

BOARD OF DIRECTORS REGULAR MEETING

MINUTES

February 24, 2021, 5 – 7 PM

Virtual Meeting

Board 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)
Karen Bloemink, VP Pandemic Response & Surgical Strategy
Dr. Albert de Villiers, Chief Medical Health Officer
Carolyn Courtemanche, Interim Board Resource Officer (recorder)

Guests/Presenters

2.2 Kristina Russell, Network Director, Surgical Services
Dr. Mark Masterson, Interim Medical Director, Surgical Services

ITEM	DISCUSSION	ACTION
1.0 CALL TO ORDER	Chair Cochrane called the meeting was called to order at 5:00 pm.	
1.1 Acknowledgement of Traditional Territories	Chair Cochrane began by recognizing and acknowledging that we are collectively gathered on the traditional territories of the seven Interior First Nations, as well as fifteen Metis Chartered Communities, where we are privileged to live, learn, collaborate and work together. He was grateful to speak from the traditional territory of the Syilx 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	The agenda was approved with change in item order	
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 COVID-19 Update	<p>Dr. A. de Villiers and K. Bloemink provided an overview of current Covid numbers, outbreaks, vaccines and other COVID-19 information. Highlights include:</p> <ul style="list-style-type: none"> • The region continues to have community transmission and some community cluster activity, but we have seen some improvement in recent weeks. While we are seeing fewer new cases, it is a delicate time and we need to continue with high vigilance and respond quickly to clusters and outbreaks arise to prevent spread • The Phase 1 roll-out to long-term care and assisted living facilities, rural and remote aboriginal communities in partnership with the First Nations Health Authority has been reassuring for families and communities • Preparation for mass vaccination clinics are well underway for the next stages of the provincial plan • IH continues to maintain good capacity to test and then isolate those who test positive, including community cohort centers to remove barriers for people who may not have appropriate housing 	

	<ul style="list-style-type: none"> • Outbreaks in schools are generally down, and when they occur they reflect outbreaks in the community • Variant viruses of concern have been detected, contact tracing has occurred and to date community spread has not been identified • Outbreaks have occurred in group homes, hospitals and community <p>Questions & Answers:</p> <ul style="list-style-type: none"> • Early focus for IH was on Moderna vaccine – has that changed? <ul style="list-style-type: none"> ○ Moderna was used initially in rural and remote settings due to less stringent transport requirements, but we have improved our ability to transport Pfizer vaccine so that allows us to use it more broadly across IH ○ So far, it has been about 50-50 for Moderna & Pfizer • If first dose was Moderna, can Pfizer be used for second dose? <ul style="list-style-type: none"> ○ At this time, the second dose used is the same as the first based on the current science • How does one go about booking or being identified as part of a priority population for vaccine? <ul style="list-style-type: none"> ○ We refer everyone to the Immunize BC Website ○ We are aligning with the provincial plan and expect to have more information to share shortly ○ Physicians will be asked to identify patients as meeting the criteria for priority vaccine as part of the process ○ Chair Cochrane confirmed that a number of medical and chronic conditions have been provided to the Provincial Medical Health Officer by the health authority Board Chairs ○ Dr. A. De Villiers and K. Bloemink will bring the question regarding persons with disabilities for prioritization to the provincial meetings • How can residents without internet access get information and register for the vaccine? <ul style="list-style-type: none"> ○ Dovetailing with the provincial plan, there will be a number of modes of communication with the goal of making it easy and uncomplicated to obtain information and register. There will be more information available in the near future • How can retired health professionals identify themselves with the health authority to work in vaccination clinics? <ul style="list-style-type: none"> ○ The province has expanded the groups of health professionals who can be trained to deliver vaccine and be matched up with clinics ○ Many have already self-identified. There will be further communication once we have more finalized plans and timelines for clinics and can assess need • Will pharmacies be able to provide the vaccine? <ul style="list-style-type: none"> ○ Pharmacists are very important partners and will be invited to work in the mass clinics, but at this time the handling requirements for vaccine will not allow us to ship to individual pharmacies. Once we have other vaccines that are able to be managed like others already dispensed in pharmacies, this could happen 	
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	<ul style="list-style-type: none"> • Can vaccines be administered in a culturally safe environment for aboriginal patients? <ul style="list-style-type: none"> ○ IH has been working very closely with the First Nations Health Authority (FNHA) and the Interior Region Nation Executive. There has been great collaboration between community members, FNHA and our IH immunizing team to incorporate traditional practices. We recognize the importance of viewing all our processes through this lens and appreciate the question • What is IH doing specifically to try to address the opioid crisis in light of the pandemic? <p>Dr. A. de Villiers confirmed that the overdose rate is high and the nature of the drug supply is toxic. The pandemic has made the opioid crisis worse and it will still need our full attention after the pandemic is over. There is a wide range of initiatives underway as well as work with the Ministry of Mental Health and Addiction such as:</p> <ul style="list-style-type: none"> ○ Overdose Prevention Services, including episodic Overdose Prevention Services and inhalation services ○ Integrated Treatment Teams; ○ Intensive Case Management teams ○ Addiction Consultation Services ○ Recruitment / involvement of Peers to support this work ○ Nurse Prescriber recruitment and training ○ Mobile supervised consumption sites ○ Managed consumption program to support vulnerable people in communities to isolate with COVID-19 <p>Chair Cochrane thanked Dr. de Villiers and K. Bloemink for their report and asked them to extend sincere appreciation to all the staff who interact with patients facing these illnesses. They have our greatest respect.</p> 	
<p>2.2 Surgical Renewal in Interior Health</p>	<p>Introduced by K. Bloemink, K. Russell and Dr. M. Masterson provided a presentation and discussion followed. The presentation is attached to the agenda package and is available on the public website at this link:</p> <ul style="list-style-type: none"> • February 24, 2021 Agenda Package <p>Highlights:</p> <ul style="list-style-type: none"> • Access to surgery in a timely manner has been a priority for BC and IH for several years. This year was a special challenge with the initial slow down of scheduled surgeries due to the pandemic • Since May, an increase in capacity has provided a number of opportunities to accelerate initiatives already underway to provide a strong base for continued work. • We have completed 98% of the scheduled surgeries that had been cancelled by the pandemic, noting that some patients decided to defer their surgeries. Waitlists are constantly monitored • Additional staff trained and hired to address the surgery backlog will be utilized in the capacity expansion going forward • There are multiple methods at site, regional, health authority and provincial levels to monitor and support continuous quality improvement and capacity for surgery • Questions that were submitted were covered in the presentation and discussion 	

