



**BOARD OF DIRECTORS MEETING**

**February 12, 2019 – 12:45 pm to 2:00 pm**

**1st Floor Boardroom – Kelowna Community Health and Services Centre  
505 Doyle Avenue, Kelowna**

**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)  
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  
Donna Lommer, VP Support Services & Chief Financial Officer  
Norma Janssen, VP Clinical Support Services & Chief Information 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 Dr. Carol Ward, Geriatric Psychiatrist IH Mental Health and Substance Use

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

**A G E N D A**

ITEM		RESPONSIBLE PERSON	TIME	ATT
<b>1.0</b>	<b>Call to Order</b>			
1.1	Acknowledgement of First Nations and Traditional Territory	Director Jules	12:45	■
1.2	Welcome New Board Members – Allan Louis & Karen Hamling	Chair Cochrane	12:49	
1.3	Declaration of Conflict of Interest	Chair Cochrane	12:52	■
1.4	Approval of Agenda	Chair Cochrane	12:53	■◆
1.5	Approval of Consent Agenda	Chair Cochrane	12:54	■◆
	1.5.1 Minutes of December 4, 2018			
1.6	Follow Up from Previous Meeting (no items for follow up)	Chair Cochrane	0 min	■

<b>2.0</b>	<b>Presentations for Information</b>			
2.1	Specialist Services Committee (SSC) Project Evaluation – Enhancing Geriatric Psychiatry Services in Long-term Care (LTC)	Dr. Carol Ward Anne-Marie Visockas	12:55 25 min	◆
<b>3.0</b>	<b>Items for Approval</b>			
	None			
<b>4.0</b>	<b>Committee Reports (Recommendations may be brought forward)</b>			
4.1	Audit & Finance Committee	Director Rounsville	1:20 8 min	■
4.2	Quality Committee	Director Stewart	1:28 8 min	■
4.3	Governance & Human Resources Committee	Director Tugnum	1:36 8 min	■
4.4	Strategic Priorities Committee (no report)	Director Jules	0 min	■
4.5	Stakeholder Relations Committee	Chair Cochrane	1:44 5 min	■ ◆
<b>5.0</b>	<b>Reports</b>			
5.1	President & CEO Report	Susan Brown	1:49 5 min	■ ◆
5.2	Chair Report	Board Chair	1:54 6 min	■
<b>6.0</b>	<b>Items for Information</b>			
	None			
<b>7.0</b>	<b>Correspondence</b>			
7.1	Board Correspondence			■ ◆
<b>8.0</b>	<b>Next Meeting: April 16, 2019</b>			
<b>9.0</b>	<b>Adjournment – 2:00 pm</b>			

**CONSENT AGENDA** (Item 1.5)  
**Board of Directors**  
**Regular Meeting**  
**February 12, 2019**

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**MOTION**

**THAT** the Board of Directors approved the Consent Agenda of February 12, 2019 as presented to include approval of the following:

**Item 1.5.1: Minutes**

Board of Directors Regular meeting minutes of December 4, 2018.



**DRAFT MINUTES OF DECEMBER 4, 2018  
REGULAR BOARD MEETING**

**12:30 to 1:50 pm**

**5<sup>th</sup> Floor Boardroom – 505 Doyle Avenue**

**Board Members:**

Dr. Doug Cochrane, Chair  
Joyce Beddow  
Patricia Dooley  
Spring Hawes  
Diane Jules  
Dr. Selena Lawrie  
Dennis Rounsville  
Cindy Stewart  
Tammy Tugnum

**Resource Staff:**

Susan Brown, President & Chief Executive Officer (Ex Officio)  
Carmen Gudljek, Board Resource Officer  
Karen Bloemink, Interim VP & Chief Operation Officer, Hospitals & Communities  
Dr. Mike Ertel, VP Medicine & Quality  
Jenn Goodwin, VP Communications & Public Engagement  
Mal Griffin, VP Human Resources & Mental Health Substance Use  
Donna Lommer, VP Support Services & Chief Financial Officer  
Norma Janssen, VP, Clinical Support Services & Chief Information Officer  
Anne-Marie Visockas, VP, Health System Planning & Long-term Care  
Givonna De Bruin, Corporate Director, Internal Audit  
Dr. Harsh Hundal, Chair, Health Authority Medical Advisory Committee  
Roger Parsonage, Executive Director Mental Health & Substance Use

**Presenters:**

Item 2.1 Dr. David Smith, Sub-specialty Medical Director, Child and Adolescent Psychiatry  
Item 2.2 Aaron Smith, Corporate Director, Population Health

(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 "Sylx" Okanagan Interior Salish Nation. Director Jules offered a pray of thanks.

**1.2 Declaration of Conflict of Interest**

The following directors disclosed new potential conflicts of interest: Director Dooley, Director Jules and Director Lawrie.

**1.3 Approval of Agenda**

**Motion: 18-20 MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the December 4, 2018 meeting agenda as presented.

**1.4 Approval of Consent Agenda**

**Motion: 18-21 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 October 2, 2018

### 1.5 Follow Up/Actions from Previous Meeting

There were no action items outstanding.

### 1.6 Patient Reflection – Care in Services

Chair Cochrane shared a patient's letter acknowledging staff involved in their care at Vernon Jubilee and Kelowna General Hospital.

## **2.0 PRESENTATIONS FOR INFORMATION**

### 2.1 Preventure: A Partnership to Support Youth Across Interior Health

Dr. David Smith presented. Highlights of the presentation included:

- This program offers a unique, personality targeted approach to drug and alcohol prevention in youth. This program involves screening all youth in school in grade 8 for four specific personality traits that have been proved to predispose them to significantly increased rates of substance misuse.
- This program has been shown to reduce both drinking and illicit drug use rates in youth.
- School District 22 in Vernon is now in its third year of implementing this program and is showing very promising results across all five high schools.

Dr. Smith answered questions from the Board. The Board thanked Dr. Smith for bringing this impressive program forward to help deal with this significant societal issue. The presentation is posted on the Interior Health website: [www.interiorhealth.ca](http://www.interiorhealth.ca).

### 2.2 Non-Medical Cannabis Legalization and Regulation in BC

Aaron Miller presented. Highlights of the presentation included:

- On October 17, 2018 the Cannabis Act Bill C-45 (1) came into effect. This Act created a strict legal framework for controlling the production, distribution, sale and possession on non-medical cannabis across Canada.
- While overall federal requirements for cannabis legalization are outlined within Bill C-45, there are specific jurisdictional issues for provincial and municipal governments.
- With the legalization of non-medical cannabis, a number of Interior Health internal policies and procedures have required changes.
- Population Health and the Freedom of Information, Privacy and Policy portfolios have worked with each IH policy steward to change the internal IH policies impacted by the legislation.
- The process for understanding the full impact of the legislation will be evolving over the upcoming months.

Mr. Miller answered questions from the Board. The Board thanked Mr. Miller for his informative presentation. The presentation is posted on the Interior Health website: [www.interiorhealth.ca](http://www.interiorhealth.ca).

## **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 December 3 meeting. There were no motions to bring forward for approval.

- Capital Projects: An update was received on Cariboo Memorial Hospital, the Strathcona Building, the David E. Kampe Tower at Penticton Regional Hospital, Royal Inland Hospital and Kootenay Boundary.
- IMIT 2019/20 Tactical Plan Update
- IMIT Project Status Update
- Financial Statements – Period 7

#### 4.2 Quality Committee

Director Stewart reported. The committee received the following reports at the December 3 meeting: There were no motions to bring forward for approval.

- Physician Engagement activities which are key to Primary and Community Care Transformation (PCCT).
- Audit report on Home Health Care and Access Coordination
- Mental Health and Substance Use Annual Report
- Access and Flow report on Mental Health and Substance Use

#### 4.3 Governance and Human Resources Committee

Director Dooley reported. The committee received the following reports at the December 3 meeting.

- Accreditation Governance Functioning Tool Results
- People, Organization and Culture Development Annual Report

Director Dooley requested approval of the following motions:

Moved by Director Dooley, Seconded by Director Lawrie

**Motion: IC18-22** **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the updates to Board Policy 3.2 – *Directors Standards of Conduct and Conflict of Interest* as presented.

Moved by Director Dooley, Seconded by Director Rounsville

**Motion: IC18-23** **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the revisions to Board Policy 3.15 – *Safe Reporting* as presented.

Moved by Director Dooley, Seconded by Director Rounsville

**Motion: IC18-24** **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the update to Board Policy 6.2 – *Committee Chairs and Membership* as presented.

#### 4.4 Stakeholders Relations Committee Report

Director Dooley reported. The report was accepted as presented with the following additions:

- September 11 Long Term Service Awards event in Nelson – attended by Director Dooley.
- November 1 Joint Fundraiser for the Kootenay Lake Hospital Foundation – attended by Director Dooley.

Chair Cochrane noted that the Long Term Service Awards are important events for our staff and demonstrates the significant pride in the work they do. We are proud of our staff and their commitment to the people that we serve.

## 5.0 REPORTS

### 5.1 President & CEO Report

The President & CEO Report was received as information.

### 5.2 Chair Report

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

- September 15: Metis Nation of BC Letter of Understanding re-signing event.
- November 15: Interior Region Caucus meeting. This is an important meeting for Interior Health to establish relationships with our First Nations partners. IH is also committed to support cultural competency by ensuring that our staff are participating in the cultural competency training programs.

- October 26 and 27: Physician Administrator Co-Leadership Training (PACT) which was organized by Dr. Sue MacDonald and Dr. Mike Ertel.
- November 19: Physician Quality Improvement (PQI) Summit – organized by the Doctors of BC in partnership with BC Health Authorities. The summit focused on supporting a culture of quality improvement in BC.

## **6.0 CORRESPONDENCE**

The Board correspondence binder was received as information.

## **7.0 DISCUSSION ITEMS**

None

## **8.0 INFORMATION ITEMS**

The Board received the Research Ethics Board Annual Report for information. The Board noted the impressive work outlined in the report.

## **9.0 NEXT MEETING**

Tuesday, February 12, 2019 in Kelowna, BC.

## **10.0 ADJOURNMENT**

There being no further business, the meeting adjourned at 1:50 pm.

<b>Title</b>	<b>Specialist Services Committee (SSC) Project Evaluation – Enhancing Geriatric Psychiatry Services in Long Term Care (LTC)</b>
<b>Purpose</b>	To provide the Board with the final evaluation for the SSC project Enhancing Geriatric Psychiatry Services in Long-term Care.
<b>Top Risks</b>	<ol style="list-style-type: none"><li>1. (Patient) Potential draw of behaviour support resources into other program areas reduces availability in long term care with resulting impacts on outcomes.</li><li>2. (n/a)</li></ol>
<b>Lead</b>	Dr. Carol Ward, Geriatric Psychiatrist IH Mental Health and Substance Use (MHSU) Cindy Kozak-Campbell; Executive Director, Long-term Care Services
<b>Sponsor</b>	Anne-Marie Visockas, VP Health System Planning & Long-term Care Services

## **RECOMMENDATION**

That the Board receives this brief for presentation and discussion purposes only.

## **BACKGROUND**

Approximately 70% of the Interior Health (IH) long-term care population has a disorder of the brain which includes dementia, chronic mental health disease and other neurological conditions. These residents can exhibit symptoms or responsive behaviours which include psychosis, intrusive wandering, physical and/or verbal aggression. These behaviors can cause significant distress to the resident and pose a danger to self, staff and other residents.

Quality care for these individuals requires an inter-professional team approach that includes the involvement of resident/family, long term care staff, Most Responsible Physician (MRP), geriatric psychiatrist and mental health outreach support to enhance the behavioural support system. The lack of consistent specialized support in assessment, treatment and behavioural care planning for individuals with responsive behaviours may result in emergency transfer to acute care, excessive use of antipsychotics, harm to co-residents and staff and delayed return to long term care.

In response to these identified risks to quality of care, Long-Term Care Joint Leadership collaborated with Dr. Carol Ward (Geriatric Psychiatrist IH MHSU) to develop a proposal for submission to the Specialist Services Committee to enhance psychogeriatric consultation in long term care. The project was one of sixty three projects in the province that was approved by the Committee, and received \$772K in funding as well as in kind support from Interior Health. The project took place from April 2016 to August 2018 with three goals:

1. To enhance communication, co-ordination and collaboration with existing geriatric psychiatry and affiliated older adult mental health in-reach services to LTC
2. To build capacity and knowledge of LTC staff and teams, Family Physicians, MRP, Nurse Practitioners and others
3. To create a culture that is proactive in developing improved behavioural support systems leading to the development of person-centered care plans that highlight non-pharmacological interventions.

The anticipated outcomes of this SSC Project were to:

- Reduce transfers to ED and/or Acute Care Admissions due to complex behaviors
- Decrease the use of antipsychotic medication
- Support the use of P.I.E.C.E.S.™, Gentle Persuasive Approach (GPA) and the British Columbia Behavioral and Psychological Symptoms of Dementia (BC BPSD) Algorithm by front-line staff in the assessment and management of responsive behaviours.
- Promote the use of standardized behavioural assessment tools such as the Cohen-Mansfield Agitation Inventory (CMAI) to use in evaluating outcomes of the treatment plan
- Enhance front-line staff's ability to write individualized behavioural care plans

- Improve Resident quality of life through a decrease in resident to resident and resident to staff aggressive incidents.

The project was completed in August 2018, and the full evaluation report is available on request. A poster summarizing the project and the outcomes is attached in Appendix A.

## DISCUSSION

Project activities - which focused on education for the interprofessional team, support for knowledge translation, and enhanced liaison with Geriatric Psychiatry - demonstrated a positive impact for residents, staff and the organization. Concurrent staff education in P.I.E.C.E.S™, Gentle Persuasive Approach and Violence Prevention, and coordinated quality improvement activities on reduction of potentially inappropriate antipsychotic use have also contributed to these positive outcomes. Since the start of the project in June 2016, the following positive results have been achieved:

- decreased potentially inappropriate antipsychotic use from 28.8% to 25.7%
- increased use of Gentle Persuasive Approach from 57% to 77%
- increased use of a Behavioural Care Plan from 71% to 87%
- decreased resident transfers to acute tertiary mental health hospital by 57%
- decreased agitation in 88% of residents that were referred to Regional Knowledge Coordinators (RKC) (improved quality of life)
- decreased Patient Safety Learning System resident aggression events by 36%
- 84% of Long Term Care managers/leaders were very satisfied/satisfied with RKC consultation

Additional enduring accomplishments for the project include:

- A permanent addition of 4 FTE Regional Knowledge Coordinator positions to continue to support staff in Long Term Care to deliver quality care to this population
- The inclusion of behavioural consultations and behavioural care plans in the patient Meditech record to improve continuity in care as individuals move across the health care system
- Development of an iLearn for Behavioural Care Plan writing that is accessible to any health care provider (person-centered plan that highlights non-pharmacological approaches),
- Development of provincial Physician/NP continuing education online modules on dementia-related responsive behaviour

As the project concludes, this model of consistent specialized support for providing care to individuals with complex behaviours should be considered for inclusion in Specialized Community Service Programs – Complex Medical Conditions and/or Frailty (SCSP-CMF). The results suggest that use of this model in community could improve quality of life for community living individuals with disorders of the brain, enable individuals to live longer in community, reduce care giver burn out, and potentially reduce acute utilization for management of behaviours.

