Interior Health

BOARD PUBLIC MEETING

Tuesday, October 4, 2016

9:00 a.m. – 11:00 a.m.

Boardroom 1

1815 Kirschner Road, Kelowna

Interior Health
Every person matters

♦	=	*Attachment*
■	=	*Standing Item*

BOARD MEETING

Tuesday, October 4, 2016
9:00 am – 11:00 am
Boardroom 1 - 1815 Kirschner Road, Kelowna

Board Members:
Erwin Malzer, Chair
Ken Burrows
Debra Cannon (R)
Patricia Dooley
Diane Jules
John O'Fee
Findlay(Frank) Quinn
Dennis Rounsville
Tammy Tugnum (T)
Renee Wasylyk

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

Guests:
Jamie Braman, VP Communications & Public Engagement
Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources & Organizational Development
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP & Chief Information Officer
Martin McMahon, VP Integration & Strategic Services
Dr. Alan Stewart, VP Medicine & Quality
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:
Dr. Harsh Hundal, Acting Executive Medical Director, Residential & Community
Wendy Petillion, Chair, IH Research Ethics Board
Dorothy Herbert, Coordinator, IH Research Ethics Board

(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	9:00 am 2 min	■
1.2	Approval of Agenda	Board Chair	9:02 am 3 min	■ ♦
2.0	**Presentations – from the Public**			
	None			
3.0	**Presentations – for Information**			

ITEM		RESPONSIBLE PERSON	TIME	ATT
3.1	Medical Assistance in Dying	Dr. Harsh Hundal	9:05 am 15 min	♦
3.2	Interior Health Research Ethics Board Annual Report 2015/16	Wendy Petillion Dorothy Herbert	9:20 am 20 min	♦
4.0	**For Approval**			
4.1	Minutes – July 19, 2016 Board Meeting	All	9:40 am 3 min	■ ♦
5.0	**Follow Up Actions from Previous Meeting**			
5.1	Action items – July 19, 2016 Board meeting	Board Chair	9:43 am 2 min	■ ♦
6.0	**Committee Reports (Recommendations may be brought forward)**			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	9:45 am 10 min	■ ♦
6.2	Audit & Finance Committee	Director Rounsville	9:55 am 10 min	■
6.3	Quality Committee	Director Burrows	10:05 am 10 min	■
6.4	Governance & Human Resources Committee	Director Dooley	10:15 am 10 min	■
6.5	Strategic Priorities Committee	Director Wasylyk	10:25 am 10 min	■
6.6	Stakeholders Relations Committee	Board Chair	10:35 am 5 min	■ ♦
7.0	**Reports**			
7.1	President & CEO Report	Chris Mazurkewich	10:40 am 15 min	■ ♦
7.2	Chair Report	Erwin Malzer	10:55 am 5 min	■
8.0	**Correspondence**			
9.0	**Discussion Items**			
	None			

ITEM		RESPONSIBLE PERSON	TIME	ATT
10.0	**Information Items**			
10.1	Stakeholder Engagement Highlights			■ ♦
11.0	**New Business**			
	None			
12.0	**Future Agenda Items**			
13.0	**Next Meeting:** Tuesday, December 6, 2016			
14.0	**Adjournment**			

Medical Assistance in Dying

Presentation for Interior Health Board

October 4, 2016

Interior Health
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Government of Canada passes Bill C-14, making medical assistance in dying legal in Canada.

Interior Health Activities

* Steering Committee to facilitate decision making and resources
* Training and education to ensure staff meet standards of practice
* Patient education resources to support informed consent
* Information for staff and physicians regarding process and changes to practice
* Ensure privacy/confidentiality – conduct audits to detect breaches

Process

If the patient decides to move forward following a conversation about end of life with a physician or nurse practitioner:

* Formal documentation phase begins
* Staff follow Health Authority policies and College standards
* Ensure privacy and confidentiality
* IH Care Coordination Centre helps manage requests

IH Care Coordination Centre

* Role is guided and informed by provincial Care Coordination policy
* Focus of the care coordination team:
  * Manage patient, physician and facility inquiries and connect them to resources
  * Support sites through case consultation
* IH Care Coordination Centre contacts:
  * MAiD@interiorhealth.ca
  * Patient Care Quality Office: 1-877-442-2001
  * Info on www.interiorhealth.ca

Ongoing Support

A formal quality assessment will occur after medical assistance in dying is provided, if Interior Health facilities, programs or personnel are involved.

THE GOAL:
To better support patients, families, and care providers.

Challenges

- Enhancing physician engagement
- Physician education in community and residential care settings
- Determine appropriate site leadership support to facilitate care coordination at the site level
- Privileging in Hospital Act facilities
- Site/facility support and education

Next Steps

* Develop robust workflow and process document to refine care coordination process
* Establish communication channels to improve timeliness of provision
* Build capacity within local team by educating/training physicians, nurse practitioners and nurses

Questions

harsh.hundal@interiorhealth.ca

Information Brief

For Board of Directors

Version: 1.1 (Jun-2016)

EXECUTIVE SUMMARY

Title Research Ethics Board Annual Report

Purpose Provide information to the Interior Health Board of Directors on the work of the Research Ethics Board for the 2015/16 fiscal year.

Top Risks

1. (Other) Inadequate protection for persons who participate in research, if the research has not received ethical approval.
2. (Other) Possible breach of Interior Health obligations for research outlined in the Board of Directors policy 3.13 Research and Research Ethics.
3. (Other) Failure to meet nationally accepted standards for research ethics if resources are insufficient for research ethics functions.

Lead Wendy Petillion, Chair, Interior Health Research Ethics Board
Dorothy Herbert, Coordinator, Interior Health Research Ethics Board

Sponsor Susan Brown, VP & COO, Hospitals and Communities

RECOMMENDATION

That the IH Board of Directors accepts this brief for information only.

BACKGROUND

The Research Ethics Board is accountable to the IH Board of Directors and functions independently in decision making. The purpose of the Research Ethics Board is to:

- Provide an independent, multi-disciplinary review of all research involving human participants conducted under the auspices of IH: in IH facilities or programs; by IH staff or physicians; or with IH staff, physicians and/or patients;
- Ensure that all research aligns with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2014) and other regulations applicable to research conducted with human participants; and
- Ensure that the ethical obligations of research are met before the research commences, thereby protecting research participants, Interior Health and affiliated parties.

DISCUSSION

This Annual Report is intended to highlight the work of the Research Ethics Board in 2015/16 for the IH Board of Directors

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dan Goughner, Business Consultant	April 28, 2016	April 29, 2016	Consultation
Deanne Taylor, Director of Research Operations	June 2, 2016	June 10, 2016	Consultation
Yvonne Lefebvre, Scientific Director of Research	June 2, 2016	June 10, 2016	Consultation
Glen McRae, Chief Nursing Officer & PPL	June 2, 2016	June 10, 2016	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Wendy Petillion, Chair, Interior Health Research Ethics Board	May 16, 2016
Assessment of communication requirements	Wendy Petillion, Chair, Interior Health Research Ethics Board	June 2, 2016
Presentation to SET	Susan Brown, VP & COO, Hospitals and Communities	September 12, 2016
Presentation to the IH Board	Wendy Petillion, Chair, Interior Health Research Ethics Board	October 4, 2016

ENCLOSURES

Interior Health Research Ethics Board Annual Report 2015/16

REFERENCES

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2014.

Interior Health Board Policy 3.13 *Research and Research Ethics,* October 2015.

APPROVAL / ENDORSEMENT

n/a

Name for Approval / Endorsement	Signature	Date

INTERIOR HEALTH RESEARCH ETHICS BOARD ANNUAL REPORT

April 1, 2015 – March 31, 2016

Wendy Petillion, Chair REB

Dorothy Herbert, Coordinator REB

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INTERIOR HEALTH
RESEARCH ETHICS BOARD
ANNUAL REPORT

April 1, 2015 – March 31, 2016

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A. Introduction

The Interior Health Research Ethics Board (IH REB) provides independent ethical review of research that involves human participants and is conducted within Interior Health (IH). This includes research that occurs in any IH facility, department or program; research that involves an IH staff member, physician, or student as a researcher; and research that involves IH patients, clients, residents, staff, physicians, volunteers or students as participants.

This report highlights the accomplishments of the IH REB in 2015-16 and provides a summary of what we anticipate in the year to come.

B. Research Ethics Reviews 2015-16

1. New Research Ethics Applications

The IH REB received ninety nine new research ethics applications in 2015-16, a 55% increase over the previous year. Over the ten-year history of the REB, the average number of new studies per year was fifty-seven, thus this represents a substantial increase in human research activities in IH. The contributing factors to this substantial increase will be reviewed later in this report.

Seventy three research studies were approved, another record for the REB and a 30% increase over the previous busiest year. The REB works with the Principal Investigators throughout the review process until the study meets conditions for approval, so this represents a substantial body of work.

Thirteen studies were withdrawn from review, another all-time high in the REB's history. In three cases, the Principal Investigator (PI) elected to withdraw because he or she had made such substantial revisions to the protocol that it was effectively a new study and was resubmitted as such; three studies were stale-dated and withdrawn (per REB Policy RR0300 *Initial Review of Research*) following lengthy periods of inactivity after submission but prior to approval; six studies undergoing harmonized ethical review were either withdrawn from IH by the PI or altered in such a way as to no longer require IH review; and the final study was withdrawn by the external PI who did not have the capacity to conduct the study in an IH setting.

