

EXECUTIVE SUMMARY

Title	Interior Health (IH) Public Health Emergency Overdose (OD) Response Update
Purpose	To provide an update on IH's OD response, with a focus on the status of the Supervised Consumption Services (SCS) application and the transition from emergency response to normal operations.
Top Risks	<ol style="list-style-type: none">1. (Patient) OD deaths continue to rise; with the largest numbers occurring in the Central Okanagan, Kamloops and Vernon areas.2. (Financial) Ongoing short- and long-term health care costs related to managing OD recoveries.3. (Other) External stakeholder knowledge, values and/or beliefs may undermine efforts to reach those most at risk of OD death.
Lead	Karen Bloemink, Executive Director, Hospitals and Communities Integrated Services (East)
Sponsor	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer (CMHO)

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

The provincial illicit drug OD death rate remains significantly above historical rates, with 129 suspected deaths reported in B.C. in May 2017. There were 24 deaths reported in the IH region over the same period, which is the second highest monthly count to date after December 2016. Currently, the Okanagan is the most affected region. The number of OD deaths in Kelowna through 2017 is projected to be 80% higher than the previous year (based on 36 deaths reported between January and May 2017). OD deaths are also increasing in Vernon and Penticton, with projections for 2017 that are double the number of deaths in 2016. New deaths from OD appear to have stabilized in Kamloops, although remain elevated. Enhanced surveillance in IH emergency departments is ongoing, with 928 suspected opioid overdoses reported to the Medical Health Officer between June 1, 2016 and June 30, 2017.

The presence of carfentanil, a powerful derivative of fentanyl, throughout the IH region has been demonstrated by LifeLabs' screening of fentanyl-positive urine samples from Golden, Kamloops, Vernon and Williams Lake and by Health Canada's Drug Analysis Service Laboratories in drugs seized in Kelowna, Vernon and Nelson.

In response to this Public Health Emergency, declared 13 months ago by the Provincial Health Officer, IH has operated under an Emergency Operations Centre (EOC) structure with three major operational arms: (1) Take Home Naloxone distribution from all acute and community access points; (2) Overdose Prevention Services (ODPS) per Ministerial Order under the B.C. Emergency Health Services Act (1996); and (3) Substance Use treatment for those residents at highest risk of an OD event.

DISCUSSION

Health Canada inspectors from the Office of Controlled Substances visited Kelowna (June 22, 2017) and Kamloops (June 23, 2017) to inspect the mobile SCS units as part of the exemption process. Health Canada agreed to expedite these inspections, recognizing that the units are already in operation as an ODPS and as mobile outreach, respectively. The inspections were focused on safety, security, and precautions related to controlled substances. At the end of each inspection, the IH team debriefed with the inspectors to understand what additional information was required. This allowed IH to address all items arising from the inspections by June 30, 2017, the same date the inspectors submitted their report to Health Canada. The VP Population Health & CMHO also met with the Health Canada team in Ottawa on June 28, 2017, to discuss innovative aspects of the mobile SCS units under the Controlled Drugs and Substances Act (1996).

Reflecting the sustained nature of the OD crisis, transition planning has commenced to embed the emergency response into routine operations. It is anticipated that a transition plan will be developed over the summer, presented to the IH Senior Executive Team in September 2017 and fully implemented as soon as possible once the plan is approved.

Prompted by the high number of OD deaths in Kelowna, the VP Population Health & CMHO met with the City of Kelowna on June 30, 2017 to explore opportunities for a sustainable, coordinated approach to addressing this multi-causal and socially complex issue. This approach compliments the existing partnership to develop Kelowna's Healthy City Strategy, a long term, integrated plan that focuses on healthy places and spaces, community health, and quality of life for all Kelowna residents.

EVALUATION

IH situation reports will be presented to SET and Board after each operational period. Other briefs will be provided as warranted, including the EOC transition plan.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dianne Kostachuk, Director, Business Support	July 10, 2017	July 13, 2017	Consultation
EOC Section Leads	July 10, 2017	July 13, 2017	Consultation
Gillian Frosst, Epidemiologist	July 10, 2017	July 10, 2017	Consultation
Megan Black, Epidemiologist	July 10, 2017	July 10, 2017	Consultation
Roger Parsonage, EOC Director	July 10, 2017	July 10, 2017	Consultation
Dr. Silvina Mema, Medical Health Officer	July 10, 2017	July 13, 2017	Endorsement

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Julian Mallinson, Leader, Projects and Quality	July 10, 2017
Assessment of communication requirements	Lesley Coates, Public Health Communications Officer	Ongoing
Presentation to SRMC	n/a	n/a
Presentation to SET	Karen Bloemink, ED HCIS East	July 10, 2017
Presentation to the Board	Karen Bloemink, ED HCIS East Dr. Silvina Mema, Medical Health Officer	August 1, 2017

ENCLOSURES

PowerPoint presentation - Overdose Public Health Emergency: Interior Health Update

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement

Signature

Date

Overdose Public Health Emergency Interior Health Update

Dr. Silvina Mema, Medical Health Officer

August 1, 2017



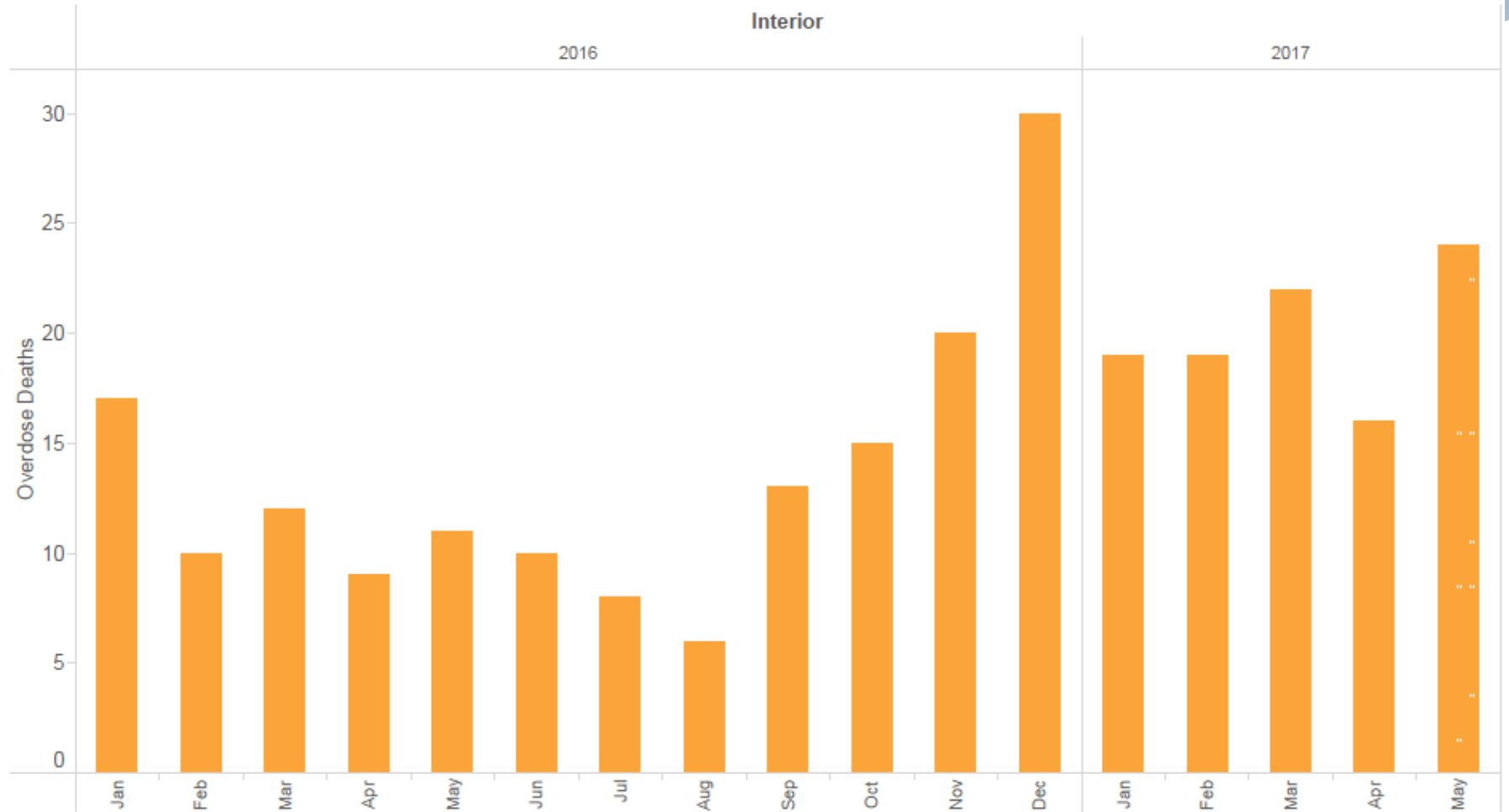
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Outline