## ALTERNATIVES

n/a

## CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
n/a	n/a	n/a	<type>

## TIMELINES

Milestone	Lead	Date of Completion
Discussion brief written – Version: 1.0	Cindy Kozak-Campbell, Executive Director Long-term Care Services	October 19, 2018
Assessment of communication requirements	n/a	n/a
Presentation to Health Authority Medical Advisory Committee	n/a	n/a
Presentation to Strategy and Risk Management Committee	Cindy Kozak-Campbell, Executive Director Long-term Care Services	November 7, 2018

	Dr. Carol Ward, Geriatric Psychiatrist IH MHSU	
Presentation to Senior Executive Team	Cindy Kozak-Campbell, Executive Director Long-term Care Services Dr. Carol Ward, Geriatric Psychiatrist IH MHSU	November 26, 2018
Presentation to the Board	Dr. Carol Ward, Geriatric Psychiatrist IH MHSU	February 12, 2019

## **APPENDICES**

Appendix A: SSC Project Poster

Appendix B: Presentation

## **REFERENCES**

n/a

## **APPROVAL OF RECOMMENDATIONS**

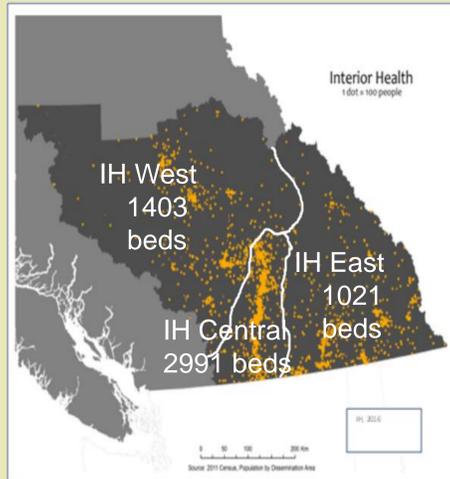
n/a

# Enhancing Geriatric Psychiatry Services in Long Term Care

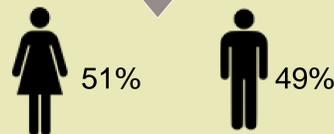
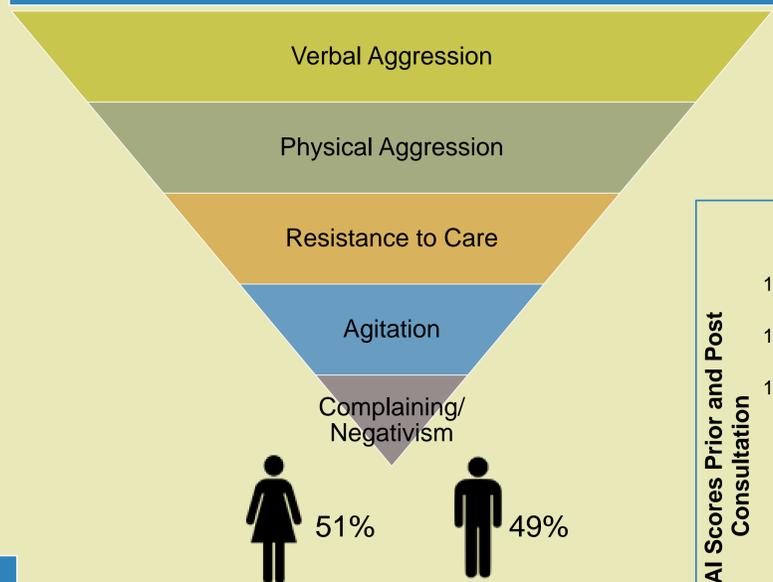
Project funded by the Specialist Services Committee (Doctors of BC/Ministry of Health) and the Interior Health (IH) Authority of British Columbia

Carol Ward, MD; Mona Hazel, RN, MSN; Petra Bader, MHA

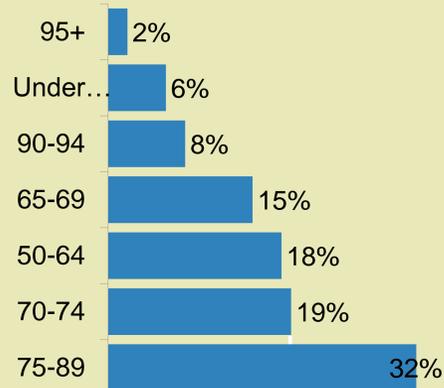
**76 LTC Homes**  
**5,415 LTC Beds**



## Top 5 Reasons for Referral (Sep2016-June2018)

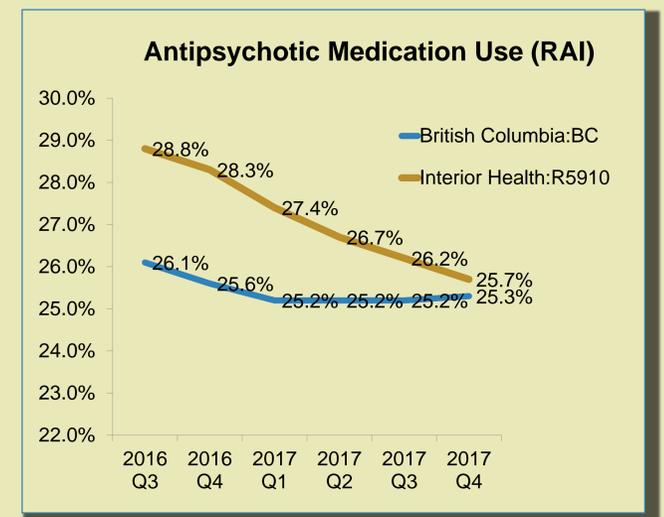
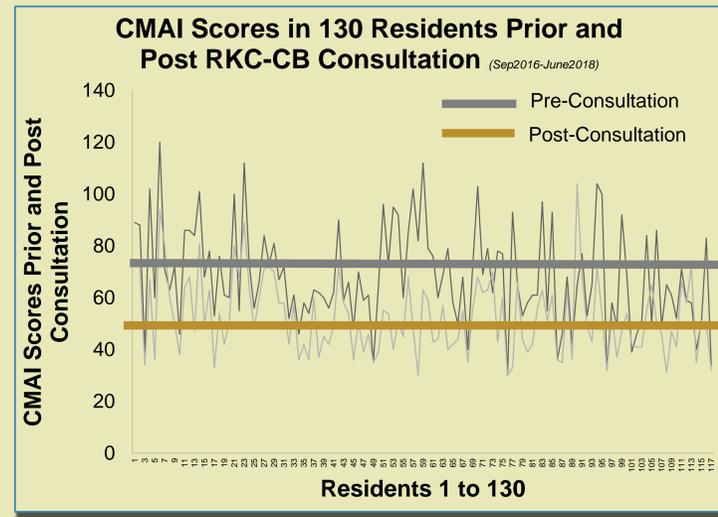


### Gender and Age of Referred Residents



## Patient Outcomes

- 88% of residents saw their Cohen-Mansfield Agitation Inventory (CMAI) scale improve (Sep 2016-Jun2018)
- 36% decline in aggressive events between start and end of project (Source: PLS; Sep 2016-Jun2018)



## Introduction

Over 70% of the LTC population in Interior Health (IH) have disorders of the brain and related neuropsychiatric symptoms. IH is challenged in meeting the benchmarks for providing mental health services to older adults. Other challenges facing IH are:

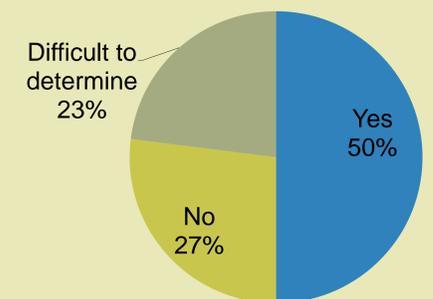
- Lack of confidence in caring for residents with complex behaviours
- Family Physicians lack confidence in dementia knowledge
- Limited geriatric psychiatry in-reach services and support to rural areas given large geography

## Practice Changes

15% decrease in transfers to Tertiary Geriatric Psychiatry Inpatient Unit (Sep 2016-Mar 2018)

"The P.I.E.C.E.S.™ workshop was an extremely useful session and highlights the interprofessional approach in managing challenging behaviours in patients."

Thinking back about the residents that were referred to the RKC-CB; do you believe that having access to an RKC-CB prevented an ED visit? (Sep2016-June2018)



## Methods

- Enhance and expand the Regional Knowledge Coordinator - Complex Behaviour role in residential care role. Deploy the RKC-CB to build capacity through telephone consultations, site visits, direct teaching, promotion of P.I.E.C.E.S.™, Gentle Persuasive Approach (GPA), BC BPSD Algorithm and standardized approach to Behavioural Care Planning
- Develop a consistent approach to site preparation for psychiatrist in-reach consultation
- Host IH-Wide Responsive Behaviour Inter-Professional Education Teleconference Rounds
- Deliver the accredited workshop 'Dementia-related Responsive Behaviour: Putting It All Together Using P.I.E.C.E.S.™ and the BC BPSD Algorithm' to physicians within IH

## Conclusion & Sustainability...

The evaluation of our model for behavioural support of LTC residents with complex behaviour demonstrates that patient outcomes can be improved. As a result of this project:

- The RKC-CB positions have been expanded from 2.5 FTE to 4 FTE permanent positions.
- The IH wide Responsive Behaviour Rounds will continue.
- An electronic behavioural care plan has been developed for access by multidisciplinary teams and physicians.
- An iLearn on Behavioural Care Plan writing has been developed.
- The physician workshop is being made into an on-line module format and a Project ECHO mental health pilot is being developed to support rural physicians/NPs.

# IH Board Public Meeting



## **Specialist Services Committee Project Improves Psychiatric Care For Older Adults**

**Carol Ward MD**

Feb 2019



Interior Health would like to acknowledge the ancestral, traditional, and unceded territory of the Sylix Nation on which we are presenting today.

# The Target Population in IH LTC (Long-term Care)

- \* Older frail adults with complex and responsive behaviours associated with cognitive impairments due to complex mental health, addictions, dementia, or other neurological conditions and their caregivers.

High Needs  
High Cost  
High Impact

BSO 'Behaviours Have Meaning' 2010

# Enhancing Geriatric Psychiatry Services to LTC

(SSC Project 104)

## GOALS

- \* Enhance communication, co-ordination and **collaboration** with existing geriatric psychiatry and affiliated older adult mental health in-reach services to LTC
- \* Reinforce the LTC behavioural **care** system
- \* Build **capacity** and knowledge of LTC teams
- \* Enhance **safety** and quality of life for those working and living in LTC

# Specialist Services Committee of BC

## Historical Context:

- \* EOI for one time funding 2013/14
- \* Competitive process
- \* Project total expenditures plus contingency  
\$949,000
  
- \* Started planning 2015
- \* Project Evaluation time-line: Apr 2016–June 2018

# IH SSC Project Summary

## Enhancing Geriatric Psychiatry Services in Residential Care

### Responsive Behaviour Rounds

Case presentations  
based on complex  
behaviours seen in  
residential care

Hosted by Medical  
Director and  
Psychiatrist

Held throughout IH

### Workshops for Family Physicians

P.I.E.C.E.S. & BC  
BPSD Algorithm

Workshops hosted  
by Geriatric  
Psychiatrists

Penticton in Sept.  
Three more in IH  
(locations TBD)

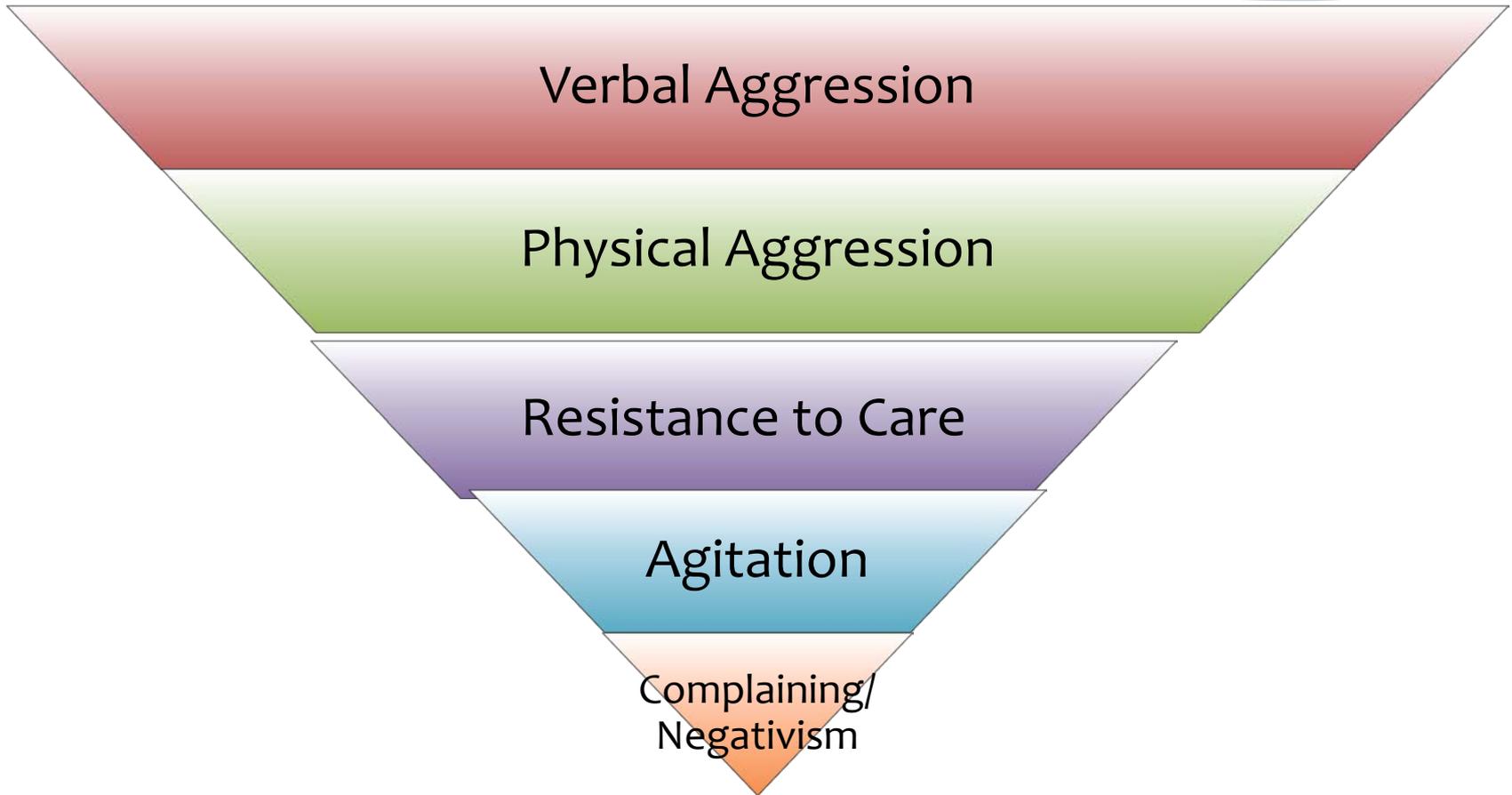
### Regional Knowledge Coordinators - Complex Behaviours

