



BOARD OF DIRECTORS MEETING

June 19, 2019 – 9:00 to 11:00 am

505 Doyle Avenue, Kelowna
1st Floor Conference Room

Board Members:

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

Resource Staff:

Susan Brown, President & CEO (ex-officio) (R)
Karen Bloemink, VP Clinical Operations, IH North
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Dr. Michael Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications and Culture
Mal Griffin, VP Human Resources (R)
Norma Janssen, VP Clinical Support Services & Chief Information Officer
Shallen Letwin, VP Clinical Operations, IH North
Donna Lommer, VP Support Services & Chief Financial Officer
Anne-Marie Visockas, VP Planning & Research
Dr. Harsh Hundal, Chair, Health Authority Medical Advisory Committee
Givonna De Bruin, Corporate Director, Internal Audit
Carmen Gudljek, Board Resource Officer (Recorder)

Presenters:

Item 2.1 – Andrews Hughes, Health Services Administrator, Kelowna General Hospital
Item 2.1 – Derek Koch, Spiritual Health Practitioner
Item 2.2 – Dr. Deanne Taylor, Corporate Director Research

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

A G E N D A

ITEM	SPONSOR	TIME	ATT
1.0	Call to Order		
1.1	Acknowledgement of First Nations and Traditional Territory	Director Jules 9:00 2 min	■
1.2	Declaration of Conflict of Interest	Chair Cochrane 9:02 2 min	■
1.3	Approval of Agenda	Chair Cochrane 9:04 2 min	■◆
1.4	Approval of Consent Agenda 1.4.1 Minutes of April 16, 2019	Chair Cochrane 9:06 4 min	■◆
1.5	Follow Up from Previous Meeting (no items for follow up)	Chair Cochrane 0 min	■

2.0	Presentations for Information			
2.1	Patient and Family Centered Care Update	Shallen Letwin	9:10 20 min	
2.2	Research Impact Stories	Anne-Marie Visockas	9:30 20 min	
3.0	Items for Approval			
	None			
4.0	Committee Reports (Recommendations may be brought forward)			
4.1	Audit & Finance Committee	Director Rounsville	9:50 10 min	■
4.2	Quality Committee	Director Stewart	10:00 10 min	■
4.3	Governance & Human Resources Committee	Director Tugnum	10:10 10 min	■
4.4	Strategic Priorities Committee	Director Jules	10:20 10 min	■
4.5	Stakeholder Relations Committee	Chair Cochrane	10:30 10 min	■ ♦
5.0	Reports			
5.1	President & CEO Report	Susan Brown	10:40 10 min	■ ♦
5.2	Chair Report	Board Chair	10:50 10 min	■
6.0	Items for Information			
6.1	Interior Health Magazine – Spring 2019 Edition			♦
7.0	Correspondence			
	None			
8.0	Next Meeting: October 1, 2019			
9.0	Adjournment – 11:00			

CONSENT AGENDA (Item 1.4)
Board of Directors - Regular Meeting
June 19, 2019

MOTION

THAT the Board of Directors approved the Consent Agenda of June 19, 2019 as presented to include approval of the following:

- Item 1.4.1: Minutes**
Board of Directors Regular meeting minutes of April 16, 2019



DRAFT MINUTES OF APRIL 16, 2019

REGULAR BOARD MEETING

1:15 –1:35 pm

5th Floor Boardroom – 505 Doyle Avenue

Board Members:

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

Resource Staff:

Susan Brown, President & Chief Executive Officer (Ex Officio)
Dr. Mike Ertel, VP Medicine & Quality
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Jenn Goodwin, VP Communications & Culture
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & Chief Financial Officer
Norma Janssen, VP Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP Planning & Research (R)
Givonna De Bruin, Corporate Director, Internal Audit
Dr. Harsh Hundal, Chair, Health Authority Medical Advisory Committee
Carmen Gudljek, Board Resource Officer (Recorder)

Presenters:

None

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

1.0 CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed staff and visitors to the meeting.

1.1 Acknowledgement of the First Nations and their Territory

Chair Cochrane respectfully acknowledged that the meeting was held on the traditional territory of the “Syilx” Okanagan Interior Salish Nation. Director Louis offered a pray of thanks.

1.2 Declaration of Conflict of Interest

There were no changes to the currently recorded conflict of interest declarations.

1.3 Approval of Agenda

Director Rounsville moved, Director Tugnum seconded

Motion: 19-05

MOVED AND CARRIED UNANIMOUSLY THAT the Board of Directors approved the April 16, 2019 meeting agenda as presented.

1.4 Approval of Consent Agenda

Director Rounsville moved, Director Tugnum seconded

Motion: 19-06

MOVED AND CARRIED UNANIMOUSLY THAT the Board of Directors approved the Consent Agenda as presented to include approval of the following:

Item 1.4.1: Minutes of February 12, 2019.

Item 1.4.2: Board Policy 6.1 *Board of Directors*

1.5 Follow Up/Actions from Previous Meeting

There were no action items outstanding.

2.0 PRESENTATIONS FOR INFORMATION

There were no presentations this meeting.

3.0 ITEM FOR APPROVAL

None

4.0 COMMITTEE REPORTS

4.1 Audit and Finance Committee

Director Rounsville reported. The Committee received the following reports at the April 15 meeting:

- Terms of Reference.
- Update on the status of Capital Project items
- Financial Summary (Period 12)
- 2018/2019 Forecasted Financial Results
- The Budget Management Plan process
- Cybersecurity Maturity Review
- Home Support Audit

4.2 Quality Committee

Director Stewart reported. The Committee received the following reports at the April 15 meeting:

- Update on the external review of the Quality, Risk & Accreditation portfolio
- Board Dashboard Indicators - *C. difficile* rates
- Annual reports for Laboratory 2018 and Anatomic Pathology Quality Assurance 2018
- A member of the public presented her experience with scheduling of appointments and is advocating for coordinated patient scheduling usual digital technology.

4.3 Governance and Human Resources Committee

Director Tugnum reported. The Committee received the following reports at the April 15, 2019 meeting:

- Safe Reporting Policy
- Interior Health's Vision, Mission and Values
- Annual Employee and Labour Relations report
- Board Dashboard Indicators
- Update on Human Resource developments.

Director Tugnum requested approval of the following motion:

Director Jules moved, Director Stewart seconded

Motion 19-07

MOVED AND CARRIED UNANIMOUSLY THAT the Board of Directors approved the updates to Board Policy 2.3 – *Terms of Reference for the President and Chief Executive Officer* as amended.

Director Rounsville moved, Director Beddow seconded
Motion 19-08 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the proposed updates to Board Policy 3.15 Safe Reporting as amended.

4.4 Stakeholders Relations Committee Report

Chair Cochrane reported. The report was accepted as presented. The Board as a whole and individually has been very active.

5.0 REPORTS

5.1 President & CEO Report

The President & CEO Report was received as information.

Highlights included:

- Interior Health received an award from the Women in Leadership Foundation as the “Best Employer for Women”.
- Ktunaxa Nation Letter of Understanding (LOU) was renewed on March 8.
- Interior Health had fourteen presenters at the British Columbia Patient Safety Council Quality Forum in February.
- Several Ministry announcements have taken place that include Seniors Care and Long-term Care in Kamloops, the opening of the Opioid Agonist Treatment (OAT) clinic in Kelowna, FeedBC – local food initiative at Interior Health sites.
- Work is ongoing around immunizations, including measles.

5.2 Chair Report

Chair Cochrane provided an update on the following events that he attended:

- Seniors' Care announcement in Kamloops.
- Penticton Regional Hospital David E. Kampe tower event on April 12. Special acknowledgments were given to the staff involved in this project, the Penticton Indian Band and to Mr. David E. Kampe for his generous donation.
- In early March, the Chair and CEO visited communities in the East Kootenay area that included Cranbrook, Elkford and Sparwood. Interior Health staff are doing a remarkable job under challenging circumstances
- During the Ktunaxa Nation Letter of Understanding event on March 8, the Chair and CEO also participated in a cultural education day. This helped to further inform their understanding of cultural healing and reconciliation. Jared Basil's compelling story describing his experiences as a marginalized individual was shared at the event.
- Director Beddow reported on the Quality Forum Session which was very informative, particularly Interior Health's presentation on the wildfires of 2018.

6.0 INFORMATION ITEMS

None

7.0 CORRESPONDENCE

None

8.0 ADJOURNMENT

There being no further business, the meeting adjourned at 1:35 pm. The Chair thanked everyone for attending.

EXECUTIVE SUMMARY

Title	Patient and Family Centered Care Update
Purpose	To give the Interior Health Board of Directors a brief history and update on the patient and family centered care journey
Top Risks	n/a
Lead	Andrew Hughes, Health Services Administrator – KGH
Sponsor	Shallen Letwin, Vice President, Clinical Operations, IH South

RECOMMENDATION

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

BACKGROUND

Patient and family centered care (PFCC) has always been an underlying philosophy and focus at KGH, with KGH formally defining PFCC as “an approach to care that consciously adopts the patients’ and families’ perspective about what matters in the planning, delivery and evaluation of care. We see our patients and their families as partners and we actively engage, educate, and empower them to be full participants in their care”.

Momentum for PFCC protocols and practices began to grow significantly at KGH with the development of the Central Okanagan Patient and Family Centered Care Steering Committee, a PFCC Core Working Group, which continues to meet monthly, the introduction of Lean, and focused support for PFCC from Senior Leadership. PFCC has begun to influence every area of KGH. The PFCC environment at KGH has changed from hospital staff becoming familiar with the term “PFCC” to hospital staff incorporating PFCC practices and protocols on their units. KGH is actively engaging the roll out of our success to other locations.

DISCUSSION

In follow up to the KGH PFCC Developments presented to the Board of Directors in October of 2018, KGH would like to highlight the following additional patient and family centered initiatives that are positively changing the culture of care at KGH:

- Creative Wellness at KGH – Opportunities to creatively engage KGH patients through art, led by Community Volunteer Artists.
- Staff Care through Standardized Post-Trauma Defusing Training – Increased efforts to develop a standardized approach for staff care when a trauma has taken place. Efforts include work on preventative care as well as intervention care.
- Patient Belongings at KGH – Process and accountability for all parties involved to ensure patient valuables and personal effects are returned or dealt with in an appropriate and timely manner.

Please see Appendix A for the nine pillars of PFCC which define and drive KGH’s PFCC efforts, Appendix B for a complete list of KGH’s PFCC initiatives and practices, and Appendix C for the presentation specific to the above listed initiatives.

In addition to the work at KGH, connections have been made with Vernon Jubilee Hospital and Penticton Regional Hospital around specific projects such as “Wishing Well”. KGH has been working to create a PFCC package that can be used to spread this work throughout Interior Health. The next step in this process is to engage with IH Quality to create a more standardized quality improvement framework.

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
John Cabral, Health Services Director	May 20, 2019	May 22, 2019	Consultation
Derek Koch, Spiritual Health Practitioner	May 20, 2019	May 22, 2019	Consultation
Kerry Heyworth, ICU Manager - KGH	May 20, 2019	May 22, 2019	Consultation
Tealya Metzger, HSA Administrative Assistant	May 20, 2019	May 22, 2019	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Information brief written	Andrew Hughes, Health Services Administrator - KGH	May 21, 2019
Presentation to SET	Andrew Hughes, Health Services Administrator - KGH	May 27, 2019
Presentation to the Board	Andrew Hughes, Health Services Administrator - KGH	June 19, 2019

ENCLOSURES

Appendix A: Kelowna General Hospital's Patient and Family Centered Care Pillars

Appendix B: Kelowna General Hospital Patient and Family Centered Care Initiatives and Practices

Appendix C: KGH PFCC Developments Presentation

REFERENCES

Central Okanagan PFCC Steering Committee.