- * Epidemiological Update
- * Emergency Operations Updates
 - * Supervised Consumption Services (SCS)
 - * Transition Plan
- * Multi-sector Approach to Overdose Response

Illicit Drug Overdose Deaths in Interior Health

Illicit Overdose Deaths by Year-Month and Health Authority, BC Coroner's Service



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2015 – May 31, 2017

Updated: July 10, 2017

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Illicit Drug Overdose Deaths in Interior Health

Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2017* [2,4]

Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Vancouver	59	38	60	42	69	65	80	101	136	228	179
Surrey	22	20	23	33	42	44	36	43	76	117	72
Victoria	19	29	13	13	17	17	25	20	20	67	41
Kelowna	6	2	5	9	14	8	12	12	19	48	36
Abbotsford	3	4	4	10	16	7	10	7	26	39	29
Nanaimo	2	2	6	4	8	6	20	16	19	28	21
Burnaby	9	12	8	9	10	10	13	11	16	37	20
Langley	3	6	2	3	10	5	10	10	10	30	17
Kamloops	11	7	7	10	2	5	8	7	7	42	16
Maple Ridge	5	2	6	4	4	5	10	14	29	27	14
Richmond	0	1	3	4	4	1	3	3	6	13	13
Vernon	3	1	4	6	7	1	11	6	8	12	12
New Westminster	1	4	2	6	6	3	5	9	12	10	12
Chilliwack	3	4	2	2	8	8	6	6	10	12	11
Other Township	56	51	56	56	77	84	83	103	123	257	147
Total	202	183	201	211	294	269	332	368	517	967	640

*sorted by 2017 totals

Illicit Drug Overdose Deaths in Interior Health

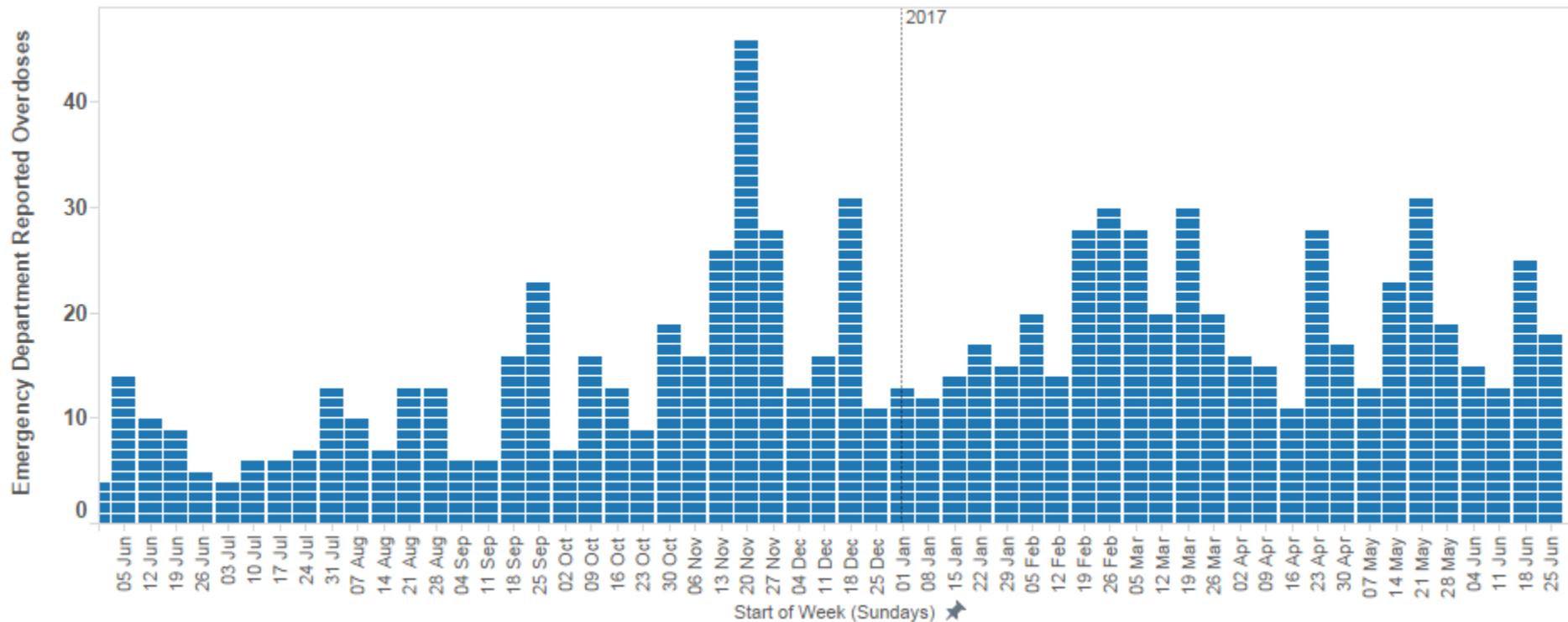
Annualized OD Death Rates per 100,000

- * Vancouver: 65.8 (n=179)
- * Kelowna: 68.7 (n=36)
- * Kamloops: 42.0 (n=16)
- * Vernon: 69.1 (n=12)

Rates calculated using deaths by township (BC Coroners Service) and population estimates by municipality (BC Stats) January 1, 2017 – May 31 2017 annualized.

Suspected Opioid Overdose Emergency Department Visits (~98% Non-Fatal)