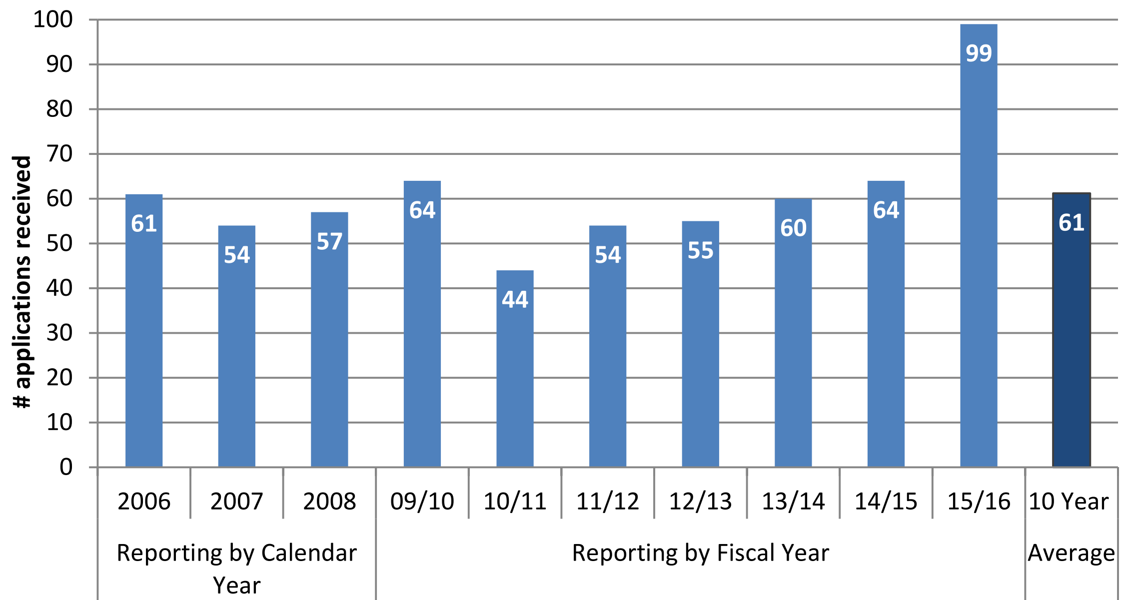


Figure 1: Number of research applications received per year by IH REB

2. Origin of Research Applications

The University of British Columbia continues to be the primary source for new research studies at IH, accounting for greater than half of all studies submitted for ethical review in 2015-16, 52 in total. This year saw a surge in applications from institutions that are affiliated with UBC for research purposes, including BC Children's Hospital, Providence Health Care, and the BC Cancer Agency. These three sites accounted for 13 new studies, up from 5 the previous years. This increase is likely related to the success of the BC Ethics Harmonization Initiative (BCEHI), which is described in section D of this report. An additional 18 studies came from the Vancouver campus of UBC.

IH continues to enjoy a successful research partnership with the UBC Okanagan campus, which generated 16 applications. The formal structure of the relationship has changed, as a five-year Memorandum of Understanding (MoU) for research between the two institutions expired in 2015. All of the terms of the original agreement are now covered either as part of the BCEHI Reciprocity Agreement or as part of the IH REB policies that were implemented in 2014, therefore it was determined that the MoU did not require renewal.

The remaining 5 UBC applicants for research ethics review were Family Practice Residents whose primary affiliation is the Vancouver campus, but who are doing their residencies within IH.

In 2015-16, the number of PIs who listed their primary affiliation as IH rose to 19, a return to previous numbers after a drop to 12 IH-led studies the previous year. These researchers are primarily physicians and pharmacists, though it is worth noting that the

majority of student-driven projects were led by IH employees pursuing graduate studies, and the range of disciplines and occupations was broad, including managers and clinicians. For research purposes, the primary affiliation of these students is their academic institution, so the number of IH PIs under-represents the volume of research done by IH staff.

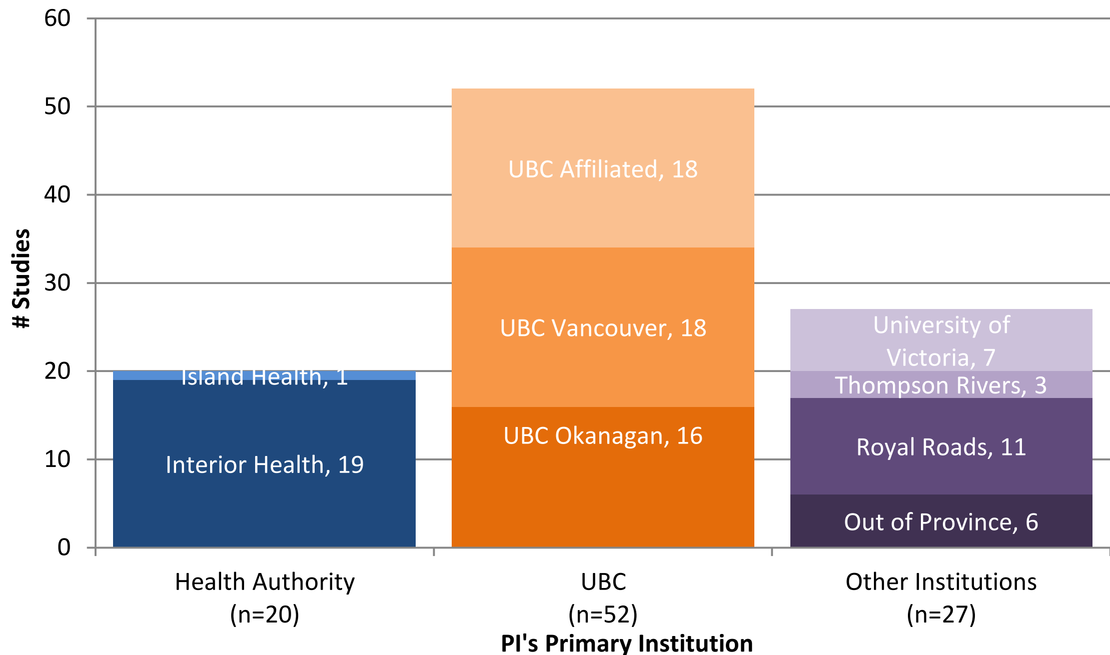


Figure 2: Origin of research by Principal Investigator's primary affiliation

3. Student Research

Student-led research projects have a huge impact on the number and types of studies reviewed by the IH REB. In the past fiscal year, 47 of 99 research studies reviewed were initiated by students. Again, UBC is well represented, accounting for 26 of the 47, but this year Royal Roads University (RRU) also had a surge in applications to the IH REB, with 11 graduate students, all IH employees, completing research studies for their master's theses. This is a significant increase from the average of two to three applications the IH REB received from RRU in previous years. In total, twenty research studies were initiated by IH employees pursuing graduate degrees. These students are encouraged to deliver results and engage in knowledge translation activities within IH.

The University of Victoria accounted for 7 studies. This is also an increase from the typical one to two applications received yearly from that institution. Other graduate students completing their research at IH came from Memorial University of Newfoundland, University of Calgary, and the University of Liverpool.

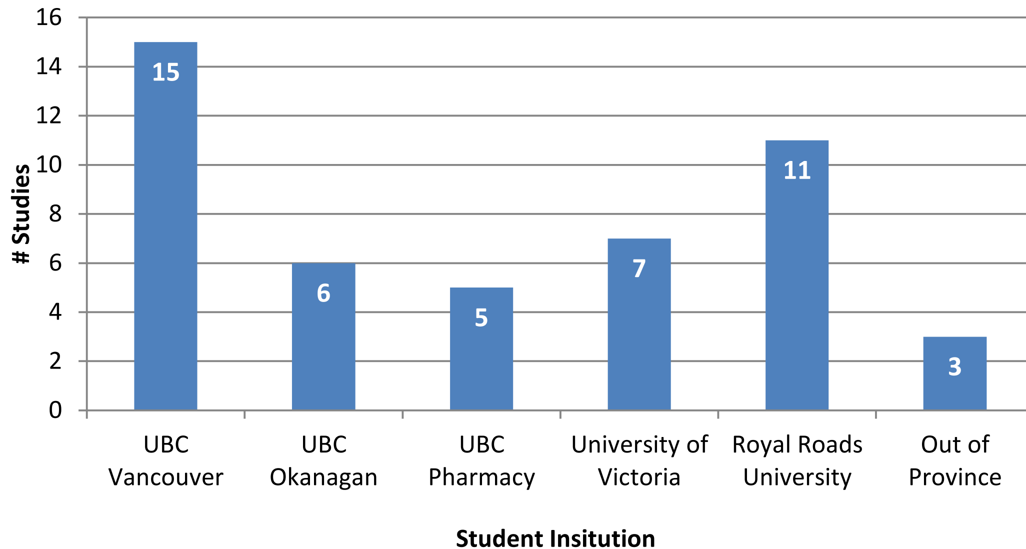


Figure 3: Number of student REB applications by student institution

4. Categories of Research

The Canadian Institutes for Health Research (CIHR) is the premier public funding agency for health research in Canada. CIHR categorizes health research into four broad themes, and IH models its categories of research after these themes, allowing IH to articulate where it is developing expertise. The four themes are:

- Biomedical
- Clinical
- Health Services
- Social, Cultural, Environmental and Population Health

The IH *Research Strategy* identifies Health Services and Population Health as target focus areas for IH, and indeed eighty percent of the research done last year fell into one of these two themes (79 of 99 studies). Other recommendations from the *Research Strategy* were also met including “conducting research outside acute care settings” (almost 40% were outside of acute care) and “include interdisciplinary and inter-professional participation” (70% had co-investigators, almost all of which represented inter-professional or student/mentor relationships).