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement

Signature

Date

Appendix A: Kelowna General Hospital's Patient and Family Centered Care Pillars

The following 9 pillars of PFCC define and drive KGH's PFCC efforts:

- Dignity & Respect – Understanding and respecting each patient's values; Honouring their voice
- Effective Treatment – Trust in caregivers
- Quality and Safety – Create best outcomes and enhance the quality and safety of healthcare
- Information Sharing – Clear and comprehensive; facilitate autonomy, self-directed care and health promotion
- Participation – Patient engagement and partnership
- Collaboration – Caregivers work together with patients and families to design, implement, and deliver the best care possible
- Continuity and Smooth Transition of Care – Caregivers work together with patients and families
- Spiritual and Cultural Dimensions of Health – A holistic approach
- Care for the Caregiver – We honour the voice, values, knowledge, and beliefs of our staff and physicians and treat them with dignity and respect

Appendix B: Kelowna General Hospital Patient and Family Centered Care Initiatives and Practices

- KGH Foundation Small Grants Program – A program that began in 2016 that encourages hospital teams to come up with their own PFCC ideas for presentation to the PFCC working group. Grants of up to \$5,000 are available for approved proposals. Many of the initiatives below have been funded through the 50:50 Small Grants Program.
- Butterfly Initiative – Laminated sign taped to the door or pinned to a patient curtain if a patient is in distress, dying, or has died.
- Birth Chimes – Announcing the birth of a baby throughout the hospital.
- Memory Boxes – Adding dignity to the loss of life.
- Stroke Rounds Laptop – Including patients and families in their care process.
- Cardiac Care – Comprehensive information available to patients to prepare for surgery. Written information, tours, and follow-up.
- Hospital Turbans – Providing religious and cultural support for patients.
- Musicians in Healthcare – Unit-based musicians that play in common areas, hallways and patient rooms.
- Cots and Mattresses – Letting families know they are welcome day and night.
- Unrestricted Visitation Policy – The removal of all barriers of time for hospital visitation.
- Who, Occupation, Why (WOW) – Reminding hospital staff to introduce themselves, their role and purpose for being at the bedside to patients.
- Virtual Reality – Modern technology providing new ways for reducing depression, anxiety and stress, and promoting happiness and healing in hospital patients.
- Wishing Well Initiative – Creative support for families of palliative patients in the ICU (consists of a palliative cart and gift options for family).
- Sight Loss/Hearing Loss Initiative – Creating awareness and better care for patients in these two demographics (Phase 1 and Phase 2 have been completed – Phase three is being researched).
- Creative Wellness at KGH – Opportunities to creatively engage KGH patients through art, led by Community Volunteer Artists.
- Staff Care – Increased efforts to develop a standardized approach for staff care when a trauma has taken place. Efforts include work on preventative care as well as intervention care.
- Patient Belongings at KGH – Process and accountability for all parties involved to ensure patient valuables and personal effects are returned or dealt with in an appropriate and timely manner.

Patient and Family Centered Care Developments at KGH

June 18, 2019

Dimensions of PFCC at KGH

- **Dignity & Respect** – Understanding and respecting each patient’s values; Honouring their voice
- **Effective Treatment** – Trust in caregivers
- **Quality and Safety** – Create best outcomes and enhance the quality and safety of healthcare
- **Information Sharing** – Clear and comprehensive; facilitate autonomy, self-directed care and health promotion
- **Participation** – Patient engagement and partnership
- **Collaboration** – Caregivers work together with patients and families to design, implement, and deliver the best care possible
- **Continuity and Smooth Transition of Care** – Caregivers work together with patients and families
- **Spiritual and Cultural Dimensions of Health** – A holistic approach
- **Care for the Caregiver** – We honour the voice, values, knowledge, and beliefs of our staff and physicians and are treated with dignity and respect

Creative Wellness at KGH

Community Volunteer Artists come to KGH

5 Creative Wellness Coaches

2 - 4 hours/week, working directly with patients

Creative opportunities to engage patients in drawing and painting started Fall, 2018

- ICU - Incapacitated patient
- 4East Conference Room



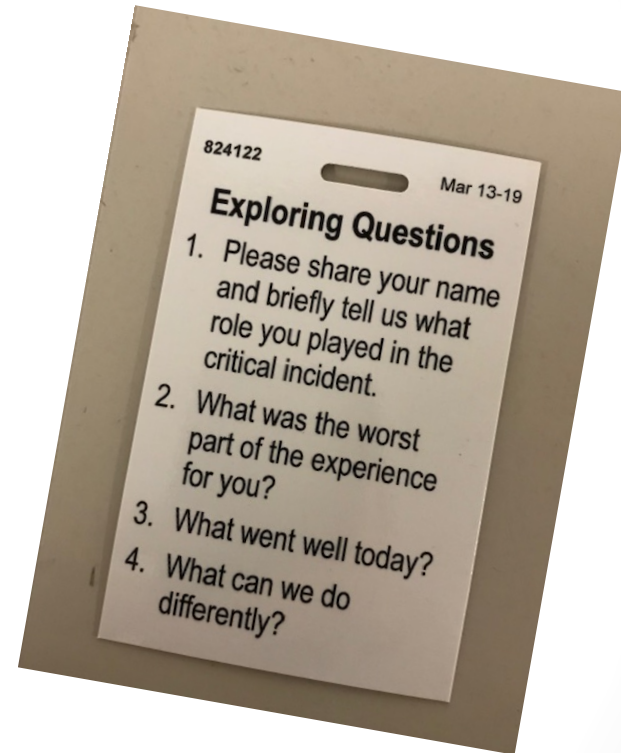
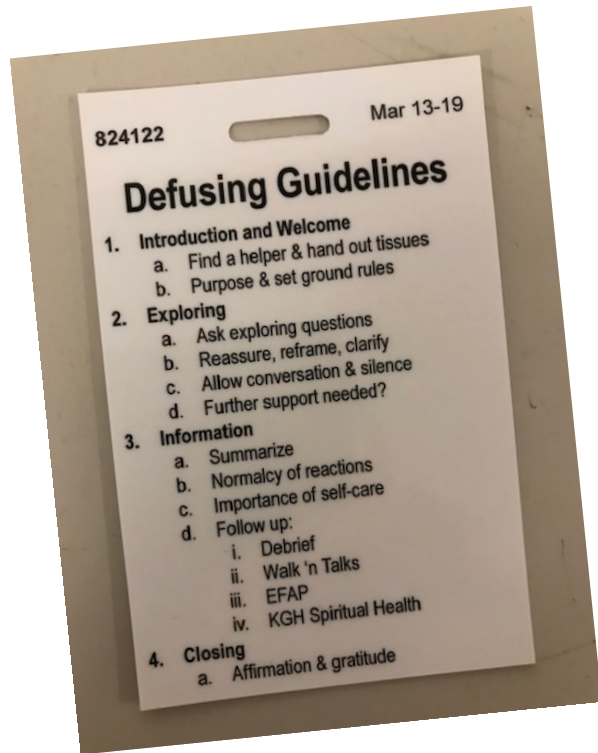
Staff Care – Standardized Post-Trauma Defusing

- *Defusing* – In-the-moment connection of team involved in the identified critical incident

Key elements of Defusing:

- Completed immediately post event with the staff involved, inclusive of physicians
- An organized process and discussion, led by a trained peer, which allows everyone involved to verbalize responses and current feelings
- Allows staff to reduce stress response, feel validated, and move towards normalcy
- Peer-led training has included groups of Directors and Managers, Shift Coordinators, and Critical Care PCCs
- This is then followed up with formal debriefing process if necessary

Staff Care – Standardized Post-Trauma Defusing



Patient Belongings at KGH

Through a PFCC lens....

- ✓ Staff Responsibility
- ✓ Patient/Family Responsibility
- ✓ Valuables/Personal Effects
- ✓ Working Group
- ✓ Process and Accountability



Title	Research Impact Stories
Purpose	That the Board receives the research impact stories at the public Board meeting in June for information.
Top Risks	1. (Reputational) Lack of awareness of the impact research has on services and partnerships between IH and community members and stakeholders.
Lead	Dr. Deanne Taylor, Corporate Director, Research
Sponsor	Dr. Anne-Marie Visockas, VP Planning and Research

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

Interest in research has been growing, especially since 2014 with Senior Executive Team approval of the IH Research Strategy. Since this growth, there are a number of completed studies that have resulted in new knowledge that has been used in various ways by Interior Health leaders, physicians and community members. In addition to the growth in research studies, there has been an increase in the type of stakeholder involved in research; particularly noted is the increase in the number of Interior Health decision-makers and community representatives that are now involved in both the development of research ideas and the co-leadership of research within Interior Health.

DISCUSSION

The Interior Health Research Department, in consultation with key stakeholders, has prepared the attached information. These stories provide examples of how the knowledge from research has been used in Interior Health and demonstrate the expansion of the type of stakeholders involved in research and the impact of their co-leadership of research within IH and in community.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Brad Buie, Communications Consultant	May 1, 2019	May 8, 2019	Consultation
Varette Family, community member	May 1, 2019	May 10, 2019	Consultation
Karin Blenk, community member	May 1, 2019	May 10, 2019	Consultation
Allison Ramchuk, Director of Philanthropy, KGH Foundation	May 1, 2019	May 10, 2019	Consultation
Dr. Sana Shahram, Embedded Scholar, Interior Health	May 1, 2019	May 10, 2019	Consultation
Dr. Katrina Plamondon, Regional Practice Lead, Knowledge Translation	May 1, 2019	May 10, 2019	Consultation
Leslie Bryant, Regional Practice Lead, Indigenous Engagement	May 1, 2019	May 10, 2019	Consultation
Dr. Ilona Hale, Family Physician	May 1, 2019	May 10, 2019	Consultation
Brent Hobbs, Director, Transportation	May 1, 2019	May 10, 2019	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Briefing Note written – Version: 1.0	Dr. Deanne Taylor, Corporate Director, Research	May 15, 2019
Assessment of communication requirements	Brad Buie, Communications Consultant	May 10, 2019
Presentation to Senior Executive Team	Dr. Anne-Marie Visockas	May 27, 2019
Presentation to the Board	Dr. Deanne Taylor	June 19, 2019

APPENDICES

Appendix A – Research Impact Stories

- Primary Prevention of Obesity in Infants at Routine Well-Baby Visits – A Pilot Study
- xaqana# ?itkini# (Many Ways of Working Together)
- High Acuity Rural Transport: Findings from a Qualitative Research Investigation
- The CLARITY Project
- Study to Avoid Cardiovascular Events in BC

Appendix B – IH Research Activities

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

n/a



Research Impact Story

Primary Prevention of Obesity in Infants at Routine Well-Baby Visits – A Pilot Study

Childhood obesity is an important and challenging public health problem. This pilot study proposed the development of tools and resources to support public health nurses (PHNs) in the delivery of better obesity prevention education. The PHNs delivered this education at “well-baby” visits from birth to 18 months. In addition to learning from and sharing the findings of the study within the rural community of Kimberley, the research team is working to establish the foundation for a larger scale, multi-centre, Interior Health-wide trial in the future in order to *‘Implement health promotion, health protection and prevention initiatives’* (IH Strategic Goal 1.1).

Dr. Ilona Hale, UBC Department of Family Practice, and her team successfully applied for a \$5,000 Evidence Informed Practice (EVIP) seed grant from the IH Research Department in 2016. This grant allowed them to run the first phase of research, which led to opportunities to apply for larger funding opportunities to then support the design of the pilot study. Excitement grew as the pilot project expanded with funding and partnership from the BC SUPPORT Unit, Interior Health, UBC, and Live5210.

In response to whether this study proposal aligned with IH Priorities or needs, one grant reviewer said, “...It is clearly a prevention and promotion activity with a rural focus, with an interdisciplinary team.”

When asked about the project Dr. Hale says, “My passion for research stems from my belief in the importance of prevention of disease which, in my opinion, doesn’t receive enough attention...There is growing evidence that the tendency for weight gain is programmed from a very early age along with an individual’s eating patterns and relationship with food. By teaching parents early on not just ‘what’ but ‘how’ to feed their children, we believe we may be able to affect children’s growth later in life.”- says Dr. Hale.

What’s the impact? When asked about the study’s impacts seen thus far, Dr. Hale says, “...it has changed practice but mostly with the PHNs in the context of the pilot study we are doing so far. Certainly it has changed my approach in the office. This is a research program with a long time horizon and many small steps to get us to impactful results. We are planning a full-scale trial (in the near future)... I am now sharing the results with a pan-Canadian group of researchers interested in early obesity prevention. I am hoping that what we learned will be incorporated into their upcoming research projects.”