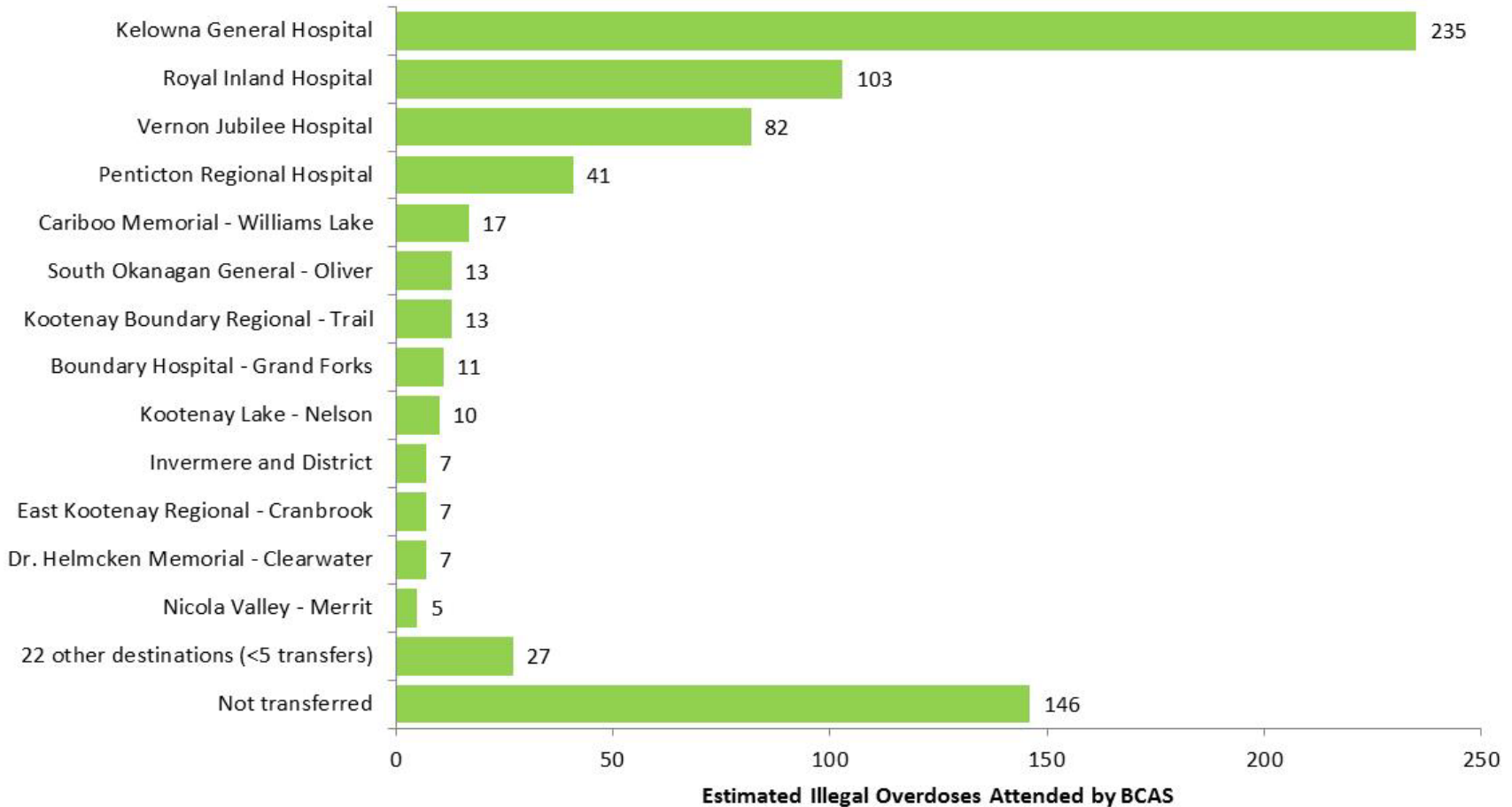
Overdose Presentations by Week, Jun 1, 2016 – June 30, 2017 (n=928)



Interior Health. Enhanced Opioid Overdose Surveillance in Emergency Departments.
Data are preliminary and subject to change.

Illegal Drug Overdose Events Attended by EHS

Patient Destinations - Interior Health Jan 1, 2017 to Jun 24, 2017



BC Ambulance Services. Estimated Illegal Overdoses, January 1 - June 24, 2017.

Data are preliminary and subject to change.

Updated: July 10, 2017

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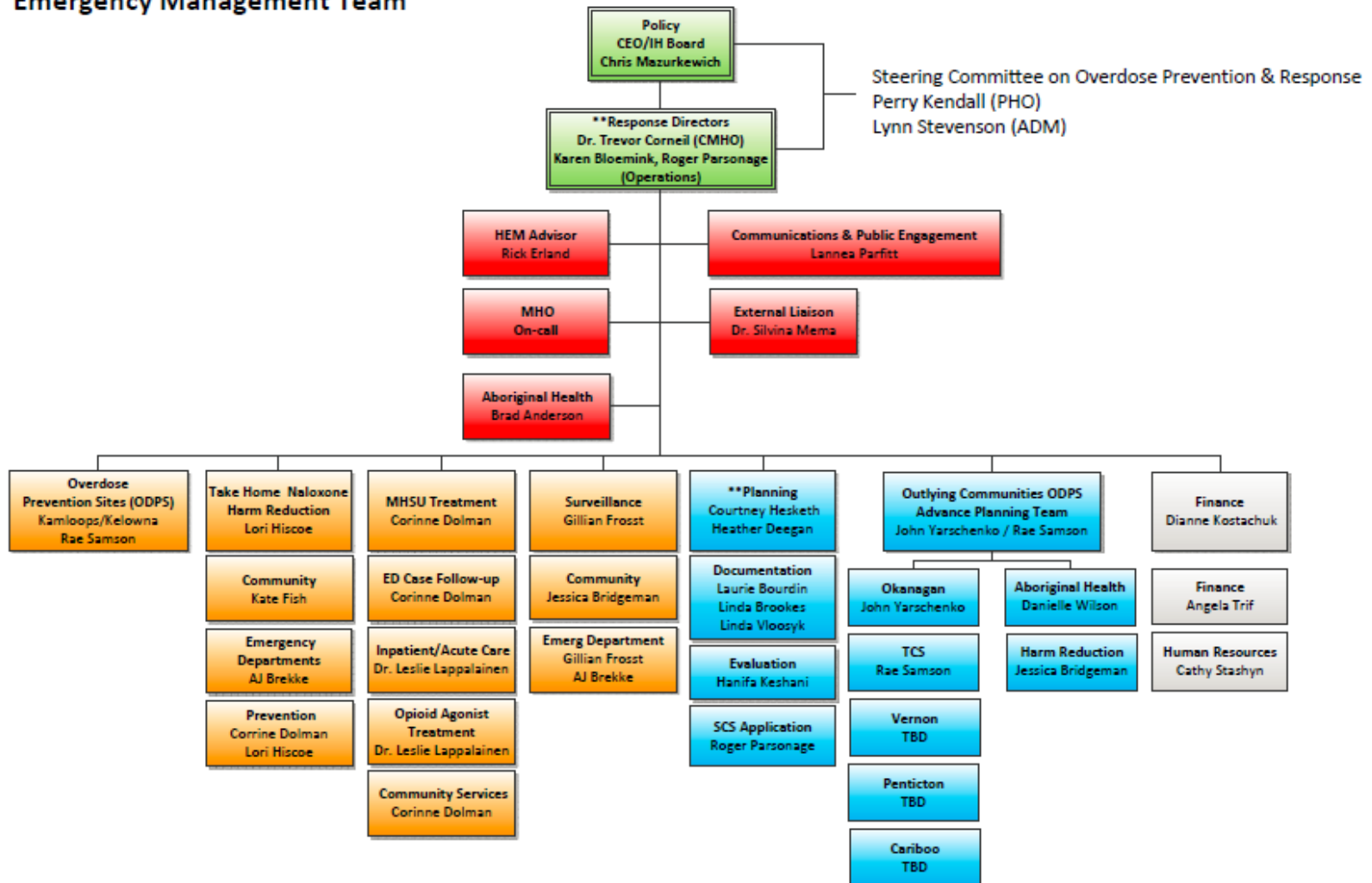
Supervised Consumption Services (SCS)

- * Health Canada inspection of mobile units
 - * Kelowna - June 22, 2017
 - * Kamloops - June 23, 2017
- * Exemption application on track
- * Decision expected soon