Additional recommendations from the *Research Strategy* are works in progress. Rural, prevention, and e-health research accounted for less than 10% of the research studies submitted in 2015-16 but we expect to see increased research interest in these areas in the next couple of years. Opportunities for clinical trial research were also identified in the *Research Strategy* and IH received three new industry sponsored drug trials last year.

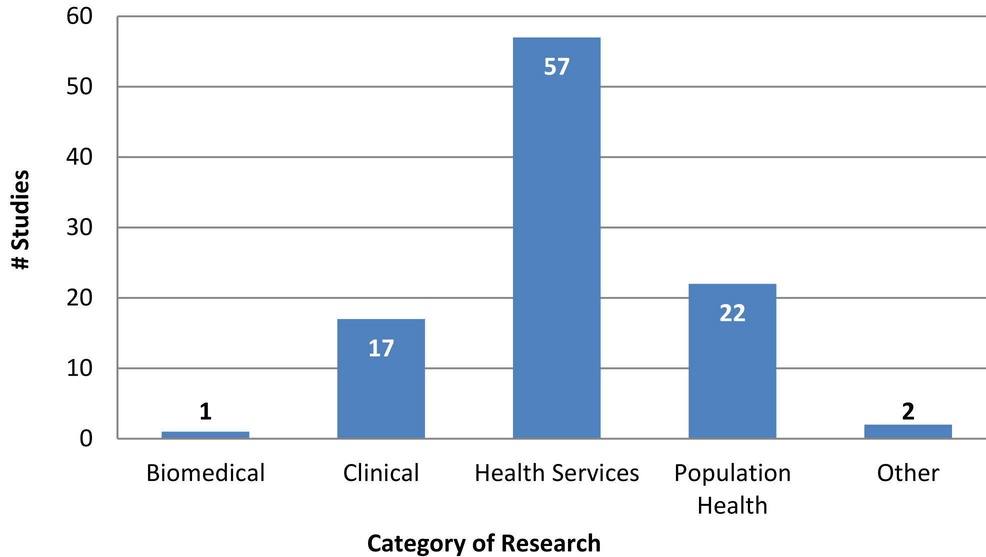


Figure 4: Number of Applications per CIHR Category of Research

5. Categories of Review

There are two types of Research Ethics Board (REB) review processes followed by Canadian REBs: full board review for all research that is deemed to be above minimal risk, and a delegated review process for studies that meet the definition of minimal risk as stated in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (the TCPS2)*:

> *Research that poses no greater risk to the participants than they can reasonably expect to encounter in everyday life.*

Ninety percent of the studies reviewed by the IH REB met the definition of minimal risk; only 9 of the 99 studies required full board review. These included three clinical trials, one other clinical study involving above minimal-risk procedures, and five studies where the risk was deemed low but the population being studied was considered vulnerable.

BC Ethics Harmonization Initiative

The BCEHI is funded and facilitated by the Michael Smith Foundation for Health Research with aims to develop a more effective, coordinated approach to ethics review and approval of multi-jurisdictional research involving human participants in British Columbia. IH is a partner in this initiative, along with the other regional health authorities and the four largest universities in the province; SFU, UBC, UNBC and UVIC.

Although the initiative ended on March 31, 2016, the REB partners now continue to cooperate through harmonized ethics review processes. In 2015-16, 62% of ethical reviews were conducted through harmonization. While this is fewer than the previous fiscal year, where 77% of REB reviews were conducted with one or more REB partners,

the difference is accounted for by the rise in applications from Royal Roads University (RRU). As RRU is not a party to the harmonization agreement, IH reviews these studies independently.

As the Health Authorities and Universities who participate in ethics harmonization became fluent in the processes involved, researchers responded by including a broad cross-section of British Columbians in their research, knowing that they only need to submit one REB application to receive ethical approval for multiple jurisdictions. This was a goal of the BCEHI as multi-jurisdictional research facilitates more robust data, generalizable results, and spreads the benefits of a knowledge economy. The end result for participating REBs is strengthened partnerships and the opportunity to adopt each other's best practices. In 2015-16, multi-jurisdictional reviews involving three or more BCEHI partners accounted for 25% of the IH REB's work, up from 14% a year ago. REB reviews involving three or more partners were an infrequent occurrence only a few years ago, accounting for 5% of reviews as recently as 2013-14 and one or two per year prior to that.

The IH REB worked with greater frequency and ease with all harmonization partners, particularly the UBC Vancouver REBs, with whom IH conducted 60% of its harmonized reviews. Thirty-four percent of IH delegated harmonized reviews are done with UBC Okanagan Behavioural Research Ethics Board.

Table 1: Type of Review – Full Board or Delegated, Harmonized or Stand-Alone

Harmonization Status	Type of Ethical Review	#
IH Only	Delegated	29
	Full board	5
Harmonized	Delegated, harmonized with multiple REBs	23
	Delegated, harmonized with UBC Clinical REB	14
	Delegated, harmonized with UBCO	13
	Delegated, harmonized with UBC Behavioural REB	5
	Delegated, harmonized with U of Victoria	2
	Delegated, harmonized with BCCA	2
	Delegated, harmonized with other UBC REB	2
	Full board, harmonized with one other REB	2
	Full board, harmonized with multiple REBs	2
	TOTAL	**99**

6. Continuing Review

The IH REB maintains oversight of all active research studies from submission to completion through continuing review processes which include: annual status reports with renewal of ethical approval requests; amendments to research protocols; adverse events reports; safety reports; and closure reports. Each report is assessed for level of risk by Research Ethics Office staff. When the continuing review activity is found to pose

greater than minimal risk to participants, it is reviewed by the full board; otherwise this work is largely done by the Research Ethics Office on behalf of the REB. During 2015-16, the REB maintained oversight of an average 150 active research studies, a 25% increase over the previous year, and a 50% increase over the long term average of 100 active research studies at any given time.

The higher volume of active studies resulted in a greater number of continuing review activities over the previous year. Eighty-three studies had their ethical approval renewed, up from 68 the previous year and up from the average of 55. One hundred and twenty-seven Amendments were reviewed, up from 88 the previous year and almost double the average of 65. The decrease in the number of active clinical trials and changes in the way that safety reporting is done resulted in a net decrease of safety reports, down from an average of 28 per year to 18 in 2015-16. Finally, 55 studies were completed and closed this year, where the average is 52 per year. The closure of a study affords the REB a final opportunity to ensure that the rights of research participants are respected throughout the life of the study, up to and including secure storage and eventual destruction of research data.

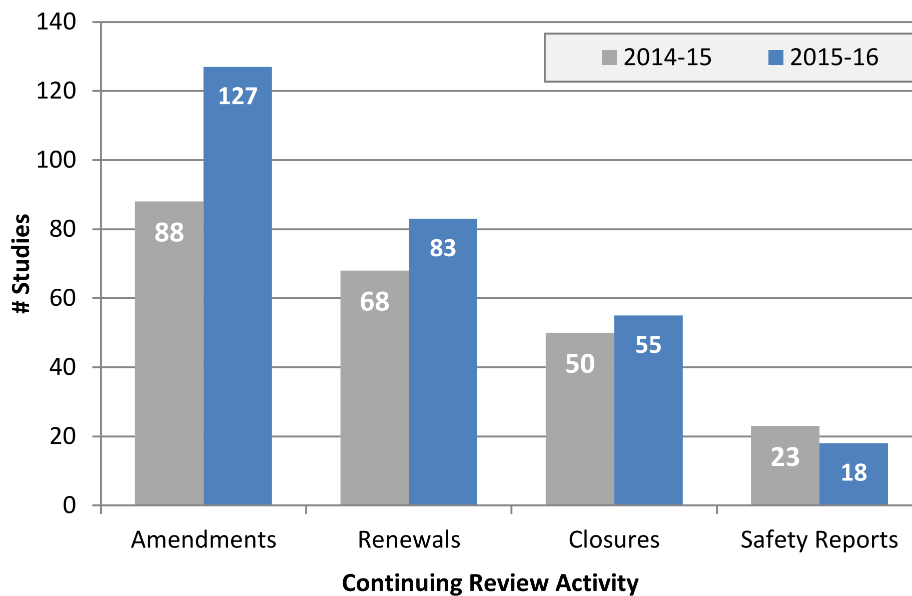


Figure 5: Number of Studies per Continuing Review Activity

C. Consultations

The Research Ethics Office is frequently contacted on matters of ethics where there is uncertainty whether or not the matter pertains directly to research ethics. Thirty-nine such consultations were recorded in 2015-16. The majority of these requests were resolved without difficulty by Research Ethics Office staff, but one particularly complex request came in the summer of 2015. An international study investigating the use of an approved biologic to treat auto-immune diseases in pregnant women had an eligible

participant who was scheduled to give birth at Kelowna General Hospital. Because the study visit needed to coincide with the delivery date, there was no time to convene a full board meeting of the IH REB to review the study. The Chair of the REB worked with a physician REB member, the KGH Chief of Staff, the Director of Surgery & Women's Services, the Lab Director, the Chief Nursing Officer and others to quickly find a fair and ethical solution.