This study is an example of how a trans-disciplinary approach that includes all key stakeholders, such as the Public Health Nurses, physicians, and patients can create a community engaged in research and health. It is safe to say that this study has had a significant impact on the rural community of Kimberley, British Columbia in a healthy way, and the impact will soon be pan-Canadian wide. We look forward to hearing more about this study’s progress in the near future.



Research Impact Story

High acuity rural transport: findings from a qualitative research investigation

Can we do better? This is a question that all Health Authority programs and services should continually ask. Timely access for very sick ‘high acuity’ patients in rural and remote communities is a challenge. If specialized health care services are required, it can be a big challenge. This is because these patients often need transport to larger health centres in order to receive definitive care. The BC Ambulance Service paramedics do not always have the level of training and qualifications needed for the journey. Essential health-care staff (such as nurses, physicians, and/or respiratory therapists) were often required to leave their base hospital to escort these patients to a higher level of care, leaving their communities under-staffed.

In 2010, the High Acuity Response Team (HART) model was developed and implemented by Interior Health (IH) to address this issue. There are currently 4 HART bases within IH; these bases are in Trail, Cranbrook, Kamloops and Penticton. HART is essentially an ICU “*Without Walls*”.

The Centre for Rural Health Research, IH Patient Transport Services, and the IH Research Department carried out an evaluative study of the HART Program. The purpose was to see how the program was doing: what was going well, what were the challenges, and to provide ideas for improvement. This study design aligned with the IH Strategic Goal to ‘*Provide efficient, effective acute services that are linked across a coordinated system of care.*’

Study participants reported overall satisfaction with the HART program. However, they also noted challenges in coordinating services to enable efficient deployment of the HART team. Overall, the study highlighted that moving towards the integration of HART services into hospital organizational structures and rural community health services would be a positive system change.

Katrina Plamondon, IH Research Department RPL, says, “The research findings are intended to inform planning for the HART program moving forward. These results can be useful both within IH and outside of IH for policy development and resource planning.”

What’s the impact? Brent Hobbs says, “The research results have informed our program and the provincial system. Other HA’s (Health Authorities) are exploring the HART model as a possible means to improve quality care when transferring rural patients to higher level of care facilities... We are also investigating the use of Early Warning Scores (EWS) to trigger more timely transfer, and a publication of EWS is now pending in the Canadian Journal of Rural Medicine.”

HART continues to drive systems change to advance rural care.



Research Impact Story

The CLARITY Project

Community-Led Action for Resiliency Important Throughout Youth

Andreas "Andy" Blenk was a smart and spirited child who was incredibly loved by his family. Sadly, after many years living with mental health challenges, he lost his life by suicide at the young age of 15. In response to this tragedy, his family set out to strengthen the network of mental health support and services available to young people and families in our community. Andy's life has inspired this collaboration between Interior Health and several leading Kelowna agencies committed to reducing the number of young people losing their lives to suicide.

Did you know? Over 40% of youth who die by suicide showed no previous warning signs. Suicide is the second-most common cause of death among young people. These numbers are more than data – they reflect the life trajectories of real people who lived and were loved.

In an effort to prevent suicide risk before it arises, the CLARITY Project aims to promote community-based initiatives and actions to support resiliency among all youth in our communities. This work includes heightening awareness among parents, teachers, doctors and community members about suicide risk. Importantly, we hope to clarify the ways in which everyone involved in caring for our younger generation can help foster resilience in our youth to actively protect against that risk.

Community-Driven Research: CLARITY is just the beginning – together with the Blenk family we are committed to a portfolio of research, prevention and care. CLARITY is envisioned as a program of research that will unfold over time, always driven by community needs and interests. We started by looking to the published results of research about youth resiliency and suicide prevention. Now, we are working with community to explore how these findings 'fit' with young peoples and others' experiences in the Okanagan. Through arts-based activities and facilitated dialogue, we are engaging youth (15-18 years old, in high school) and emerging adults (18-25 years old) who self-identify as resilient in the face of challenges for their insights. We are also reaching out to people who are identified as 'caring adults' in these young peoples' lives. We will then synthesize what we hear and take it to another workshop with care providers, community organizations, youth advocates, and community members to set the agenda for next steps.

What is the potential impact? With extensive resources including local health professionals, researchers, mental health organizations and community members, we are taking some pioneering steps. Our goal is to set up a network of research-based prevention and care measures to strengthen the resilience of youth up to 25 years and guide those who care for them in supporting their mental well-being. By wrapping around currently available community supports for youth with risk of suicide, CLARITY aims to promote resilience for all youth in the Central Okanagan to support a vibrant and hopeful future for our communities.

Who's involved? Led by Dr. Sana Shahram and the Interior Health's Research Department this pioneering collaboration is supported by the KGH Foundation, Blenk Family Fund and Interior Health.



Research Impact Story

Study to Avoid Cardiovascular Events in BC

It all starts with a story – a story of people’s lives, their love, loss, and hope. This story began with the sudden loss of a son, brother and uncle, with no warning, no chances to say goodbye. The family that loves him has struggled with questions of ‘What if...’ – ‘What if we had known what to look for?’, ‘What if something had been different?’, ‘What if this happens again?’

In the spring of 2018, this family reached out to the Kelowna General Hospital Foundation and the IH Research Department to begin answering these questions. What started with a small exploratory project to better understand the issues surrounding premature atherosclerotic cardiac events soon turned into the foundations for a provincial partnership and an opportunity to join SAVE BC: *The Study to Avoid CardioVascular Events in British Columbia*.

Expert guidelines recommend that when someone develops cardiovascular disease (CVD) at a young age (before 55 in men or 65 in women), close family members (parents, siblings and children) should be screened. However, despite the significant risk of disease, no established programs exist in BC for routine screening of family members of such patients.

The overall goal of SAVE BC is to establish a screening program for people at risk of premature CVD. The study looks at risk factors, medication use, CVD events, and healthcare costs in these individuals to help determine how best to identify and support people at risk for premature CVD – in terms of prevention and treatment – now and in the future.

This study began in 2017 at two hospitals in Vancouver and thanks to the efforts and support of this family, a local cardiologist, KGHF and the IH Research Department; Kelowna General Hospital is next in line to be added as a site for this study. Over the summer, the local research team will be working to raise awareness about the study by hosting an education forum open to all members of the public. Local study activities, including recruitment of people interested in participating in this study, are planned to begin in the fall of 2019.

To learn more about SAVE BC or see how you can help support this and other local research, please visit:

- SAVE BC: <https://savebc.ca/>
- KGH Foundation: <https://www.kghfoundation.com/research/>

To learn more about guidelines for primary prevention of CVD in BC, please visit:





- BC Ministry of Health Clinical Practice Guidelines: Cardiovascular Disease – Primary Prevention, 2014: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cardiovascular-disease>

*Inspired by the life of
Kris Varette*

IH Research Activities

2018 Year in Review

Research and research services within Interior Health have grown dramatically since implementation of the IH Research Strategy in 2014. This summary provides an overview of research activities and related metrics for the 2018 calendar year.



Research Infrastructure



OPERATIONAL APPROVAL APPLICATION ONLINE

Live Oct 2018

6

NEW RESEARCH POLICIES

Approved Jul 2018



AFFILIATION INVESTIGATOR APPOINTMENTS

Live Dec 2018*

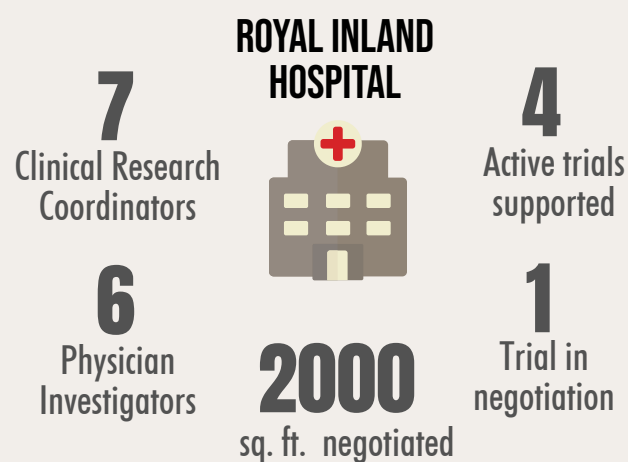


ETHICS HARMONIZATION VIA PREP PLATFORM

Live Aug 2018

*(UBCO Researchers Only - Additional Institutions being added through 2019)

Clinical Research, Partnerships & Funding



*4 of these trials are taking place at other sites (PRH, SOGH, CMH and LLHC) but are facilitated by KGH research coordinators

\$400K
PHILANTHROPY FUNDING

RIH and KGH Foundations

\$373K*
INDUSTRY SPONSOR FUNDING

*2018/19 fiscal year

\$25K
SOS GRANT FUNDING

South Okanagan Similkameen (SOS)

Capacity Building



969

hours supporting IH staff to use research methods



1308

hours supporting research stakeholders



354

hours supporting IH staff with research idea



271

hours supporting students

4950

RESEARCH DEPARTMENT
CONSULT HOURS



516

hours supporting physicians



658

hours supporting patient partners



474

hours supporting Indigenous partners

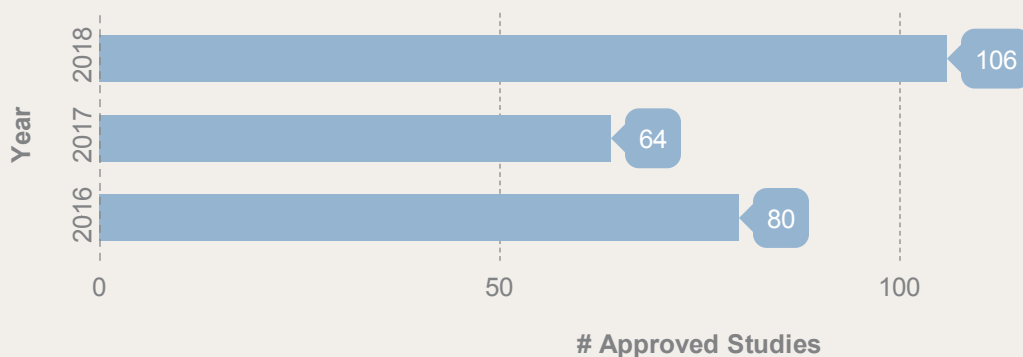


402

hours supporting community partners

The Research Department also builds capacity through additional activities and partnerships: as a member of the Interior Regional Centre for the BC SUPPORT Unit; as a partner in the Interior Academic Health Science Centre Steering Committee; by offering an annual curriculum of research education events; and providing research related communications and website resources.

REB Approved Studies: 2016 to 2018





Interior Health
Every person matters

Stakeholder Relations Committee REPORT TO THE BOARD

JUNE 2019

(April 1 to May 31, 2019)

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

April

- April 12 Penticton Ministry Announcements with Minister Dix re: David E. Kampe Tower (Penticton Regional Hospital) and Primary Care Services South Okanagan Similkameen – Chair Cochrane.
- April 12 Community Volunteer Appreciation Event in Kelowna – Director Louis
- April 24 Interior Health/Regional Hospital Districts Joint Meeting – Chair Cochrane
- April 26 Health Authorities Chair to Chair Meeting – Chair Cochrane

May

- May 1 Kelowna General Hospital (KGH) Foundation Workshop – Chair Cochrane
- May 3 Kootenay East Regional Hospital District Meeting – Director Rounsville
- May 8 & 9 Safety Tours – East Kootenany Region (Kimberly Care Home; East Kootenay Regional Hospital; Kootenay Lake Hospital) – Director Rounsville
- May 14 Interior Region Partnership Accord Caucus Session – Chair Cochrane
- May 23 Governing in the Public Interest Session – Crown Agency Board Resource Office (CABRO) – Chair Cochrane, Director Hamling, Director Hawes
- May 31 Interior Health Physician Quality Improvement – Cohort 1 Graduation Event – Chair Cochrane



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PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD

JUNE 2019



Highlights: April – May 2019

New David E. Kampe Tower opens at Penticton Regional Hospital

A formal celebration on April 12th marked the [official opening of the David E. Kampe Tower](#) at Penticton Regional Hospital, and drew several honoured guests, including Minister of Health, Adrian Dix. Patient representative Pati Hill led the ribbon-cutting ceremony with the Minister, after speaking about the positive impact the new tower will have for patients and families. The 84-bed modern tower has single patient rooms, each with its own washroom. A new ambulatory care centre has outpatient services, including cardiology, neurology, orthopedics, respiratory, pre-surgical screening and maternal clinics. Surgical services at the tower include five operating rooms, three minor procedure rooms, two endoscopy rooms and a cystoscopy room.