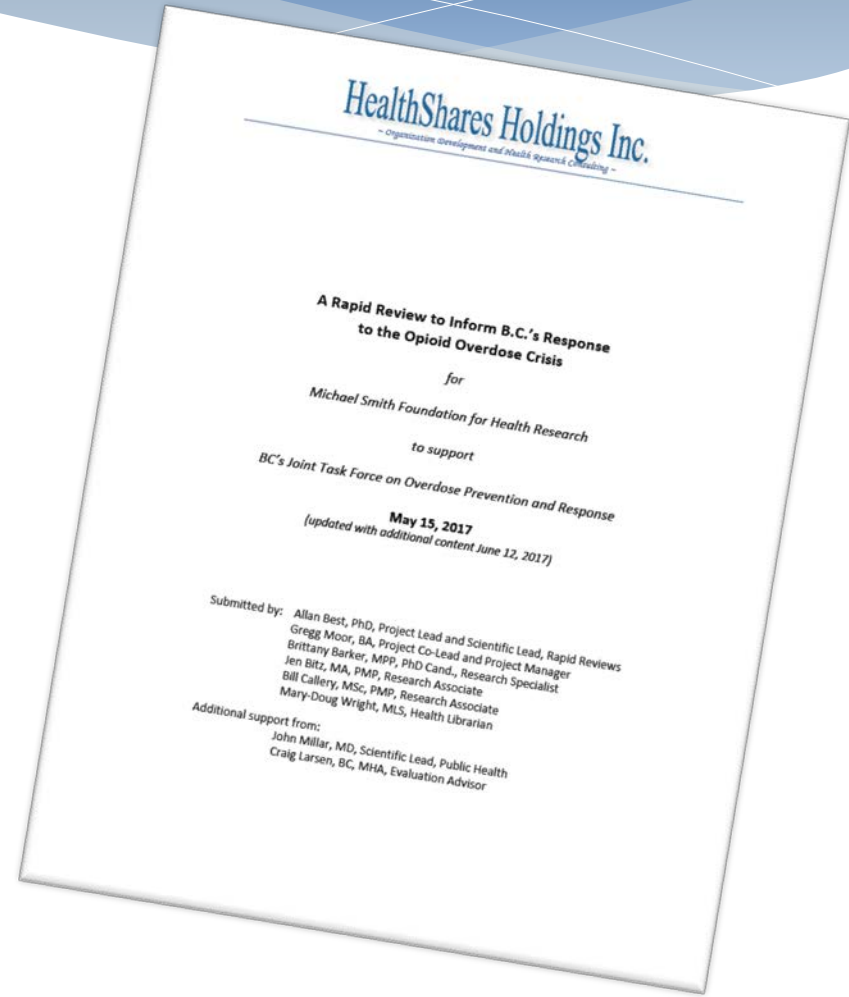
Transition Plan

IH EOC: Overdose Prevention & Response Emergency Management Team



Multi-sector Approach to OD Response

- * Community leadership and inter-organizational efforts to address wider influences;
- * Including living conditions, relationships, poverty, housing, unemployment, racism and criminal justice





Questions?

EXECUTIVE SUMMARY

Title	2016 Carbon Neutral Action Report
Purpose	To provide the 2016 Carbon Neutral Action Report (CNAR) and an update on energy and environmental initiatives at Interior Health.
Top Risks	<ol style="list-style-type: none">1. Financial: 2016 carbon offset costs have increased in comparison to 2015.2. Other: Legislated requirement to be carbon neutral and pay carbon offsets.3. Other: The public concerns of our greenhouse gas (GHG) performance.
Lead	Lorne Sisley, Corporate Director, Facilities Management and Operations
Sponsor	Donna Lommer, VP, Support Services and Chief Financial Officer

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

Effective 2007, the *Greenhouse Gas Reduction Target Act* required Interior Health (IH) to become carbon neutral by purchasing carbon offsets. IH is required to measure, reduce, report and purchase carbon offsets in order to declare carbon neutrality. A carbon offset is a greenhouse gas (GHG) reduction that is used to counterbalance, or offset a GHG emission, and demonstrates that IH is taking responsibility to reduce GHG emissions. Since 2010, IH has been implementing projects and initiatives across the organization to reduce GHG emissions from energy use, fleet fuel use and paper use, to lower our emissions and carbon offset payments. As per legislative requirements, actions and initiatives are captured and made public through a corporate sustainability report called the *Carbon Neutral Action Report (CNAR)*.

DISCUSSION

The 2016 CNAR highlights the total GHG emissions from the energy used in IH buildings, fleet vehicle fuel use and paper use. As well, it captures achievements both those mandated, as well as actions above and beyond which reduce our overall environmental footprint. The CNAR is a public document, similar to corporate social responsibility reports generated by the private sector and used for public relations and communications.

Energy use accounts for 94.6% of IH GHG emissions; fleet vehicle fuel use accounts for 3.7%; paper use accounts for 1.8%. In 2016, IH's total GHG emissions were 41,078 tonnes of carbon dioxide equivalent (tCO₂e). Not all GHG emissions require offset payments and 59 tonnes were offset exempt, therefore IH is responsible for carbon offsets of 41,019 tCO₂e equaling just over \$1M in carbon offset payments.

Compared to 2015, IH increased emissions from energy and paper use totaling 1165 tCO₂e, which equates to the emissions released from driving 246 passenger vehicles for one year. IH decreased the emissions from fleet vehicle fuel use by 15.3 tCO₂e. The increases in IH's tonnage, resulted in \$29,125 more in carbon offset payments compared to 2015; the increased amount was absorbed within the current budget. The 2016 increases in total GHG emissions are due in large part to increased energy use in IH buildings due to increases in square meters from new buildings. As well, December 2016 was significantly colder than December 2015; in December 2016, IH building emissions were 800 tonnes more than the building emissions results for December 2015 due to increased heating load.

For 2017 and beyond, IH will continue to incorporate environmental sustainability practices and energy management throughout the organization, including more employee engagement and communications, investigating a competitively priced supply chain for sugar sheet paper to reduce GHG emissions associated with paper manufacturing, and projects to reduce fleet fuel use including assessing the viability and costs associated with future electric vehicle replacements. IH has secured \$1M in funding through the Carbon Neutral Capital Program to focus on four significant energy efficiency and GHG emissions reductions: installation of a biomass heating plant at Lillooet and District Hospital; implementing a geothermal heating system at St. Bartholomew

Environmental Sustainability @ Interior Health

Presentation to IH's Board

Lorne Sisley – Corporate Director - Facilities Management and
Operations (FMO)

Tanja Stockmann – Environmental Sustainability Manager

August 1, 2017



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- * 2016 Greenhouse gas emissions and energy performance
- * Environmental sustainability approach
- * Energy and environmental sustainability activities
- * Next steps



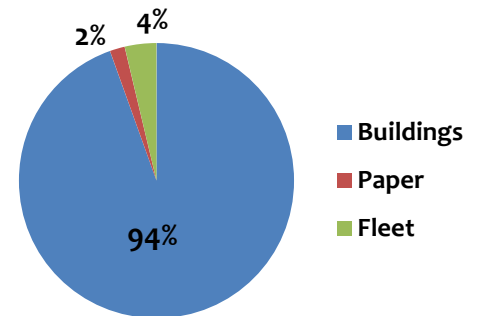
Greenhouse Gas (GHG) Emissions

- * Monitor and report on:
 - * buildings energy use; paper use; fleet fuel use

- * GHG emissions increased by 2.7% in 2016 compared to 2015

- increase in square footage (up by 2.6% year over year)

