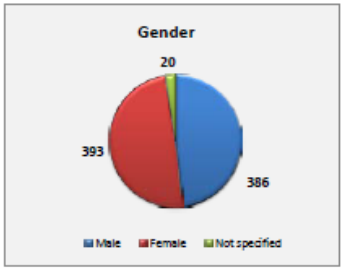
Jan 2016 - Feb 2018

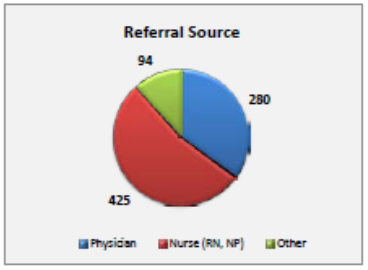
DRAFT

Patient Profile

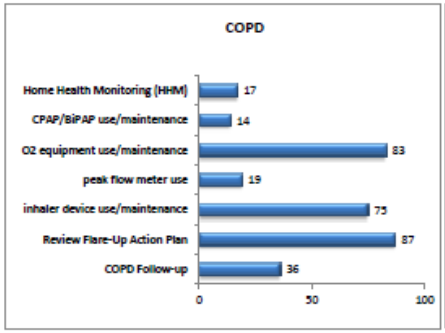
Total number of patients seen	799
Total number of visits	8635
Number of Referred Patients with Specific Chronic Conditions Includes patients with comorbidities	
COPD	168
Heart Failure	270
Diabetes	163
Total	601

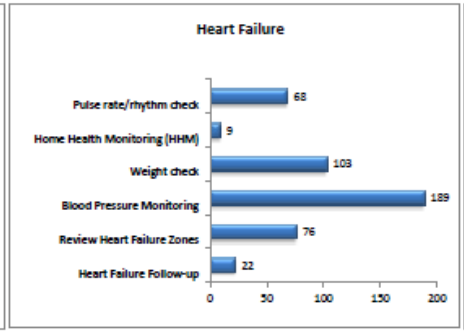


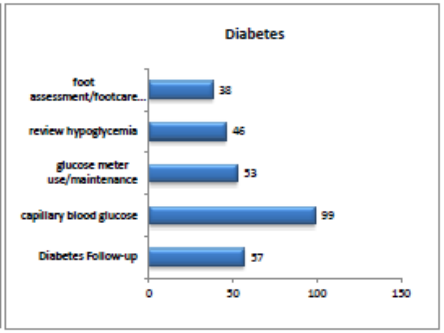


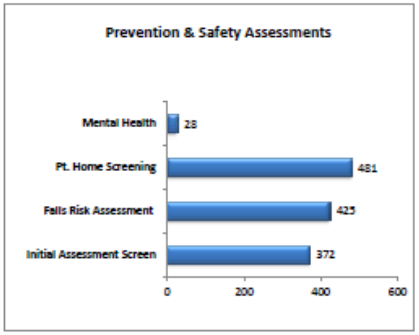


Patient Services Provided



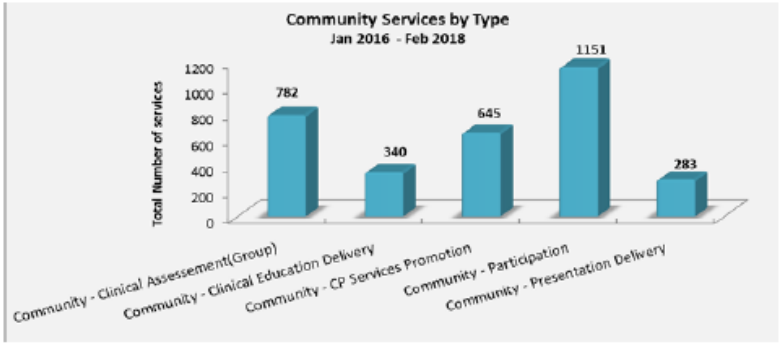






Community Services Provided

Total number of Services	3201



CP Communities and CP Allocations

Health Authority	Total Communities	Total # FTEs	# Regular Part-Time Positions	# Regular Full-Time Positions
Northern	26	23.12	28	8
Interior	40	32.65	43	9
Island	25	18.92	26	5
Vancouver Coastal	7	5.24	8	1
Fraser	1	0.53	1	0
TOTAL*	**99**	**80.46**	**106**	**23**

* Includes 23 FTE positions posted on Jan 4, 2018 as part of final deployment to 23 communities