	Chair Cochrane expressed sincere appreciation for all the staff who care for patients before, during and after surgeries for doing a remarkable job.	
3.0 STANDING REPORTS		
3.1 President & CEO Update	<p>S. Brown provided a brief update:</p> <ul style="list-style-type: none"> • This has been a very busy couple of months. While the pandemic is taking a lot of our time to make sure we are prepared to deal with the changing environment, many other initiatives, such as surgical renewal, expansion of long-term care beds and some new hospital towers are under construction • We have had outbreaks in settings that include hospitals. Infection control has done a very good job and outbreaks have been well managed. There is no need to stay away from your local hospital if it is under outbreak. Non-health care workers, such as those working on our towers, adhere to COVID-safe worksite protocols and do not pose any additional risk. It is safe due to protocols in place so if you need care, please do come. 	
3.2 Board Chair Update	<p>Chair Cochrane provided a brief update:</p> <ul style="list-style-type: none"> • There is much work ahead to address anti-Aboriginal racism in Interior Health. We have had the opportunity for a presentation and discussion with Dr. Mary Ellen Turpel-Lafond on her report, "In Plain Sight" • The Board supports individual and collective actions by IH to support anti-racism and create a no-tolerance environment for racism in our facilities • Much has been done for example active education rollout and effective partnership relations with our First Nations and Metis partners. The principal weakness exists on the front lines of care, when people come to us in their most vulnerable state. • Initial steps will support people when they need to be supported, and treat them with respect so they can build trust in our health system • We believe that kindness and compassion are everyday activities and everyone who comes to us is entitled to have such care <p>Chair Cochrane extended his personal appreciation to members of our communities, foundations, regional hospital districts who have been working overtime to support activities in IH. They have brought engagement to new facilities, funded equipment and technology, funded site repairs to keep older sites operational. Without this support, we would not have the facilities we do and we are very thankful.</p>	
4.0 ADJOURNMENT	The meeting adjourned at 6.02 pm.	