- colder December 2016 compared to December 2015

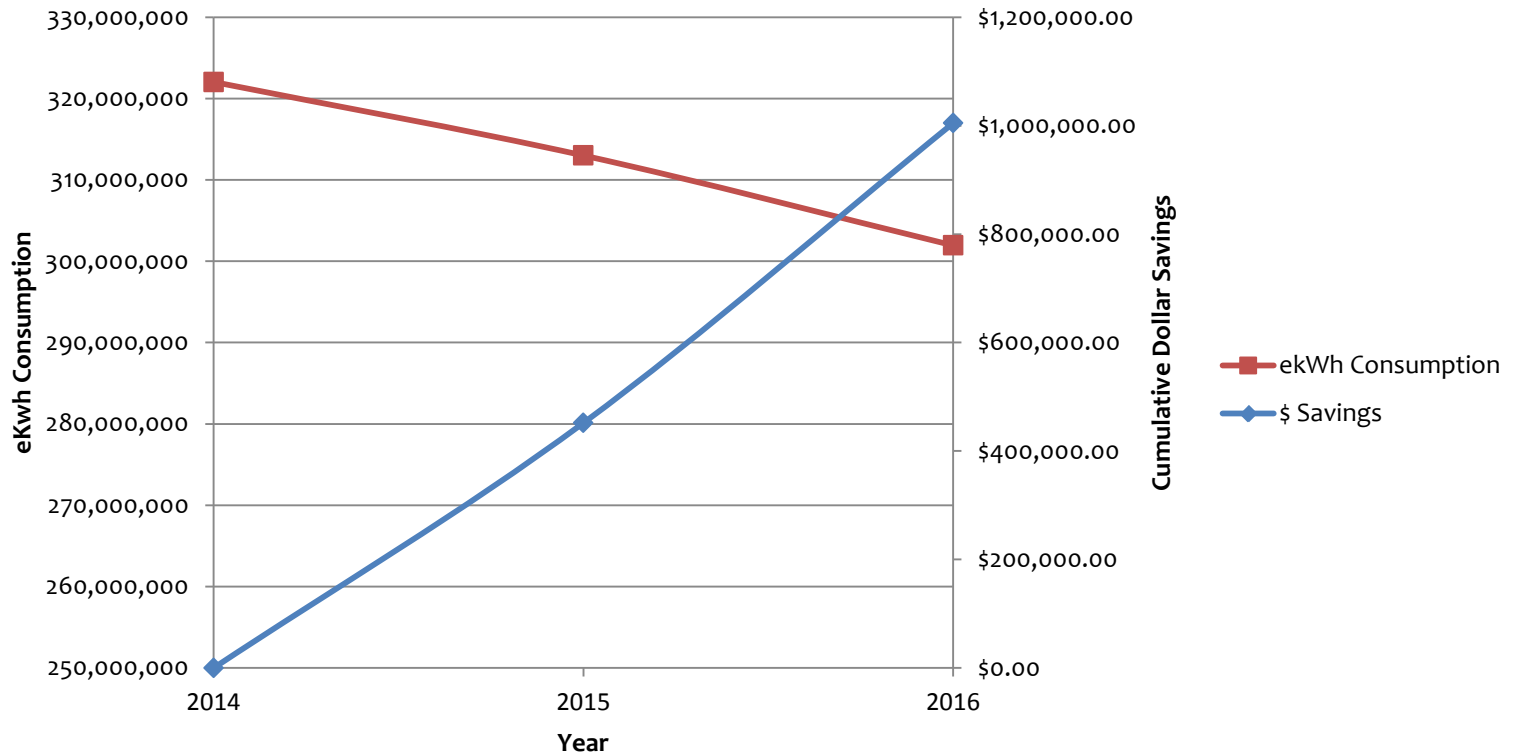


Interior Health's Carbon Neutral Action Report:

<https://www.interiorhealth.ca/AboutUs/Accountability/EnvironmentalSustainability/>

Normalized 2016 Energy Performance

2016 Performance



Organizational engagement

- * Environmental Sustainability InsideNet web site
- * Sustainability Associates program
- * Energy-Wise Network
- * Corporate communications and public communications
- * Employee campaigns and promotions
- * Climate Change and Health Committee



Energy conservation capital projects

- * LED lighting upgrades x 45,000
- * Boiler replacement projects, including new biomass plant
- * Building automation controls



Energy Manager – Caroline Reid
Energy in Action Award – Fortis BC

Equivalent Expected Energy Savings	Expected Future Incentive Dollars or Funding	Expected GHG Emissions
5,413,932 kWh 6,876, GJ	\$2,183,746	3,841 tonnes of carbon dioxide equivalent



Other environmental sustainability initiatives

- * Fleet Fuel Use
 - * Lease Consolidations
 - * Fleet use carpooling
 - * Better use of technology to reduce face-to-face meetings
 - * Investigating feasibility of an electric vehicle conversion
- * Paper Use
 - * Promoting paperless meetings, double-sided printing, re-using scrap paper
- * Waste Reduction/Recycling Improvements
 - * Right-sizing waste bins/compactors & pickup frequency
 - * Food waste recycling at 3 sites
 - * Recycling improvements in smaller communities



Next Steps

- * Employee engagement:
 - * Recycling Education
 - * “Power-off” campaign
- * Waste minimization and optimization
- * Fleet Fuel Reduction Projects
- * Green construction in P3 partnerships
- * Focus on climate change adaptation planning
- * Energy efficient technologies, capital planning and leveraging incentive/funding improvements
- * Continue with communications, education opportunities and employee engagement and recognition





**DRAFT MINUTES OF JUNE 6, 2017
REGULAR BOARD MEETING**

9:00 am – 11:00 am

5th Floor Boardroom – 505 Doyle Avenue

Board Members:

John O'Fee, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
Dennis Rounsville (R)
Tammy Tugnum
Renee Wasyluk

Resource Staff:

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

Guests:

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

Presenters:

Gillian Frosst, Epidemiologist
Louanne Janicki, Nurse Practitioner Lead
Donna Mendel, Director of Advanced Nursing Practice
Glenn McRae, Chief Nursing Officer / Professional Practice Lead

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

I. CALL TO ORDER

Chair O'Fee 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 Cannon moved, Director Wasyluk seconded:

Motion: 17-11 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

2.1 Southern Medical Program Healthcare Travelling Roadshow Video

Chris Mazurkewich presented a video provided by the UBCO Southern Medical Program. The video highlights health care students who travelled to Nelson, Grand Forks and Trail where they provided education about the breadth of healthcare careers available and what type of careers are needed in rural communities to over 600 high school students. As part of the trip, the university students had an opportunity to explore each community, tour local healthcare facilities to speak with rural practitioners, and connect with local mayors and councils. Interior Health is a funding partner of the roadshow.

PRESENTATIONS FOR INFORMATION

2.2 Overdose Prevention and Response Update

Dr. Trevor Corneil provided the Board with an update on the Overdose Public Health Emergency. Current statistics and trends over the last two months were reviewed. Overdose deaths within Interior Health continue to remain high. BC Ambulance has provided statistics of where patients are being taken when called to overdose incidents. A mobile prevention services unit is now deployed in Kelowna. Another mobile unit will begin providing services in Kamloops today. The mobile unit allows for movement to hot spots within the community. Dr. Corneil noted that Bill C-37, the Act to amend the Controlled Drugs and Substances Act, received royal assent on May 18, 2017. Dr. Corneil is pleased with the work Interior Health has done since the announcement of the public health emergency over a year ago, however, additional funding will be requested from the Ministry for evidence based treatment.

Dr. Corneil and Jillian Frosst answered questions from the Directors.

2.3 Nurse Practitioners in Interior Health

Glenn McRae introduced Louanne Janicki and Donna Mendel who presented an overview of Nurse Practitioners in Interior Health. They spoke of the communities, including First Nations, that the Nurse Practitioners provide service to and where Nurse Practitioners are based within Interior Health. Donna Mendel described the history of the funding and hiring of Nurse Practitioners since their inception in BC in 2005. Currently Interior Health employs 66 Nurse Practitioners with 11 full time who are focused on rural and aboriginal communities.

Louanne Janicki and Donna Mendel answered questions from the Directors.

3. APPROVAL

4.1 Approval – Minutes

Director Wasylyk moved, Director Burrows seconded:

Motion: 17-12 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the April 4, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

Action items from the previous meeting were reviewed.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Reports of the Health Authority Medical Advisory Committee meetings that took place on April 21 and May 5, 2017 with the following highlights:

- Controlled Substance Diversion Audit Report recommendations were endorsed.
- MyHealth Portal recommendations were reviewed and endorsed.
- 144 physician positions were filled over the last year. Vacancies still exist and recruiting continues.
- Physician quality initiative committee is being established to oversee quality care initiatives.

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

Dr. Fedor requested the Boards approval for the following motion:

Director Cannon moved, Director Jules seconded:

Motion 17 -13 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve that Interior Health integrate advance care planning patient education and support into all clinical services dealing with patients with chronic illness or conditions which may affect competence or decisional capacity. These clinical services would include, but are not limited to; home health services, chronic disease management clinics (ie: CHF, diabetes, chronic kidney disease, hepatic disease) minimal cognitive impairment/memory clinics, mental health/substance use services

6.2 Audit and Finance Committee

In Director Rounsville's absence Chair O'Fee requested the Boards approval for the following motion:

Director Tugnum moved, Director Jules seconded:

Motion 17 -14 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Audit & Finance Committee recommend the Governance & Human Resources Committee to review the revised Board Audit and Finance Committee Terms of Reference.

6.3 Quality Committee

Director Burrows requested the Boards approval for the following motion:

Director Burrows moved, Director Cannon seconded:

Motion 17 -15 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the delegation of arterial blood gas sampling and the administration of inhaled medications used in the testing of pulmonary function to respiratory therapists.

