

BOARD OF DIRECTORS REGULAR MEETING AGENDA

December 9, 2020, 5:00 – 7:00 PM
Live Stream

Members

Doug Cochrane, Chair
Karen Hamling
Spring Hawes
Diane Jules
Selena Lawrie
Allan Louis
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff

Susan Brown, President & CEO (Ex Officio)
Norma Janssen, VP and CIO
Karen Bloemink, VP Pandemic Response & Surgical Strategy

Presenters

2.1 David Sookaveiff, Corporate Director, Clinical Informatics & Enterprise Systems
3.3 Dr. Albert De Villiers, Chief Medical Health Officer

TIME	ITEM	LEAD PRESENTER	ACTION	ATT ◆
	1.0 CALL TO ORDER			
5:00 – 5:05 (5 min)	1.1 Acknowledgement of Traditional Territories <i>The Board Quality Committee would like to recognize and acknowledge that we are meeting on the traditional territory of the “Syilx” Okanagan Interior Salish Nation.</i>	Chair Cochrane		
	1.2 Declaration of Conflict of Interest		Discussion	
	1.3 Approval of Agenda		Decision	◆
	1.4 Approval of Consent Agenda <ul style="list-style-type: none"> • Minutes from February 25, 2020 		Decision	◆
	2.0 NEW BUSINESS			
5:05 – 5:35 (30 min)	2.1 Presentation: How COVID-19 accelerated the use of Virtual Care	David Sookaveiff Norma Janssen	Discussion	◆
5:35 – 6:00 (25 min)	2.2 COVID-19 Update	Dr. Albert De Villiers Karen Bloemink	Discussion	
	3.0 STANDING REPORTS			
6:00 – 6:05 (5 min)	3.1 President & CEO Report	Susan Brown	Discussion	
6:05 – 7:00 (55 min)	4.0 Questions			
	5.0 ADJOURNMENT: 7:00 pm	NEXT MEETING: TBD		



CONSENT AGENDA (Item 1.4)
Board of Directors - Regular Meeting
December 9, 2020

MOTION

THAT the Board of Directors approve the Consent Agenda of December 9, 2020 as presented to include approval of the following:

Item 1.3.1: Minutes

- Board Regular Meeting Minutes February 25, 2020

BOARD OF DIRECTORS MEETING MINUTES

February 25, 2020 - 2:00 pm – 2:50 pm
1st Floor Conference Room - Kelowna CHSC – 505 Doyle Avenue

Board Members

Doug Cochrane, Chair
Karen Hamling
Spring Hawes
Diane Jules
Selena Lawrie (R)
Allan Louis
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff

Susan Brown, President & CEO
Karen Bloemink, VP Clinical Operations IH North
Dr. Mike Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications & Culture
Mal Griffin, VP Human Resources
Norma Janssen, VP Clinical Support Services & CIO
Dr. Shallen Letwin, VP, Clinical Operations IH South
Donna Lommer, VP Support Service & CFO
Anne-Marie Visockas, VP Planning & Research
Givonna DeBruin, Corporate Director, Internal Audit
Carmen Gudljek, Board Resource Officer (recorder)

Guests/Presenters

Dr. Aleksander Tkach, Vascular Neurology, KGH
& Medical Director for Stroke Network
Cory Bendall, Director, Stroke Network

ITEM	DISCUSSION	ACTION
1.0 CALL TO ORDER	Chair Cochrane called the meeting was called to order at 2:00 pm.	
1.1 Acknowledgement of Traditional Territories	Chair Cochrane acknowledged with respect, the opportunity to meet and conduct business on the traditional and unceded territory of the “Syilx” Okanagan Interior Salish Nation.	
1.2 Declaration of Conflict of Interest	There were no changes to the recorded conflicts of interest on file.	
1.3 Approval of Agenda	Director Rounsville moved, Director Tugnum seconded, motion carried. Motion: 20-01 That the Board of Directors approved the agenda of February 25, 2020 as presented.	
1.4 Adoption of Consent Agenda	The consent agenda was adopted as presented.	
1.4 Follow Up from Previous Meeting	None.	
2.0 NEW BUSINESS		
2.1 Interior Health Stroke Network	Dr. Aleksander Tkach and Cory Bendall provided a presentation to the Board on the Stroke Network and the new Endovascular Thrombectomy (EVT) Service, planning, implementation and the outcomes to date. The Board thanked the presenters for their informative presentation and further acknowledged the Foundations and the community that have supported and continue to support this important work. The presentation is posted on the Interior Health website at	