The tower's namesake, David Kampe, [was honoured at the official opening](#) as speakers paid tribute to Mr. Kampe for his generosity. Mr. Kampe passed away May 8th in Penticton.

'Huge honour' for PRH in eagle feather gift

A relationship forged out of hard work and collaboration has led to a unique gift being presented to Penticton Regional Hospital (PRH), from Aboriginal artist Clint George and the Pentiction Indian Band (PIB). On behalf of the chief and council of the PIB, Clint presented PRH with a framed eagle feather in recognition of the relationship that has been built between the PIB and PRH over the past several years. The gift was "for the recognition of the lands that PRH was built on was Pentiction Indian Band Land. The feather represents the acknowledgement of that recognition as well as the friendship of the Pentiction Indian Band and the Pentiction Regional Hospital," reads the framed transcription.



The ceremonial grand opening of the David E. Kampe Tower (NowMedia)

Burning Bright

As the overdose crisis moves into its fourth year, Interior Health recognized its impact and toll through a travelling candle display in April. [The Burning Bright display](#) includes 645 candles: one for each person lost to illicit drug overdose from January 2016 to December 2018. The display was set up in public locations in Kelowna, Vernon, Penticton and Kamloops to raise awareness of the crisis. These are the communities that have seen the highest numbers of overdose deaths in IH. Family and friends of people who have died from overdose said it was meaningful to see the lives honoured and remembered.



Amanda Lavigne, regional practice lead on substance use, stands next to the traveling memorial display at the Penticton Regional Hospital. Each of the 645 candles represent an overdose death from between 2016 and 2018. (Brennan Phillips – Western News)

Forest to Fork' traditional foods pilot project launched in Williams Lake

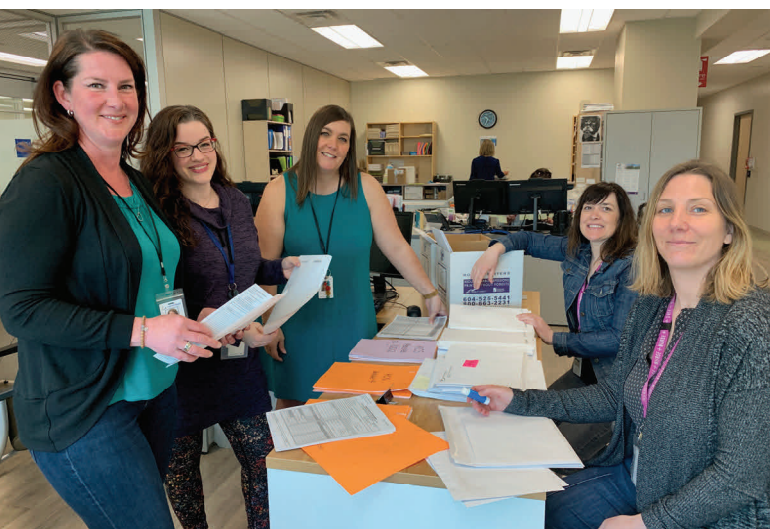
IH and the Tsilhqot'in Nation have launched the Forest to Fork foods pilot project at Deni House in Williams Lake, where traditionally inspired meal options are now offered one day per week. Tsilhqot'in knowledge keepers and IH food service staff jointly developed traditional food menu options, and Tsilhqot'in elders shared their knowledge of food preparation practices and methods. The project will continue to expand as the pilot project continues.

Cover photo: On behalf of the chief and council of the Pentiction Indian Band, artist Clint George presented PRH with a framed eagle feather. Clint was commissioned to produce a large sculpture of a smudge kit now on display at PRH.

IH Goal #1: Improve health and wellness

Measles response / Immunization campaign

Health authorities across B.C. are engaged in a measles immunization catch-up campaign, following identified cases of measles in this province, as well as other locations in Canada and the United States. Since January 2019, IH has provided more than 10,000 measles-containing immunizations. More than 200 measles school clinics have been scheduled to date, with 25 additional Nurse Immunizers hired to support these clinics. Additionally, regular Public Health Unit clinics, Regular School Clinics, Health Centre Drop in Clinics are occurring across IH offering increased appointments for kindergarten, child health and adult clinics to provide full immunizations.



IH public health nurses preparing for measles immunization school clinics.

Launch of the Kimberley Wellness Clinic

The Kimberley Wellness Clinic opened on April 26, as a partnership between Public Health Nursing, the community agency Aids Network Kootenay Outreach and Support Society (ANKORS) and the STOP HIV Health Outreach Nurse. Run from the Kimberley Public Library, the clinic has a strong focus on harm reduction programming and services, including sexually transmitted and blood borne infection testing, contraceptive management, immunizations, drug checking and Take Home Naloxone distribution.

New Intensive Case Management Teams for youth

Interior Health has [launched a new service](#) to help remove barriers and bridge gaps in mental health and substance use treatment for young people in Kamloops and Kelowna. Intensive Case Management teams are one aspect of the continuum of care. Their goal is to provide collaborative, wrap-around services and create a seamless journey for youth.

New treatment option brings hope for those with significant opioid addiction

Interior Health has introduced a new evidence-based treatment option for those with severe opioid addiction. Injectable Opioid Agonist Treatment, or iOAT, is now available at Kelowna's Community Health Services Centre. Oral OAT is an evidence-based treatment that uses medications like methadone and Suboxone to manage withdrawal symptoms. It helps with cravings and prevents overdoses. It also provides a regular connection with a health-care team, including physicians, nurses, pharmacists, and social program officers, which can help with overall stabilization.



Minister Darcy toured the OAT clinic in Kelowna with students and staff.

Strategic Goal #2: Deliver high quality care

Making care and services stronger, through collaborative projects

Physicians, clinical teams and supporting departments across Interior Health are [working to improve care and services](#) for patients, through the Physician Quality Improvement (PQI) program. PQI provides support to physician-led initiatives, and encourages partnership with teams and services at IH. Recent successes include a 'Best Possible Medication History' project at Kootenay Boundary Regional Hospital, led by Dr. Jeff Hussey and in collaboration with IMIT. The project ensures information provided by patients in the emergency department is documented and printed at registration, and connected to IH's broader PharmaNet Integration efforts.

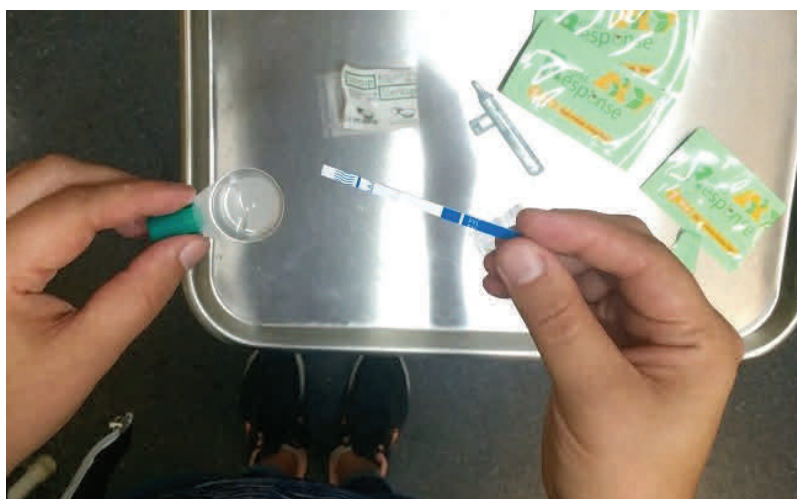
"What we are able to do is start with a clinical need, identify and form a team, come to shared ideas to improve, test these ideas and adapt, then implement... This has led to improved patient engagement and outcomes," says Dr. Devin Harris, of the PQI program and its impact.

Improving access to primary care in the South Okanagan Similkameen

On April 12, the South Okanagan Similkameen Division of Family Practice, Interior Health and the Penticton Indian Band were joined by Health Minister Adrian Dix to announce the South Okanagan Similkameen Primary Care Network (PCN). Initially serving Summerland, Penticton and Okanagan Falls, over the next three years, it will expand Oliver, Osoyoos, Keremeos, Princeton and surrounding First Nation communities. As part of the PCN, new clinic in Penticton is planned to open in 2020, to help address attachment needs in the community.

Research study evaluates safety of take-home drug checking kits

Interior Health, Vancouver Coastal Health (VCH) and the BC Centre for Disease Control (BCCDC) are collaborating on a new research project providing people who use substances with take-home drug checking kits to determine if people can use them safely on their own. The take-home kits are available at several IH sites including in Kamloops, Cranbrook, Merritt, Nelson, Kelowna, Penticton and Vernon. Clients will receive five free test strips, with instructions, to take home so they can check whether their substances possibly contain fentanyl, the toxin contaminating the illegal drug supply, which was responsible for approximately 87 per cent of illicit drug overdose deaths in 2018 in B.C.



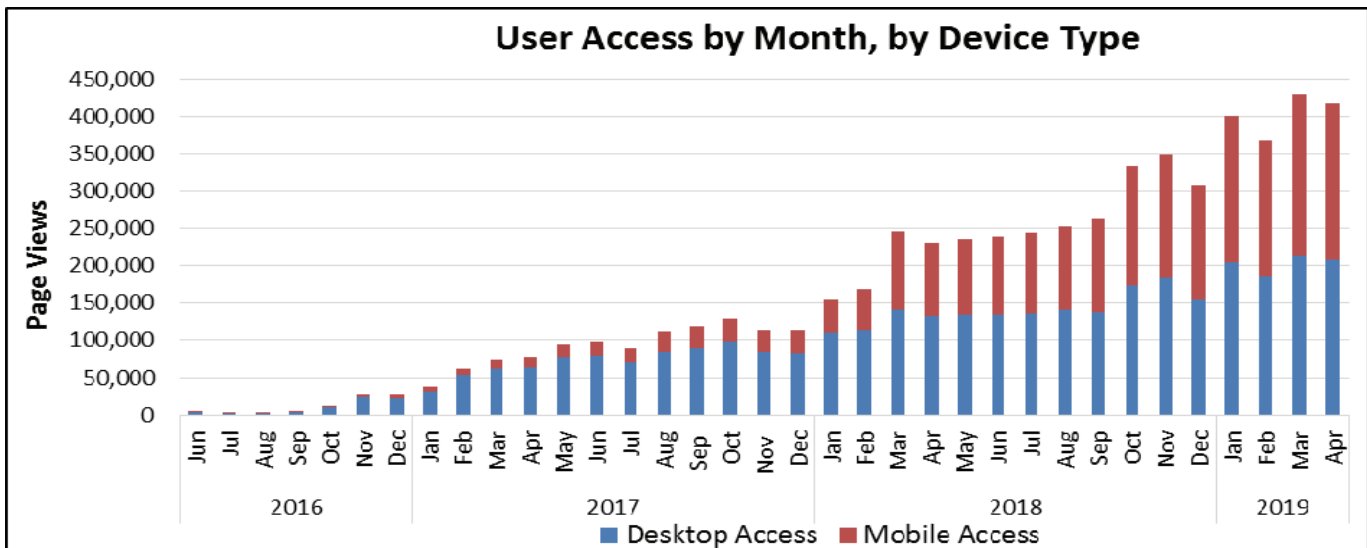
Minister Dix was joined by representatives from IH, the local Division of Family Practice, the Penticton Indian Band and other stakeholders for the announcement regarding a new PCN on April 12.

Strategic Goal #3: Ensure sustainable health care

MyHealthPortal

A three-month trial that lets patients update their allergy records in MyHealthPortal has wrapped up, with positive feedback and learnings that will be applied going forward. The trial allowed patients to contact an IH nurse practitioner, who would update the patient’s electronic record (in Meditech), with the updates visible to the patient in MyHealthPortal immediately. During the course of the trial, 87 MyHealthPortal users contacted IH to participate, 213 allergies were entered, corrected, verified or removed in Meditech, and on average it took the Nurse Practitioner 11 minutes to complete the process. Going forward, IH aims to make it more possible for patients to contribute to their record, in addition to being able to access it on demand as they do now through MyHealthPortal.