In another case, the Chair was consulted by the Director of Risk Management regarding the disclosure of research participation of an IH patient for the purpose of a review by legal authorities. The Chair was able to provide information on the protection of privacy and confidentiality for research participants, and the requirements to disclose such information if required by law.

These cases are prominent examples of the responsiveness of the IH REB.

D. Participant Concerns and Investigations

The Research Ethics Board accepts and investigates concerns from research participants, a rare occurrence. In 2015 the Chair received two reports from participants involved with the same study. The concerns were discussed with the PI who agreed to make a change to the activities with participants. The complainants were informed of the change and satisfied with the resolution.

The REB was involved in an investigation in 2015 related to a breach of IH data released for the purpose of research. The PI had not complied with the storage and destruction of the data per the agreement signed for the release of the data. The issue was resolved with the support of legal counsel, and the data was returned to IH for destruction per IH standards.

E. Operations

1. Research Ethics Board

The IH REB was fortunate to have limited turnover in membership in 2015-16. The Chair of the REB was reappointed to a two-year term in October 2015. One of the two Community Members completed her term. The Chair has been working with Patient Voices Network, in consultation with the full board, in an effort to find a new community member so that the REB maintains a complement of two community members at all times. Another member with extensive scientific and medical expertise stepped down when he moved out of the IH region. The REB is fortunate to possess a breadth and depth of expertise amongst members to mitigate the loss. The REB also lost one of the two members with legal expertise prior to the end of his term. This member received a prestigious appointment in his professional role that precluded him from formal affiliations with businesses and organizations, including IH. A second member with legal

expertise has since been trained as a reviewer, and a substitute member with legal expertise was appointed to the REB in March 2016.

2. Research Ethics Office

The Research Ethics Board is supported by the Research Ethics Office. The office is currently staffed by a full time Research Ethics Leader, who currently serves as Chair of the REB and Chair of the IH Ethics Council. A half time Coordinator assists with the management of the REB and review of studies. The *IH Research Strategy* for 2014-2016 contains recommendations related to Human Resources to support research and these are under consideration.

Plans for 2016-17 include a change to the Research Ethics Leader role to Regional Practice Lead (RPL) with expanded responsibilities for research policy, process and education. High priority topics for which the RPL will lead the development of policy and processes include: the use of IH information for the purpose of research; student research; and clinical trials.

3. Education

Staff from the Research Ethics Office was supported by BCEHI partner funds to attend the Canadian Association of Research Ethics Boards (CAREB) conference in May 2015. The knowledge gained was shared with REB members at subsequent REB meetings. Information updates were also provided to members at REB meetings on topics of Tri-Council policy changes and interpretations, consent processes and student research.

The REB web page on the IH public website was updated in March 2016 to provide better information and resources for researchers.

In 2016-17, the Research Ethics Office will be working with the Research Capacity Building team to develop and deliver a curriculum of research education workshops throughout the calendar year.

4. Internal Collaborations

The IH REB and the Research Ethics Office work closely with a number of IH Departments to promote ethical research and to lend ethics expertise under the umbrella of the *Ethics in Interior Health* framework. Significant collaborations include:

- IH Privacy Office, for work on Information Sharing Agreements and other matters of data safety and security.
- IH Research Department, including development of a policy for the *Operational Approval to Conduct Research*, ethical oversight of the Evidence Informed Practice Challenge competition, and expertise relating to research affiliation agreements.

- All departments who are asked to provide an operational review of research including: Information Management, Health Records, multiple programs and services in the Hospitals and Communities portfolio, Residential Care, and Pharmacy.
- The IH Accreditation team aided the Research Ethics Office in preparing for the CCHSA Accreditation Survey that occurred in September 2015, resulting in a positive report for the REB.

5. Financial Report

Prepared: April 29, 2016, D. Goughnour

REB statement of revenues & expenses for the year ending March 31, 2016

	Actual	Budget	Variance
		Revenue	
	(12,000)	(18,000)	(6000)
	(12,000)	(18,000)	(6000)
		Expenses	
Wage*	127,780	129,675	1,895
Physician Honorarium	12,928	10,000	(2,928)
Non-wage	2,530	7,848	5,318
	143,238	147,523	4,285
		Total Surplus/(Deficit)	
	(131,238)	(129,523)	(1,715)

**excludes Wage Benefits*

Source: IH Insight Financial Statements, DPT 1002.71.1102515

E. Summary

The dominant influence on the work of the REB and the Research Ethics Office in 2015-16 was the magnitude of the increase in number of new studies received and the number of continuing review activities required. The 50% increase in studies under review and 55% increase in new research studies with the same staff complement drove the need to be efficient, creative, and collaborative while maintaining the same high standards expected of Canadian REBs. The Research Ethics Office responded by recruiting and training new reviewers, training existing members to be primary reviewers, and increasing the time spent on mentoring REB applicants to enable them to produce quality applications that would meet ethical standards. This came at the cost of providing group Education sessions for REB members and reviewers, something that will be a high priority to reintroduce in 2016-17.

The REB Chair provided mentorship to the Research Department team and others, which did allow some of the goals set at the beginning of 2015-16 to be met. These include:

- Providing leadership to the Research Department in developing a policy to facilitate operational approvals for research conducted in IH.
- Liaising with UBC and the Southern Medical Program to facilitate the full reciprocity agreement that has been enacted for special categories of students (Medical, Pharmacy and Dietetics).
- Revising the Research Ethics Board website content and design, with the goal of making the website user-friendly and providing content that enables REB applicants to create complete, high quality application packages.

Other goals set at the beginning of the fiscal year were altered as the Health Authority, the BC Ethics Harmonization Initiative, and the IH Research Department evolved. These include:

- Developing Research Ethics Office standardized operating procedures to align with the REB policies. These have been drafted and are currently under review.
- Establishing an alternate for the Chair to reduce the risk of disruption in service in the event of any extended absence of the Chair. This was accomplished informally, with the possibility of creating a formal alternate or co-chair still under consideration.

The REB and Research Ethics Office will continue to champion and support health research in IH and remain dedicated to the highest standards of ethical oversight in the protection of research participants.

6. Appendices

- Membership list

Research Ethics Board
220 – 1815 Kirschner Road
Kelowna, BC V1Y 4N7
Tel: 250-870-4602
researchethics@interiorhealth.ca

Research Ethics Board - Voting Members				
Name	**Gender**	**Role**	**Appointment Date**	**IH Affiliate**
Bernhardt, Jesse	M	Legal	June 2015	No
Ertel, Dr. Mike	M	Medicine, Ethics, Clinical trials	Nov 2005	Yes
Gorman, Dr. Sean	M	Pharmacy, Quantitative methodology	Nov 2014	Yes
Kjorven, Mary	F	Clinical Nurse Specialist, Geriatrics	Dec 2012	Yes
Manossa, Geraldine	F	Community member, Indigenous Studies	Aug 2016	No
Ogborn, Dr. Malcolm	M	Pediatrics, Nephrology, Research ethics	Mar 2015	Yes
Petillion, Wendy	F	REB Chair; Regional Practice Lead Research	Sep 2013	Yes
Purdon, Dr. Mike	M	Medicine, Clinical research	Sep 2013	No
Szostak, Dr. Carolyn	F	Research ethics, Qualitative methodology	Sep 2013	No
Thompson, Robert	M	Community member, Ethics	Nov 2011	No
Vatkin, Garth	M	Nursing, Clinical Information Specialist	Nov 2013	Yes
Research Ethics Board – Substitute Members				
Adderley, Coleen	F	Clinical trials	June 2015	Yes
Armstrong, Jan	F	Community member	Aug 2016	No
Canzer, Matthew	M	Legal	April 2016	No
Nicol, Judy	F	Ethics, Clinical care	Nov 2013	Yes
Parker, Brent	M	Clinical research, Quantitative methodology		Yes
Slavik, Dr. Richard	M	Pharmacy, Clinical trials, Quantitative methodology	June 2007	Yes
Research Ethics Board - Staff				
Herbert, Dorothy	F	REB Coordinator	May 2011	Yes

All voting members are Canadian citizens or permanent residents of Canada.
The Research Ethics Board is organized and operates in accordance with applicable laws and regulations, including: Section 3 of the Health Canada Good Clinical Practice: Consolidated Guidelines, 1997; Part C, Division 5 of the Food and Drug Regulations, and all provincial and federal privacy legislation.
The Research Ethics Board complies with US Dept of Health and Human Services (HHS) Code of Federal Regulations Title 45, Part 46 (45 CFR 45); and the HHS Health Insurance Portability and Accountability Act (HIPAA).
The IH REB Federalwide Assurance (FWA) Number is 00010352.

