



Interior Health

BOARD PUBLIC MEETING

Tuesday, July 19, 2016

9:00 a.m. – 11:25 a.m.

Boardroom I

1815 Kirschner Road, Kelowna



BOARD MEETING

Tuesday, July 19, 2016

9:00 am – 11:25 am

Boardroom 1 - 1815 Kirschner Road, Kelowna

Board Members:

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

Resource Staff:

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

Guests:

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

Presenters:

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

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

A G E N D A

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	<u>Call to Order</u>			
1.1	Acknowledgement of First Nations and Traditional Territory	Board Chair	9:00 am	■
1.2	Approval of Agenda	Board Chair	9:05 am	■ ◆
2.0	<u>Presentations – from the Public</u>			
	None			
3.0	<u>Presentations – for Information</u>			

ITEM		RESPONSIBLE PERSON	TIME	ATT
3.1	UBC Southern Medical Program Update	Dr. Allan Jones	9:10 am 20 min	◆
3.2	Syrian Refugee and Newcomer Pathways Report 2016	Lorena Hiscoe Leslie Bryant-MacLean	9:30 am 30 min	◆
4.0	<u>For Approval</u>			
4.1	Minutes – June 1, 2016 Board Meeting	All	10:00 am	■ ◆
5.0	<u>Follow Up Actions from Previous Meeting</u>			
5.1	Action items – June 1, 2016 Board meeting	Board Chair	10:01 am	■ ◆
6.0	<u>Committee Reports (Recommendations may be brought forward)</u>			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	10:03 am 10 min	■ ◆
6.2	Audit & Finance Committee	Director Rounsville	10:13 am 10 min	■
6.3	Quality Committee	Director Burrows	10:23 am 10 min	■
6.4	Governance & Human Resources Committee	Director Dooley	10:33 am 10 min	■
6.5	Strategic Priorities Committee	Director Wasyluk	10:43 am 10 min	■
6.6	Stakeholders Relations Committee	Board Chair	10:53 am 5 min	■ ◆
7.0	<u>Reports</u>			
7.1	President & CEO Report	Chris Mazurkewich	10:58 am 15 min	■ ◆
7.2	Chair Report	Erwin Malzer	11:13 am 10 min	■
8.0	<u>Correspondence</u>			
9.0	<u>Discussion Items</u>			
	None			

ITEM	RESPONSIBLE PERSON	TIME	ATT
10.0	<u>Information Items</u>		
10.1	Stakeholder Engagement Highlights		■ ◆
11.0	<u>New Business</u>		
	None		
12.0	<u>Future Agenda Items</u>		
13.0	<u>Next Meeting:</u> Tuesday, Oct 4, 2016		
14.0	<u>Adjournment</u>		

Background

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

Engagement training for Communications & Public Engagement staff

- Three Communications Officers attended International Association of Public Participation (IAP2) *Foundations in Effective Public Participation* course from May 30-June 3. These individuals, supported by the Director – Public Engagement and Stakeholder Relations, are responsible for enhancing engagement skills across IH for leaders involved in formal and informal stakeholder engagement.

Stakeholder Engagement by Portfolio:

- **Support Services & CFO** – Attended Penticton Regional Hospital Patient Care Tower ground breaking site visit on May 26 with Finance Minister, MLA for Penticton and Partnerships BC CEO
- **Medicine & Quality** – Executive Medical Director for IH West joined CEO for meetings with staff and medical staff, foundations and auxiliaries, and elected officials in Clinton, 100 Mile House and Williams Lake June 7-9; discussions with Creston's community recruiter about recruitment needs and possibilities of physical space options; Chief Medical Information Officer has made initial connections with the Doctors of BC's Technology Office and the Kootenay Boundary and South Okanagan Divisions of Family Practice; Executive Medical Director for Primary and Residential Care is providing support for the community of Lumby's efforts to fill two GP vacancies.
- **Integration & Strategic Services** – Six of seven Collaborative Services Committees (CSC) are determining next steps on engagement strategies for physician and staff members now that they're familiar with IH's five key strategies and are discussing how they can work together. The Kootenay Boundary CSC held several sessions in June, while the other CSCs are planning events through the fall; South Okanagan Mental Health Substance Use staff met with local judges to establish a partnership and share knowledge, including ways to link community members to the Community Crisis Response Team; Planning is taking place between IH, BC Housing, and service organizations on the best use for the Econolodge Motel in Kelowna, which BC Housing has purchased. The discussion includes the transition of the motel into a housing program for the homeless population.
- **Human Resources & Organizational Development** – Weekly teleconferences and monthly in-person meeting with HR VPs from all health authorities to oversee the implementation of the Nurses' Bargaining Association collective agreement; on June 15, VP Human Resources & Organization Development met with the Chief Operating Officer of Golden Life Management to discuss human resource related issues and opportunities of mutual concern and benefit.
- **Hospitals & Communities** – Representatives from BC Corrections, Provincial Health Services Authority, and local First Nations toured Penticton Regional and South Okanagan General Hospitals' Emergency Departments, to plan for the medical interface with the corrections' facility under construction in Oliver; VP and Executive Director met with MLA for Boundary-Similkameen on May 26 to share information, accomplishments and challenges for health care in the area.
- **Chief Information Officer & VP** – Continue to work with BC Clinical and Support Services Society to increase the value of the relationship, ensure open dialog, and improve service outcomes; after a late start in 2016, BC Rural Collaborative meetings have been restarted with a commitment to increased productivity and action. Two key initiatives—eStaffing and Position Management, were reviewed.
- **Population Health & Chief Medical Health Officer** – Exploring a partnership with Ministry of Health and Dr. David Olds' Colorado research team on use of telehealth technology for follow-up home visits for moms and babies in rural/remote communities; significant engagement has occurred with IH's contracted agencies and First Nations Health Authority partners to support the expansion of harm reduction and surveillance of overdoses. Planning for the implementation of Take Home Naloxone kits for non-regulated and allied health providers is nearly complete.

Stakeholder Engagement by Community Liaisons:

- Community Health Service Administrator for East Kootenay and Director, Allied Health met with East Kootenay MLA's assistant and representatives from the Parkinson Society local chapter to discuss training for

physiotherapists to assist with individuals living with Parkinson's disease, slowing progression of their illness and improving quality of life. A follow up meeting is being planned; Kootenay East Regional Hospital District was provided an update on the community paramedicine initiative in May and the newly-named communities in the expansion; Elk Valley Hospital staff and managers participated in a large Emergency Operations Centre (EOC) exercise with local agencies to prepare for local emergencies.

- Community Health Service Administrator for Kootenay Boundary participated in nine engagement meetings with stakeholders throughout the area on the primary care home model; ongoing work with the Trail Health & Environment Committee.
- Community Health Service Administrator for Thompson Cariboo Shuswap presented to Nicola Valley Health Care Foundation in early May and to Nlaka'pamux Nation LOU table on May 31 on IH's 5 Key Strategies and updates on local health services; meeting with Simpcw First Nation on May 2 regarding the delivery of Mental Health Substance Use services; campus of care project meeting with representatives from District of Clearwater, Thompson Nicola Regional District, and Evergreen Acres Society on June 6.
- Acute Health Services Manager for Grand Forks/Boundary attended a volunteer appreciation luncheon on June 20, which included 65 Grand Forks, Christina Lake and Hardy View Lodge Auxiliary members.
- Acute Health Services Director for Cariboo attended an emergency preparedness meeting on May 11 organized by the Cariboo Regional District to review their plans; attended a "Leaders Moving Forward" meeting chaired by the Williams Lake mayor on May 19.
- Acute Health Service Administrator for Kootenay Boundary attended the Interior Health Foundation round table meeting on May 13 in Trail.