Enhance  
assessment skills and  
development of  
behavioural support  
plans

Support consulting  
Geriatric  
Psychiatrists/  
Psychiatrists/Family  
Physicians

Liaise with Mental  
Health, Home  
Health, Acute Care,  
Tertiary Care

# Top 5 Reasons for RKC-CB Referral



# Behavioural Care Plan iLearn (SSC 104)

Behavioural Care Plan Resources



“ Most importantly the BCP is a resident focused care plan that clearly communicates the resident’s needs to staff and provides the direct care team a recipe on how to safely provide care to the resident, mitigating risks of harm to resident and staff while meeting needs of both. ”

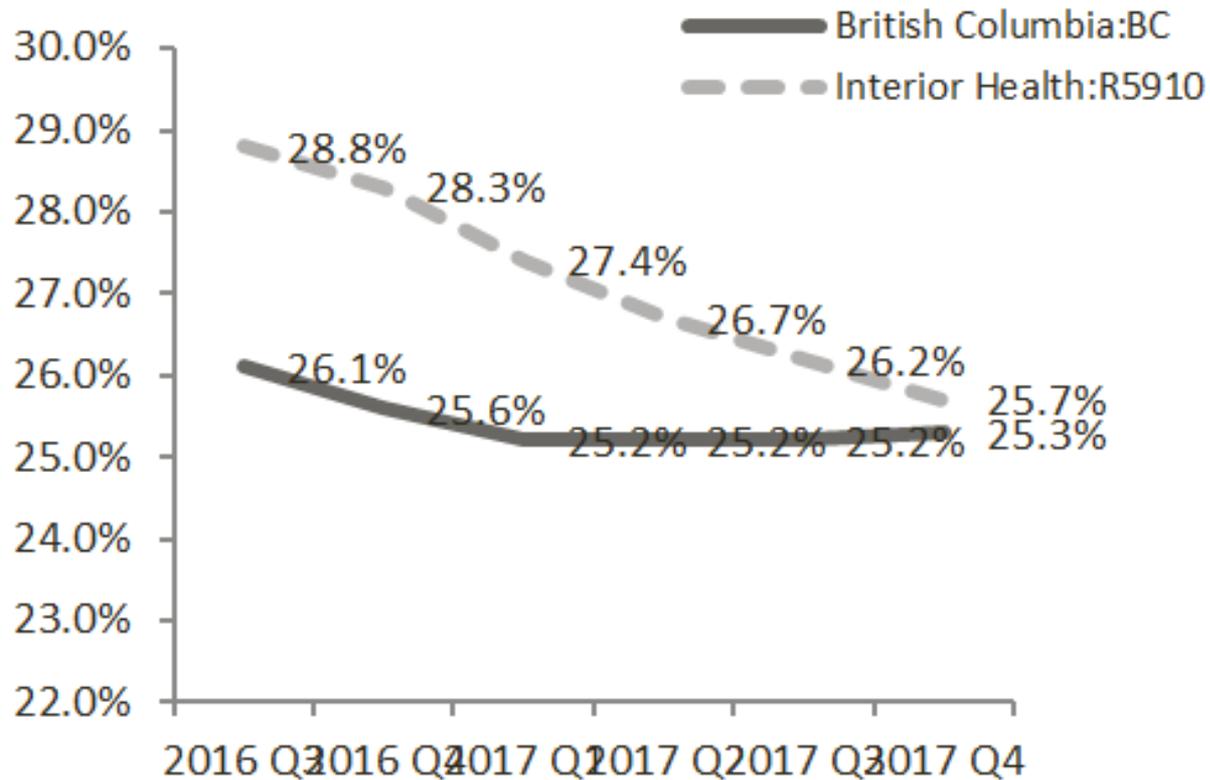
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◀ PREV NEXT ▶

# Antipsychotic Use

(RAI definition) (SSC 104)

## Taken Antipsychotics Without a Diagnosis



# Patient Outcomes

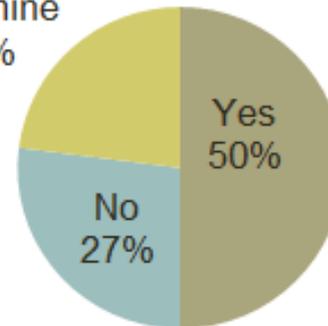
## Hospital Admissions



15% decrease in transfers to Tertiary Geriatric Psychiatry Inpatient Unit

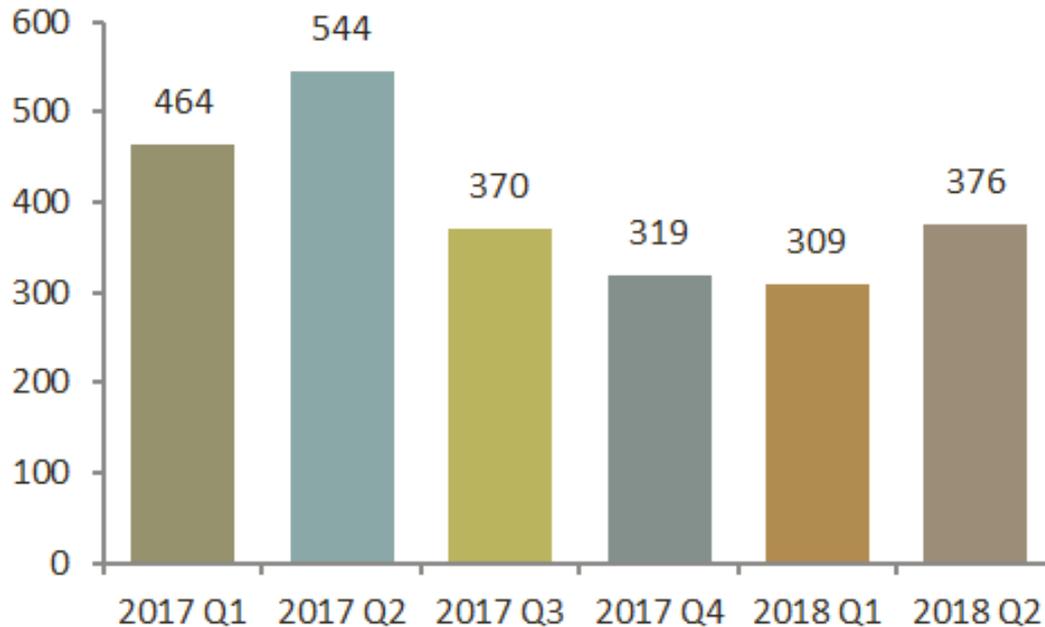
Thinking back about the residents that were referred to the RKC; do you believe that having access to an RKC prevented an ED visit?

Difficult to determine  
23%



# Aggressive Events-PSLS (SSC 104)

**Number of Aggressive Events in Residential Care during SSC Project**



# Responsive Behaviour Rounds



- \* 20% increase in use of Gentle Persuasive Approach (GPA) strategies by staff
- \* 16% increase in use of a Behavioural Care Plan
- \* 78% believe that attending Rounds increased ability to care for residents with complex behaviours

# Physician Workshops

*“Dementia-related Responsive Behaviours: Putting It Altogether Using P.I.E.C.E.S. and the BC BPSD Algorithm”*

Location	Date	# of Participants
Penticton	Sep 23, 2016	12
Vernon	Mar 10, 2017	13
Cranbrook	Apr 21, 2017	16
Kelowna	May 6, 2017	15
Castlegar	Sep 29, 2017	20
Kamloops	Oct 20, 2017	17
	<b>Total</b>	<b>93</b>



“The P.I.E.C.E.S.<sup>TM</sup> workshop was an extremely useful session and highlights the interprofessional approach in managing challenging behaviours in patients.”

# Enhancing Geriatric Psychiatry Services in Long-term Care (SSC Project 104)

## Steering Committee

Petra Bader

Mona Hazel

Cindy Kozak-Campbell

Carla Mantie

Dr. Kate McCarroll

Jennifer Thompson

Dr. Carol Ward

Donna Wunderlich





**Interior Health**  
*Every person matters*

## **Stakeholder Relations Committee REPORT TO THE BOARD**

— February 2019 —  
*(December 1, 2018 to January 30, 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.

### **December 2018**

- December 10 -12      Chair & CEO Visit to the communities of Williams Lake, Kamloops, Barriere, Simpcw – Chair Cochrane, Director Tugnum, Director Jules
- December 14          Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane

### **January 2019**

- January 10            Research Ethics Board Meeting – Director Tugnum
- January 17            Nlaka'pamux Letter of Understanding (LoU) Resigning – Director Louis
- January 18            Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane
- January 30            Partnership Accord Leadership Table (PALT) – Chair Cochrane, Director Jules



**Interior Health**  
*Every person matters*



## **PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD**

**JANUARY 2019**



# Highlights: November 2018 – January 2019

## Culture and care: Aboriginal Patient Navigators program turns 10

The [Aboriginal Patient Navigator \(APN\) program celebrated its tenth anniversary](#) in January. An increased emphasis on education, cultural safety, and spiritual care are some of the outcomes of the program at IH. The APN role was established to support patients and families in hospitals, helping connect them to appropriate health-care services and providing cultural support.

“The family of one of our patients who was palliative and on comfort measures was quite spiritual and cultural,” says Debra Donald of the Simpcw First Nation, and APN at IH. “They wanted to have a smudge and an end-of-life ceremony in hospital. I wasn’t on shift but management and medical staff knew how to facilitate that process. They were willing and able to do what they needed to allow that family to practise their cultural belief and spirituality. The family appreciated that their relative was able to pass away observing First Nation customs despite being in a hospital setting.”

## Primary and Community Care Transformation: Interdivisional Strategic Council gathering

More than 70 attendees representing physicians, the General Practitioners Services Committee (GPSC), Doctors of BC, the Ministry of Health and Interior Health came together for a two-day meeting in December in Kelowna, to review and discuss the ongoing transformation of primary care at IH. Participants shared perspectives, questions, and discussed local and regional strategies that will inform next steps in Primary Care Network and Specialized Community Services Program planning.

## 100 day countdown for PRH’s David E. Kampe Tower

On Jan. 19, hospital staff, funding partners, local dignitaries, donors, media, and community members gathered to [commemorate the final 100 days until the opening](#) of the new David E. Kampe Tower. A 100-day countdown clock was unveiled to signify the final days before care begins in the newest addition to the PRH campus.

*Cover photo: Nlaka’pamux Nation Health leader representatives and Interior Health celebrated the re-signing of their Letter of Understanding (LoU) on Thursday, Jan. 17 in Merritt.*

*Back row (L-R) Chief Aaron Sumexheltza, Chief Jordan Joe, Councillor Olivia Buck, Chief Lee Spahan, Chief Donna Aljam, Chief Christine Minnabarriett, Councillor Sherry McIntyre Seated (L-R) Councillor Debbie Abbott, IH CEO Susan Brown, and IH Board member Allan Louis.*

## Swan Valley Lodge celebrates 50 years of “home”

Interior Health and the Creston community celebrated [50 years of quality care for individuals who call Swan Valley Lodge home](#). Swan Valley Lodge currently offers care to 90 individuals through 84 permanent beds and six convalescent/respite beds.

## IH supervised consumption service paper published in international journal

A report outlining the evaluation of Interior Health’s mobile supervised consumption service in Kamloops and Kelowna has garnered international attention following publication this week in the [Harm Reduction Journal](#). The journal publishes research focusing on patterns of drug use, public policies, and “the search for effective methods of reducing the adverse medical, public health, and social consequences associated with both drugs and drug policies.” The report, entitled [Mobile supervised consumption services in Rural British Columbia: lessons learned](#), was compiled and submitted by: Dr. Silvina Mema, Gillian Frosst, Jessica Bridgeman, Hilary Drake, Corinne Dolman, Dr. Leslie Lappalainen, and Dr. Trevor Corneil.



## IH Goal #1: Improve health and wellness

### Interior Health and Nlaka'pamux Nation celebrated the re-signing of their Letter of Understanding

Nlaka'pamux Nation Health leader representatives and Interior Health celebrated the [re-signing of their Letter of Understanding \(LoU\)](#) in January in Merritt. CEO Susan Brown and Board member Allan Louis represented Interior Health for the re-signing.

The original LoU was signed in 2013. Since that time, recommendations from the LoU table have led to a home support position in Lytton and the establishment of clinic spaces in seven of the Lytton area communities to accommodate nurse practitioner visits. Other improvements include increased connectivity between the Band nursing staff and IH and a hospital/health centre art initiative.

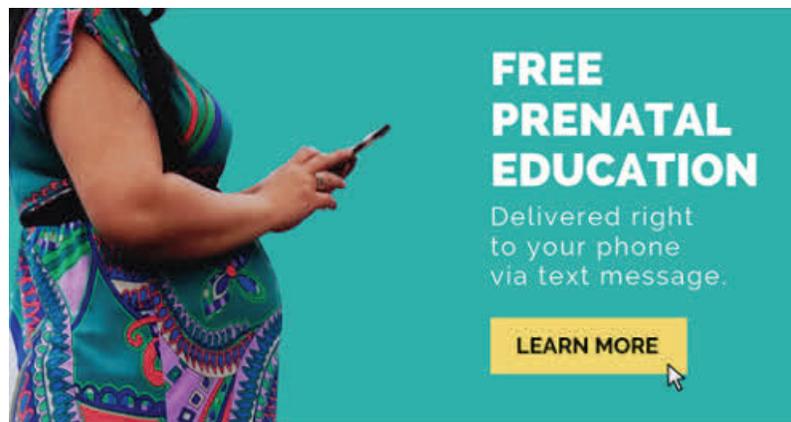


### New policy addresses traditional territory acknowledgements

The new First Nation Traditional Territory Policy was launched across IH in January and supports the acknowledgement of traditional territory at internal and public events and gatherings, including meetings of the Board of Directors, as well as the Senior Executive Team. The policy encourages a welcome to be offered by a local Elder or Knowledge Keeper at IH celebrations and events that are open to the general public or external stakeholders, such as art unveilings or research conferences.