Research Ethics Board Annual Report 2015/16

Presentation for the IH Board of Directors

October 4, 2016

Interior Health
Every person matters

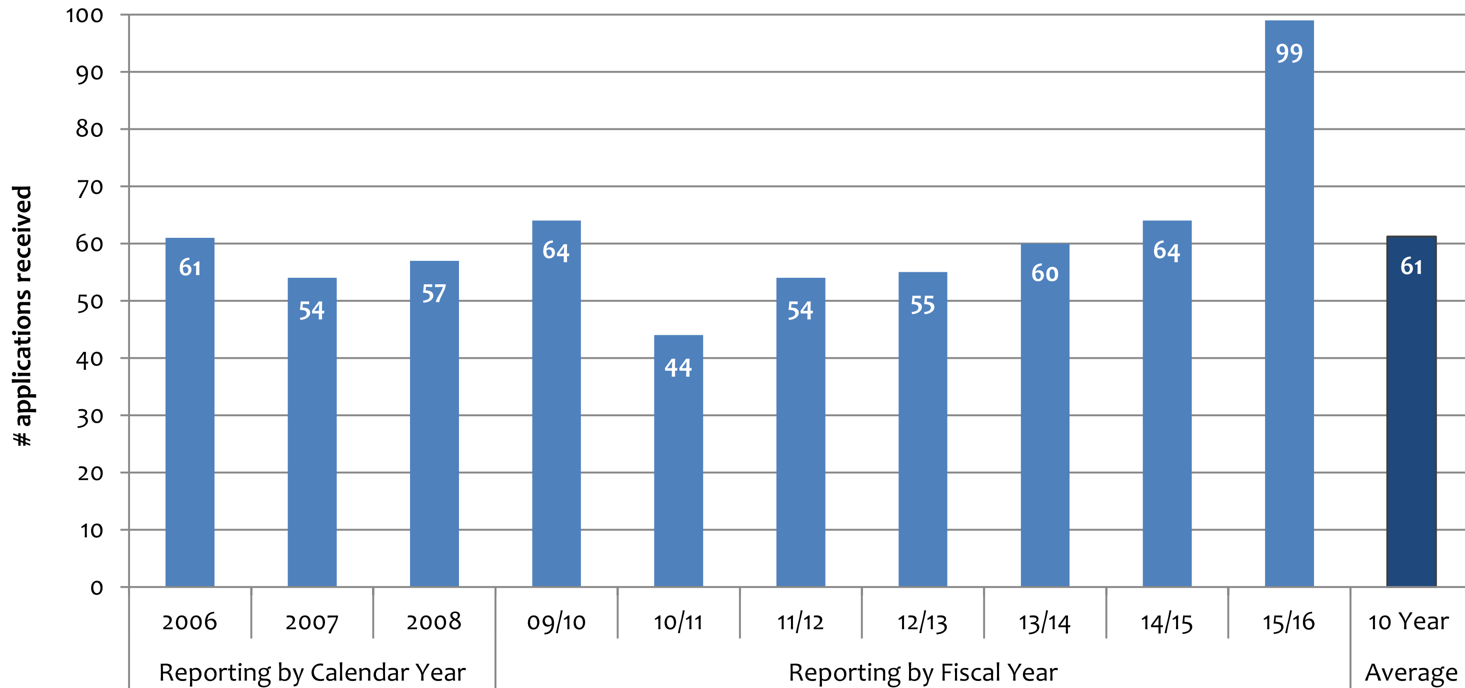
REB Mandate

* Provides independent, multi-disciplinary review for ethical acceptability of research involving humans under the auspices of IH
* Protects the rights and interests of research participants
* Accountable to the IH Board per policy 3.13 Research and Research Ethics

Out of Scope for REB

* QI projects and Evaluation
* Research not involving humans
* Research outside of Interior Health
* Research in which IH employees are acting outside of Interior Health

Number of Studies by Year

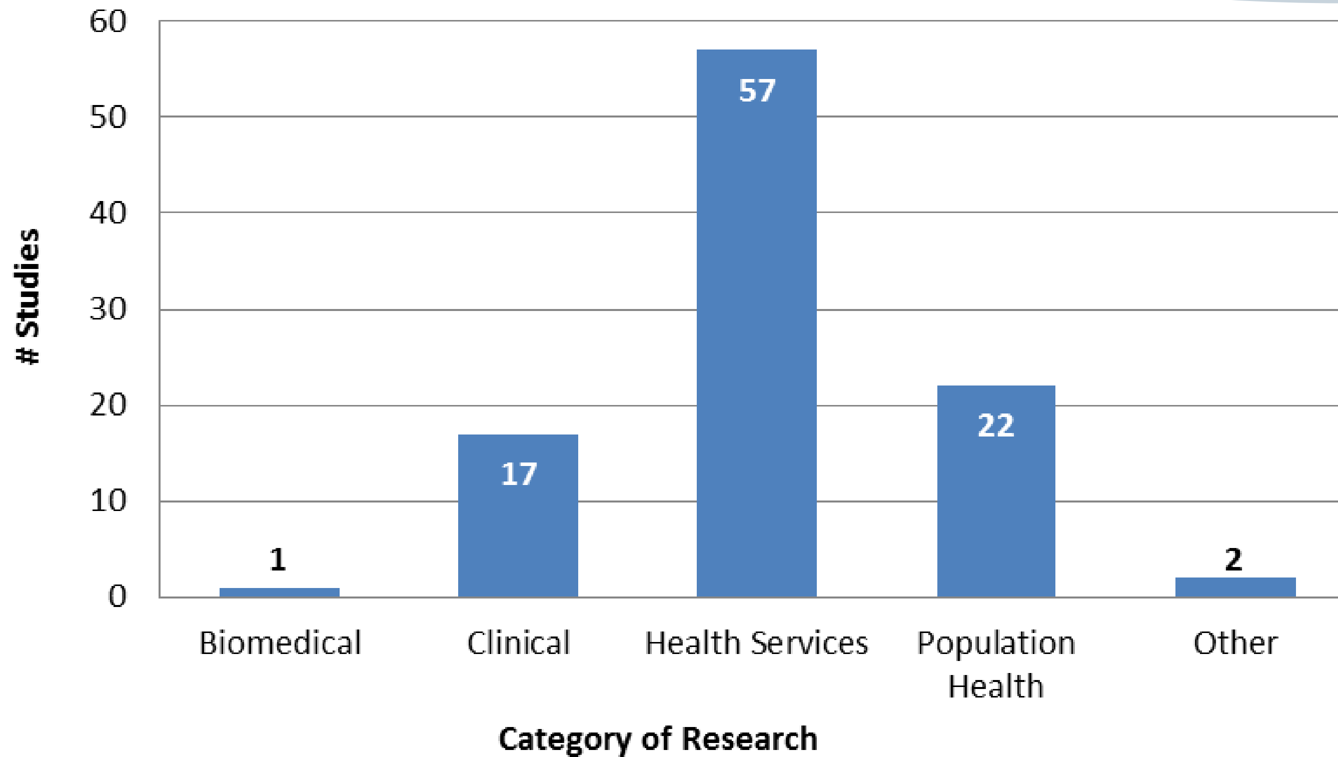


Number of research applications received per year by IH REB

Origin of Applications

* UBC continues as primary source - 52 of 99
* 27 studies from other academic institutions
  University of Victoria, Thompson Rivers University,
  Royal Roads University, out of province
* 19 IH investigator lead projects (12 in 2014/15)
* 47 of 99 studies are student-led research projects

Categories of Research



Number of Applications per CIHR Category of Research

Every person matters

Harmonization

Harmonization Status	Type of Ethical Review	#
IH Only	Delegated	29
	Full board	5
Harmonized	Delegated, harmonized with multiple REBs	23
	Delegated, harmonized with UBC REBs (includes BCCA and C&W REBs)	23
	Delegated, harmonized with UBCO	13
	Delegated, harmonized with U of Victoria	2
	Full board, harmonized with one other REB	2
	Full board, harmonized with multiple REBs	2
	TOTAL	99

Every person matters

Summary

* Increase in volume drove efficiency and innovation
* Recruitment and training of REB members and reviewers
* Resources for researchers and REB members
* Looking forward

Thank you for your ongoing support
of research in IH

DRAFT MINUTES OF July 19, 2016
REGULAR BOARD MEETING
9:00 am – 11:30 am
BOARDROOM 1 - 1815 KIRSCHNER ROAD – KELOWNA

Board Members:

Erwin Malzer, Chair
Ken Burrows (V)
Debra Cannon
Patricia Dooley
Diane Jules
Findlay (Frank) Quinn
Dennis Rounsville
Tammy Tugnum
Renee Wasylyk

Resource Staff:

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

Guests:

Jamie Braman, VP Communications & Public Engagement
Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources & Organizational Development
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP & Chief Information Officer
Martin McMahon, VP Integration & Strategic Services (R)
Dr. Alan Stewart, VP Medicine & Quality (R)
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (V)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:

Dr. Alan Jones, Regional Associate Dean, Interior, UBC Faculty of Medicine
Lorena Hiscoe, Corporate Director-Clinical Operations, Population Health
Leslie Bryant-MacLean, Program Manager, Quality Improvement, Research and Special Projects

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

1. CALL TO ORDER

Chair Malzer called the meeting to order and welcomed Board Directors, staff and visitors.

1.1 Acknowledgement of the First Nations and their Territory

Director Jules respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory.