	www.interiorhealth.ca on the Board of Directors meeting page.	
2.2 Aboriginal Health Annual Report	Deferred.	
3.0 STANDING REPORTS		
3.1 President & CEO Report	<p>Susan Brown presented her report to the Board. Highlights included:</p> <ul style="list-style-type: none"> • The Urgent and Primary Care Centre (UPCC) opened in Kelowna on January 9. The Vernon site is the 13th UPCC site which is currently operating from a temporary location with a goal to move to its permanent location this spring. • One of our leaders, Brent Hobbs, Network Director, Patient Transportation Services, was awarded an Excellence in Nursing Leadership Award at the Nurses and Nurse Practitioners of BC 2019 Nursing Awards of Excellence event in December 2019. • JoeAnna’s House officially opened in late November 2019. This incredible partnership with the Kelowna General Hospital Foundation and the support from the broader community provides a home for up to 20 families to be closer to their loved ones while in care at Kelowna. • The MyHealthPortal continues to have more IH patients register for online access. The total number of patients enrolled is over 88,300. • Vision, Mission and Values focus groups were held in several communities across IH on November 13 and December 6 as part of our review and engagement on Vision, Mission and Values. We wish to acknowledge the many community partners and stakeholders that participated in these engaging sessions. <p>Question from the audience was raised about the coronavirus and location of the confirmed case in the IH region. Ms. Brown reported that this patient is being well managed and there have been no additional cases reported. The location of the patient will not be disclosed in order to protect the patient’s privacy.</p>	
3.2 Chair Report	<p>Chair Cochrane reported that he recently attended Gathering Wisdom X in January 2020. This event brings together all of the First Nations communities in BC to discuss health and wellness.</p> <p>It was a privilege to attend and was an opportunity for learning as we work together to improve health and wellness for our Aboriginal populations.</p>	
4.0 COMMITTEE REPORTS		
4.1 Quality Committee	Director Stewart provided an update from the meeting that took place on February 24. Highlights included:	

	<ul style="list-style-type: none"> • An update on the recent Accreditation Survey that took place in October 2019. • Overview of the Surgical Services 2019 Annual Report. • A regular update was provided on the Quality and Patient Safety Strategic Plan. 	
<p>4.2 Governance & Human Resources Committee</p>	<p>Director Tugnum provided an update from the meeting that took place on February 24. Highlights included:</p> <ul style="list-style-type: none"> • Overview of the Recruitment and Employee Experience 2019 Annual report. • An update was provided on the Workplace Safety Review. • Vision, Mission, Values Engagement report and recommendations were presented. <p>Approval was requested for the following motions: Director Tugnum moved, Chair Cochrane seconded, motion carried.</p> <p>Motion: 20-02 THAT the Board of Directors approved the revised Board Governance & Human Resources Committee Terms of Reference.</p> <p>Director Tugnum moved, Director Rounsville seconded, motion carried.</p> <p>Motion: 20-03 THAT the Board of Directors approved the revised Board Audit & Finance Committee Terms of Reference.</p> <p>Director Tugnum moved, Director Hamling seconded, motion carried.</p> <p>Motion: 20-04 THAT the Board of Directors approved the revised 2020 Board meeting schedule.</p>	
<p>4.3 Audit & Finance Committee</p>	<p>Director Rounsville provided an update from the meeting that took place on February 24. Highlights included:</p> <ul style="list-style-type: none"> • An update on asset retirement obligations for IH facilities. • A presentation was received on asset management facility condition assessments. • An update on financial planning which included a financial summary. • A status report update on routine Capital Projects. • The Internal Auditor provided an update on the status of the Internal Audit work plan. • An update on IMIT projects. 	
<p>4.4 Strategic Priorities</p>	<p>Director Jules provided an update from the meeting that took place</p>	