Director Burrows reported:

- Objective 2 – “Align and integrate the QRA Department with the work of the broader IH organization” from the Quality, Risk & Accreditation Strategic Plan was reviewed.
- Mental Health Annual Update was received.
- Mental Health Act Compliance Audit recommendation update was received.
- Controlled Substances Audit action plan was received.
- Pharmacy Annual Update Report was presented
- High Acuity Response Team Update was received.

6.4 Governance & Human Resources Committee

Director Dooley reported that there were no recommendations at this time.

Director Dooley reported that:

- The Governance and Human Resources Terms of Reference was reviewed.
- Health Human Resources and Workforce Optimization Portfolio Annual Report was presented highlighting current recruitment challenges.
- A comprehensive presentation was received on Care Aides recruitment and marketing strategies for community health workers.

6.5 Strategic Priorities Committee

Director Wasylyk reported that there were no recommendations at this time.

Director Wasylyk reported that:

- Discussions took place around better alignment over the management of risk within Interior Health. Provincial discussions are also taking place to address this issue.
- A minor amendment was made to Interior Health's Service Plan as requested by the Ministry.

6.6 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

- Amendment – April 20 - Director Wasylyk attended the ICD event with Chair O'Fee.

7. REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information.

- Congratulations to the Penticton and District Hospice Society for winning this year's South Okanagan Outstanding Community Group of the Year Award.

7.2 Chair Report

Chair O'Fee's Report was received as information.

Chair O'Fee reported that with the formation of the new BC government, the Board strongly agreed to continue to move Interior Health initiatives forward where appropriate and with solid rationale during this time. Interior Health will continue to move forward.

8. CORRESPONDENCE

None

9. DISCUSSION ITEMS

The Three-Year Aboriginal Cultural Safety Education (ACSE) Plan, 2017/18 – 2019/20

Chris Mazurkewich reported that during the 2016/17 pilot year, the ACSE program engaged approximately 600 IH employees through various workshops and training. The pilot year identified the need for program expansion, improvements in training efficacy and supports for trainer safety. Aboriginal Health will continue to work closely with regional administrators and managers to ensure that high quality learning opportunities are offered across Interior Health on an ongoing basis. Progress reports will be provided to senior executive and the Partnership Accord Leadership Team.

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, **August 1, 2017** – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

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

John O'Fee, Board Chair

Chris Mazurkewich, President & CEO



Interior Health

ACTION ITEMS REGULAR BOARD MEETING

August 1, 2017

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: June 23, 2017

1. MOTIONS PASSED

Motion: For HAMAC to recommend to the IH Board an amendment to the IH Medical Staff Rule (6.1.5) which reads:

“No drug, whether supplied by the hospital or not, may be administered to a patient without an order from a practitioner of the Medical Staff, except where this is permitted by an IH policy or clinical practice standard governing a health care professionals autonomous practice and ordering/prescribing responsibilities – *carried with one abstention*.”

Motion: That HAMAC receive as information the Annual Quality & Safety Report – *carried unanimously*.

Motion: That HAMAC endorse the Pharmacy & Therapeutics Executive Summary of June 16, 2017 – *carried unanimously*.

Motion: That HAMAC endorse the 2016 Anatomic Pathology Quality Assurance report – *carried unanimously*.

Motion: That HAMAC receive as information the Infection Prevention & Control report – *carried unanimously*.

Motion: That HAMAC receive as information the Antimicrobial Stewardship reports – *carried unanimously*.

2. DECISIONS

None

3. ACTIONS

None

4. PRESENTATIONS TO HAMAC

Pharmacy Practice Residency Program Accreditation (R. Slavik)

Richard Slavik outlined success that program has had to date preparing pharmacists to deliver care.

One IH Echo (F. Halperin, S. Edmonstone)

Dr. Halperin provided information regarding One IH Echo form, improvement found in how echo tests are performed, read and stored.

My Health Portal (H. Keshani)

Hanifa Keshani provided framework & survey that was created requesting feedback from HAMAC.

Exception to Medical Staff Rule 6.1.5 (P. Araujo)

Paula Araujo outlined exception being requested to IH Medical Rule 6.1.5.

Annual Quality & Safety Report – DI Services (K. Perris, B. Ross)

Kim Perris & Bev Ross presented the Diagnostic Imaging quality & safety annual report for information.

Pharmacy & Therapeutics (P&T) Executive Summary (K. Peters, I Petterson)

The June 16th P&T executive summary was presented for endorsement.

2016 Annual Anatomic Pathology Quality Assurance report (M. Moss)

The 2016 annual anatomic pathology quality assurance report was presented for information.

Infection Prevention & Control (IPAC) report (B. Wang)

Dr. Wang presented detailed information brief updating IPAC activities, to be received as information.



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SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: June 23, 2017

Antimicrobial Stewardship Program (ASP) Update (E. Blondel-Hill)

Dr. Blondel-Hill presented the April 22nd-June 23rd ASP update, to be received as information.

Registration and Licensure in the Provincial Class and Registration Bylaw Reviewing Framework (Dr. Oetter, Ms. De Bruin)

Dr. Oetter & Ms. De Bruin from the College of Physicians and Surgeons of British Columbia presented information regarding registration and licensure in the provisional class, as well as the upcoming registration bylaw revisions.



SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: July 14, 2017

1. MOTIONS PASSED
None.
2. DECISIONS
None.
3. ACTIONS
None.
4. PRESENTATIONS TO HAMAC
None.



Stakeholders Committee

REPORT TO THE BOARD

— August 2017 —

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

June 2017

June 8	Overlander Lodge Heritage Tea – Chair O'Fee
June 13	Kelowna General Hospital Foundation Fundraiser – Chair O'Fee
June 19	Kootaney Boundary Regional Hospital – LEAN process demonstration – Director Dooley
June 20	Met with Mayor Cobb – Williams Lake – Chair O'Fee
June 22	Royal Inland Hospital Rae Fawcett Breast Health Clinic Opening – Chair O'Fee
June 23	HAMAC – Chair O'Fee
June 26-27	Healthcare Summit – Kelowna – Director Cannon, Director Rounsville, Director Tugnum, Director Wasylyk

July 2017

July 4-7, 2017	CEO/Board Site Visits – Williams Lake, 100 Mile House, Clinton, Ashcroft, Logan Lake, Merritt – Director Tugnum, Chair O'Fee
July 11	Cariboo Wildfire Media Briefing – Chair O'Fee
July 11	Ponderosa Lodge - visited wildfire evacuated staff & patients – Chair O'Fee
July 11	Royal Inland Hospital Foundation Board Meeting – Chair O'Fee
July 21	Kootenay Boundary Regional Hospital Health Foundation Event and Site tour of Kootenay Boundary Regional Hospital – Chair O'Fee, Director Dooley



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President & CEO REPORT TO THE BOARD July/August 2017

Program Service Updates

Wildfires – Organizational Response

Wildfire activity in July led to an unprecedented situation for Interior Health, in terms of impacts to our facilities and services, but also in our response. Within a span of eight days, 14 facilities in six communities were affected. Staff, physicians, clients and patients were evacuated and in the majority of cases, facilities closed due to encroaching wildfires. The resiliency and dedication of our own staff during this time has been humbling and gratifying, whether these were nurses and care aides helping to relocate vulnerable clients to another community, or the individuals who participated in the virtual IH emergency operations centre, or the numerous local incident command centres. While our initial focus was on responding to the emergency and moving people to safety while maintaining quality care, within a few days we began the recovery and re-entry phase with planning on how we would bring operations back on line. Apart from our specific facilities, through our health protection department we were also focused on the re-entry of entire communities and ensuring individuals, business, and local governments had the information they needed to ensure the health and safety of everyone returning to an evacuated area. The efforts involved in responding to this situation have been outstanding and proves that in IH, *Every Person Matters!*

Health Emergency Management

The months of May/June saw extensive flooding across IH West and IH Central while IH East had minimal flooding despite the high snow pack levels. Main impacted areas were the North Okanagan, Central Okanagan, and portions of Penticton. Overall the impact to IH clients was minimal.