The total number of individuals in IH registered with MyHealthPortal as of end of April, is 69,764, with over 400,000 page views per month in March and April.



South Okanagan General Hospital

Mierau Contractors Ltd. has been selected as the general contractor overseeing upgrades to the emergency department at South Okanagan General Hospital in Oliver. The \$970,000 project is being bolstered by a further \$280,000 funding commitment from the South Okanagan Similkameen Medical Foundation. The Okanagan Similkameen Regional Hospital District is funding 40 per cent of the original budget while the Province of BC is contributing 60 per cent. Construction upgrades will include developing a new waiting and triage area, a quiet room for families, a separate emergency department entrance and the relocation of admitting and administration services. The emergency department will remain open during the renovations, which are expected to be complete by winter 2019/20.

Construction starts on Nakusp emergency department upgrades

Crews have mobilized and construction has started on major improvements to the emergency department (ED) at Arrow Lakes Hospital. Highlights of the project include a dedicated triage area; two new trauma bays; renovated patient exam bays to improve privacy; new utility rooms; and an enclosed multi-purpose meeting room near the ED for family consultations or waiting space for family during trauma situations. Creston-based T.A. Rendek and Associates Ltd. is overseeing the construction, with project completion anticipated for this winter. Work will take place in phases to ensure ongoing care is provided at the site. The project is being funded by the Province of BC through the Ministry of Health, the West Kootenay Boundary Regional Hospital District, the Arrow Lakes Hospital Foundation and the Arrow Lakes Health Care Auxiliary Society.

Strategic Goal #4: Cultivate an engaged workforce and a healthy workplace

'Why I love what I do' – Our staff explain

In April, IH ran a campaign to collect, promote and celebrate why employees 'love what they do'. Submissions included:

- "I am passionate about developing clinically relevant and human-centric facility infrastructure to support healing services which in turn enhance patient and staff experiences." Jigar Patel, Capital Planning, Kelowna
- "I love my job because I get to be a part of so many lives. It is so nice to be able to make someone's day just a little brighter. The staff, patients, visitors – it truly is a rewarding career." Cindy Crawford, Nursing Assistant, Trinity Care Centre, Penticton
- "I love seeing eyes light up when I'm doing a new employee orientation." Shelley Sanders (R), Professional Practice Leader, Laboratory, Royal Inland Hospital, Kamloops with Bailey Cook, new Medical Laboratory Assistant



"I love what I do because it has a huge impact on the betterment of the health care in the North Okanagan. Raising funds to purchase new equipment to bring the possibilities of health care forward for all residents and all that while organizing fun events." Ute Cummings, Events Coordinator, Vernon Jubilee Hospital Foundation (pictured above, second from the left)

Aboriginal Cultural Safety Videos

A graphic storyboard titled '[Cultural Safety in Practice – How to be an Ally](#)' has been developed and launched on the Interior Health (IH) YouTube Channel. The video provides practical advice for IH staff on how to integrate cultural safety into their practice. Seven IH physicians were interviewed about their journeys towards cultural safety and why it is important to physician practice. The [series of short videos](#) celebrates physician champions for cultural safety at IH.



KGH Housekeeping safety success

Kelowna General Hospital (KGH) Housekeeping Department was recently recognized for its exceptional commitment to improving quality of care to staff and patients at the hospital. The Housekeeping team made a focused effort to decrease in worker injuries and time-loss (missed work as a result of a work related injury). Starting in late December 2018, the department went almost two months without any time-loss. One of the ways the team is promoting safety regularly is through twice-daily [safety huddles](#), which means both morning and afternoon housekeepers can participate. The huddles are conducted "virtually," with the team sharing safety tips and information using their Vocera badges.

Community Engagement:

Stakeholder engagement across IH

Interior Health conducts regular engagement with provincial, regional and local partners and stakeholders. Below are just a few examples of some of meetings and events over the past three months.

IH and Northern Health (NH) Co-Host Forum

On May 6, IH and Northern Health co-hosted the 'Resilient & Healthy Communities' forum in Williams Lake. This pre-conference event, prior to the [North Central Local Government Association convention](#), brought together experts in healthy communities work from across BC, local government representatives, health authority leaders and staff, and local community partners to discuss and address emerging health issues that were important to their communities. Topics included health data that could inform community-level planning and action, food security-related challenges and housing pressures. The forum also highlighted tools, resources and information that is available to support health and resilience at a community level.

Rural and Remote Harm Reduction Conference

Held in Kimberley on April 17-18, this conference provided collaboration opportunities for rural harm reduction staff to share local perspectives on increasing safety and wellness; exchange local knowledge and experience around harm reduction strategies, treatment options and overdose prevention services; and address stigma as it relates to People Who Use Drugs. Presenters included representatives from IH, First Nations Health Authority, Ktunaxa Nation and ANKORS. The conference was sponsored by the Public Health Agency of Canada, and the Canadian Institute for Substance Use Research, in partnership with IH, ANKORS, Ktunaxa Nation and the B.C. Responsible Gambling Program.

Health & Substance Use

A social media campaign in Vernon, jointly supported by local program staff and IH Communications, is making an impact, as several local businesses have sought out overdose awareness training and completed the "IH Naloxone Challenge." Upon completion, Communications shares their picture and congratulates them on our social media feeds, linking to their organization's social channels. These posts then encourage other local businesses to participate in the challenge, increasing the overall awareness of harm reduction and overdose prevention in Vernon. To date, the campaign has reached more than 17,000 people and has generated significant engagement on Facebook (780 post clicks and 320 reactions).




The Probus Club was one over several Vernon groups who completed the IH [#NaloxoneChallenge](#)! Participants are now trained and ready to administer life-saving Naloxone in the event of an overdose.

Community Engagement:

News and social media presence

News Releases / Public Service Announcements include:

- March 22:** [Interior Health selects general contractor for construction](#)
 - March 25:** [Community Update: Vernon Overdose Prevention Site planning](#)
 - March 29:** [Overdose Alert: Increased carfentanil detections in IH](#)
 - March 29:** [Time to talk Ticks](#)
 - March 29:** [Emergency department physician coverage at SOGH](#)
 - April 8:** [Vernon overdose prevention site – update regarding RFP](#)
 - April 9:** [Feed BC brings more B.C. food to Interior Health](#)
 - April 12:** [Improving access to team-based primary care in South Okanagan Similkameen](#)
 - April 12:** [David E. Kampe Tower official opening celebrated](#)
 - April 17:** [Making it simple to be protected against measles](#)
 - April 24:** [New parkade and payment system at PRH](#)
 - April 26:** [How to access the new David E. Kampe Tower at PRH](#)
 - April 26:** [Overnight closures at Ashcroft emergency department](#)
 - April 29:** [Low risk deliveries resume in Williams Lake on April 30](#)
 - May 2:** [South Okanagan General Hospital Emergency Department Redevelopment Update](#)
- 

Measles Immunization Campaign – Facebook and Twitter

May/June 2019



May 6, 2019
Reach: 7,732
Reactions, Comments
& Shares: 1,048

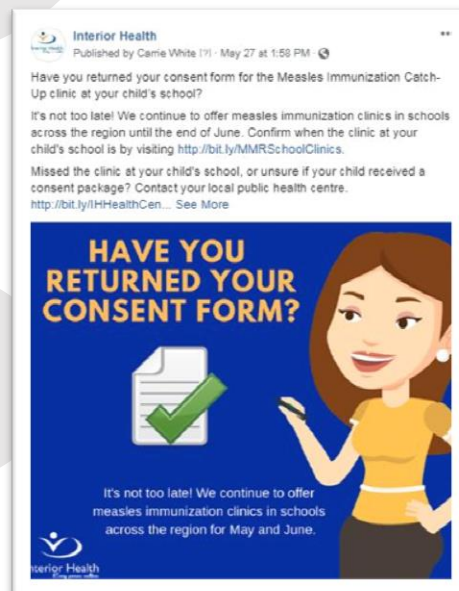
An example of posts (both paid and non-paid) from May and June measles immunization social media campaign



May 8, 2019
Reach: 5,570
Reactions, Comments,
& Shares: 683



May 18, 2019
Reach: 3,382
Reactions, Comments,
& Shares: 20



May 27, 2019
Reach: 12,895
Reactions, Comments
& Shares: 245

Total reach for all measles campaign posts on Facebook up to June 5, 2019 (both paid and non-paid): **92,186**

Total link clicks (linked to public website) for paid measles posts on Facebook: **738**

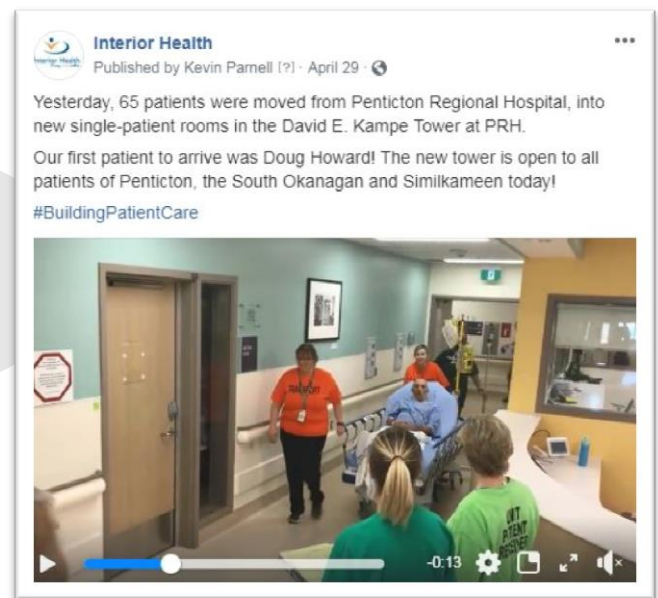
Total reach for all IH measles campaign Twitter posts up to June 5, 2019: (non-paid): **13,643**

David E. Kampe Tower opening & move – Facebook and Twitter

April 2019



April 24, 2019
Reach: 1,656
Reactions, Comments
& Shares: 33



April 29, 2019
Reach: 4,173
Reactions, Comments,
& Shares: 1,033



April 30, 2019
Reach: 4,349
Reactions, Comments
& Shares: 644

@interiorhealth

A publication for Staff and Physicians of IH

SPRING 2019



PQI improves

Patient Care

Celebrating the PRH Tower

Growing safety culture at IH

Making connections

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On the cover: The collaboration between the physicians and IMIT has had a direct impact on patient care and confidence. Story p. 18.





The @InteriorHealth magazine is a monthly publication created by the Communications Department of Interior Health. Past issues of @InteriorHealth can be found on our website under [About Us/Media Centre/Publications & Newsletters](#).

If you have story ideas for future issues, please email: IHcommunications@interiorhealth.ca

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Susan Brown

In this issue of @IH, CEO Susan Brown shares her perspective on the important work underway within Mental Health and Substance Use – where our goal is increased early intervention and timely access to the right supports and services.

@IH: Mental Health and Substance Use (MHSU) is one of our key strategies in IH. Why is this an area of focus?

Susan: Mental health affects all of us. By age 40, about 50 per cent of our population will have experienced a mental illness personally. And many of us are also impacted through people we know, people we love, colleagues – everybody has a connection to it, in some way.

Along with mental health challenges, we have the overdose crisis in B.C., which is a significant focus of our work on substance use. In addition, many people with substance use disorders also have mental illness and vice versa, so it's essential that our work in these areas goes hand in hand.

@IH: How is our work in MHSU different from IH's other key strategies?

Susan: When we talk about MHSU, it is across all health services. People with mental illness and substance use disorders present in our hospitals, in our community clinics, in long-term care – every aspect of the care continuum is involved. That means regardless of our worksite, we all need to be ready and understand how to provide effective care for people when they need it.

We know mental health and substance use disorders are often invisible, and are experienced by people of all demographics. Often, people who live with mental illness or addiction will speak about feeling afraid to tell others about their situations, because they're concerned about the stigma that comes with it. I am so proud of our teams who find ways to provide safe, accessible service options.



L-R: MHSU client Andrew Leeking; Minister of Mental Health & Addictions Judy Darcy; Health Service Administrator Danielle Cameron; Board Director Spring Hawes; CEO Susan Brown; and Okanagan Elder Grouse Barnes share in the Feb. 8 announcement to expand Kelowna's Opioid Agonist Treatment (OAT) Clinic.