Committee	<p>on February 25. Highlights included:</p> <ul style="list-style-type: none"> • An update on the Q3 report and regular reporting of bilateral expectations. • The new Urgent Primary Care Centre (UPCC) is now open in Kelowna and is located in the Capri Mall. 	
4.5 Stakeholder Relations Report	<p>Chair Cochrane presented the Stakeholder Relations report and an overview of the tours that he and the CEO have attended. The report was accepted as presented.</p> <p>Chair Cochrane noted that IH staff, physicians, and volunteers are highly engaged in supporting patients and clients in IH. On behalf of the Board, he acknowledged the remarkable people that work for Interior Health.</p>	
5.0 ADJOURNMENT	The meeting adjourned at 2:50 pm.	

BOARD BRIEFING NOTE

Submission to: Board of Directors Regular/Public (BoD)

Date of Meeting: December 9, 2020

Title	How COVID-19 accelerated the use of Virtual Care in Interior Health
Purpose	Provide an update on the accelerated use of Virtual Care at Interior Health (IH) triggered by the COVID-19 pandemic response.
Brief Type	For Discussion
Presenters	Norma Janssen, VP and Chief Information Officer (VP & CIO) David Sookaveiff - Corporate Director, Clinical Informatics, Community & Enterprise Systems (CES)
Time Requested	30 min
Lead	David Sookaveiff - Corporate Director, Clinical Informatics, CES
Portfolio Sponsor(s)	Norma Janssen, VP and Chief Information Officer (VP & CIO)
Materials (Appendices)	Appendix A
Link to a Strategic Priority or Goal	Implement health improvement strategies for targeted populations across the continuum of care. 3. Ensure sustainable health care by improving innovation, productivity, and efficiency

1.0 PROPOSED RECOMMENDATION/RESOLUTION

That the Board receives this brief and attached presentation for information and discussion.

2.0 DISCUSSION

IH experienced accelerated use of Virtual Care triggered by the COVID-19 pandemic response. This brief and presentation provides an overview of this experience.

3.0 INFORMATION SUPPORTING BOARD or COMMITTEE INPUT

3.1 Background

When the British Columbia government declared a public health emergency on March 17th in response to the COVID-19 pandemic, facility-based telehealth appointments at IH (e.g. video conferencing at a community hospital) supported virtual care needs of many healthcare services. As part of our pandemic response, IH needed a way for providers and clinical programs to continue with supporting their patients in compliance with COVID safety protocols at the time. IH coordinated with provincial health authority partners to license ZOOM for Healthcare for all providers and clinical program areas requesting to adopt a software-based virtual care tool. ZOOM licenses, training and user support was deployed to thousands of users across Interior Health within a few week timeframe.

The first milestone occurred on March 24th when 263 ZOOM licenses were provided to physicians in a single weekend and by April 15, had expanded to more than 2000 clinical users. The month of May saw the heaviest use of virtual care appointments as there were 6272 clinical appointments delivered. Virtual care appointments continued to be in high demand even after the reopening phases. The number of virtual care appointments dropped in late summer mainly due to vacation season. The demand for virtual care began climbing steadily in September once again. The highest adoption of virtual care is the Mental Health and Substance Abuse Program with 41% of the total appointments conducted by this area.

The Feedback from both health care providers and patients is very encouraging.