1.2 Approval of Agenda

Director Jules moved. Director Burrows seconded:

Motion: 16-09 **MOVED AND CARRIED UNANIMOUSLY THAT the Board approve the agenda as presented.**

Additional agenda item - 5.1 Public Health Emergency Overdose Response – Update July 2016

2. PRESENTATIONS FROM THE PUBLIC

Southern Medical Program Update

Dr. Alan Jones presented an update on the Southern Medical Program covering from inception of the program to today. He spoke of the physician preceptor growth trend with over 1,000 physicians participating in the medical student's clinical training. An independent student analysis measuring the undergraduate curriculum

produced very positive responses. He noted that the number of Interior based students admitted to the Southern Medical Program continues to grow each year. He was pleased to report that a total of 30 new doctors graduated this year. The program is very successful. Chair Malzer thanked Dr. Jones for the exceptional work and the Board looks forward to having updates in the future.

3. PRESENTATIONS FOR INFORMATION

Syrian Refugee and Newcomer Pathways Report

Leslie Bryant- MacLean & Lorena Hiscoe presented the 2016 report in response to the Syrian Refugee Newcomer Program in BC and the Interior. Lorena Hiscoe made special note about how welcoming every community has been as refugees settle within Interior Health. Leslie Bryant-MacLean reported that Interior Health has met its objectives in a timely and effective manner. The program is now moving from a special project to standard of care.

4. APPROVAL

4.1 Approval – Minutes

Director Wasylyk moved. Director Jules seconded:

Motion: 16-10 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the May 31, 2016 Board Meeting, as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

5.1 Public Health Emergency Overdose Response – Update July 2016

Dr. Trevor Corneil and Lorena Hiscoe provided an update on the Public Health Emergency Overdose Response. Chair Malzer requested that this be placed as a standing agenda item while the Public Health Emergency remains in effect.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor reported on the Summary Report of the Health Authority Medical Advisory Committee meeting with the following highlights:

- Infection Prevention & Control Report on hand hygiene indicates compliance rates are increasing with infection rates declining.
- HAMAC endorsed the Smoke Free Environment Policy as a standard of care and will participate in physician engagement strategies to promote tobacco reduction.
- Congratulations for the outstanding success of the recent implementation of the Emergency Department Electronic Medical Record project at Royal Inland Hospital. Chair Malzer also commended the work done on the successful implementation.

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 requested the Board's approval of the following motions:

Director Rounsville moved, Director Wasylyk seconded:

Motion: 16-11 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the revisions to

the Limits of Spending Authority Policy.

Director Rounsville moved, Director Jules seconded:

Motion: 16-12 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the Internal Audit Charter 2016 as presented.

Director Rounsville reported that:

- The Community Health Services Centre in Kelowna will be substantially completed by October 2016 with a targeted move in date of December 2016. Eight locations, with approximately 800 clinical and administration staff, will consolidate into the Community Health Services Centre. Interest has been received from potential leasee's for the sublease space on the first and fifth floor. The Board members will tour the building in October.

- IMIT challenges and complexity within projects was discussed. It was noted that the Royal Inland Hospital Emergency Department Electronic Medical Record (EMR) project was a great success. Physicians are using the system and are satisfied with the outcomes. Another project of note is the Patient Portal pilot currently underway in Salmon Arm. To date, 578 clients have signed up with many being seniors. Additional site roll out plans are being considered for the emergency department EMR along with a further roll out of the patient portal.

6.3 Quality Committee

Director Burrows advised that there are no motions requiring approval by the Board.

Director Burrows reported that:

- Information and education for physicians, nurses, and pharmacists on Medical Assistance in Dying continues.
- Pharmacy Narcotics Controls Risk Assessment was reviewed. Policy development and implementation strategies have begun. Internal audit is pleased with the progress. There is accountability built in at each level and an annual review monitoring compliance will be conducted.
- A three day MRI 24 hour/day pilot at Kelowna General Hospital was completed in March and again in June. A full update will be provided at the October 2016 meeting. In addition IH will be adding two MRI machines, one at each of East Kootenay Regional Hospital and Penticton Regional Hospital, over the next few years.
- Initial discussions took place around a single definition of quality. Senior executive will bring back additional information to continue discussions at the October 2016 meeting.

6.4 Governance & Human Resources Committee

Chair Malzer announced that Mr. John O'Fee was recently appointed to the Interior Health Board of Directors.

Director Dooley requested the Board's approval of the following motions:

Director Dooley moved, Director Tugnum seconded:

Motion: 16-13 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the updates to Board Policy 6.2, Board Committee Chairs and Memberships as amended to include Director O'Fee.

Director Dooley moved, Director Rounsville seconded:

Motion: 16-14 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the updates to Board policy 6.3 Board and Committee Meeting Schedules to include the 2017 Board meeting dates.

DRAFT

Director Dooley moved, Director Cannon seconded:

Motion: 16-15 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the Board and Committee Meeting Itinerary as presented.

Director Dooley moved, Director Tugnum seconded:

Motion: 16-16 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the updates to Board Policy 3.6 Directors Retainers, Fees and Expenses as presented.

Director Dooley reported that:

- As a result of the new committee structure a list of topics for consideration or standing items were accepted.
- Board self-evaluation process and procedures were discussed. The current process is under review with considerations being given to the form and nature of the evaluation. Directors are asked to provide feedback on the current survey questions. Alignment with Accreditation Canada will be recognized. The outcomes of the evaluation could link to board development opportunities and education.

6.5 Strategic Priorities Committee

Director Wasylyk advised that there are no motions requiring approval by the Board.

Director Wasylyk reported:

- The committee received a presentation on Aboriginal Health and Cultural Safety. Members are pleased with the renewed focus since the realignment of the Aboriginal portfolio to Dr. Corneil . Interior Health is recognized as a provincial health authority leader on First Nations engagement, noting the eight Letters of Understanding (LOU) signed; seven with First Nations and one with the Metis Nation of BC. A report is being prepared for the Senior Executive team at its September meeting on the progress to date on operationalizing both the LOU commitments and Partnership Accord commitments between seven First Nations and IH; and this will be provided to the Board at its October meeting. Chris Mazurkewich noted that plans are underway to provide a half day cultural safety session for all Board members at an upcoming meeting.

6.6 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information with the following amendments:

June 2 Royal Inland Hospital Clinical Services Building Event – CEO Chris Mazurkewich attended. Chair Malzer was unable to attend.
June 6 Royal Inland Hospital Donor Event – Director Cannon did not attend.
June 17 MLA Norm Letnick/Steve Thompson Meeting – Chair Malzer & CEO Chris Mazurkewich
June 28 Health Authority Chairs Meeting – Chair Malzer
July 5 Kootenay Boundary Divisions of Family Practice Engagement Event – Director Dooley
July 6 KGH Foundation Chairman Circle – Chair Malzer, Director Wasylyk
July 7 Meeting with Dr. Ruddiman, President, Doctors of BC – Chair Malzer
July 7-8 South Okanagan Site Visits – Director Burrows
July 12 South Okanagan Foundation Donor Breakfast – Director Burrows

7. REPORTS

7.1 President and CEO Report

The President and CEO Report was received as information. Director Burrows and Chair Malzer wished to extend their thanks to Chris Mazurkewich for his continued dedication to patient outcomes and his genuine interest in engaging with all those he meets while on site visits throughout the health authority.

DRAFT

7.2 Chair Report

Chair Malzer noted that the 2016 Healthcare Summit held on June 27-28, 2016 was a great success and was well attended. This also allowed for a Minister, Board Chair's and CEO's meeting to take place while participants were in Kelowna.

8. CORRESPONDENCE

9. DISCUSSION ITEMS

None.

10. INFORMATION ITEMS

10.1 The Community Engagement Highlights Report was received as information. Chair Malzer wished to thank all the Directors for their commitment and attendance at the many stakeholder events.

11. NEW BUSINESS

12. None

13. FUTURE AGENDA ITEMS

14. None

15. NEXT MEETING

Tuesday, **October 4, 2016** – 9:00 a.m. – Kelowna, BC

16. ADJOURNMENT

There being no further business, the meeting adjourned at 11:10 am

Erwin Malzer, Board Chair

Chris Mazurkewich, President & CEO

DRAFT

Interior Health

ACTION ITEMS
REGULAR BOARD MEETING

Oct 4, 2016

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
Cultural Humility and Safety	Board to Attend Cultural Humility and Safety Session	Trevor Corneil Brad Anderson Debra Brinkman	October 2016

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: September 16, 2016

1. MOTIONS PASSED

Motion: That HAMAC accepts the 2017 meeting schedule as amended – carried unanimously.

Motion: That HAMAC endorse the reorganization of the Medical-Operational structure in Laboratory Services as presented – carried unanimously.

2. DECISIONS

3. ACTIONS

4. PRESENTATIONS TO HAMAC

Lab Services Reorganization of Medical –Operational Structure (M. Moss)
Dr. Mike Moss provided an overview of the proposed medical-operational structure for Lab Services.

MyHealthPortal (D. Kingsford, M. Detwiller, P. Reese)
A presentation was provided on the rollout of MyHealthPortal and how the project team has addressed any physician concerns and how physicians will be engaged at the sites with the implementation.