Stakeholder Engagement by Community Health Facilitators (CHF):

- IH East CHF continues to attend the Cranbrook Poverty Reduction Committee; advisory committee meetings with the Town of Creston on updating the official community plan; City of Trail's advisory committee to create a Health Community Plan; and facilitated a local food system stakeholders engagement session in Cranbrook for the "Grow It, Eat It" task force.
- IH West CHF met with representatives from Thompson Rivers University to discuss Letter of Commitment (LoC) draft for a Healthy Community Partnership. Next steps are to finalize the LoC by early summer with the intention of developing a focused tri-party Memorandum of Understanding; met with City of Merritt to provide information and feedback on their Parks/Trails, Recreation and Culture Master Plan.
- IH Central CHF participated in four events with the City of Kelowna from May 29-31 to provide information to the public on the City's Healthy City Strategy and Community for All Ages theme; joined IH Medical Health Officer and Healthy Built Environment specialist to present to Okanagan Healthy Living Coalition on IH's strategic direction opportunities for the Population Health portfolio to work in collaboration with local governments to improve health and wellness.

Healthier You magazine:

- Distribution of Healthier You magazine's summer edition in July 2016
- Hard copies are distributed to hospitals, health centres, doctors' offices, community centres, libraries, and other businesses across Interior Health. A link to the latest issue is also sent to elected officials (MLAs, mayors, and RHD directors) and Divisions of Family Practice leads.
- Articles in the summer edition continue to build on Interior Health's focus on the five key strategies, with icons for each strategy tied to each story throughout. They include: Interior Health's partnership with the First Nations Health Authority and work happening to enhance health for Aboriginal patients; the movement toward providing more comprehensive care to patients through primary care homes; and how a regional operating room is improving surgical access and reducing wait times for patients.