When surveyed, the majority of physicians had a positive experience. The following quote from one of our physicians encapsulates a typical experience: *“This crisis has forced us to change how we deliver health care more in 20 days than we had in 20 years”*

The patient’s experience was equally encouraging as 85% of survey respondents had a positive virtual care experience. Of the many responses that the providers received, one in particular illustrates the benefits of virtual care for the patient: *“Why hasn’t this online service come sooner? I no longer have to go to my GP’s office to worry about getting COVID-19 or trying not to touch anything in her office. I love that I can check my blood work results online, and the security and comfort from my home it provides to me and my family during this crisis.”*

The future promises many exciting virtual care capabilities. IH is working on a Virtual Care Plan to guide investment and efforts for the next 12 – 18 months.

3.2 Options Considered

N/A

3.3 Outline Risk Considerations

1. (Technology: Cyber Security) ZOOM made national headlines for security and privacy issues such as ZOOM bombing. Privacy and security remained paramount during the rapid adoption for ZOOM for Healthcare, and items such as disabling the ability to record sessions, enforcing password use, and limiting the transmission of data to Canadian servers are examples of the breath of mitigations put in place.
2. (Clinical: Quality Care & Patient Safety) While Virtual Care technology offers great promise for quality and efficient healthcare service delivery, it is not applicable for all care scenarios and clinical programs and providers need continued support in evolving their virtual care practice guidelines.
3. (Technology: Advancing Technologies) Software based virtual care is a rapidly evolving technology domain and current tools like ZOOM for Healthcare are likely to be displaced by more feature rich solutions, as the industry matures.

3.4 Financial Implications

Interior Health received 75% of funding for its virtual care licenses for ZOOM for Healthcare from federal dollars, facilitated through the PHSA Office for Virtual Health.


3.5 Operational Implications

Operational support for ZOOM for Healthcare was absorbed by the Interior Health IMIT Virtual Care team.

REFERENCES

N/A

APPROVAL OF SUBMISSION & RECOMMENDATIONS

Name	Signature	Date Approved
Norma Janssen, VP and Chief Information Officer (VP & CIO)		October 28, 2020
Name	Signature	Date Approved
Susan Brown, President & CEO		November 30, 2020