### SmartMom increases access to prenatal education

In December, [Interior Health launched SmartMom](#) – a free interactive prenatal education program delivered via text messages. The program is tailored, providing information timed to one's stage of pregnancy to ensure the right information is available at the right time. Messages guide women through their pregnancy and include topics to discuss with caregivers, information and resources on how to have a healthy pregnancy, how the baby is developing, and tips on how to manage labour and delivery.



### Promoting the flu shot and influenza prevention tips

Throughout the winter, Interior Health staff have actively promoted flu shot clinics throughout the region as well as vital influenza prevention tips, including tips for those visiting loved one at IH sites.

The dominant strain of influenza circulating this year is influenza A H1N1, which predominantly affects children and non-elderly adults. This strain is included in this year's vaccine. Early reports from the BC Centre for Disease Control (BC CDC) show the flu vaccine is providing substantial protection this year.

## Strategic Goal #2: Deliver high quality care

### New maternity care options for families in Creston

The [newly opened Maple Maternity Clinic](#) in Creston provides options for families seeking maternity care in the area. A multidisciplinary team provides prenatal, delivery, postpartum, and newborn care at the Creston Valley Hospital and Health Centre. Eighteen months ago, Creston's three physicians providing maternity services approached Interior Health with a proposal to develop a clinic within the hospital and health centre that would integrate services and include public health nurses. The physicians, Interior Health administrators, public health nurses, and staff worked together to transition maternity care from two clinics in Creston to a centralized clinic at the hospital, where families receive collaborative care throughout pregnancy, delivery, and beyond.



### Electronic medical record milestone at the Breast Health Clinic

As IH's electronic medical record systems become more integrated, patients whose care journeys move between different sites will see improvements to how their information is shared. In January, the Breast Health Clinic at Royal Inland Hospital went live with the Profile Electronic Medical Record (EMR) system. With this install, IH achieved a new benchmark of system integration, where physician reports which are begun in the clinic EMR (Profile) flow through to the Interior Health Electronic Health Record (Meditech) and to IH's MyHealthPortal. Additionally, records are electronically distributed through our Clinical Data Exchange (CDX) to the family and copied physicians. Plans for rolling out this integration to other sites are in progress.

### Vocera Communication System expansion

The electronic communication system that allows staff working at the same site to speak to each other easily through a wearable device continues to enable care teams across the region. IH is on track to have 100 per cent Vocera coverage at all acute and health authority-owned long-term care homes by March 2021. New resources and upgrades this year include work completed at the David E. Kampe Tower at Penticton Regional Hospital, and deployments at several other IH hospital sites. To date, 82 per cent of acute facilities have complete Vocera coverage and Long Term Care facilities have 77 per cent.

### "Not all meds get along" – pharmacy initiative

IH pharmacists and pharmacy students from the University of British Columbia on a leadership rotation collaborated with staff from the Quality and the Communication departments to develop and deliver messaging during Canadian Patient Safety Week before Christmas. This year's theme was "Not all meds get along," which prompted patients and health professionals to talk with each other to increase awareness of medication safety concerns.



## Strategic Goal #3: Ensure sustainable health care

### Substantial completion of PRH's David E. Kampe Tower

[EllisDon Infrastructure](#) presented Interior Health with the keys to the David E. Kampe Tower on December 15, signifying the substantial completion of the tower. Staff, physicians, and volunteers are now going through building orientation and training. New equipment, computers, and furniture will be installed over the coming months, in preparation for the hospital to be open for patients in late April, 2019.

The David E. Kampe Tower at Penticton Regional Hospital is a six-storey tower that will bring Penticton Regional Hospital up to a modern standard of care. The new tower includes ambulatory care, surgical services, 84 inpatient beds in single-patient rooms, a new medical device reprocessing unit, space for the UBC Faculty of Medicine, and a roof-top heliport.



### Final phase of Interior Health and Surgical Centre complete

Patients were moved into their renovated inpatient rooms on December 12 at Kelowna General Hospital's Strathcona Building, signifying the [completion of the last phase of the Interior Heart and Surgical Centre \(IHSC\) project](#), which provides enhanced care for surgical patients at KGH. The final renovation saw older operating rooms on the second floor of the Strathcona Building converted to single-patient rooms for patients in the cardiac program at KGH, providing individuals with improved infection controls, more privacy, and a quiet environment as they recover from their procedures.

The completion of the Strathcona Building will see enhanced care for patients in the cardiac program at KGH with private recovery rooms located in a new Coronary Care Unit. There is also expanded department space for support of the cardiac program.

### [New cardiac procedure provides care closer to home](#)

Interior Health's Cardiac Program, in collaboration with Cardiac Services BC, began offering TAVI procedures in September 2018, with plans for 30 procedures per year. TAVI is for patients who are not candidates for open-heart surgery due to the high risks of advanced age or frailty. Until now, to receive TAVI, patients in IH would have had to travel outside of the health authority. "TAVI not only increases patients' life expectancy but improves their quality of life," says Dr. Steven Hodge, Medical Director of the TAVI program, who performed the procedure. "A lot of work has gone on provincially and within Interior Health to ensure that we provide the best care for our cardiac patients."

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

### Long Term Service Award dinners across IH

Long Term Service Award dinners are organized each year by Human Resources, and hosted by Interior Health for staff members celebrating 20, 25, 30, 35 and 40+ year work anniversaries. This year, 500 staff (434 employees and 66 partnering physicians) reached milestones, of these, 223 recipients attended the events. The 2018 dinner event program introduced the new element of *Patient Partner* speakers from each region, who shared their thanks and stories of how the care they each received made significant impacts. Representatives from IH's Board of Directors and Senior Executive Team, as well as local site leaders, attended the events to thank the staff marking anniversaries.

### Recognizing five-year milestones

In December, congratulatory anniversary emails were sent to over 2,400 employees and copied to their managers, appreciating staff members who are reaching a five-year milestone (e.g. 10, 15, 20 years of service) in 2019. The purpose is to acknowledge the anniversary in writing, before the manager provides the employee with their long service pin.

### Updated, strengthened New Employee onboarding platform

In December the New Employee Onboarding Platform was launched; a customizable tool which includes all elements of employee-centered onboarding. The platform is housed on InsideNet in the re-designed 'Onboarding' page and is automatically emailed as a link when hiring managers submit a 'new hire' event in eStaffing. The resource makes it easier for new staff members to be supported in their first days and weeks at Interior Health. Further work is ongoing to review and map out steps for new employees.

### New podcast series explores Aboriginal health and wellness

[A new bi-weekly podcast series](#) targeted to IH internal audiences and produced by Interior Health Aboriginal Health and Wellness explores the intersection of health and culture in the workplace, everyday lives and patient care. The podcast, *Interior Voices*, was created to help expand IH staff and physician engagement around cultural safety, and also touches on themes of psychological safety and holistic care. The series includes interviews with Aboriginal patient navigators, physicians, and others living and working in the Interior region.



Feature photo: Kris Murray, Sheila Lewis, and Vanessa Mitchell host the new podcast series, *Interior Voices*.

# Community Engagement

## Stakeholder Engagement by Community Liaisons

*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.*

### **Chief Executive Officer (CEO) Tour**

In December, IH CEO Susan Brown and IH Board Chair Doug Cochrane toured Secwepemc communities (Simpchw & Qwemtsin Health Society) and urban Aboriginal organizations (Kamloops Aboriginal Friendship Centre & Lii Michif Otipemisiwak) to continue meaningful and respectful relationship-building with Aboriginal partners. On the same tour, the CEO and Board Chair also visited Interior Health sites in Williams Lake, 100 Mile House and Kamloops, and met with local physicians, community leaders, Foundations and Auxiliaries.

### **Interior Region Nation Caucus**

The Interior Region Caucus occurred November 15-16, 2018, with various IH representatives in attendance, presenting or participating in multiple areas. Key agenda items included Primary and Community Care Transformation, mental health funding, Meditech, FNHA Health Benefits Transformation, and Emergency Management.

### **Recruitment**

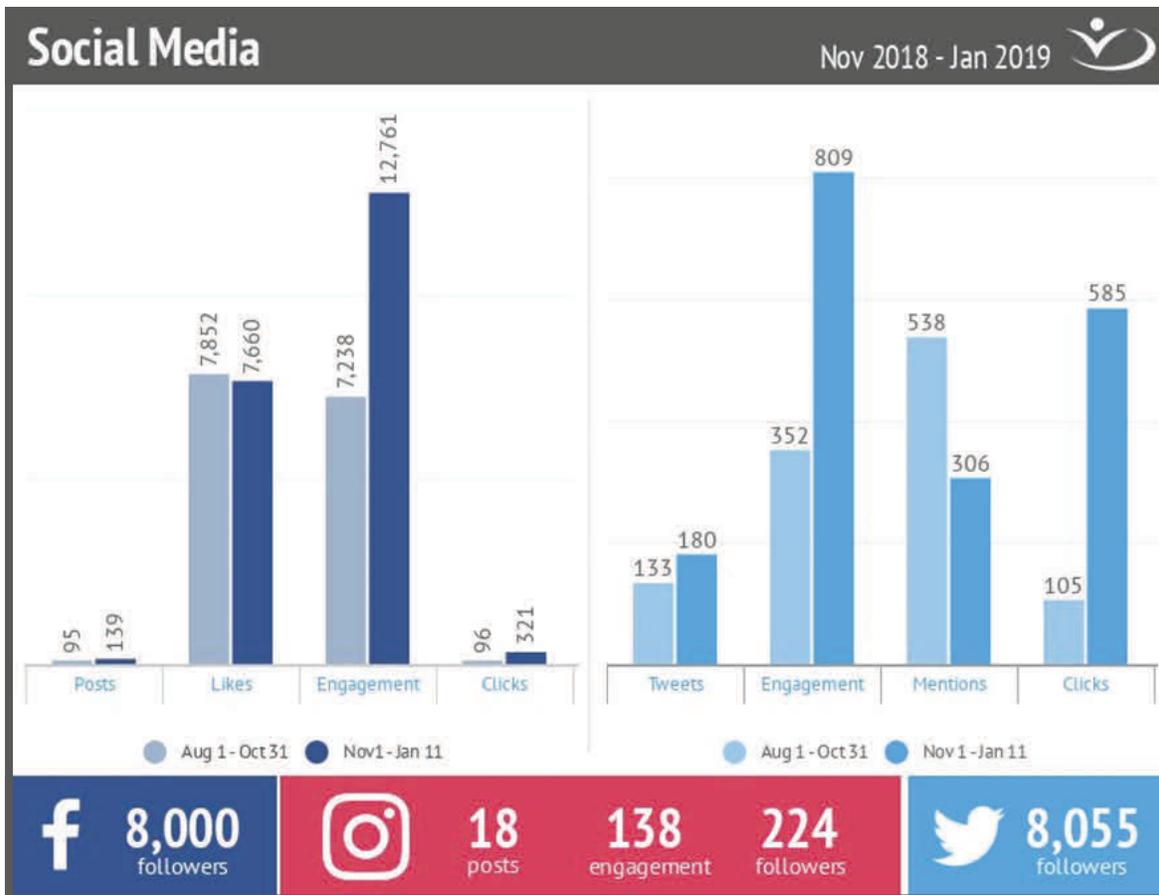
Employee recruiters presented to new graduate nurses at the University of British Columbia (UBC) Okanagan in Kelowna and to WorkBC in Penticton; and attended the Okanagan College Career Fair and the Kelowna Education Career Fair. They supported representatives of Workplace Health and Safety in speaking to the Occupational and Environmental Hygiene class at UBC; and prepared hiring managers for attendance at the Black Press Kootenay Career Fair in Cranbrook.

### **Community Action Team participation – Opioid response**

IH is a partner on Community Action Teams (CAT) in several communities, including Vernon. Working alongside other local leaders and stakeholders, the CAT in Vernon successfully received \$100,000 toward anti-stigma campaigns and local initiatives to increase awareness of available services.

## Community Engagement: Social Media presence and engagement

Interior Health engages with stakeholders on social media across several platforms, including Facebook, Twitter, Instagram and LinkedIn. The table below reflects growth in the past three months seen on IH's Facebook (left) and Twitter (right) engagement, specifically on posts that included video or animation content where more people "liked" and "shared" the content, and contributed comments.