There is not a one-size-fits-all solution for MHSU. However, as more and more people share their stories and experiences, whether as a client, family member, or provider, we can help others know it is okay to ask for help.

@IH: Primary and community care transformation is a big focus for IH as well. What is the connection between primary care and MHSU?

Susan: Key to our work in primary care is connecting patients to the right services early in their journey, through family doctors and nurse practitioners, and the entire primary care team. This includes connecting patients to the right mental health services – early, easily, and in the community as much as possible.

Our MHSU initiatives are occurring in close partnership with Primary and Community Care Transformation (PCCT). In fact, they are a large part of the transformative vision to redevelop services and move our system to a new place that delivers a seamless, integrated system of care – a system focused on what a population of a geographic area requires. Community-based MHSU services provide specialized support and care for clients in addition to the care they receive from their family doctor or nurse practitioner.

Some of our most important work in MHSU and PCCT is to improve the way people access our services and to improve quality of transitions, from hospital back to community for example. This means our system has to be really well connected, and built on a strong foundation of team-based care.

@IH: Given that most of us will be impacted by mental health and substance use at some point in our lives, through our work in IH and personally, what can we do proactively?

Susan: We need to be responsive and understand how to support each other. Having open and honest conversation is a starting point, as is taking care of our own mental wellness and using resiliency strategies.

There is a close connection to another of our key strategies here – building a healthier, safer IH – and particularly the actions we're taking to improve psychological health and safety in the workplace. We are creating an environment where we make it safe for people to talk about what they are experiencing – our patients and clients, as well as our colleagues. This is important work, and we all can contribute to make a positive impact. 🌱

TAKE CONTROL OF YOUR HEALTH



INDIVIDUALS

Learn and practice mindfulness with your family - check out these resources to help!



PEOPLE LEADERS

Encourage your employees to take their allotted vacation time



COMMITTEES

Start a Game Reaction



WELLNESS IN THE **WORKPLACE**

TOP 5 STRATEGY:

Growing safety culture

at IH

An innovative idea is ensuring safety is top of mind, every day, for the housekeeping team at Kelowna General Hospital.

More than 3,000 employees and medical staff rotate in and out of shifts each day at KGH. Of those, 125 are housekeeping staff.

"In December, our housekeeping department was flagged as having the highest injury rates at Interior Health," says Jackie Marsh, Manager of Housekeeping Services at KGH.

"In January, we began work with Rick Taylor, our Workplace Health and Safety Advisor, to develop an action plan to reduce injuries."

One of the actions was to increase the frequency their safety huddles from once a week to every day, twice a day, so both morning and afternoon housekeepers would benefit.

Jackie thought to herself, "Oh my, how am I going to do this?"

At first the task seemed daunting, but then Jackie and her team came up with the idea to use Vocera, an electronic device worn on collars and lanyards of staff that can broadcast messages.

"Our housekeeping supervisors brainstormed a list of safety tips to share over Vocera, reaching all housekeeping staff at once – it was very well received," says Jackie.





The safety tips remind staff of safe-work practices to reduce injuries, such as:

- Always do a risk assessment when entering a room.
- Always put a wet floor sign out prior to washing a floor.
- Always test the weight of items prior to lifting.
- Stay safe and do not rush. Work smart, work safe!

Using Vocera for large-group safety huddles is just one of the actions the KGH housekeeping team has implemented. And, according to the numbers, their work has paid off. In January, the housekeeping team was injury free for six weeks – an amazing accomplishment.

Safety actions are underway for 16 other departments that were also identified with high employee injury rates. This work – known as the Top Five strategy – is part of the broader Heathier, Safer IH key strategy.

Selecting the Top 5

The Top 5 strategy started with identifying five sites in Interior Health with the highest volume of staff and the most injuries: Kelowna General, Royal Inland (Kamloops), Vernon Jubilee, Penticton Regional, and

Kootenay Boundary (Trail) hospitals. Further examination of injury rates at these sites narrowed the focus to 17 departments.

A team of IH Workplace Health and Safety (WHS) advisors visited each department, reviewed injury data, engaged in safety questionnaires, observed the teams in action, and developed go-forward action plans.

“The statistics we shared were used to help staff and managers understand the days and times when most of the injuries were occurring,” says Ryan Robinson, Project Manager, Workplace Health and Safety. “Our WHS advisors looked at the department’s work-flows, identified any missing procedures and documentation, and identified barriers and hazards to safe work practices.”

Once feedback was collected from all five sites and 17 departments, a total of 385 action items were identified for teams and managers.

“One identified action item is daily safety huddles and KGH Housekeeping is an excellent, creative example of using Vocera to have a safety huddle with a large group of staff,” says Ryan. “For many teams, just having conversations helps to build the culture of safety and improve safety.”

KGH Housekeeping shows Vocera devices used to communicate safety messages.

Continued on p. 8.



IH Workplace Health and Safety Advisors (L-R) Chris Foley, Sheila Garipey, Richard Richter, Ashley Mow, Amber Ovenden, and Rick Taylor.

Continued from previous page.

Safety in Action

At Kootenay Boundary Regional Hospital in Trail, Acute Health Service Administrator Jane Cusden says the WHS advisor visit helped to raise the profile about safety and address safety gaps at their site.

“With the help of our LEAN management team, each unit has developed a vision board that highlights safety awareness, health and wellness tips, and injury impacts to budget.”

Other safety improvements at KBRH include a renovated pediatric room to make it safer for children with mental health issues; a proactive and productive Joint Occupational Health and Safety Committee, modelling great collaboration; and greater awareness of the importance of violence prevention risk assessments.

Jane also promotes the culture of safety during her walkabouts.

“I visit the departments and ask staff, ‘what have you done today to make yourself safe?’”

Since implementing the identified action items, KBRH injury claims have decreased.

“I don’t think there is one specific thing that accounts for the reduction in our injury rates,” says Jane. “It is an accumulation of raising the profile of safety, staff feeling more comfortable talking about safety, and making safety part of everything that we do, every day.”

After WHS advisors toured the Mental Health and Substance Unit at Royal Inland Hospital in Kamloops, gaps were found in safety procedures involving potentially aggressive patients. Working with WHS Advisor Richard

Gerow, the clinical practice educators and patient care coordinators identified the safety gaps and made the required changes to further enhance safety on the unit.

“When it was highlighted that our numbers were high for both violence and MSIs (musculoskeletal) related injuries, our team wanted to impact those numbers by creating better processes,” says Cindy Golbeck, Acute and Pediatric Psychiatry Manager. “Our new shift-to-shift safety huddle not only creates a heightened safety culture, but helps sustain it long term. We are pleased that our rate of injury events is lowering.”

The team has improved their 48-hour incident investigation timelines, developed a safety action plan, and are fully engaged as a team about safety.


At Vernon Jubilee, the team on 2 West says consistent and thorough safety huddles has provided an opportunity to voice and discuss any safety concerns. They are also focusing on violence prevention training and musculoskeletal injury prevention.

“We are helping staff to be more comfortable and familiar with potentially violent situations and placing more emphasis on slings, mechanical lifts, mobility plans for our patients, and the Job Observation Safe Patient Handling tool,” says Megan Cox, Manager, 2 East/West at VJH.

“Overall, this has been a great opportunity to bring awareness to staff and patient safety, as well as to the process of reporting, investigating, and patient care.”

The next round of Top 5 sites, which include long-term care, have been identified. WHS advisors will meet with the staff, talk about safety, and develop strategies and actions to reduce their injury rates.

Ryan says that sites and departments not yet included in the Top 5 initiative are not forgotten.

“Our long-term plan is to develop a Top 5 summary report and lessons learned document to share with portfolios across IH,” says Ryan. “It’s encouraging to see the day-to-day actions that everyone is doing to build our safety culture – from front-line workers all the way up to our CEO.” 

Steps to report a workplace incident

Seek first aid,
as required.

1

Notify your
manager or
supervisor.

2

Report to the
Workplace
Health
Call Centre
1-866-922-9464

3





ABBY was good company for Lynda Ward, at a time she needed it most.

ABBY isn't a person, though. It's actually reminiscent of a radio from a bygone era, around which families would gather and listen to a show or a sports broadcast. In her childhood, Lynda may well have listened to such a radio. It's probably one of the reasons why she was so attracted to it at Hillside Psychiatric Centre in Kamloops, where she was living with dementia as a consequence of Alzheimer's disease before her passing in February.

But ABBY has other interesting features that also appealed to Lynda: a touchscreen, a steering wheel, switches and dials, and a faux cat.

"ABBY is kind of neat," says Cliff Ward, Lynda's husband, who witnessed the difference ABBY made for her and others with similar illnesses. "She paid more attention to it than anything else she tried for fun. She liked the cat and sat right down."

ABBY is an interactive technology for individuals living with dementia. The technology, created by Canadian company Ambient Activity Technologies (AAT), uses software to integrate touch, sight, and sound experiences in a wall-mounted terminal.

“Our goal is to provide easily accessible, meaningful activity for inpatients.”

“Hillside Centre is the first hospital environment in the world to integrate ABBY technology,” says Marc Kanik, Managing Director at AAT.

“It was incredible to see how the patients responded to ABBY,” says Sarah Farmer, Manager at Hillside Centre. “Some patients who showed little interest in their environment immediately began stroking the cat, ‘driving,’ and watching pictures on the screen, or listening to old songs on the radio.”

“It’s amazing how little things can trigger happy, nostalgic memories in these patients.”

AAT even created custom content based on Kamloops and the surrounding region, such as video of driving the streets of Kamloops and the Shuswap Road. Hillside staff provided their favourite pictures of the area, which were also integrated into ABBY’s activities.

Dr. Carol Ward, a geriatric psychiatrist at Hillside Centre and a Clinical Assistant Professor at the University of British Columbia, is thrilled to pilot this innovative technology in Hillside’s 12-bed geriatric psychiatry specialty unit.

“Our goal is to provide easily accessible, meaningful activity for inpatients,” says Dr. Ward. “We are also evaluating the impact of ABBY on staff’s ability to help patients engage in pleasurable and easy-to-access activity. ABBY has been a great addition to our unit.”

Dr. Ward views ABBY as a continually evolving technology. “We would love to take this initiative to the next level which would be to individualize ABBY content that is person specific,” she says. 🙌

Lynda Ward, a patient at Hillside Centre, and husband Cliff Ward, spent time with ABBY.





Making Connect

Kamloops resident Roy John (name changed to protect privacy) had fallen through a lot of cracks in his lifetime.

Severe alcohol use disorder and medical complications from self-neglect, homelessness, and poor nutrition compounded to the point that in just seven months, he had 18 emergency department visits and several hospital stays.

Multiple attempts to connect him to additional supports to address his substance misuse had been unsuccessful. However, an in-hospital Substance Use Connections Team worked tirelessly to develop a relationship with Roy. They built a rapport with him and continued to advocate and offer help – and finally one day, he accepted.

“Today this gentleman lives in stable, supported housing. His nutrition has improved, he has access to medical care in the community, and he has not presented at the hospital in five months,” says Practice Lead Amanda Lavigne.

“We believe that the success of this patient experience was because he was ‘connected’ with a program, rather than being referred to a program.”

It is a subtle difference but the concept of true connection underpins the Substance Use Connections Team, now entering its second year in Kamloops, Vernon, Kelowna, and Penticton hospitals.

Interior Health is committed to enhancing care for substance use patients, particularly in the wake of the overdose crisis. Overdose Response funds were provided to establish the Substance Use Connections Teams in the four communities with highest overdose rates in the spring of 2018. Additional funds are being provided this year to expand the service. In Kelowna, the program includes a team lead, two nurses, and a social program officer.

An important part of this work is ensuring individuals are connected to appropriate supports when they present to hospitals.

Substance Use Connections Team members work closely with physicians and other members of the care team to ensure patients experiencing substance use issues are offered appropriate support both in hospital and at discharge.

Pictured here (L-R), Substance Use Connections Clinician Vanessa Munroe with Regional Addiction Medicine Lead Dr. Leslie Lappalainen.