Southern Medical Program Update – July 2016



Southern Medical Program Graduating Class of 2016

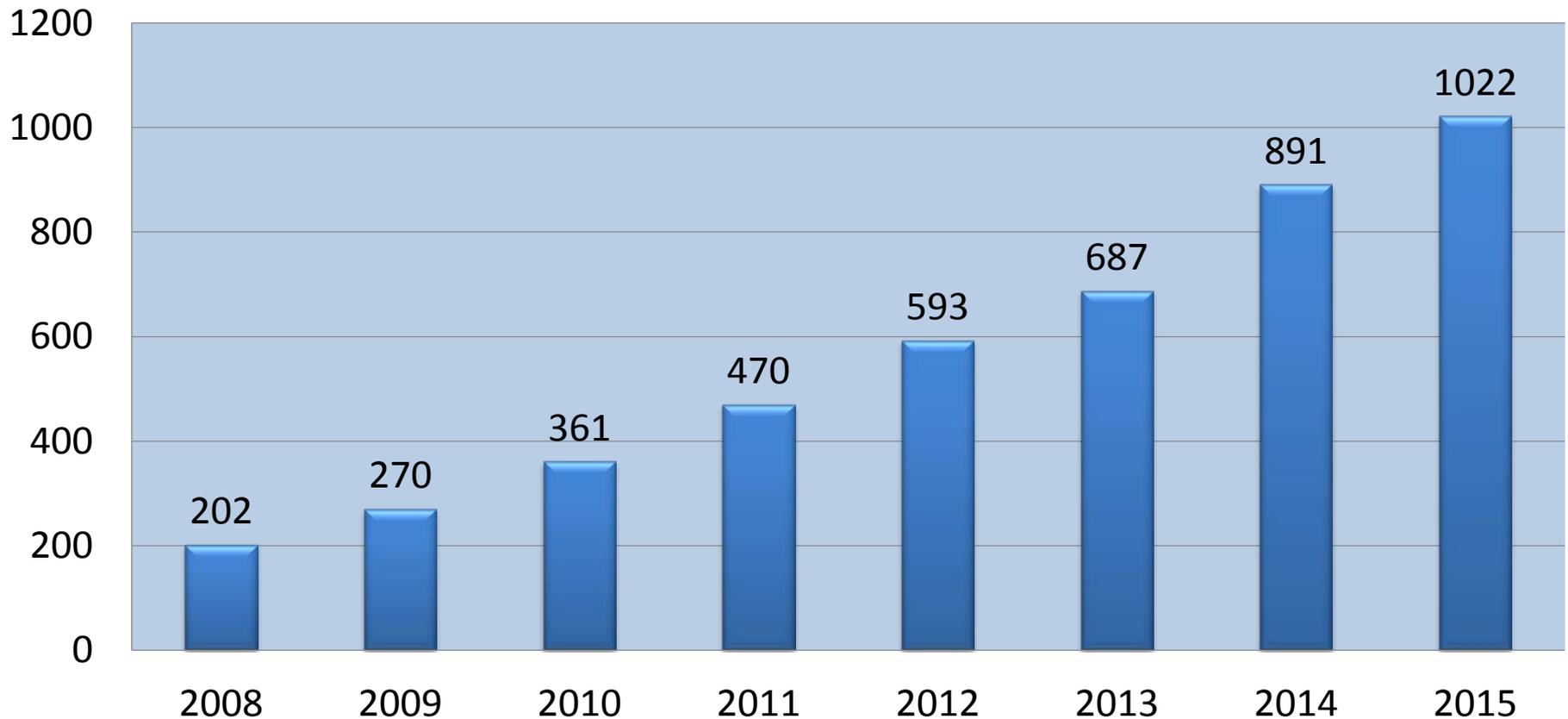


a place of mind

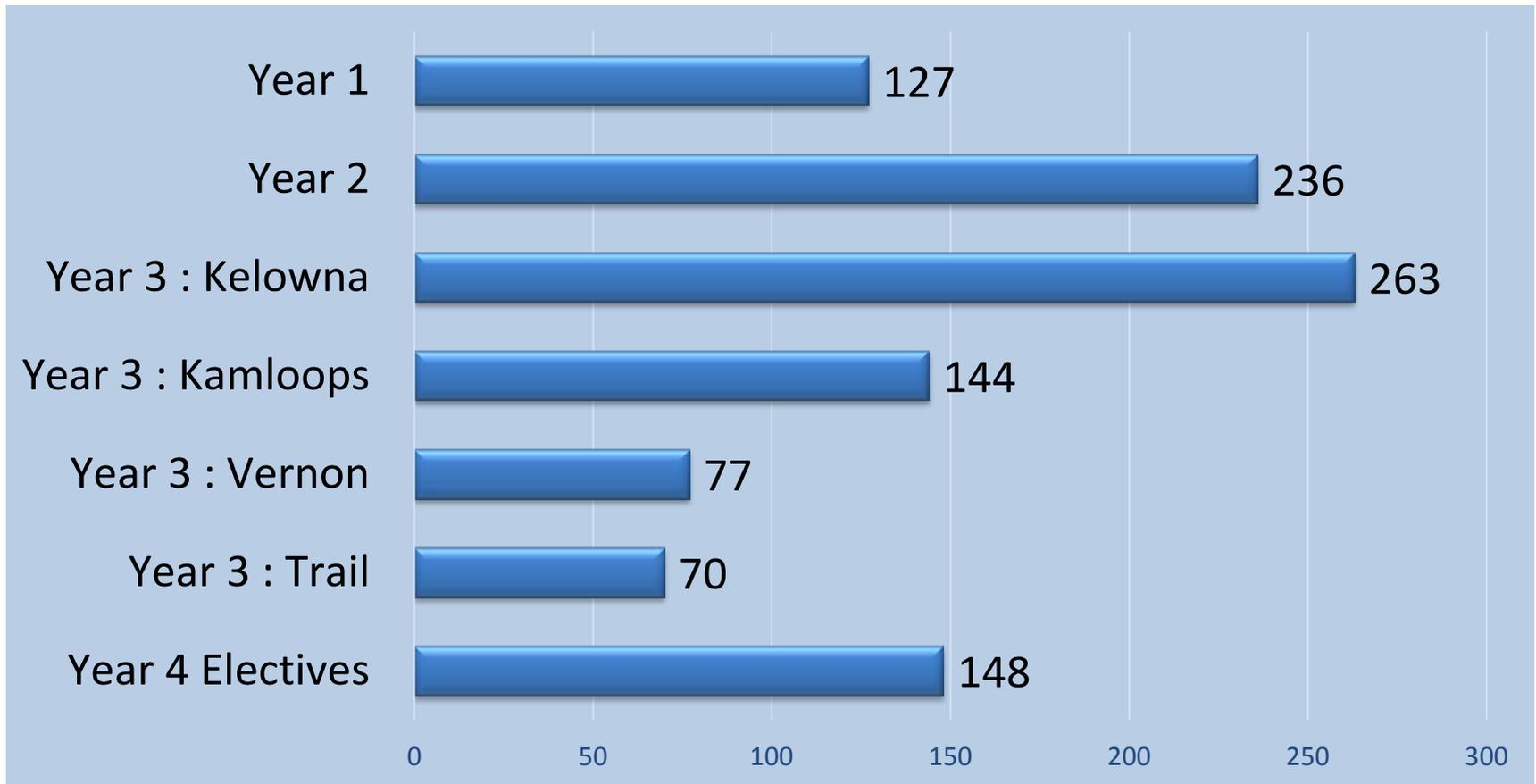
THE UNIVERSITY OF BRITISH COLUMBIA

FACULTY OF MEDICINE

Healthcare Preceptor Growth in the BC Interior (2008 – 2015)



Number of Healthcare Preceptors Teaching by Program Year



Independent Student Analysis: Key Findings

Third & Fourth Year MD Undergraduate Curriculum

Table 2. Proportion of positive responses (low/moderate/high) organized by site.

	<u>SMP</u>		
	Low <60%	Mod. 60-79%	High ≥80%
A	-	-	96
B	-	-	87
C	-	-	86
D	-	-	88
E	-	-	98
F	-	-	98
G	-	-	96
H	-	-	87
I	-	-	84

A. Quality of the third year clinical learning experiences
B. Quality of the final year required learning experiences
C. School responsive to student feedback on required learning experiences (3 rd & 4 th yr)
D. Time spent in required learning experiences
E. The quality and breadth of experience at small sites prepared me for my med education/residency
F. The quality and quantity of opportunities available for one-on-one educational experience was satisfactory
G. The opportunities for ward and classroom learning were appropriate for each rotation