# Community Engagement:

## News Media presence and engagement

### News Releases / Public Service Announcements (Nov. 9 – Jan. 28):

Jan. 25	<a href="#"><u>Culture and care: program supporting Aboriginal patients turns 10</u></a>
Jan. 22	<a href="#"><u>PSA: Geo-technical drilling to take place at Cariboo Memorial Hospital</u></a>
Jan. 22	<a href="#"><u>PSA: Overnight closure at Ashcroft emergency department</u></a>
Jan. 21	<a href="#"><u>New cardiac procedure keeps Interior Health patients closer to home</u></a>
Jan. 19	<a href="#"><u>The countdown is on for PRH's David E. Kampe Tower</u></a>
Jan. 18	<a href="#"><u>Elkford Emergency Department temporary service change</u></a>
Jan. 10	<a href="#"><u>IH removes water advisory for North Thompson after diesel spill</u></a>
Jan. 10	<a href="#"><u>Not too late to get the flu shot</u></a>
Jan. 9	<a href="#"><u>Community Update: Waneta Primary Care Clinic</u></a>
Jan. 8	<a href="#"><u>Enhanced maternity care coming to Creston</u></a>
Jan. 5	<a href="#"><u>PSA: New water advisory for North Thompson following diesel spill</u></a>
Jan. 4	<a href="#"><u>IH removes Do Not Use order for Vavenby Community Water System</u></a>
Dec. 30	<a href="#"><u>IH issues water advisory after accident in North Thompson River</u></a>
Dec. 28	<a href="#"><u>PSA: Ashcroft Hospital temporary Emergency Department closure</u></a>
Dec. 28	<a href="#"><u>Fall don't discriminate – be prepared for winter</u></a>
Dec. 20	<a href="#"><u>PSA: <u>Help prevent the spread of illness this winter</u></u></a>
Dec. 18	<a href="#"><u>Major milestone achieved on David E. Kampe Tower at PRH</u></a>
Dec. 17	<a href="#"><u>Increasing access to prenatal education in the Interior</u></a>
Dec. 14	<a href="#"><u>Seven tips for your mental wellness during the holidays</u></a>
Dec. 14	<a href="#"><u>Final phase of Interior Heart and Surgical Centre complete</u></a>
Dec. 13	<a href="#"><u>PSA: Barriere Health Centre Emergency Department closed Dec. 14</u></a>
Dec. 11	<a href="#"><u>It's time to talk turkey – five food safety tips for the holidays</u></a>
Dec. 6	<a href="#"><u>PSA: TRU Health Centre – Temporary Closure</u></a>
Nov. 22	<a href="#"><u>Swan Valley Lodge celebrates 50 years of "home"</u></a>

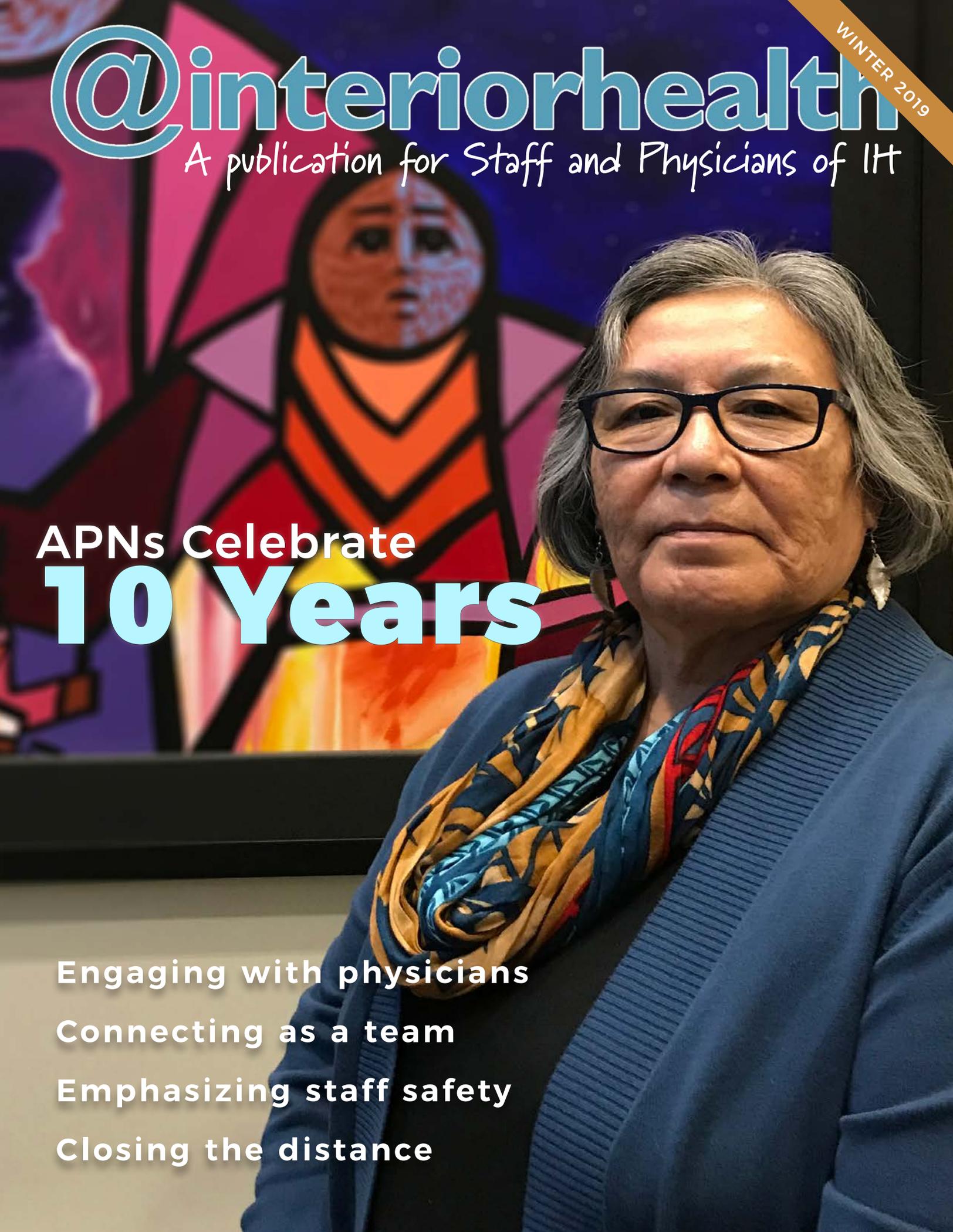
# @interiorhealth

A publication for Staff and Physicians of IIT

WINTER 2019

## APNs Celebrate **10 Years**

Engaging with physicians  
Connecting as a team  
Emphasizing staff safety  
Closing the distance



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**On the cover:** Gloria Big Sorrel Horse is one of three Aboriginal Patient Navigators who has been with the program since the start. Story p. 14.





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](mailto:IHcommunications@interiorhealth.ca)

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**Interior Health**  
Every person matters



IN CONVERSATION, WITH

## Susan Brown

**@IH:** Happy New Year, Susan! It's hard to believe we're already well into 2019. What is on your mind as we turn the page on a new year?

**Susan:** Happy New Year to everyone across Interior Health! It was certainly wonderful to spend time with family and friends in December and to reflect on the year gone by. We had many successes big and small in 2018. I want to start by saying thank you to our staff and physicians and to acknowledge your hard work each day. I've heard many patients talk about how individual people at IH impact their care experience – whether it is a clinician, support staff, or even someone they meet in a lobby or common area. Each encounter is meaningful.

As I look forward, I'm of course focused on our key strategies. One of the new, exciting initiatives we're planning zeroes in on our commitment to workplace health and safety.

**@IH:** That does sound exciting! What is the initiative?

**Susan:** Many people will know that for several years the CEO has toured sites across IH throughout the year. These are an excellent way to connect with our communities in person. This year, I plan to dedicate one of those tours to health and safety. I will talk with staff, leaders, and others about what is working well and where there are questions about health and safety. We'll also look at some specific topics or types of injuries. I am looking forward to hearing from local joint occupational health and safety committees (JOHSCs) and project groups about initiatives underway. Excellent examples include South Okanagan General Hospital JOHSC's campaign to improve incident reporting, [100 Mile District General](#)



Q'wemtsin Health Society (QHS) welcomes IH CEO Susan Brown and Board Chair Dr. Doug Cochrane on Dec. 12, 2018. (L-R) QHS Board Member Orla LeBourdais, QHS Board Member Tracy Hewitt, QHS Health Director Colleen Lessman, IH Board Chair Dr. Doug Cochrane, IH CEO Susan Brown, QHS Board Member Thomas Blank, and IH Health Administrator Cathy Thibault.

[Hospital JOHSC's efforts](#) to communicate safety-related initiatives at their site, and a letter to staff by Andrew Pattison, Director of Support Services, outlining further steps towards creating a healthier, safer IH.

**@IH:** Can you talk more about psychological safety? What does that mean to you?

**Susan:** I am so pleased that we are focusing more and more on our overall wellbeing, both physical and psychological. The nature of our work can be high stress. Across IH, several teams and portfolios are looking to build their resiliency. As an example, Medical Affairs holds monthly workshops to foster joy, connection, and meaning in their work. We also have a collaborative working group of leaders and unions that are tasked with improving psychological health and wellness for all staff across IH.

**@IH:** We talk a lot about cultural safety at Interior Health – how is that connected?

**Susan:** When touring the Thompson Cariboo Shuswap region with our Board Chair this past December, I was inspired by our First Nations partners. Throughout IH, we are working to make our sites more culturally safe for our Aboriginal patients and staff – where they feel welcomed and their values are honoured. And 2019 is a year of celebration – it marks the 10 year anniversary of our Aboriginal Patient Navigator program, which supports cultural safety and provides direct support to patients.

**@IH:** Any final thoughts to share on the year ahead?

**Susan:** I'm confident this is going to be a great year for IH and that together we're going to continue to make a difference in the lives of people throughout our region. It's clear that we are resilient people who care deeply for our communities and our colleagues. Let's continue to make health and safety a priority to ensure every person matters applies to each of us. 

# TAKE CONTROL OF YOUR HEALTH



## PEOPLE LEADERS

Order the [Guide to Employee Health & Wellness Services](#) for staff to take as needed, or hand it out at your next staff meeting



## COMMITTEES

Prepare and distribute a list of healthy dining options around your work place



## INDIVIDUALS

[Exercise at your desk](#)



**WELLNESS** IN THE **WORKPLACE**



(L-R) Dr. Alan Vukusic, Dr. Henk Van Zyl, Dr. Joslyn Conley, and Erin McGarvey, Project Manager, Facility Engagement, RIH Physician Association.

# Engaging WITH physicians

## UNITED VOICES IMPROVE PHYSICIAN ENGAGEMENT

**T**here has been a major shift in physician engagement across Interior Health in the last year.

With physician-administrator dyad partnerships, quality improvement projects, and facility engagement initiatives, physicians have strengthened relationships with administration, are more connected to resources and training to improve the work environment, and have established activities and strategies to improve areas of need at the site level.

“I am incredibly humbled by the work of our medical staff across IH,” says Dr. Harsh Hundal, Executive Medical Director, Physician Engagement and Resource Planning. “They are taking the time to have meaningful and constructive conversations about the things that matter and then making positive changes. It is their passion and drive that is having the greatest impact to the work culture, the patient experience, and the quality of care.”

Royal Inland Hospital (RIH) and Penticton Regional Hospital (PRH) each have highly engaged medical staff associations (MSAs). Their recent successes are highlighted here.

## Physicians break boundaries at RIH

Physicians and medical staff at RIH in Kamloops are full steam ahead on physician engagement. With 22 physician association facility engagement initiatives underway, this team is focused and encouraged to make a culture shift in IH.

"Our facility engagement initiatives have given us an opportunity as a medical staff to come together to prioritize what we need for patient care at the site," says Dr. Joslyn Conley, nephrologist at RIH, president of RIH Medical Staff Association, and president of RIH Physician Association.

"We have a more organized approach to communicate with IH administrators about our needs, which has improved our relationship immensely. As a team, we have decided our priorities and now we are all going in the same direction to reach a common goal."

Dr. Conley explains that having a connected and engaged medical staff has also helped increase the physician leadership positions at both local and regional levels.

"Physicians are stepping into leadership roles knowing they are supported and united with other medical staff, and have the ability to bring things to the forefront with administrative leaders. We are energized by the opportunity for improvement and change."

Last year, 52 per cent of RIH medical staff were involved in a facility engagement initiative or provided feedback on a project. This year, the goal is 80 per cent.

"Seeing this many medical staff working on a project to improve patient care or the work environment is fantastic," says Dr. Conley.

Dr. Paula Lott, obstetrics/gynecology physician at RIH, says she chose to become involved to improve patient care and Royal Inland Hospital overall for the community.

"After working in Kamloops for 10 years, I have seen many areas for improvement in our hospital," says Dr. Lott.

"My colleagues and I had ideas to improve care for our patients, but no opportunity to bring our ideas forward or ways to implement them. Through facility engagement initiatives, and our local physician association, we now have access to administrative leaders to try to implement physician-generated ideas. My engagement in our facility is reinvigorated, I feel listened to, and that I am making an impact for change."

Dr. Alan Vukusic, emergency medicine physician, with Dr. Henk Van Zyl, Department Head for emergency

medicine, are co-leading a facility engagement initiative that has improved and expanded an emergency department patient care area (streaming). The aim is to reduce wait times and provide a safer, more comfortable, and private environment for patients, family, and staff.

This initiative has enabled Dr. Vukusic to conduct background research to ensure the basis of the concept fits the RIH facility; compare ideas with other sites in B.C.; conduct early pilot trials to guide design; and, help ensure the construction meets patient care and staff goals.

"Preliminary results are very positive," says Dr. Vukusic. "I am grateful to the facility engagement initiative for making it efficient, easy, and feasible for me to set aside some of my clinical time to be part of guiding positive change at RIH."

Facility engagement also provided an avenue for Dr. Simon Treissman to attend the Sauder School of Business and then develop an all-electronic, emergency-surgery scheduling system at RIH. His project, called On Time Operating Room (OR) Scheduling, presents a representation of a dynamic, multi-priority emergency surgery waitlist over the internet in real time.

"All of this could not have been possible without the RIH Physician Association and Facility Engagement funding," says Dr. Treissman. "The funds were used for the training and support of surgeon users of the system, which made it possible to manage the change, and truly supported the engagement of surgeons, anesthesiologists, obstetricians, and pediatricians in the project."

On Time OR Scheduling is a clinical trial is running from Dec. 1, 2018, to Feb. 28, 2019.

"I am very hopeful this new emergency-surgery scheduling system will lead to a substantive improvement in the care of emergency-surgery patients by providing the framework for intelligent load sharing within a surgical network," says Dr. Treissman.

Dr. Conley says these engagement initiatives, both complete and underway, are supporting positive changes within RIH and Interior Health physicians now have the opportunity to be a part of the solution and they are embracing it.

"We are creating a vision at RIH and if we continue with this momentum and get more people involved, there is no limit to what we can accomplish."

*Continued on p. 8.*

## Innovative thinking improves physician recruitment, retention, retirement at PRH

*Continued from previous page.*

It is estimated that within the next two to five years, every medical department at Penticton Regional Hospital (PRH) will need to recruit at least one or more physician.

With this in mind, new efforts are underway to enhance recruitment and retention, and to ensure those who are retiring are supported and can transition their knowledge to the next generation.

The PRH Physician Recruitment, Retention and Retirement (R3) project supports Interior Health recruitment efforts by including the physician voice and combining resources from the community to help recruit and retain new physicians.

"To date, most of our physician recruitment efforts have been non-formal, lacking time and expertise to properly provide recruitment, retention, and retirement support," says Dr. David Stoll, R3 project physician co-lead.

"The R3 project aims to formalize this process in a way that is physician-led and provide a medical perspective to clinical practice while living in Penticton."

Having just begun, the R3 project team has already formed an advisory committee with influential community leaders representing: PRH, Chamber of Commerce, City of Penticton, School District 67, Okanagan College, South Okanagan Similkameen Medical Foundation, and Outdoor Lifestyle/Tourism.

Together, committee representatives will mobilize resources and supports for potential and current physicians (including locums) related to childcare, housing, spousal employment, and leisure options.

"Everyone who lives in Penticton and the surrounding area knows why we chose to live, work, and play in this community," says Dr. Stoll. "Now, we need to share why we love

it here so others can see themselves and their families flourishing in this community as well."