Spring and summer activities included:

- PHSA's Mobile Medical Unit visited SOGH the first week of June;
- Community and site level response education sessions ongoing across the region in preparation for fire season;
- Residential code green evacuation training orientation and staff drills continued across most IH residential sites; and
- Site leadership Incident Commander and response training being held at sites across IH West and IH East.

Diagnostic Imaging (DI)

The analysis and results reporting of an Interior Health Patient Experience Survey for DI has been completed. 81% of 1872 respondents rated their overall experience as excellent, 16% as very good, and 3% as good (0% for Poor and Very Poor). DI clerks and technologists were complimented as being helpful, patient, kind, friendly, and professional. The main suggestions

for improvement were parking, improved waiting rooms, and reduced wait times. DI will seek to improve items within our control.

Laundry Services

Vernon, Kelowna, and Penticton service transitions are now complete. Royal Inland Hospital in Kamloops transition occurs July 21, 2017 and Kootenay Lake Hospital in Nelson in September 2017.

Overdose Prevention Sites/Supervised Consumption Services (SCS)

Health Canada inspectors from the Office of Controlled Substances visited Kelowna (June 22, 2017) and Kamloops (June 23, 2017) to inspect the mobile SCS units as part of the exemption process. The inspections were focused on safety, security, and precautions related to controlled substances. The VP Population Health & CMHO met with the Health Canada team in Ottawa on June 28, 2017 to discuss innovative aspects of the mobile units under the Controlled Drugs and Substances Act.

Pharmacy Services

The Provincial Academic Detailing (PAD) program is a Ministry funded initiative to provide physicians with evidence based drug therapy information for optimal prescribing. The PAD program started in 2007 and has been effective in improving prescribing for common conditions. Interior Health recently received approval to expand the program from two to three full-time pharmacists, who will be based in Kelowna, Cranbrook, and Kamloops. We would also like to congratulate and recognize the great work of Ruth Campbell, the first PAD Pharmacist in IH, on her retirement in June.

Increasing Access to STI and HIV testing

The PRICK! project is a partnership between the Men's Health Initiative, Options for Sexual Health and IH to better meet the needs of gay and bisexual men who have sex with men (gbMSM). The project has been piloted in the Central Okanagan, with monthly events between December 2016 and June 2017. IH has contributed a venue and a testing nurse. Similar events have been held in Penticton and Kamloops and are planned for other IH locations.

Increased Pertussis Activity in Princeton

Surveillance has identified increased pertussis activity in the community of Princeton, most likely reflecting waning immunity prior to the scheduled grade 9 booster. Public Health actions have included investigating all new cases, identifying high risk contacts for preventive treatment, and encouraging up-to-date immunization.

AJAX Mine Proposal

Supporting a review of the proposal, the Interior Health manager and MHO lead for infrastructure programs presented to citizens at Kamloops City Council on June 19, 2017. Final submissions to the B.C. government later this summer will conclude IH's involvement.

Aboriginal Services

First Nation Band leaders in Merritt met with the Emergency Department team to review First Nation art work opportunities and the creation of a sacred space at the Nicola Valley Hospital and Health Centre.

Aboriginal Palliative Care Work Plan

A working group of IH and FNHA designates has embedded the BC Elders Gathering Synthesis Report on End of Life Issues into a specific work plan that address the needs of Aboriginal people with advancing life limiting illnesses. The draft Aboriginal Palliative Care Work Plan was presented to the Interior Region Aboriginal Wellness Committee in June 2017 and was well

received. A meeting was held with the IH Regional Palliative Care team on June 19, 2017 to discuss the development of a three year Palliative Work Plan incorporating Aboriginal Health.

Aboriginal Recruitment

A dedicated Aboriginal Recruiter has been hired to support improved recruitment and retention of Aboriginal candidates within the IH workforce. The goal of IH's Aboriginal Recruitment Strategy is to increase Aboriginal representation to 10% by 2025.

Medical Emergency Response Program – Chilcotin

There is an active Medical Emergency Response Program Committee in the Chilcotin. This committee is focused on enhancing local capacity in response to emergency situations and includes IH leadership, staff from IH sites along the Highway 20 corridor in the Chilcotin, the Tsilqot'in First Nations Health Manager and staff, the IH Emergency Response Program Department, and the Health manager for the Anaheim/Ulkatcho community. The West Chilcotin Health Services Society is also an active participant and has raised funds for necessary equipment to benefit the physician in the Chilcotin, and the IH health centres in Tatla and Alexis Creek.

Mental Health Substance Use Telehealth Expansion Project

Implementation of Phase I of the Telehealth Expansion Project is complete in Grand Forks, Creston, Golden, and Invermere with support from Trail and Cranbrook psychiatry department to those emergency departments. Equipment was delivered to Fernie, Sparwood, and Elkford on June 29; Fernie went live on June 30; Sparwood and Elkford went live on July 4. New Denver, Nakusp, Kaslo and Castlegar are anticipated to be live by end of summer.

Telehealth Technology for Nurse Family Partnerships

In collaboration with the Ministry of Health and University of British Columbia Okanagan, the Maternal Child Health program has started to integrate Telehealth technology into the Nurse Family Partnership program. Telehealth appointments offer greater reach for vulnerable mothers and babies in rural/remote communities and have been received positively by clients and Public Health nurses.

Automated Immunization Reminder Recall Project

This project is funded by the Public Health Agency of Canada through the Immunization Partnership Fund. The first phase of the project has been implemented successfully, with WebEx training and first use at health centres across Interior Health in June 2017. During the first week of IH-wide use (June 16th–22nd), 778 immunization appointment reminder calls were placed by the new system. More than 93% of these calls were successful in reaching the client directly (person answered call) or leaving a voice mail.

Social Media (as of July 4)

Our number of **Twitter** followers has grown to 6,908 - an increase of 127 followers or 1.87 per cent since our last report. Tweets with the most impressions are those related to overdose prevention, residential care bed announcements, Gold Apple winners, Ambassadors in ER, flooding and water quality and Aboriginal Day.

The IH **Facebook** page now has 5,230 “likes,” an increase of 148 or 2.91 per cent since our last report. The posts generating the most engagement with our followers include Gold Apple winners, conversation with Dr. Leslie Lappalainen in @IH, Overlander celebrating 40 years, Nursing Week, Volunteer recognition. We have also responded to questions and comments from 9 members of the public who have contacted us via Facebook direct message.

Our **LinkedIn** page has 9,840 followers, an increase of 159, or 1.64 per cent, since our last report.

The IH **YouTube** channel was viewed 105,591 times, an increase of 15,185, or 16.8 per cent. We have a total of 230 subscribers. We have recently shared videos about Pediatric Diabetic Ketoacidosis DKA Toolkit Education (2-part series) and Drinking Water (3-part series).

Engagement/Events

Regional Alliance for Rural Health

Twenty five representatives from eleven core partner agencies, along with a few invited observers, met at the Nicola Valley Institute for Technology in Merritt on June 12 for the second face-to-face meeting of the Regional Alliance for Rural Health. Representatives from health, academia, and communities, met to discuss both organizational issues as well as to start conversations about future rural health research opportunities and Alliance activities. The next meeting is planned for September.

Heart & Stroke

In partnership with the Canadian Heart & Stroke Foundation F.A.S.T. campaign, the six designated Interior Health stroke centres held internal events and community promotional opportunities throughout June to advance stroke awareness. These events included: Nursing Stroke education huddles (VJH and KBRH), Stroke Clot Box in services (EKRH and KGH), Supported Conversation workshops for stroke teams supporting aphasic patients (CMH, RIH, PRH, and EKRH), Ron Smith: Stroke Survivor / Community Programming Advocate tour (CMH, RIH, VJH, KGH, PRH, KLH, KBRH and EKRH), AlphaFIM Rehab Readiness Tool Training (RIH, KGH, PRH, KBRH, and EKRH), and community displays (Nelson Library and KGH).

Community Forum – Merritt

The Merritt Municipal Council sponsored a community forum in Merritt on June 15 to seek community input and perspectives on how to build a healthy community. Attendance was by invitation only and representatives from many organizations and industry were present, including local Interior Health leaders. A report of the community input will be documented and circulated by the organizers.