Stakeholders Committee
REPORT TO THE BOARD
— October 2016 —

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

July 2016

July 22	100 Mile House Hospital – 50th Anniversary Event Director Tugnum
July 22	Lakeview Tenants Association – Explore ALR compliant uses of IH lands Chair Malzer
July 26	BC Quality and Safety Council Meeting Director Burrows

August 2016

August 12	Met with major philanthropist at their request Chair Malzer
August 16	Kelowna Airport Master Planning – Key Stakeholder Meeting Chair Malzer, Director Wasylyk
August 16	Kamloops media interview - Executive/CEO compensation levels Chair Malzer
August 17	Penticton Regional Hospital – Patient Care Tower Liaison Meeting Director Burrows
August 29	City of Kelowna 2040 Vision – Healthy City Strategy Meeting Chair Malzer

September 2016

September 10	Attended major West Kelowna event – MLAs, community leaders, key philanthropist Chair Malzer
September 14	Partnership Accord Leadership Meeting Chair Malzer, Director Jules
September 16	Health Authority Medical Advisory Committee Meeting – Kelowna Chair Malzer
September 16	Royal Inland Hospital – Client Services Building Grand Opening

	Director O'Fee, Director Cannon
September 17	Met with local MLAs Chair Malzer
September 17	Health Forum – Okanagan College – MOST & Future Directives Chair Malzer
September 19-22	Kootenay Boundary Site Visits Chair Malzer, Director Dooley
September 22	Annual Regional Conference for Kootenay Boundary Healthcare Auxiliaries-Christina Lake Chair Malzer, Director Dooley
September 20	Long Term Service Awards – Nelson Chair Malzer, Director Dooley
September 26	Union of BC Municipalities Convention Chair Malzer
September 26	Met with DOBC/CMA Presidents – Vancouver Chair Malzer
September 27	Met with Doctors of BC and Canadian Medical Association Presidents – Vancouver Chair Malzer
September 27	Long Term Service Awards – Cranbrook Director Rounsville
September 27	Premier's invitation with Duke & Duchess of Cambridge – Kelowna Chair Malzer

President & CEO
REPORT TO THE BOARD
October 2016

Responding to Overdose Emergency

Since my last report to the Board a number of actions have been taken to enhance Interior Health's response to the public health overdose emergency declared by the Provincial Health Officer this past Spring.

By early August all IH emergency departments, public health centres, and mental health and substance use offices, along with several community agencies participated in the Take Home Naloxone program. This program expansion increased access to the life-saving medication Naloxone. Naloxone can reverse an opioid overdose by restoring breathing within two to five minutes. It improves the chances of survival while waiting for medical help to arrive. In addition to making naloxone kits more available, the program also provided training on how to prevent, recognize, and respond to an overdose.

Between January 1st and August 31st of this year, a total of 80 illicit drug overdose deaths were reported in IH by the BC Coroners Service. Based on this trend, approximately 120 deaths are projected to occur in 2016, which is almost double the total number of deaths reported in 2015.

Earlier this summer IH implemented enhanced surveillance of suspected opioid overdoses in 33 emergency department sites. Between June 1st and September 10th, a total of 121 overdoses were reported. Thirty-eight per cent of the 121 overdoses were reported at Royal Inland Hospital, twenty-six per cent at Kelowna General Hospital and twenty-six per cent at Vernon Jubilee Hospital.

Significant engagement has occurred over the summer regarding the possible establishment of safe consumption services (SCS) in Interior Health. Engagement has begun with the City of Kamloops, City of Kelowna, the Royal Canadian Mounted Police, and community agencies and organizations on the overdose emergency and the actions being taken by IH. Further engagement will occur in the coming weeks once potential sites for SCS have been determined. If the engagement processes support proceeding with an application for both Kamloops and Kelowna, Interior Health will submit an application for services in both communities.

One of the key initiatives being undertaken to support individuals facing substance use issues is the expansion of support recovery beds across Interior Health. In mid-September four contracts were awarded for the creation of 20 additional support recovery beds to enhance mental health and substance use services across Interior Health. ASK Wellness Society will provide six support recovery beds in Merritt, Round Lake Treatment Centre will provide six Aboriginal

support recovery beds in Armstrong, the Ktunaxa Nation will provide four Aboriginal support recovery beds in Cranbrook, and the East Kootenay Addiction Services Society will also provide four support recovery beds in Cranbrook. These 20 beds are part of the 73 new support recovery and withdrawal management beds announced earlier in 2016. The remaining beds will be awarded through the early Fall. It is anticipated that all support recovery and withdrawal management beds will be open by early 2017.

Integrated Services

Expanding Primary Care Coverage for Kaslo
Working in collaboration with community physicians, Interior Health expanded primary care hours at the Victorian Community Health Centre in Kaslo beginning in August. The primary care clinic is now open from 9am to 5pm on weekends for a four-month trial period. Following the trial, IH and the physicians will evaluate the service based on how often weekend primary care is being used to determine whether or not it should continue into the future.

Welcoming New Physicians to Interior Health
Five new family physicians started working in IH communities in August and September thanks to BC's Practice Ready Assessment Program. The Program matches internationally-trained physicians with a BC physician who evaluates the candidate's skills when delivering care to patients over a three-month period. Following this process, physicians are placed in communities of need. Since the summer Enderby, Keremeos, Logan Lake, Nakusp, and Trail have all received family physicians through the PRA program.

Increasing and Enhancing Residential Care Capacity
The future addition of 257 additional residential care beds to Interior Health was announced in early September. The beds will serve the communities of Cranbrook, Kamloops, 100 Mile House, Penticton, Salmon Arm, and Williams Lake. 14 beds will open in Spring 2017 at Fischer Place/Mill Site Lodge in 100 Mile House. The remaining 243 beds are anticipated to open in Summer 2018 following a competitive procurement process and construction. As part of its commitment to enhance cultural safety and provide culturally appropriate care in all service areas IH will require proponents to develop a plan that includes engagement of local communities, including First Nations during development of the new beds. IH currently has 5,653 residential care beds, providing 24/7 care and supports for individuals with complex care needs who are no longer able to live at home independently or with supports. A further 185 residential care beds will open in Kelowna and Vernon in early and mid-2017 respectively.

Royal Inland Hospital Clinical Services Building Opens
In mid-September Health Minister Terry Lake, MLAs Todd Stone and Jackie Tegart, First Nations, community, and Foundation representatives joined with Interior Health to celebrate the opening of the Clinical Services Building at Royal Inland Hospital. The Building brings new state of the art patient care and education space to the community. Several outpatient services are provided from the building including laboratory, pre-surgical screening, operating room booking, cardiology, pulmonary function, a sleep lab, and intravenous infusion therapy. Supporting the Building and the larger Hospital campus, a 350 stall parkade was also included in the under-budget $69.1 million project funded by the Province and the Thompson Regional Hospital District.

New Location for the Boundary Community Health Centre
Boundary-Similkameen MLA Linda Larson and Interior Health and community representatives celebrated the grand opening of the new Boundary Community Health Centre in Grand Forks on September 23rd. The Centre brings together existing mental health and public health services, which are now co-located across the street from primary care physician services in the community. The expanded Health Centre provides more space for staff and clients, a larger

meeting area for group visits and counselling, and provides easier access for families with young children and the elderly.

MyHealth Portal Expands to Revelstoke
Following the successful launch of secure online access to personal health information for Salmon Arm patients, Interior Health began MyHealth Portal services for the residents of Revelstoke and the surrounding area in mid-September. Patients are now able to view information such as their IH lab results and diagnostic imaging reports, appointments, and recent visit history. Over the coming months, the Portal will be rolled out in additional communities, eventually covering the entire Central and Southern Interior.

2016/17 Budget

IH is targeting to end the fiscal year in a balanced position.

A long-term direction for us, and for health care across the province, is to be more efficient and more sustainable. By becoming more efficient, we find savings that can be reinvested to support a greater focus on prevention and integrated community care in order to provide services where people want, in the community.

Key Performance Measures

Performance measures are used across IH to benchmark our performance against internally and externally set targets. It allows IH to measure how we are doing against past performance as well as to how we are doing in comparison with like organizations. The measures are reported out to the Board of Directors through the Health Authority's Service Plan, to the Ministry of Health for accountability purposes, as well as to organizations like the Provincial Infection Control Network.

Caution should always be used in comparing data across different institutions or organizations as localized factors not present at other locations may influence outcomes. Caution should also be used when comparing snapshot data of a specific timeframe such as one reporting period against annualized data.

Sick Hours as a Percentage of Worked Hours
A healthy workforce and workplace are essential elements in providing high quality patient care. The health of a workplace is also a key component of maintaining a cost-efficient system. Sick time hours as a percentage of worked hours are currently at 4.52% of total worked hours. Interior Health's target for this measure is for sick time hours to be no greater than 4.8% of total worked hours.

Human Resources
Difficult to fill position vacancy rates are important indicators of the employment market and are related to overtime costs incurred. IH's vacancy rates for nursing and paramedical professionals continue to remain at less than the established 2% target - 0.36% and 1.03% respectively.

Engagement

Attracting and retaining high quality health care professionals is critical to support the health care needs of our patients, clients, and residents. Care professionals and their families view our communities as an important factor in deciding where to locate and practice. In mid-August Interior Health's Board Chair Erwin Malzer and I met with Kelowna International Airport

leadership to discuss their strategic planning and the importance of accessible communities as an attractor for potential health care professionals.