The R3 project lays out a clear roadmap to support physicians throughout the work-life cycle at PRH.

When a department identifies a need for a new physician, R3 supports the recruitment process and bringing new doctors to Penticton. After a site visit takes place, R3 will follow up with the potential physician (in consultation with IH) for feedback and to offer further support.

Once a new physician is hired, R3 will coordinate support for physician retention and liaise with the advisory committee to ensure integration into the community is successful. When a physician is ready to consider retirement, R3 will link in with Doctors of BC retirement resources to offer support related to patient-care transfer, leaving a practice, and file storage.

Dr. Michelle Scheepers, R3 project physician co-lead, says she is already seeing impacts of the project and the immediate on-the-ground support helping her plan for a potential recruit's visit at the end of January.

"This new process will give us a significant edge over other locations and drive physician retention going forward."

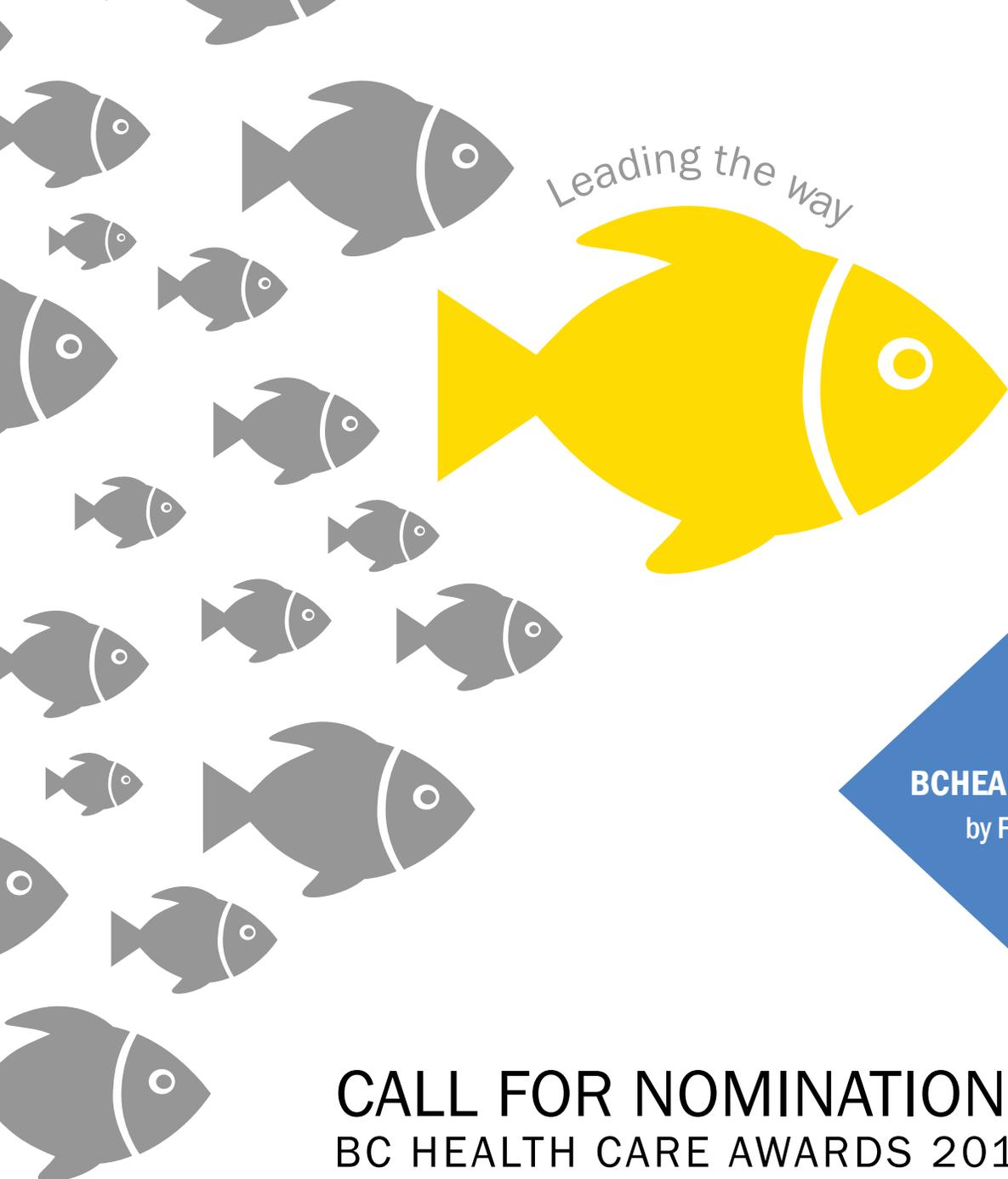
This facility engagement project, supported by the Penticton Physician Medical Society, began in January 2019 and will run until March 31, 2020.

To learn more, contact Amy Woodruffe, Project Manager, Facility Engagement, Penticton Physician Medical Society. 

*Facility Engagement initiatives are funded by the Specialist Services Committee, through Doctors of BC and the Ministry of Health. To read other IH success stories or to learn more, visit [www.facilityengagement.ca](http://www.facilityengagement.ca).*



Dr. Michelle Scheepers (top photo) and Dr. David Stoll



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## CALL FOR NOMINATIONS

### BC HEALTH CARE AWARDS 2019

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Selected by an independent panel of community, academic and business leaders, awards are for projects that improve health care delivery, and professionals who provide outstanding care.

Award recipients will be announced at a gala awards luncheon on June 24, 2019 at the Fairmont Waterfront Hotel in Vancouver.

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AWARDS



## *On resiliency, Medical Affairs*

# **It makes like a llama**

**T**he day began with stories. Gina Sloan, Dr. Mike Ertel and Dr. Harsh Hundal of the Medicine & Quality leadership team didn't talk about workloads or efficiencies or productivity – they talked about their lives outside of work. Listening were approximately 80 people from the Medical Affairs team and Medicine & Quality leaders from across Interior Health, who gathered in Kelowna for a day workshop called "Build Resiliency in Self and Teams." By revealing their struggles and showing vulnerability, members of the leadership team opened the conversation on the topic of resiliency.

"Everyone has both a story at home and a story at work," says Gina. "These impact each other."

A greater awareness of this, both in ourselves and others, is a step towards building resiliency, variously defined as the ability to rebound from setbacks and overcome adversity. Dr. Hundal expands on this idea.

"Community, we know from research, protects us from depression, anxiety, and burnout," he says. "Real community comes from seeing people as people, not as roles. We often have stereotypes of people in certain roles, and we need to see beyond these to the person and what matters to him or her."

Simply bringing the Medical Affairs team together in one place helped to build that sense of community, as many of the team had never before met face to face. They also learned about the neuroscience of stress and approaches and tools to foster resiliency individually and in their teams. Anna Meyers, Medical Administrative Assistant, has adopted a number of tools that help her respond to stressful situations.

"The S.T.O.P. practice – stop, take a breath, observe, proceed – is a way to take a moment for yourself rather than just react," says Anna. "Also, knowing that things are only temporary puts them in perspective."

Individual and team resiliency go hand in hand. For Anna, mentoring colleagues is mutually empowering.



(L-R) Dr. Harsh Hundal speaks on resiliency with the help of his llama sidekick. Courtney Low returns to work after her wedding. Michelle Stuttard takes shelter from a leaky ceiling.

## “State of mind is everything.”

“I am most grateful when people reach out to me,” says Anna. “I find mentoring increases my effectiveness and happiness with my job.”

Participants were also pleased to see the Medical Affairs Leadership Team model resiliency behaviours learned in the workshop such as disconnecting from non-urgent email when away from work, going for a walk at lunch, expressing honesty with each other about how we are and how our day is going, being candid, and having fun at work.

Linking an individual or team’s work to meaning is key for resiliency. For Interior Health employees and medical staff, meaning most often comes down to making a difference for patients and families. The Medical Affairs team heard about their impact in the form of selfie videos produced by physicians with whom they work.

In a selfie by Dr. Mark Masterson, Chief of Staff at Kelowna General Hospital, he praises Medical Affairs support for physician time to work with allied health and administration to build a new care path for hip replacements. The collaboration on the patient pathway meant that more patients could go home from the hospital on the same day or the next day, as compared to the usual three to four day hospital stay.

“The patients’ long-term outcomes are the same, but they have faster recovery and lower costs for the operation.

Without support for the many hours of work, it would have been very challenging to develop this,” says Dr. Masterson. “Unfortunately, Medical Affairs staff – and many of the other people supporting the work of IH – often don’t directly see the end result of the hard work they put in.”

Another way Medical Affairs acknowledged the tremendous efforts of their team is through the adoption of their own mascot – the llama. Dr. Norm Kienitz, Executive Medical Director IH West, once remarked that the Medical Affairs members are like llamas: that is, they have qualities of resiliency such as adaptability, persistence, patience, balance, and curiosity. The team now passes around a llama stuffy – affectionately referred to as Norm in his honour – to staff who demonstrate these values in action.

The resiliency workshop was not a one-off. Medical Affairs has committed to an hour workshop once each month to continue to build on their resiliency. But it was important to Gina that the workshops be conducted by and for the Medical Affairs team members.

Peggy Scott and Courtney Low, Project Leads in Medical Program Transformation stepped up in January to deliver their workshop, “Joy at Work.” Along with good, actionable advice, they blended humour and fun into their workshop.

“State of mind is everything,” says Peggy. “We really get fulfilment at work from finding meaning and connection as a team.” 🐫



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# InteriorVoices:

*Join the conversation!*

*Traditional Territory  
Acknowledgements*

*What's in a name?*

*Cultural  
Safety*

*Sacred Spaces*

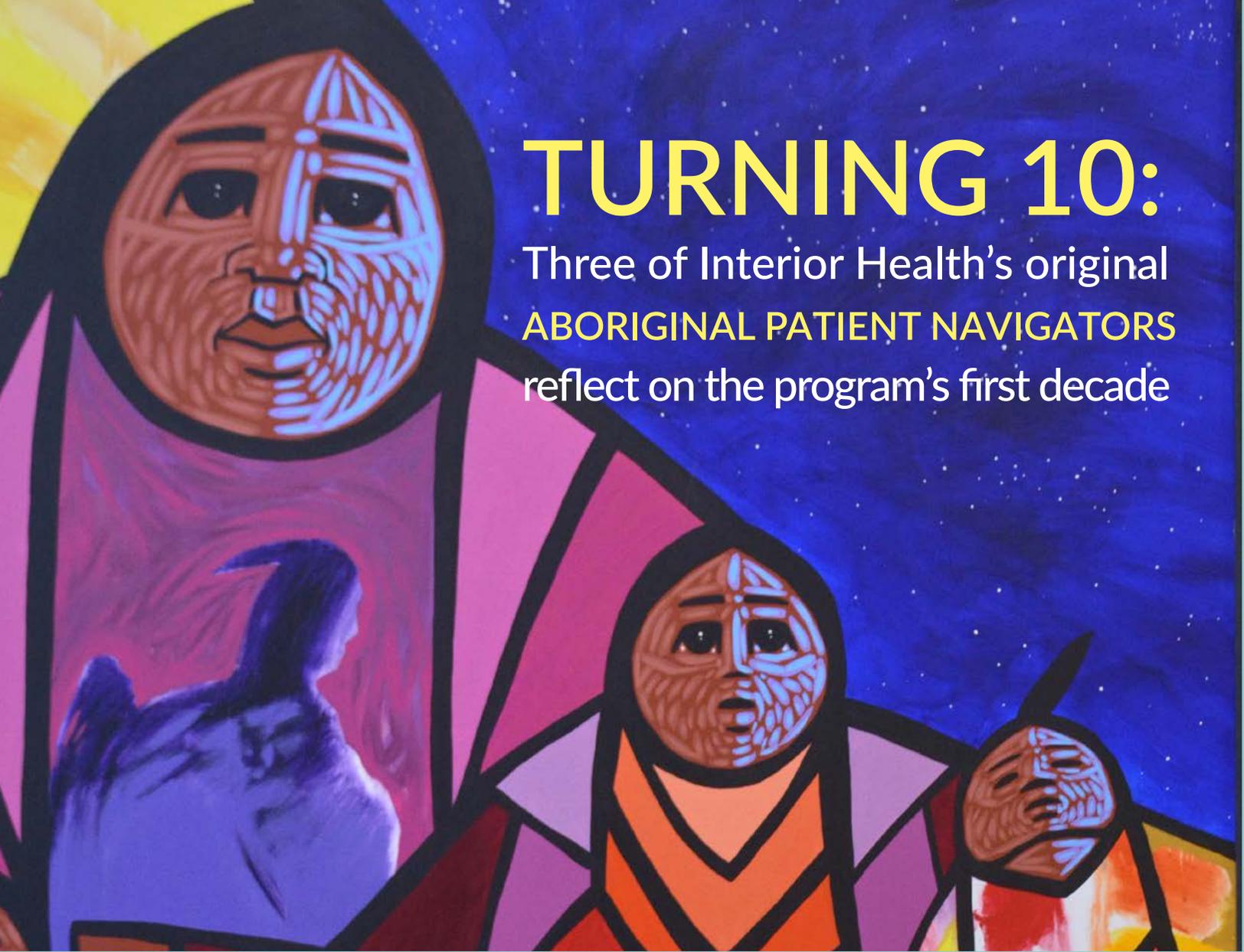
*Aboriginal  
Patient Navigators*

*Being an effective ally*



Bi-weekly episodes available on iTunes and [InteriorHealth.ca/InteriorVoices](http://InteriorHealth.ca/InteriorVoices).





# TURNING 10:

Three of Interior Health's original  
**ABORIGINAL PATIENT NAVIGATORS**  
reflect on the program's first decade

Detail from a painting by  
Jerry Whitehead on display at  
Kelowna General Hospital.

**O**ur health-care system can be complicated. Factors such as language barriers, huge geographic distances, and cultural differences can make it even more so.

Ten years ago, Interior Health committed to addressing some of these challenges with the creation of the Aboriginal Patient Navigators (APNs).

The APNs have become valued members of the care team in hospital and community.

"Often our APNs work closely within a multi-disciplinary team to ensure our Aboriginal patients' needs are met in a welcoming and culturally safe manner," says Brad Anderson, Corporate Director of Aboriginal Health. "I am always so impressed by the level of care, compassion, and systems awareness that they bring to their work daily to ensure our Aboriginal patients feel safe and welcomed. Congratulations on 10 years of providing amazing care and support."

## An increased focus on education, cultural safety, and spiritual care are some of the changes witnessed in the last 10 years.