Interior Health

How COVID-19 accelerated the use of Virtual Care in Interior Health

A Presentation to the Interior Health Board

December 9, 2020

A Virtual Care Team Timeline



Room Based



2003

Interior Health Thoracic
Surgery Group Offers
Telehealth to IH Patients



2009

Mobile Carts
1st Generation

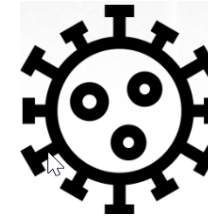
2014
Mobile Carts
2nd Generation



2019

3 Year Plan

2020
COVID-19

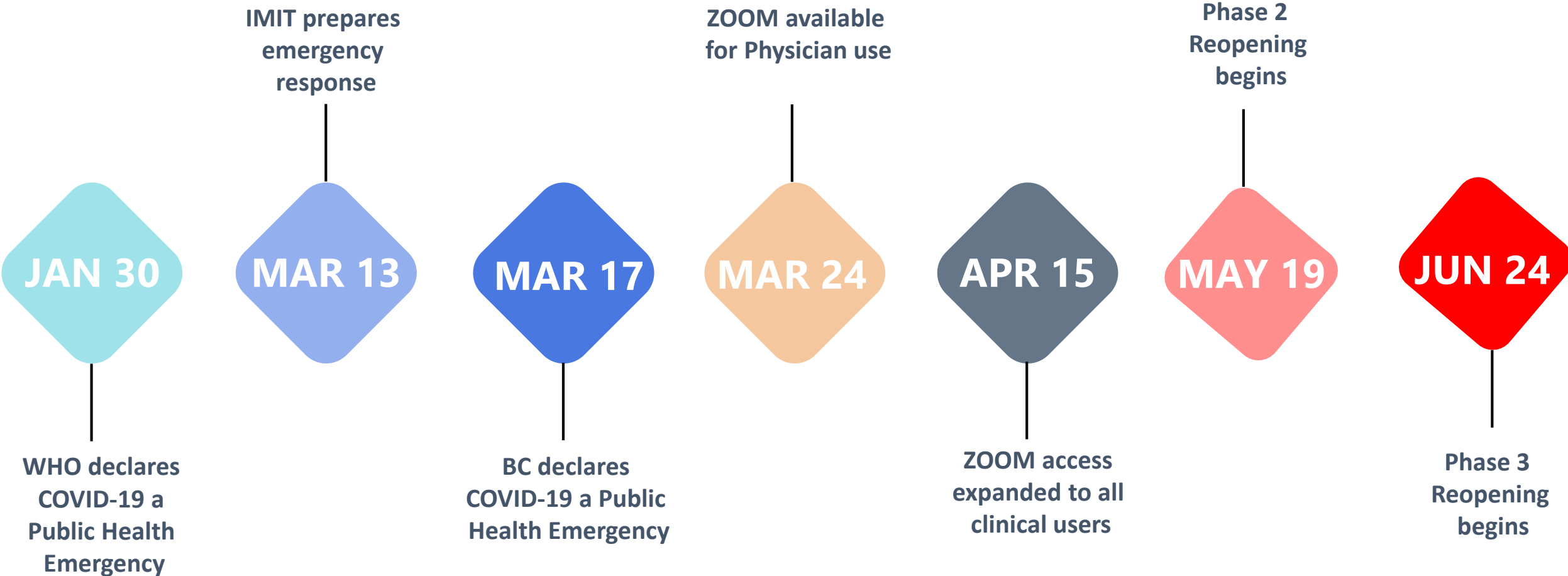


2020

Virtual Care
from the
Patients' Home

Original emphasis was on getting the patient to travel to a community hospital and use sophisticated audio visual systems supplied by IH

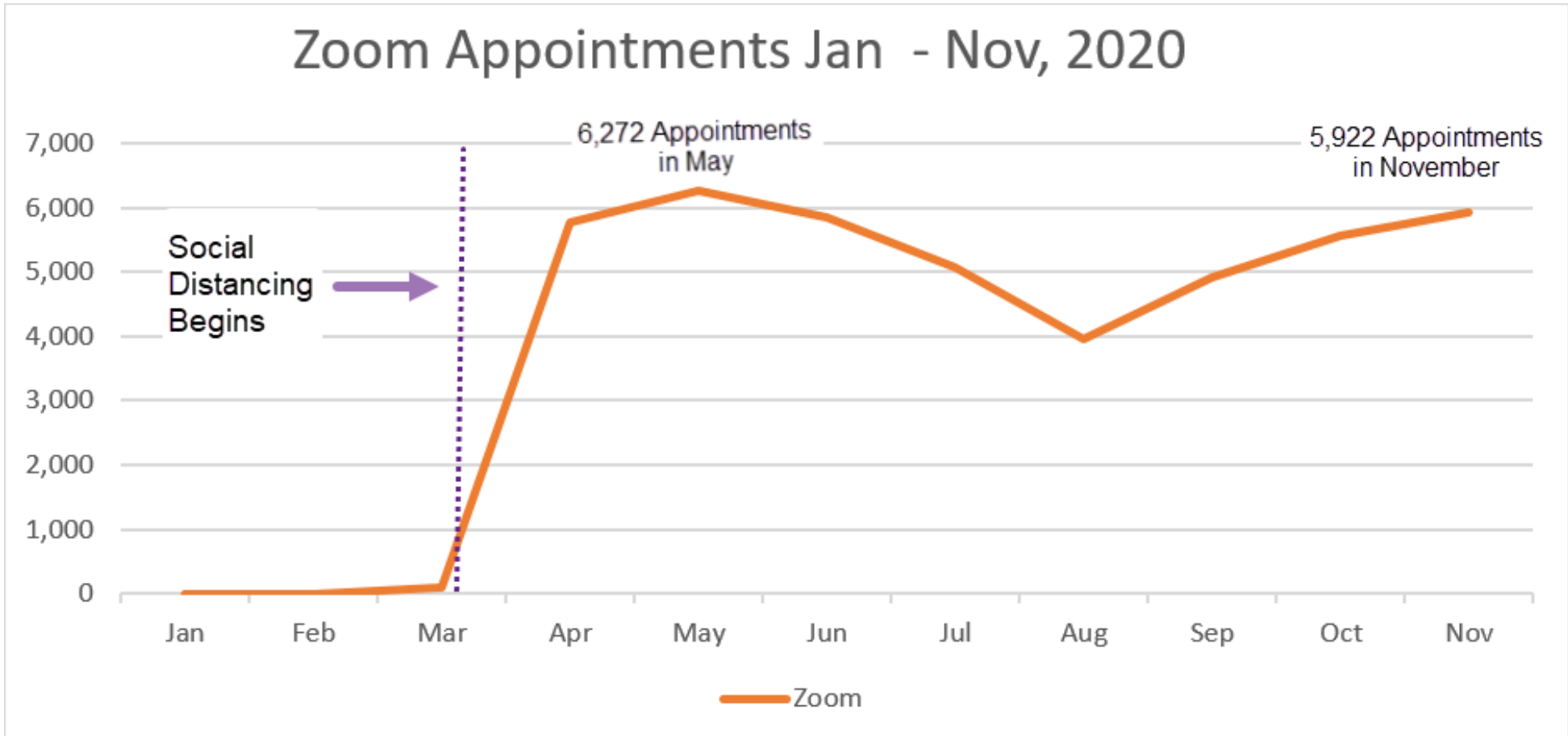
Virtual Care Acceleration Due to COVID-19