Stakeholder Engagement by Community Health Facilitators

- Facilitated a half-day meeting on poverty reduction strategies in Kelowna June 13 for 45 participants, including representatives from local government.
- Co-presented to Cranbrook City Council on June 26 about a report on local poverty that will be released in September. The presentation included a request for the City to partner in developing a community poverty reduction strategy.
- Supported the creation of a Memorandum of Understanding between the City of Salmon Arm and the Shuswap Food Action Cooperative to increase and enhance communication between the organizations.

Environmental Sustainability

Sustainability Associates Program – The “From Small Steps to Big Leaps: Leading Pro-environmental Change in a Large Organization” training session was held June 1, 2017.

IH-wide Bike to Work Week – Participation was up 5% compared to 2015 registration with 447 riders registered. Riders logged 9104 kilometers, reducing their personal GHG emissions by 2,305 kilograms, the equivalent of using 1,000 liters of gasoline.

Kamloops Public Health Unit – In partnership with the property lessor, food waste from the lunchroom is now diverted to a composter and the composted soil is used in the facility’s flower beds and public garden, which grows produce available for free to the public visiting the site.

Rae Fawcett Breast Health Clinic – Kamloops

The Rae Fawcett Breast Health Clinic at Royal Inland Hospital officially opened June 22, 2017. Royal Inland Hospital Foundation was key to establishing this clinic. Patients will have access to centralized outpatient services that will help reduce the wait time for a breast cancer diagnosis and decrease anxiety for breast health patients.

Fernie – Elk Valley Hospital

Several well-received continuing medical education events were held, including a day of Intraoperative Simulated difficult cases and also a session with the Stars ER Simulation Team from Calgary. This was attended by OR staff, doctors, and nurses, offering a wonderful team-building experience.

Recognition**Dr. Colm Nally Retirement**

This month marked the retirement of Dr. Colm Nally after a 29 year stint of solo surgical practice. His surgical work was celebrated at an evening of stories and shared passion for rural health care attended by Dr. Nally and his family, retired operating room staff, local doctors and nurses, and the Mayor of Fernie.

Biomedical Engineering

Greg Brett (Director) and Steve Dimock (Informatics Technologist) along with several other biomedical technologists on the BC Biomed Computerized Maintenance Management System team recently received Providence Health's prestigious "Best Patient Safety & Quality Award" for their work standardizing all medical equipment preventive maintenance schedules for the province, based on World Health Organization best practices. Greg Brett took a leadership role in this initiative.

Overlander Residential Care – Kamloops

Overlander Residential Care celebrated its 40th anniversary June 8, 2017 with activities for residents, their families, and employees and volunteers from past and present. Overlander welcomed its first residents on Jan. 4, 1977 when the 100-bed facility was known as Overlander Extended Care Hospital.

*Chris Mazurkewich
President & CEO*

BOARD CORRESPONDENCE

May 24 – July 19, 2017

Board Correspondence received:

Board Mail:

Lifeline Canada Foundation – Invitation to Benefit for Life Event

Brinkman, Debra

From: The LifeLine Canada Foundation <advisory@thelifelinecanada.ca>
Sent: Monday, June 19, 2017 1:30 PM
To: board.chair
Subject: Invitation to Benefit for Life 2017



[THE LIFELINE APP](#) [COMPANION PAWS CANADA](#) [RESOURCES GALLERY](#) [PATTERN INTERRUPTS](#) [CONTACT](#)

Dedicated to Positive Mental Health and Suicide Prevention

Greetings!

I would like to extend this invitation and hope you will join us in support and collaboration.

Please accept this invitation to the 3rd annual Benefit for Life at Manteo Resort Waterfront Hotel in Kelowna on September 9th, 2017 from 6:30pm - 9:00pm in support of suicide prevention and positive mental health.

September is Suicide Prevention Month and the community is coming together to show support to benefit positive mental health.

In honor of Benefit for Life Day, World Suicide Prevention Day and Suicide Prevention Month. The LifeLine Canada Foundation (TLC) will host the Benefit for Life 2017.

This premiere event will see guests enjoy an extraordinary evening with the Manteo Chef's exquisite sit-down dinner, decadent desserts, complimentary cocktails, wandering entertainment, live artistic talents, live entertainment, important guest speakers, online silent auction for attendees only that begins on September 1st at midnight and much much more.

The online silent auction supports our newest Companion Paws Canada program. Companion Paws Canada is dedicated to supporting Canadians in need while providing a second chance for pets by rescuing, training and pairing them with those who would benefit from a companion therapy animal.

We have received numerous proclamations for September 9th, Benefit for Life Day again this year. We will also have several announcements and features at this event to bring awareness to effective solutions.

During Benefit for Life Day on September 9th and World Suicide Prevention Day on September 10th, The LifeLine Canada Foundation will be hosting an online campaign throughout Canada,

For further details about Benefit for Life 2017 and to RSVP please visit www.TheLifeLineCanada.ca

Please don't hesitate to contact us for more information.

Looking forward to your participation and seeing you at Benefit for Life 2017 on September 9th.

Our next newsletter will be at the end of August 2017. Have a great summer and stay healthy!

Sincerely,

*Liane Weber
Chief Executive Officer
The LifeLine Canada Foundation
www.TheLifeLineCanada.ca*



The LifeLine Canada Foundation



The LifeLine App



Resources Gallery



Companion Paws Canada



Pattern Interrupts

Find Immediate Crisis Help in Canada and Worldwide



Find a Crisis Centre



Call Lines, Chat Lines, Email Lines, Text Lines



Need Help?

Classroom Posters

Food For Thought

Benefit for Life Day

The LifeLine Canada Foundation (TLC) is a registered non-profit committed to positive mental health and suicide prevention in Canada and Worldwide. The Foundation works on newly developed initiatives

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.

Stakeholder Engagement by Community Liaisons:

IH West:

- Community Health Service Administrator for Thompson Cariboo Rural attended the Regional Alliance for Rural Health meeting on Jun. 12; attended a community forum in Merritt on Jun. 15 that was sponsored by Merritt municipal council. Attendance was by invitation and facilitated table discussions were held on local health service—what was working well and opportunities for improvement. A report will be compiled and a Wellness Health Action Coalition group formed, similar to groups formed in Princeton and Ashcroft after their participation in similar forums.
- Acute Health Services/Site Manager for Queen Victoria Hospital is participating in an emergency management committee which includes representatives from City of Revelstoke, regional district, fire chief, schools, BC Hydro, Fortis, search and rescue, Parks Canada, and Revelstoke Mountain Resort.
- Acute Health Service Administrator for Thompson Cariboo Shuswap met with Community Palliative working group to discuss process and planning for palliative services.
- Acute Health Service Director for Cariboo attended Moving Forward Committee, which includes representatives from City of Williams Lake, RCMP, and BCAS discussing emergency response.

IH Central:

- Acute Health Service Administrator for South Okanagan and two PRH managers joined Penticton's mayor and a councillor on Jun. 22 to meet with the local RCMP detachment's superintendent to discuss mental health and violence in the community.
- KGH Health Service Administrator hosted Kelowna South Central Association of Neighbourhoods (KSAN) representatives for the group's quarterly meeting; also participated in an Aboriginal Engagement Committee meeting for the Central Okanagan.

IH East:

- Community Health Service Administrator for Kootenay Boundary attended Trail Health and Environment Committee executive meeting Jun. 27 with representatives from Teck and City of Trail; attended discussion Jun. 28 on Slocan Community Health Centre with mayors of Nakusp, New Denver, Village of Slocan and regional district representatives.

Stakeholder Engagement by Community Health Facilitators (CHF):

- Facilitated half-day meeting on poverty reduction strategies in Kelowna Jun. 13 for 45 participants, which included representatives from local government.
- Co-presented to Cranbrook city council on Jun. 26 about a report on local poverty that will be released in September. The presentation included a request for the City to partner in developing a community poverty reduction strategy.
- Supported the creation of a Memorandum of Understanding (MOU) between the City of Salmon Arm and the Shuswap Food Action Cooperative, to increase and enhance communication between the organizations.