The APNs support patients and families in hospitals and communities, helping connect them to appropriate health-care services and providing cultural support. They also collaborate with other health-care workers in early identification and assessment of patient needs, and participate in discharge planning to support patient care and independence.

After 10 years in the role, Debra Donald (Simpco First Nation) says she loves being an APN and can't imagine doing anything else. She is based at Royal Inland Hospital (RIH) in Kamloops, where she says there has been a lot of positive change. She finds APNs are increasingly invited to sit at various tables to consult about policy and practice.

"The cultural agility at RIH has increased. It's really good for our patients and families who feel they are in a safe place. For example, the family of one of our patients who was palliative and on comfort measures was quite spiritual and cultural," says Debra. "They wanted to have a smudge and an end-of-life ceremony in hospital. I wasn't on shift but management and medical staff knew how to facilitate that process. They were willing and able to do what they needed to allow that family to practise their cultural belief and spirituality. The family appreciated that their relative was able to pass away observing First Nation customs despite being in a hospital setting."

Interior Health started with one APN in Williams Lake and the program expanded over 10 years to include nine APNs working throughout Interior Health, along with one Ktunaxa Nation-based APN.

Gloria Big Sorrel Horse (Blood First Nation in Southern Alberta) was also among the first Aboriginal Patient Navigators.

"I enjoy it," says Gloria, who now works at Kelowna General Hospital. "It's a good experience for me because of my history. I'm a residential school survivor and a 60s scoop survivor. It's important to know this history because it impacts a lot of our First Nation people. It impacts their health, because they are fearful of institutions and the hospital is an institution. So they have a lot of trust issues coming here and seeking help, especially our elders. I feel that I'm here as a support. I can advocate for them."

Diana Moar, the third of the original APNs, works at Vernon Jubilee Hospital. "Our family is Anishnawbe, Saulteaux and Métis ancestry, and members of the Berens River First Nation in Manitoba. The teachings shared by our Ancestors and family members are to respect, honour, love and be kind regardless of who we are and where we come from," says Diana.

"These teachings guide our work. We are honoured by our patients, families, community members, and health-care staff to be a part of their health journey and to walk with them on their path to health and wellness. Most important is having their trust and for them to know they are safe to be open and honest by sharing their stories and knowing they can be confident that there is a safe place for their voices to be heard."

To learn more, please contact [Aboriginal Health](#) or an [Aboriginal Patient Navigator](#). 



Watch for an interview with APNs Debra Donald and Cassie Michell in Episode 3 of *Interior Voices*, IH's new Aboriginal Health and Wellness podcast series coming Feb. 5.



Diana Moar (top photo), Debra Donald (centre), and Gloria Big Sorrel Horse reflect on the APN program.

# **NEW** Traditional Territory Acknowledgement Policy



As a step towards reconciliation, Interior Health acknowledges the land that we live, work, and play on as the traditional territories of the Dakelh Dene, Ktunaxa, Nlaka'pamux, Secwepemc, St'at'imc, Syilx, and Tsilhqot'in peoples.

It is with humility that we continue to strengthen our relationships with the First Nation, Métis, and Inuit peoples of the Interior.

# 5 TIPS TO PREVENT THE Spread of Illnesses

1. Stay home if you are feeling unwell.
2. Get the influenza (flu) shot.
3. Wear a mask, located at facility front entrances, if you have not been immunized against influenza.
4. Cover your cough or sneeze with a tissue or your elbow.
5. Wash your hands frequently with soap or hand sanitizer.



**Children and individuals over 65 years of age are particularly vulnerable.**

## Who will you protect?

Thank you for doing your part to keep the people in our care safe.



**Interior Health**  
*Every person matters*

## EMPHASIZING

# Staff Safety

Our Protection Services team recently introduced and updated several safety policies to address threats and instances of violence at Interior Health.

Used in combination, the [Active Deadly Threat Response](#), [Restricted Access](#), and [Threat Management](#) policies will support manager and staff decision making, while keeping with Interior Health's goal of increasing safety for everyone.

Speaking with @IH about the new Active Deadly Threat Response policy is Craig Paynton, Manager of Protection, Parking and Fleet Services.

## @IH: Tell us more about an active deadly threat.

An active deadly threat is a person entering an IH facility with a weapon, or something that can be used as a weapon, and is actively engaged in trying to seriously harm or kill others. It is a very clear distinction between a code white (aggression), where a person may have a weapon, versus a person actively using the weapon to seriously harm staff, patients, or anyone in the facility with the intent to kill.

## @IH: What is the main difference between a code white and active deadly threat response?

A code white draws people in to an area, to deescalate an instance, or potential instance, of violence. In an active deadly threat, the intent is to immediately get people out of the area.

## @IH: Is there a specific code for an active deadly threat?

There is no code colour. An announcement would be made stating 'Active Deadly Threat' followed by the area in which the situation is occurring. This ensures everyone in the building understands the severity of the threat and the necessary response.

## @IH: What should employees do if an active deadly threat is called?

The main principles are run, hide, or fight. Run if you are in the immediate vicinity where the threat is happening. If you are in an adjacent building, floor, or room and cannot run, you would barricade or hide in that space. This includes turning off lights and silencing phones. The last option would be fight, if there are no other alternatives.

Craig Paynton,  
Protection, Parking and  
Fleet Services Manager



## @IH: How does this apply in a health-care setting, while providing patient care?

This is challenging in health-care settings if, for instance, staff are in the midst of providing patient care and there is little option to run. In these cases, emphasis is placed on barricade-in-place to prevent the threat from moving about freely and gaining entry into other areas. When the decision is made to run, the main component is to get as many people as you can to go with you, but you can't wait. In an active deadly threat situation, there is no expectation for any IH employee to put himself or herself in harm's way out of a duty to provide care.

## @IH: Why is this new policy important for staff?

The Active Deadly Threat Response policy is in place to guide staff on a worst-case scenario event. It will provide staff with more awareness, a framework to work from, and hopefully build confidence or understanding of best practices to keep everyone safe.

## @IH: Any final comments to share with our staff?

It is important for employees to be familiar with the policies that address violence in the workplace, understand their processes, and actively engage Protection Services in the event of any threat management situation. We take staff safety very seriously and part of this is to ensure staff have the knowledge and guidance to react to any instance of violence or threat, should the situation arise.

## @IH: Where can we learn more?

A [Threat Management i-Learn module](#) is available for all employees and takes approximately 15 minutes to complete. The Vancouver Police Department shares a good example of the run, hide, fight principles in their [Active Deadly Threat video](#). These policies are located on the [Protection Services web page](#) on InsideNet, as well as on the [public website](#). We are also planning table top exercises to practice scenarios and responses when an active deadly threat is called. Questions about any of this information can be directed to [Craig Paynton](#) or the [local Protection Coordinator](#) for your area. 🙋

# If you experience **disrespectful, violent, or aggressive behaviour...**

FROM:



VIOLENCE PREVENTION  
[AV2500](#)



MANAGING DISRESPECTFUL, VIOLENT, OR AGGRESSIVE BEHAVIOURS  
[AV2900](#)



WORKPLACE ENVIRONMENT  
[AU1000](#)



ASSESSMENT & MANAGEMENT OF TARGETED VIOLENCE  
[AV2510](#)

*Threats from any other sources, including planned acts or expressions of intent to inflict harm against a specific person or workplace (written or symbolic)*

SEE POLICY:

APPLICABLE TO ALL SITUATIONS WHERE ENHANCED RISK OF VIOLENCE EXISTS:



ACTIVE DEADLY THREAT RESPONSE  
[AV2520](#)



RESTRICTED ACCESS  
[AV2530](#)



# A HEALTHIER SAFER IH

## Creating a culture of safety at

SOUTH OKANAGAN  
GENERAL HOSPITAL



Kaila Ingram (L) and Sara Evans champion workplace safety at SOGH.

**S**OGH is making a name for itself when it comes to safety – that’s in large part thanks to the passionate leadership of registered nurse Kaila Ingram.

Kaila is the employee co-chair and union steward on the site’s Joint Occupational Health and Safety Committee (JOHSC), and has made it her personal mission to make sure that everyone at South Okanagan General Hospital (SOGH) is working in a safe environment.

The site has done a tremendous job over the past few years in highlighting and tackling issues around violence risk. In 2015, SOGH completed a \$100,000 project to add card readers, move offices, and change public access to various parts of the site.

Today it is hard to imagine a time prior to having these enhancements in place.

“When people visit SOGH, it is sometimes referred to as Fort Knox,” jokes Sara Evans, Site Manager and JOHSC co-chair.

The committee meets monthly to review safety-related issues and reports, and mitigate any risk factors to prevent

recurrence of safety incidents. The team also looks for potential issues and ways to manage risk and prevent incidents from occurring in the first place.

Kaila’s been in the committee co-chair role for almost two years, picking up where others have left off. She says that ongoing education on safety standards plays a big part in making sure that the site is up-to-date.

“We’ve all made a commitment to educating ourselves – with the more education we get, we understand what the role is and our ability to make change.”

To help employees become more familiar with the site JOHSC, Kaila and Sara launched a visibility campaign in November 2018.

The goal was to introduce themselves and spread awareness about “what the committee does, how to reach us, make sure people know how to properly report concerns, and educate all members on what their rights are,” Kaila explains.

“This was done mainly to achieve Kaila’s goal of 100 per cent on our new JOHSC evaluation and it was very successful,” Sara says.

"It was a simple strategy where employer and employee dyads roamed the site," Sara adds.

"For those that we didn't catch in the walkabouts, we added a contest where staff could record 10 things they do to promote safety – reminding the team that safety is everyone's responsibility. The campaign was so well-received, we may make this an annual occurrence."

Their work has had a noticeable impact.

Violence prevention is an issue that comes up frequently and the site has seen strong results on this front: a higher number of incident reports. This might not sound like a win, but incidents were under-reported in the past and, without the information, issues couldn't be properly addressed.

"When our first violence risk assessment was done, there were seven violent incidents reported in three years for the entire campus, which was obviously not accurate," Sara says.

"Reporting has gone way up – 17 events in the last reporting year, so we are pleased with this in the sense that it feels more accurate and gives us a better way to evaluate what we are doing."

Kaila believes this is because employees know that, culturally speaking, SOGH takes safety seriously and that their managers will always take the time to investigate issues.

Employees, in turn, feel their input matters and have been bringing issues forward more often.

"They seem to have more of a voice and are speaking out more," Kaila says.

Speaking out has led to action on musculoskeletal injuries, too – an issue that everyone was having but no one was really talking about, says Kaila.

When employees did eventually bring up their concerns, it sparked new i-Learn videos and new protocols – and, this year, there will be a musculoskeletal injury awareness campaign at the site.

On the whole, staff feel comfortable asking for help when they need it, but safety isn't without its challenges.

Kaila points out that although people understand the issues, sometimes getting the pieces in place – the right people and supports – is hard.

But to her, this is a good challenge and one that she's excited to face head-on.

"Kaila's enthusiasm is contagious! She routinely dials in to committee meetings from home or between night shifts. She is a valued partner in this important work," says Sara.

Kaila and Sara credit their success so far to the fact that it's a truly collaborative effort. There are many voices and ideas on board and no hierarchy, which allows for open and honest communication.

"It's not about who's at fault or who's in charge. It's about making our site safe," says Kaila.

"SOGH has shown a dramatic decrease of injuries and Time Loss incidents at the facility over the past three years – with this, there has also been an increase of reported incidents at the site," says Richard Richter, Advisor, Health Safety and Prevention. "The significance of increased reporting is that it offers opportunity to investigate those near miss incidents, provide corrective actions to prevent further incidents and implement those corrective actions. Workplace Health & Safety tips their hats to the team at SOGH and the JOHSC for the work they have done to Injury Prevention."

Safety is an ongoing journey. SOGH, with everyone's help, is moving in the right direction. 

## Key actions to support a Healthier, Safer IH



IH has identified five actions for creating A Healthier, Safer IH including support of local JOHSC to help improve day to day site safety.



# CLOSING THE DISTANCE

Dr. Michael Humer

Interior Health surgeons are saving time, expenses, and travel risk for patients by practising telemedicine in remote communities. This collaboration uses virtual consultations with amazing results, benefiting cancer patients, caregivers, and doctors.

A cancer diagnosis and urgent need for major surgery can be devastating.

Now, imagine living in a remote community and needing to drive hundreds, if not thousands of kilometres, in wintery conditions to hear this news from a specialist.

Heavy snow and ice on British Columbia's mountain highways lead to treacherous and unpredictable conditions during the long winter months. Even with good weather, wildlife and other hazards on remote roads and highways make driving dangerous, especially over great distances.

Using the modern practice of telemedicine, an innovative team of IH thoracic (chest) surgeons, with UBC's Southern Medical Program, are rapidly improving access to quality medical care in small and rural B.C. communities.

"In one day, I can see patients in Kamloops, Prince George, Dawson Creek, and Oliver, review their medical images in real time, and determine appropriate treatment plans

from our telemedicine office at the Kelowna General Hospital," says Dr. Michael Humer, thoracic surgeon at KGH and Clinical Assistant Professor, UBC Southern Medical Program.

Communicating from a distance via modern technology has already saved time, expenses and travel risk for thousands of regional patients in the Interior and Northern B.C. regions. Telemedicine now represents 50 per cent of the group's practice, enabling surgeons to connect with patients with a few clicks of a button. On average, 33 patients in 11 different communities are seen virtually each week.

"Patients, especially those who are elderly, are grateful to receive quality care while being spared the cost and stress of a multi-hour trip."

Behind the scenes, Dr. Humer says, the commitment of Interior Health and extensive collaboration with health professionals, office staff, and information technology specialists ensures the timely and reliable delivery of the vital service for people living across vast regions.

"We have removed distance from being an impediment to access to care for our patients."

For more on this story, visit the [Southern Medical Program website](#).

*This story includes excerpts from UBC Southern Medical Program.*

# Got Receipts?

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- ✓ expense reimbursements (i.e., travel, etc.),
- ✓ petty cash reimbursements, and
- ✓ purchases not requisitioned with purchase orders

must be received for payment in

**ACCOUNTS PAYABLE BY  
FRIDAY, MARCH 22, 2019**

to be included in your department's  
2018/19 expenditures.



Review the Jan. 3 all staff memo for more information.

# focus foundations

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## South Cariboo Health Foundation

**An interview with Brenda Devine, Public Relations/Fundraising Coordinator  
South Cariboo Health Foundation**

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

The South Cariboo Health Foundation supports the 100 Mile Hospital acute care and its adjoining residential care facilities: Fischer Place and Mill Site Lodge. Monies raised go to purchase equipment and to support health programs such as hospice, mental health, and meals on wheels.