COVID-19 Reaction to Virtual Care

Appointment Volume by Month

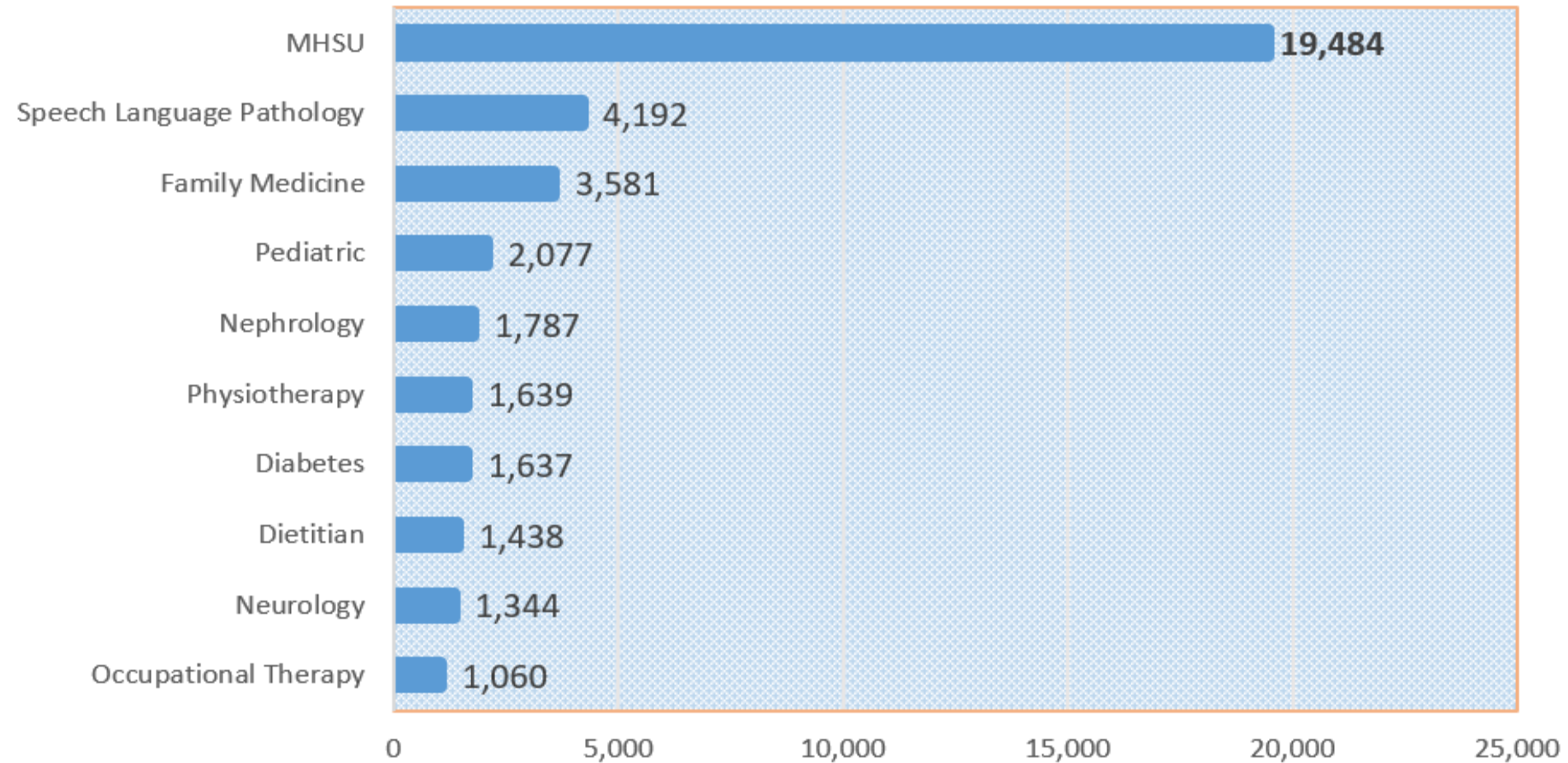