Connections

The Substance Use Connections Teams assertively engage with substance use clients within 72 hours of a referral, and they remain connected to clients until those individuals are successfully linked to appropriate addictions care. They work closely with community service providers and with the rest of the care team in the hospital, including nursing staff and physicians.

"Everyone really works collaboratively to get the patient the service they need," says Kelowna Substance Use Connections Team Lead Susan Dodds. "They work to ensure they are getting appropriate support and to ensure there is a smooth transition to care in the community."

Susan says from March 1 to April 10 the team received 266 referrals.

"It is a lot, and while some don't want supports, it's good that they have that opportunity and have someone to check in on them and advocate for them."

Those patients who present with overdose are a priority. Clients who are using opioids in the community, and are admitted to hospital (for whatever reason), often go into withdrawal and are then at a higher risk of overdose upon discharge.

"It is important that we have a team here who is able to check in with these individuals. We can work with the care team to have their Opioid Agonist Therapy continued or even started. To have people started on OAT, leaving the hospital with a methadone or suboxone prescription, is huge," says Kelowna Mental Health and Substance Use Medical Lead Nadine Rigby. "We need to work towards accepting substance use and not judging or punishing it. It much safer for everyone if the substance use is not a secret occurring behind a bathroom door or outdoors. We would much rather people are invited to be honest."

"It means fewer people fall through the cracks."



ABORIGINAL Cultural Safety EDUCATION



Dr. Harsh Hundal
Connections between Aboriginal cultural safety, compassion, and relational practice

Many Aboriginal people are not accessing needed health services due to experiences of racism and stereotyping in the health system, to the detriment of their own health.

The physician community is integral to improving health outcomes. This video series celebrates physician “champions” of Aboriginal cultural safety within Interior Health. In each interview, IH physicians provide practical, impactful, and actionable ideas and advice for meaningfully integrating Aboriginal cultural safety into health practice.

Cultural safety is about standing up against racism against Aboriginal peoples in the health system. It is about being an ally. Culturally safe health practice is one of the ways to achieve transformative change and close the health gaps that many Aboriginal peoples currently experience.

Interior Health is dedicated to promoting the health and wellness of Aboriginal peoples and communities in the Interior region. A key component of this is providing culturally safe health-care services.



Dr. Trevor Corneil
Health and wellness impacts of the colonial narrative



Dr. Selena Lawrie
Self awareness and acknowledging potential biases within health practice



Dr. Ed Hardy
Acknowledging diverse Aboriginal perspectives regarding health and wellness



Dr. Karin Goodison
Listening to clients' stories within physician practice



Dr. Kamran Golmohammadi
Adopting a more relational approach in physician practice



Dr. Sue MacDonald
Becoming a champion for cultural safety within physician practice

“Cultural safety starts with me, it starts with you.”



**david e.
kampe tower**
grand opening





ing

IN MEMORIAM

It is with great sadness that we learned of the passing of Mr. David E. Kampe on May 8, 2019. He was a true leader and a friend to Interior Health.

Mr. Kampe's contributions to health care, and specifically the Penticton Regional Hospital (PRH), will have a tremendous impact in Penticton and the entire South Okanagan for years to come. We shared his excitement at the official opening of the David E. Kampe Tower in April, named in recognition of his significant contributions to PRH. As patients and families have seen the new building for the first time over the past few weeks, their words of appreciation are a tribute to Mr. Kampe's incredible legacy of generosity.

Mr. Kampe was known by many IH staff and physicians, and the kindness he showed in each interaction left a remarkable impression on everyone.



On behalf of Interior Health, we extend our sincere condolences to his family and friends.

Thank you, Mr. Kampe.



Patient Gary Gierlich presents Dr. Tim Bell with a pickleball paddle as a thank you for getting him active again.

New approaches to hip replacements

QUICKER RECOVERY FOR PATIENTS

It was clear – Gary Gierlichs needed a new hip.

Looking back to early 2018, Gary recalls that he was deteriorating “pretty fast” and was finding the situation especially challenging because it was impacting his active lifestyle.

“Little things like putting my socks on or putting my leg into the car were agony,” he explains.

Not to mention how he was missing his pickle ball and e-bike routine.

“Little things like putting my socks on or putting my leg in the car were agony.”

Fast forward to April 2018, when Dr. Tim Bell and his surgical team at Penticton Regional Hospital came to the rescue with a hip replacement approach that was relatively new to Interior Health. Termed the Direct Anterior Approach, this surgery accesses the hip joint from the front rather than the side or the back of the patient’s leg.

Through this entry point, the surgeon does not need to cut through muscle and tendon. This is known as muscle-sparing surgery. As a result, patients like Gary experience less pain and are up and moving sooner, often on the same day as the surgery.

“This surgery changed my life – I can’t say enough about it,” raves Gary.

“Dr. Bell told me I could play pickleball at seven and a half weeks after my surgery,” says Gary. “And I did—very gingerly, of course. Then, this past winter I went to Mexico and played pickleball three or four times a week and rode my e-bike 60 to 70 kilometres a day.”

For Dr. Bell, these outcomes are gratifying.

“What’s most enjoyable for me is seeing patients accomplish tasks after their surgery that they’ve been unable to do because of debilitating pain,” says Dr. Bell, who has now performed over 150 of these surgeries. “For the individual to be off pain medications and to be happy is very rewarding.”

The Direct Anterior Approach for hip replacement also adopts many of the elements of Enhanced Recovery After Surgery (ERAS). ERAS is an evidence-based approach

that seeks to minimize the stress of surgery and return the individual to regular activity sooner. ERAS has been implemented across Interior Health for colorectal surgeries, and implemented for other surgeries variously at certain sites.

“Direct Anterior Approach already incorporates many of the ERAS elements,” says Andrea Lindsay, Project Manager, Site Surgical Initiatives, at Penticton Regional Hospital. “These include utilizing a multi-modal approach to pain management rather than administering solely narcotics, and mobilizing the patient within a few hours after the operation.”

The idea is to maintain the patient’s normal physiology. Drinking clear fluids close to the time of surgery provides


the body with the fuel needed to maintain normal metabolism. Balancing the administration of narcotic and non-narcotic pain medications helps reduce or prevent nausea and delirium. And having the patient up and moving helps reduce the risk of muscle loss and the development of blood clots.

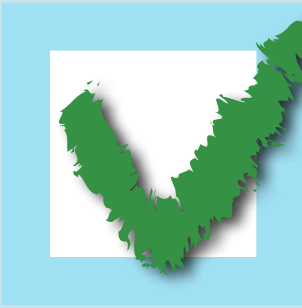
“If patients and their families are informed and prepared, they experience less anxiety and have a better overall surgical experience,” says Andrea.

Lifestyle changes, for example, include improving diet to reduce anemia risk, reducing smoking to reduce pneumonia risk, and strengthening the upper body in order to get in and out of a chair more easily. Enlisting family help may include arranging for someone to pick up prescriptions or simply walk the dog.

“These preparations are known to reduce post-operative complications and patients’ length of stay in hospital,” says Andrea.

However, Andrea is quick to point out that a hip replacement is major surgery. No matter the type of approach used, patients will experience some degree of pain.

“Nevertheless, we know that in most instances, home is the best place for the patient to recover,” says Andrea. “And thus far, in 2019, 72 per cent of the Direct Anterior Approach hip replacement patients at Penticton Regional Hospital have been up walking within four hours of their surgery and 48 per cent of them are discharged home on their surgical day.” 



Physician Quality Improvement

IMPROVING PATIENT CARE, PHYSICIAN ENGAGEMENT

Physicians across Interior Health are engaged in quality improvement projects to enhance the delivery of patient care. Through the Physician Quality Improvement program, a Specialist Services Committee and Doctors of BC initiative in partnership with Interior Health, these projects aim to improve quality and patient safety while creating collaborative and constructive engagement between physicians and IH.

Physician Quality Improvement (PQI) is a provincial initiative established in each health authority that provides physicians with quality improvement education, tools, and coaching that empowers them to take the lead on developing their project ideas. At Interior Health, we are providing physicians with meaningful opportunities to partner in the design, implementation, and evaluation of their projects.

Kelowna General Hospital (KGH) Emergency Department Director Dr. James Reid and Kootenay Boundary Regional Hospital (KBRH) ED Physician Dr. Jeff Hussey recently engaged with the Information Management Information Technology (IMIT) team at IH in two separate technology-related improvement initiatives. Both projects resulted in great successes using PharmaNet Integration – a province-wide data system that allows a patient's medication history to be downloaded directly to patients' electronic charts within the IH Meditech database.

Dr. Reid's PQI project at KGH recognized a potential gap with the paper-based system being used to flag certain test results in the emergency department. He noted that because the physician who orders tests may not be the same as the one interpreting those results, the process was not only cumbersome, but also posed a risk to patient safety.

Dr. Hussey's PQI project at KBRH focused on the Best Possible Medication History (BPMH), which provides a 'snapshot' of a patient's actual medication use. The project aims to involve the patient by encouraging them to provide the information while they wait to be seen in the emergency department.

"To be successful we needed to be able to print the BPMH at the point of registration in the ED," says Dr. Hussey, adding that the previous process just wasn't feasible without negatively impacting resources. He also flagged barriers in offering a patient-friendly version of the form.

Meanwhile, an IMIT project that addressed Dr. Reid and Hussey's needs was already in progress. PharmaNet Integration was identified as a potential solution to overcome each physician's challenges and enable a successful outcome.

"With PharmaNet, we are now able to instantly determine whether a patient has been prescribed an appropriate antibiotic," says Dr. Reid, adding that response time has been improved to within half a day on average of an abnormal result being reported. "This is an exponential improvement from our previous process."

Dr. Reid highlights that PharmaNet Integration has been valuable overall to the emergency department and his projects, most notably with how test results are handled as well as saving time and paper.

For Dr. Hussey, PharmaNet provides users the ability to view a patient's medication history in the IH Meditech database, as well as print the BPMH form at the point of registration to the emergency department.

"PharmaNet Integration offers significant efficiencies in the ED, not only in time saved, but, more importantly, getting the medication list on the chart sooner," he explains. "It also allows the development of a more patient-friendly version of their medication list, paving the way for the rest of IH."


The success of these collaborations is a big win for IMIT as well, as the team was able to get valuable input on the process and usability of their programs both in-development and ongoing. This has enhanced IMIT solutions by developing and enhancing relationships with its key external stakeholders.

"Involving IMIT colleagues early on in the improvement ideas offered additional insights, opportunities, and perspectives that may have otherwise gone unexplored," says Divya Katoch, Quality Improvement Consultant. "When we learned about this opportunity, it was obvious that PharmaNet Integration was a potential solution to overcome current challenges and enable a successful outcome."

"Neither physician would have been able to do this on his own," says Dr. Devin Harris, Executive Medical Director, Quality and Patient Safety. "What they were able to do is to start with a clinical need, identify and form a team, come to shared ideas to improve, test these ideas and adapt, then implement. Most remarkably, these rapid improvement cycles were very fast."

Dr. Harris describes how that the collaboration between the physicians and IMIT has had a direct impact on patient care and confidence.

"The continuity and timeliness of patient care has improved as a consequence of these projects," says Dr. Harris. "This has led to improved patient engagement and outcomes."

"I recently had a patient express appreciation at being contacted directly regarding their test results and, in addition, a follow up phone call to another patient resulted in identifying further symptoms requiring an immediate return to ED. It is outcomes like this that highlight the impact that PQI projects are to ensuring the best quality of health-care delivery within IH." 

From top: Dr. Jeff Hussey and members of his PQI project team at KBRH – Sonja Janischewski (RN), Kelly Daxon (RN) and Barry Rossiter (Patient Care Coordinator).





ALTERNATIVE MESSAGES ON OBESITY PREVENTION, EASIER FOR PARENTS TO SWALLOW

We need to start obesity prevention right at birth. This was the message Dr. Ilona Hale received from public health nurses at the Kimberley Health Centre. It was the starting point of their research study.

"We began digging into the existing literature," says Dr. Hale. "Factors contributing to obesity – behavioral, neuroendocrine, and epigenetic changes – may have their origin in the first year of life resulting in a weight set point that is difficult to reverse once established. The public health nurses recognized this."

A significant public health challenge, obesity contributes to between 48,000 and 66,000 deaths annually in Canada. Although most research focuses on adults and school-aged children, up to 38 per cent of preschool children across the country are overweight.