**Do you have any favourite fundraising campaigns?**

Our annual Starry Nights fundraiser runs from November to January and brings in a large percentage of donations for the year. The entire hospital complex is decorated with Christmas lights and stars representing our “Be a Health Star” contributors. The campaign begins with a festive light-up-the-hospital ceremony. Care aides bring down several dozen residents to enjoy our event. It brings a smile to all those who participate.

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

Around 2008, the foundation was bequeathed over \$800,000. The money was used for a complete renovation and upgrading of the hospital’s emergency department.

**Any parting words?**

The foundation’s dominant message to donors is that all money raised stays within the community. Our hospital supported by the health foundation has provided stability to our community. The South Cariboo Health Foundation has a great working relationship with Interior Health staff, which makes all the difference with our mutual goals.



The South Cariboo Health Foundation includes (Back Row L-R): Ralph Fossum, Doug Dent, Chris Nickless, Craig Lee, Konrad Schmid-Meil; (Front Row L-R): Mary Shennum (Chair), Joyce Rowe (friend of the foundation), Dr. Joanne Lapin, Debbie Hollowell. Missing from photo: Burdick Smith, Lynda Lewis, Margaret Zielonka, and Nancy Martin.

### Favourite Foundation video:

Check out the Starry Nights fundraiser on YouTube.



YouTube.ca > [Starry Nights 2018 South Cariboo Health](#)

# \$3m

Donations to IH since 2002

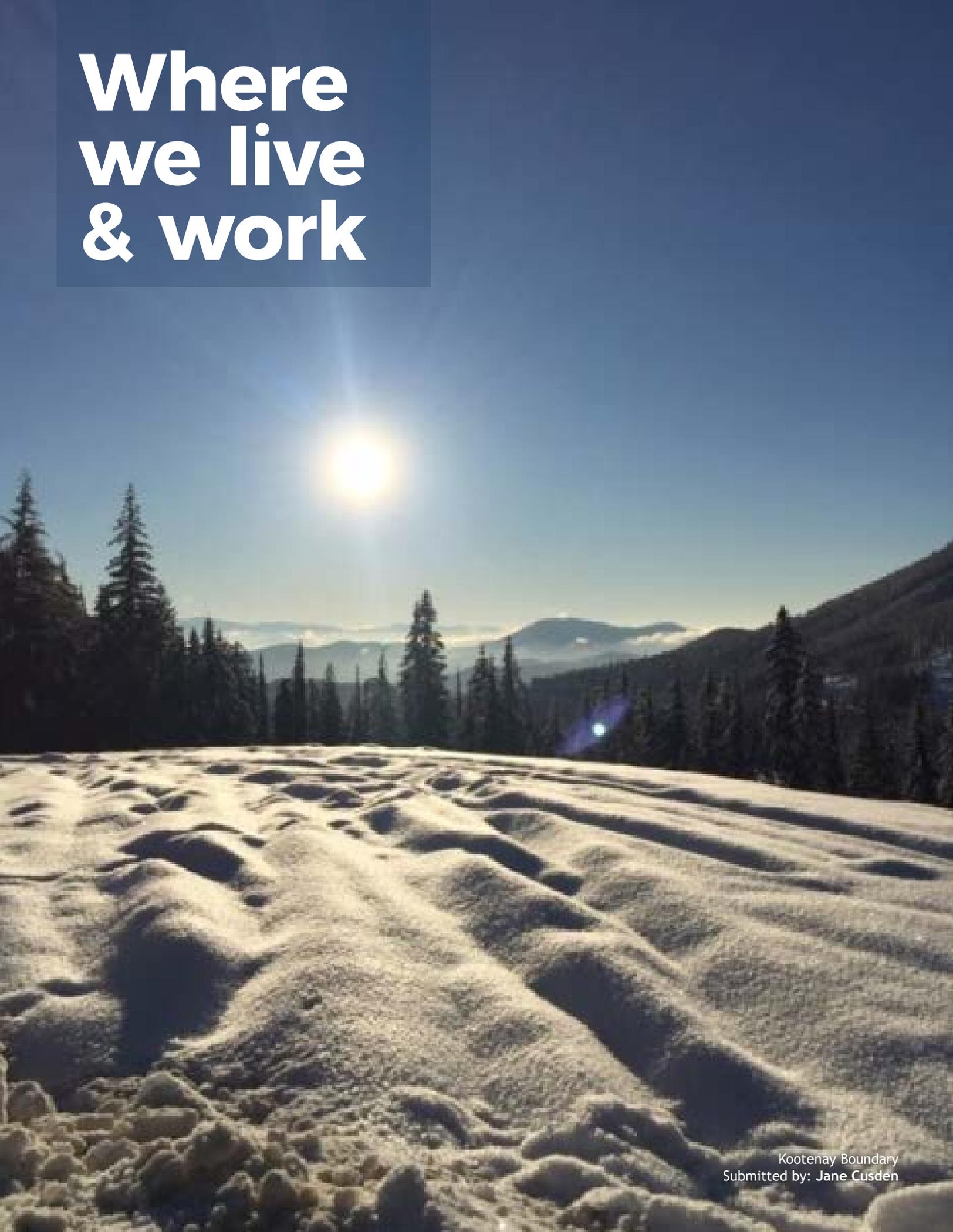
# \$145k

Donations to IH in 2017/18

# 2002

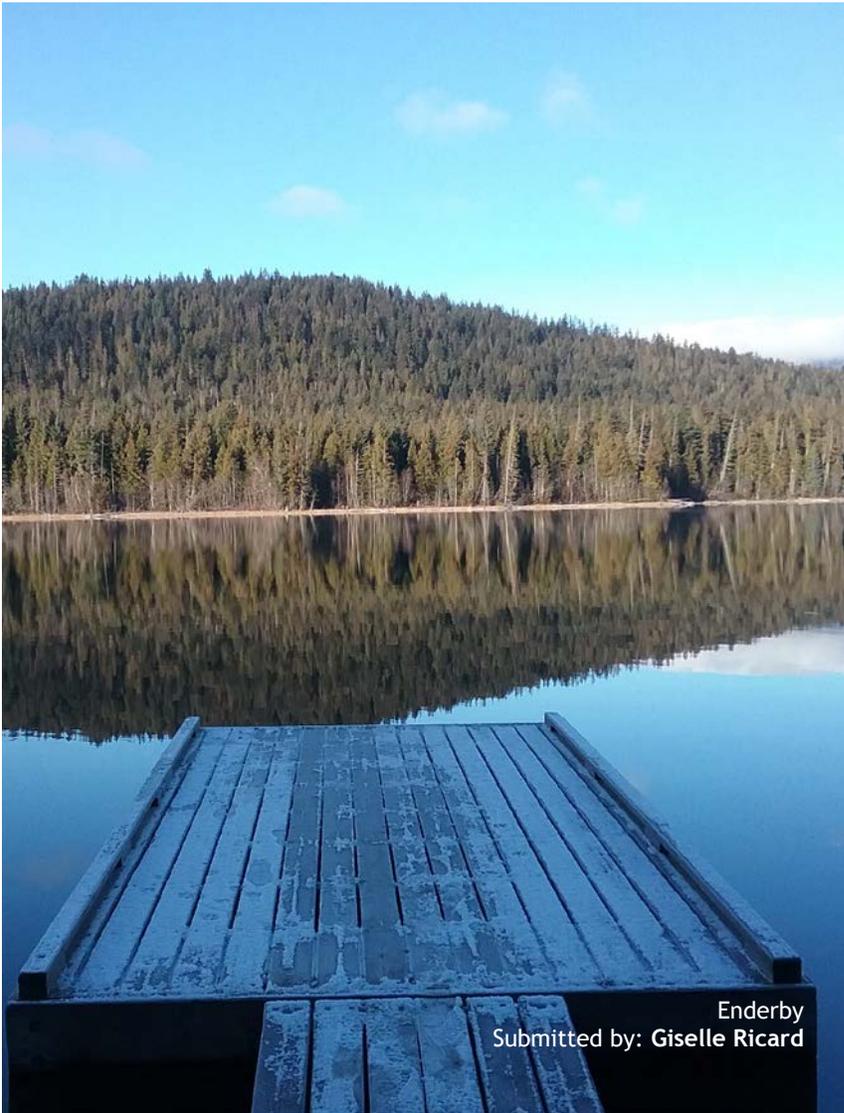
Year Foundation founded

# Where we live & work





Cranbrook  
Submitted by: Shellie Stevely



Enderby  
Submitted by: Giselle Ricard



Gardom Lake  
Submitted by: Deborah Marshall



# clicks

snapshots from the region



Visit Facebook to see more of the faces in IH.

# clips

health & wellness videos

## Extreme Grandpa

Trail resident John Carter lives an happy, active, and inspiring life at 90 years young.

YouTube.ca > [World's Most Extreme Grandpa](#)



## Changing the Conversation

“It’s incredible what you can do when you stand together,” says Tribal attorney and Couchiching First Nation citizen Tara Houska. “Stand with us – empathize, learn, grow, change the conversation.”

ted.com > [Tara Houska](#)

## Portraits of Kindness – Meet Michelle

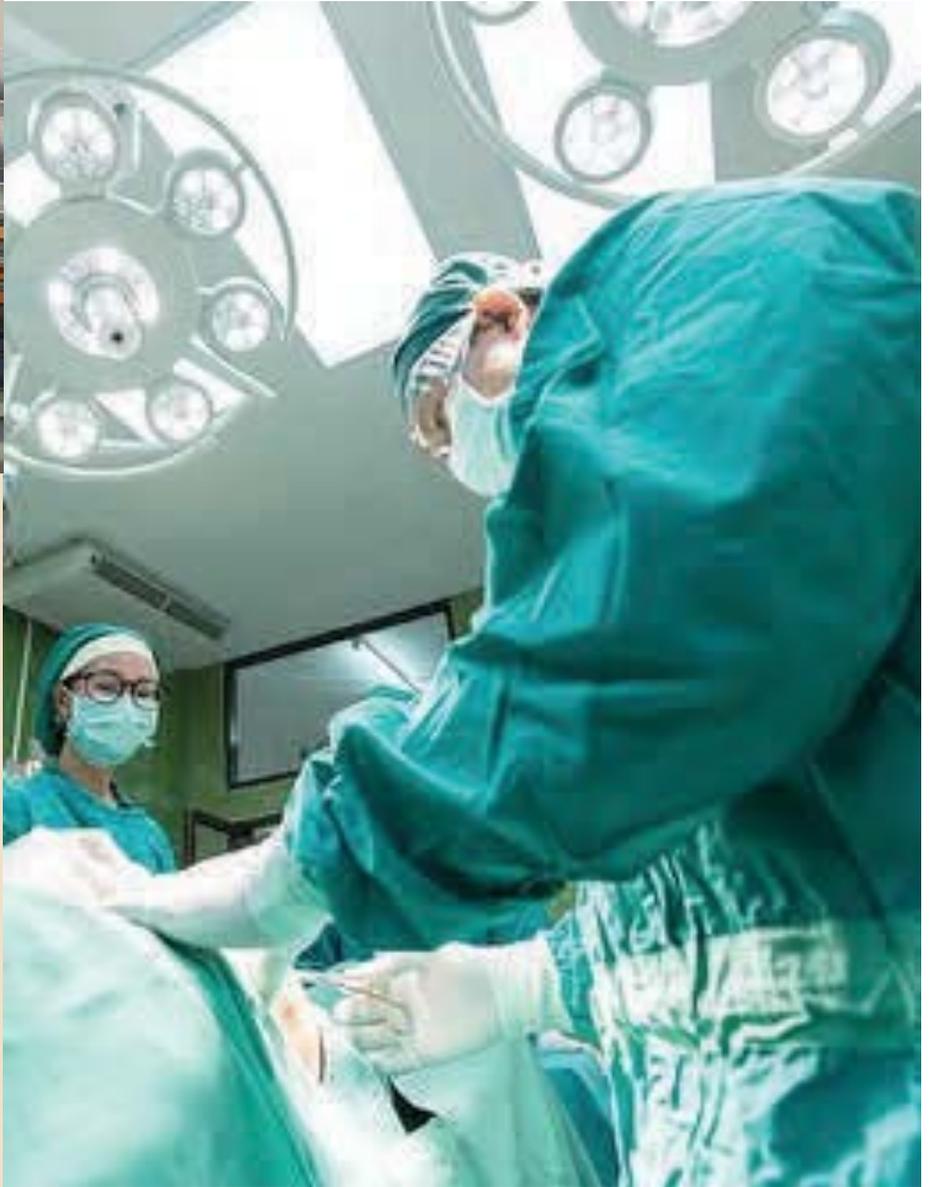
In anticipation of Pink Shirt Day on Feb. 27, please remember that a little kindness goes a long way.

pinkshirtday.ca > [Portraits of Kindness](#)





OPERATION:  
**Surgical Care For** *Life*  
Goal \$3.6 Million



By increasing surgical capacity at Vernon Jubilee Hospital we will reduce wait times, increase access and improve outcomes for the people of the North Okanagan.

How can you help? *Give.*

Online [vjhfoundation.org](http://vjhfoundation.org) | Phone 250-558-1362

Mail VJH Foundation | 2101—32nd Street | Vernon BC





**Interior Health**  
*Every person matters*

## **Board Correspondence February 2019**

### **Correspondence Received:**

- Patient Care Quality Review Board 2017/18 Annual Report

The above correspondence items have been referred to the CEO and/or appropriate Vice-President and/or Patient Quality Care Office and have been responded to accordingly.



Patient Care Quality  
Review Boards

RECEIVED

JAN 21 2019

January 15, 2019

Dr. Doug Cochrane  
Chair, Board of Directors  
Interior Health Authority, Corporate Office  
505 Doyle Ave, 5th floor  
Kelowna, BC V1Y 0C5

Dear Dr. Cochrane:

The Patient Care Quality Review Boards are pleased to present their 2017/2018 annual report. The annual report provides statistical information and an overview of the care quality concerns brought forward to the Boards for review. In addition, it illustrates where recommendations by the Boards have made improvements to our health care system for the benefit of all British Columbians.

In 2017/2018, the Boards accepted 125 review requests. The Boards completed 80 reviews and made a total of 54 recommendations to the health authorities in 36 of those cases. It has been rewarding for the Boards to see their recommendations implemented, as even very small changes can make significant improvements to the patient experience.

The annual report will also be available at: [www.patientcarequalityreviewboard.ca](http://www.patientcarequalityreviewboard.ca).

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Swift".

Richard Swift, Q.C.  
Senior Chair - Patient Care Quality Review Boards

<<Enclosure>>