3 years of Virtual Care planning implemented in 8 weeks



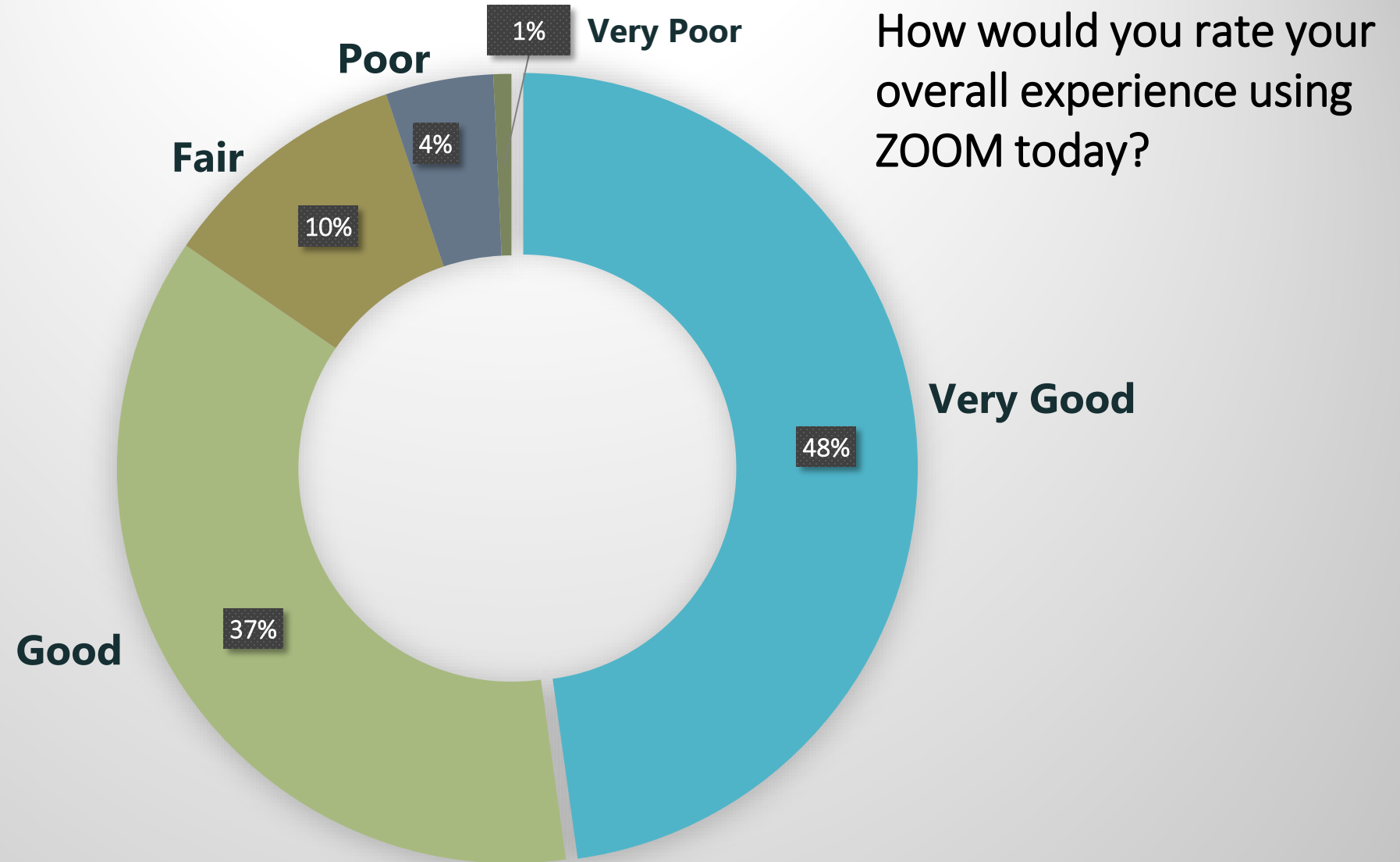
Who Uses Virtual Care?