Dr. Hale and her research team initially wanted to teach parents something new and different about obesity prevention for infants. But they soon realized that they needed to take a step back and first ask, what are parents' perspectives on existing messages? They launched their first study: *Parents' perception of obesity prevention during infancy*.

In Cranbrook, they interviewed parents of infants and presented them examples of traditional messages, such as prohibiting screen time and sugary drinks.

"Interestingly, parents told us that the standard messages to 'don't do this' and 'don't do that' are not realistic," says Dr. Hale.

The Canadian Pediatric Society, for example, recommends zero screen time for children under two. Dr. Hale thinks the recommendation is a good one, but acknowledges parents' reactions to this message.

"It makes them feel guilty," says Dr. Hale. "We realized that we needed to find better ways to share important health messages that don't increase parents' stress."

Parents did agree that starting early with prevention is a good idea. They also desired clear and consistent messages, keeping in mind that messages do change over time. For example, as of 2019, the Canada Food Guide no longer recommends fruit juice, which along with other sugary drinks is known to be the single greatest contributor of sugar in our diets.

Parents were, however, keen to learn about a new approach to feeding your kids, called "responsive feeding."

"The traditional message to your kids is to eat your vegetables," says Dr. Hale. "On the other hand, responsive feeding, which can start from birth, means parents pay attention to children's cues, such as when they're full. You don't keep airplane spoon-feeding them. When they're full, they're full."

Parents decide what, when, and where to feed: for example, providing primarily healthy food at the kitchen table at regular, scheduled meal times. The children decide how much they will eat, and if they will eat at all. This approach to feeding, called Division of Responsibility, has been promoted by the Dietitians of Canada and the B.C. Ministry of Health. Through her research, Dr. Hale found that, indeed, parents liked this approach for its structure and flexibility.

"What we learned is that this message is worth pursuing," says Dr. Hale. "So we're in the midst of a pilot study now with an intervention group and a control group. And what we learn will be the basis for a much larger study."

The intervention group receives information and resources through face-to-face interaction with the public health nurses, handouts, a sippy cup and a bib with the message "trust my tummy", and monthly text messages and emails with links to videos. Parents can choose what resources they prefer.

In a year the researchers will have collected their data on whether these messages have led parents to change their children's behaviors. Then, in their later study, they will have a large enough sample size to determine measurable effects of their approach on the height and weight of the children. However, Dr. Hale cautioned that health-care providers must be wary of incessant measurement of children.

"Parents told us this can make them anxious," says Dr. Hale. "They think either my baby's too fat or my baby's too skinny, and I must be failing as a parent. This has reinforced what I've heard in the office on many occasions. We've now started other research studies looking at that whole question."

Clearly, Dr. Hale has found her research niche. Yet she quickly points out that collaboration and support are key.

"I am totally convinced that this trans-disciplinary approach to research is the way to go," says Dr. Hale. "Doctors, nurses, and dietitians approach problems from different perspectives. And the patients are the most important people to have in the room."

"The Interior Health Research Department has also been invaluable. I'm a relatively new researcher. They have always been there to answer questions and review proposals and manuscripts."

Dr. Hale and the public health nurses have learned a lot already, particularly from the parents.

"I love using the messaging from the Division of Responsibility in Feeding," says Raegen Knight, Public Health Nurse. "Parents report back to us that they have integrated the

ideas into their routines, that mealtimes become easier, and they feel confident that their babies and children are getting what they need, while learning to have a healthy relationship with food." 🍎



Trust My Tummy bibs were given to parents receiving the alternate message on feeding.



10 SUMMER SAFETY TIPS



Keep cool in the heat.



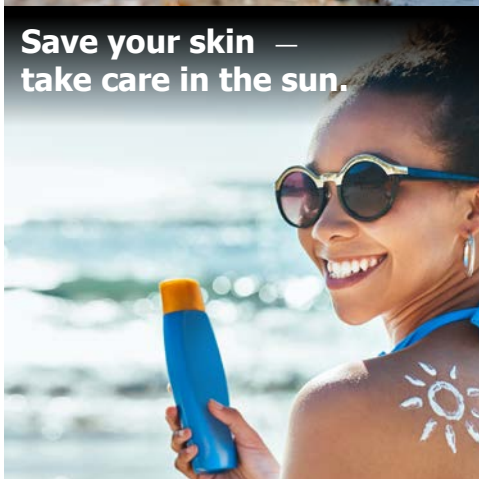
Keep hydrated — drink plenty of H₂O.



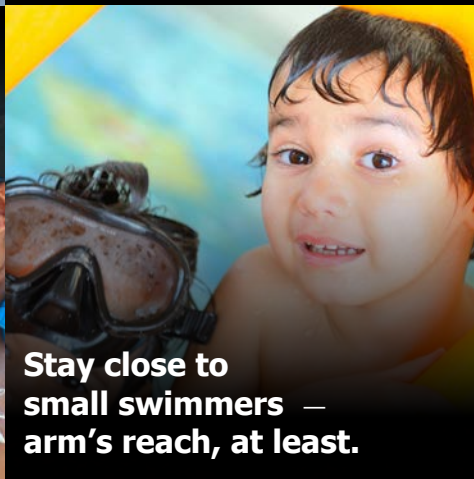
Eat garden-fresh fruits and veggies.



Be BBQ safe — don't mix raw and cooked food.



Save your skin — take care in the sun.



Stay close to small swimmers — arm's reach, at least.



Beat the bugs — use repellent and light clothing.



Protect your brain — wear your helmet.



Be boat smart — life jackets save lives.



Play safe — wear the right gear.

TIME TO TALK TICKS

7 TIPS TO PREVENT TICK BITES 



1. Use cleared trails.



2. Cover up exposed skin.



3. Wear light colours.



4. Use insect repellent.



5. Check clothing and scalp.



6. Have a shower.



7. Check your pets.





An interview with Bryna Idler, Executive Director, Kootenay Lake Hospital Foundation

Tell us about the focus of your Foundation and why what you do is important.

Kootenay Lake Hospital Foundation was established in 1991 to provide priority medical equipment for Kootenay Lake Hospital. The Foundation is governed by 13 volunteer directors who work tirelessly to help carry out our mandate.

Do you have any favourite fundraising campaigns?

In 2009 the Foundation embarked on a \$1.5 million campaign to purchase a CT scanner for our hospital. This was by far the largest campaign the Foundation has ever undertaken. The entire community got behind this campaign, from the City of Nelson donating land to build a house, to kids donating their birthday money, to the individual who donated a \$125,000 car which was raffled off by a local service club. There are really too many examples to mention. The funds were raised in 18 months, which is amazing for an area of this size. The CT scanner campaign was, to date, the highlight of my 23 years with the Foundation.

Is there a particular donation over the years that stands out?

All of our donations are appreciated and we value every individual, business, and service club that takes the time to drop in to the office or put a cheque in the mail. One particular donation from last year really stands out. Six years ago Paige Purcell was the youngest person to have a CT scan at Kootenay Lake Hospital. The scan revealed the presence of a brain tumor and Paige was immediately airlifted to BC Children's Hospital. Paige and her mom Andrea choose to give back by returning recyclables and donating the money to a charity every year on her birthday. To date they have donated almost \$50,000 to various charities. This year, nine-year-old Paige chose to donate \$2,525 to Kootenay Lake Hospital. The moment was even more poignant because the cheque was presented on the anniversary of the day her life was saved by that CT scan.

Any parting words?

I am constantly impressed and amazed at the support we receive from this community. The people in Nelson and area are committed to their hospital, and understand the need to make sure we have the state-of-the-art medical equipment necessary to provide the best possible care for them and their loved ones.



Andrea and Paige Purcell (left) present a cheque to Executive Director Bryna Idler.

Favourite Foundation video:

Check out the Starry Nights fundraiser on YouTube.



YouTube.ca > [KLH Foundation Golf Event 2018](#)

\$272k

Donations to IH in 2017/18

\$5.98m

Donations to IH since 1991

1991

Year Foundation founded

Where we live & work



Trail
Submitted by: Kayla Smith



Kelowna
Submitted by: Jenalee Perepolkin



Cranbrook
Submitted by: Marian Kabotoff



clicks

snapshots from the region



Visit Facebook to see more of the faces in IH.

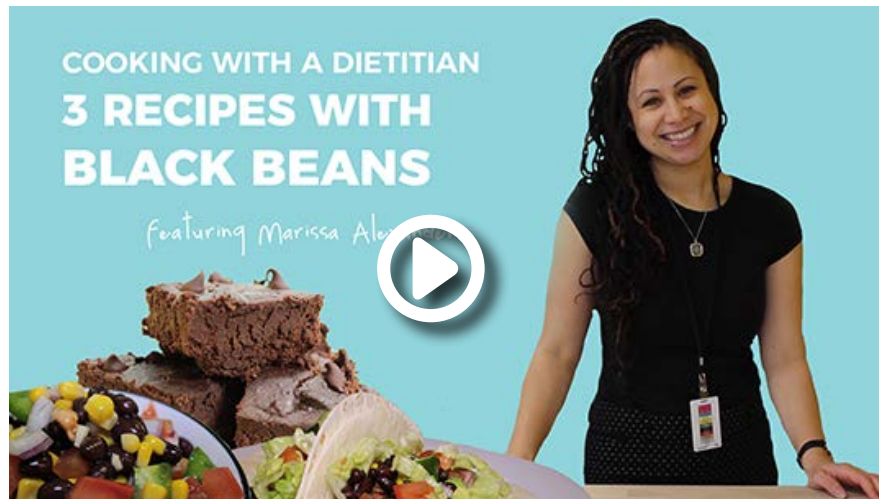
clips

health & wellness videos

Cooking with a Dietitian

Registered Dietitian Marissa Alexander shares three easy recipes featuring black beans for healthy summer meals.

Facebook > Interior Health > [Cooking with Dietician](#)



How to be an Ally

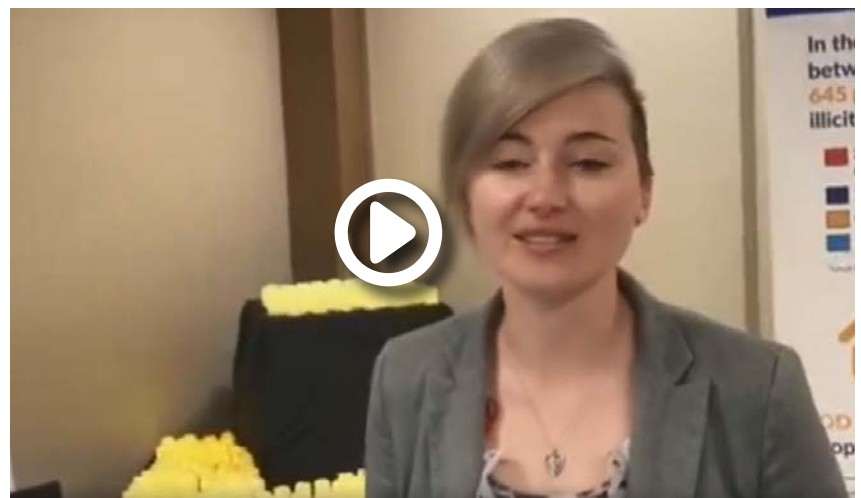
Being self-reflexive and self-aware of our own implicit biases within health-care encounters is important to health outcomes.

Youtube > Interior Health > [How to be an Ally](#)

Burning Bright

The Burning Bright candle display travelled to Kelowna, Vernon, and Kamloops in April with 645 candles to represent lives lost in the Interior region since April 2016.

Facebook > Interior Health > [Burning Bright](#)



5TH ANNUAL

Charity Open Golf Tournament

Saturday, August 24, 2019
Registration deadline is July 12.

\$250 per golfer
join as a single
or a foursome

\$50
dinner &
auction only

Event includes:

- 18 holes of golf – scramble format
- Lunch & gourmet dinner
- 3 hole-in-one opportunities for a new vehicle and 1 hole-in-one opportunity for \$25,000 cash
- Prizes and gifts

To register:

250-803-4546

fiona.harris@interiorhealth.ca

cheryl.peterson@interiorhealth.ca

Net proceeds from the golf tournament will go to support the purchase of an echocardiography machine for Shuswap Lake General Hospital.