Our Board Chair and I met with Kelowna City Council in late August as part of their 2040 community visioning exercise. We shared perspectives on what health care in Kelowna, BC, and Canada might look like in 25 years. The current pressures on health systems demand that we think differently about health service delivery. Technological innovation has the potential to dramatically reframe the relationship between care providers and patients and to allow health providers to provide services that we haven't yet thought of.

Building relationships with our aboriginal communities is an important objective for Interior Health in order to help reduce the significant gap in health outcomes between aboriginal and non-aboriginal populations. In September, Interior Health's Board Chair, Director Diane Jules, Vice President for Population Health & Chief Medical Health Officer; Vice President & Chief Operating Officer, Hospitals and Communities; and I met with our First Nations partners at the Partnership Accord Leadership meeting in Enderby.

In late September our Board Chair, Director Pat Dooley, and I visited the communities of Nakusp, New Denver, Nelson, Castlegar and Grand Forks. During these visits we had the opportunity to meet with our staff and medical staff to understand both the opportunities and challenges of delivering health care, tour the sites to better understand future capital opportunities, and meet with many important stakeholders including local, regional, and provincial elected officials, and foundations and auxiliaries.

During the Kootenay-Boundary visit our Board Chair, Director Dooley, and I had the opportunity to meet with representatives of all of the Auxiliaries of the area at their annual meeting, held in Christina Lake. While the monetary contributions Auxiliaries make to our facilities and communities are incredibly valuable, their personal commitment to support patients, clients, and residents through their volunteerism is impossible to replace.

Also during the Kootenay-Boundary visit, our Board Chair, Director Dooley, and I attended the Kootenay-Boundary Long Term Service Award Ceremony in Nelson on September 20th. Each year, ceremonies are held to recognize health care professionals for their decades of service. At this ceremony 40 employees and physicians were recognized for 25 years service, 17 employees and physicians were recognized for 30 years service, 15 employees and physicians were recognized for 35 years service, and 1 employee for 40 years service.

On September 26th, IH's Board Chair, Vice President of Communications and Public Engagement, and I had the opportunity to attend the annual Union of BC Municipalities Convention in Victoria. Interior Health attends this conference on an annual basis as it is a key opportunity to engage with local and regional government stakeholders. On this day we had the opportunity to meet with mayors and councillors of eight local governments, and chairs and directors of three regional districts and regional hospital districts.

The Okanagan Mainline Area group of hospital and health-care auxiliaries held its Annual General Meeting in Vernon on October 1st. I shared with the attendees Interior health's current strategic plan, focussing on the continuing shift from facilities to community based care; and expressed the appreciation of IH for the work they do supporting our patients, clients, and residents each and every day.

Recognition

Slovenian Society Preserves Legacy

The Slovenian Society of Okanagan is celebrating its 35th anniversary and has generously chosen to donate the balance of society funds to a cause that is, literally, close to its heart. Founding President and now Trustee of the Society Ignac Konte presented cheques for $14,029.65 to the KGH Foundation. The sum includes $10,000 dedicated to funding Outpatient Cardiac Services at Kelowna General Hospital and specifically the purchase of an ECG cart. The balance will support the Central Okanagan Hospice House and the purchase of a Broda transport recliner chair. Established more than 35 years ago, the Slovenian Society has allowed Slovenians to continue to preserve and celebrate their unique heritage, language and culture while living in the Okanagan.

IH Employee 2016 Robert Wood Johnson Award Recipient
School of Population and Public Health (SPPH) Master of Health Administration (MHA) candidate Olga Sawatzky recently won a 2016 Robert Wood Johnson Award, at a special ceremony hosted by the Canadian College of Health Leaders (CCHL) and the Canadian Healthcare Association (CHA). The award recognizes individual achievement and promising contributions in the field of health services management. Since its inception in 1956, the award has been presented to more than 280 Canadian health-care professionals. Olga currently works as a Patient Care Coordinator in Kelowna General Hospital's Operating Room. For the past eight years Olga has concentrated her efforts on the operational improvement and team dynamics in Perioperative Nursing practice.

KGH Foundation Grant Program Benefits Patient Care
The Kelowna General Hospital Foundation continues to receive overwhelming interest in their Grants Program for Patient & Family Centred Care. The Foundation received 28 applications this past quarter with requests totaling nearly $84,000. Thanks to the Blossom Time Fair contributing the proceeds from their event, they were able to provide funding for seven requests totaling nearly $20,000. The most recent grants selected include an outdoor handicap door access project at Cottonwoods Care Centre, an update to the waiting room at the Rutland Health Centre, and investing in iPad technology to support physician rounds for stroke care at Kelowna General Hospital.

Chris Mazurkewich
President & CEO

Report to the Board

October 2016

Background

Engaging our stakeholders – elected officials, partner agencies, clients and the public – is key to strengthening relationships and trust with external stakeholders, while increasing awareness of the health-care system and ultimately improving population health.

Engagement training for Communications & Public Engagement staff

- Building on training three Communications Officers received in June on *Foundations in Effective Public Participation*, those individuals are developing an in-house stakeholder engagement training course for enhancing IH leaders' skills involved in formal and informal stakeholder engagement.

Stakeholder Engagement by Portfolio:

- **Support Services & CFO –** Penticton Regional Hospital Patient Care Tower ground breaking event on July 12 with Premier, South Okanagan MLAs, Director Ken Burrows, and Interior Health CEO
- **Medicine & Quality –** Executive Medical Director (EMD) for Primary & Residential Care joined Executive Director North & South Okanagan for presentations to city councils in Oliver & Osoyoos to provide updates on physician recruitment; EMD for Primary & Residential Care also provided information on recruitment strategies to municipal representatives in Lumby, following the departure of two of three physicians from the community.
- **Integration & Strategic Services –** Working with the City of Nelson, Nelson police, and numerous stakeholders to support the development of two community based street workers to build partnerships and referral pathways that will provide community based services rather that emergency department services when clients are appropriately diverted; exploring partnership opportunities in south and central Okanagan that would result in increased housing for Mental Health & Substance Use clients.
- **Human Resources & Organizational Development** - Physician recruiters have engaged community representatives and local physician groups in Castlegar, Trail, Nelson, Grand Forks, Ashcroft, Kamloops, Penticton, Clearwater, 100 Mile House and Williams Lake regarding physician recruitment.
- **Hospitals & Communities –** IH is participating in a Canadian research project aiming to identify/develop appropriate clinical, social/system, staffing and policy approaches to improving quality of care during late life/end of life for older adults in residential care facilities. The three-year *Seniors-Adding Life to Years* project launched in June.
- **Chief Information Officer & VP –** A planning session was held on September 8 with First Nations Health Authority and IH portfolio representatives to identify and discuss alignment of common areas of interest for the First Nation health agenda. This session provided rich discussion and distinct action items. Joint planning session with the CIOs and IMIT leaders is being planned for later this fall.
- **Population Health & Chief Medical Health Officer –** Stakeholder engagement in both Kamloops and Kelowna has been taking place on the possibility of Safe Consumption Sites with city councils, RCMP, business associations, and community agencies; Meetings held with Columbia Shuswap Regional District Emergency Program Coordinators to initiate and strengthen relationships and discuss the role of health protection staff in the emergency operations centres.

Stakeholder Engagement by Community Liaisons:

- Acute Health Service Administrator for Kamloops-area, ED physician, and Health Service Director from Royal Inland Hospital attended two meetings with RCMP in August to share information and maintain open dialogue.
- Acute Health Service Director for Creston and Fernie joined local Community Health Service Manager in August to update Creston town council on five key strategies and other local programs and services, which was well received. Similar presentations for Elkford and Fernie have been scheduled for October.
- Acute Health Service Administrator for East Kootenay hosted a donor dinner on July 19 with focus on resetting the relationship between the Cranbrook Healthcare Auxiliary and the East Kootenay Foundation for Health.
- Acute Health Services Manager for Revelstoke met with Revelstoke District Health Foundation July 12 to review fundraising work to date for helipad at Queen Victoria Hospital; attended the City of Revelstoke Advisory Committee on Healthcare September. 12 to update on MyHealthPortal project coming to Revelstoke September 19.

Stakeholder Engagement by Community Health Facilitators (CHF):

- IH Central CHF is continuing to work with the City of Kelowna on the Kelowna Healthy City Strategy and exploration of a pilot for joint implementation of healthy public policies.
- IH Central and IH West CHFs have joined the Safe Consumption Services project team to support the implementation of the Stakeholder Engagement Plan in Kamloops and Kelowna.

Healthier You magazine:

- Distribution of Healthier You magazine's fall edition is expected to be distributed in late September 2016. Hard copies are distributed to hospitals, health centres, doctors' offices, community centres, libraries, and other businesses across Interior Health. A link to the latest issue is also sent to elected officials (MLAs, mayors, and RHD directors) and Divisions of Family Practice leads.
- Articles in the fall edition continue to build on Interior Health's focus on its key strategies, with icons for each strategy tied to each story throughout. The articles include: information on palliative planning work happening across IH; work to address long waits for surgery for patients; the importance of research projects; and expansion of UBC's Family Medicine Residency training program to the South Okanagan.