ZOOM Top Ten Specialties - Mar to Nov, 2020



Total Volume of Patient Appointments – by specialty

Patient Feedback For ZOOM





Concurrent Initiatives



Virtual Care iPad Delivery

Connecting patients from long-term care, mental health, and hospital facilities with physicians and family members



Virtual Care Plan Development

Work on developing a new Virtual Care Plan to fit our changing landscape



Virtual Care Advisory Committee

Assists with identifying clinical leads, prioritizing requests, removing barriers and facilitating program expansion



MEDITECH Virtual Visits

Virtual Care option through MyHealthPortal for areas using MEDITECH's Community Wide Scheduling



Feedback and Impact

What Clinicians had to say:



This crisis has forced us to change how we deliver health care more in 20 days than we had in 20 years



The use of virtual care solutions can help lessen the transmission of the virus and protect medical practitioners from infection



During the first 2 weeks of COVID-19, the number of telemedicine services increased dramatically to 86% of their total appointments, and of those patients 95% wanted to continue using this service





Feedback and Impact – Cont'd

What patients had to say:

“Putting my hand to the iPad after 6 months of not seeing my wife of 50 years in a long-term care facility was the greatest joy I have ever felt since the day I married her. It brought real tears of joy and a spark to her wanting to live longer, and improve her quality (of life) at least for that moment. I want to give thanks to that nurse and staff for that moment, and hope others get a chance to have that with their loved ones.”

“Why hasn't this online service come sooner? I no longer have to go to my GP's office to worry about getting COVID-19 or trying not to touch anything in her office. I love that I can check my blood work results online, and the security and comfort from my home it provides to me and my family during this crisis.”



Future Direction

Continue to grow the in-home patient experience



- Virtual visits through our health care information system
 - Home Health Monitoring
- In-home consumer grade peripherals
 - Group Education
- Improve overall clinical experience-

Data Collection and Strategic Direction



Evidence-based decision making to better support our patients and providers



Thank You



Interior Health