H. Adequacy of education in caring for patients from different backgrounds
I. Amount and quality of formative feedback in third and fourth years



Southern Medical Program Admissions

- SMP Rural Stream - up to 10 of the 32 annual seats are now designated for students with rural background and/or interest
- The number of Interior-based students admitted to the SMP continues to grow each year.

SMP Class	Interior students	Hometown
SMP 2020	16	Golden, Kamloops (3) , Kelowna (3), Nelson, Oliver, Princeton, Rossland, Salmon Arm (2), Summerland, West Kelowna (2)
SMP 2019	13	Armstrong, Enderby, Kamloops (4), Kelowna (4), Lake Country, Vernon (2),
SMP 2018	6	Kamloops, Kelowna (2), Lake Country, Vernon, Williams Lake
SMP 2017	5	Coldstream, Kamloops, Kelowna, West Kelowna



Growth of Academic & Administrative Space



Clinical Academic Campus
(Completed – 34,000 ft²)



Reichwald Health Sciences Centre
(Completed – 45,000 ft²)



Kelowna General Hospital
(Completed - 3,600 ft²)



Kootenay Boundary Regional Hospital
(Completed – 2,000 ft²)



Vernon Jubilee Hospital
(Completed – 2,780 ft²)



Royal Inland Hospital
(Opening Summer 2016 – 4,895 ft²)



Penticton Regional Hospital
(Opening 2019 – 4,000 ft²)



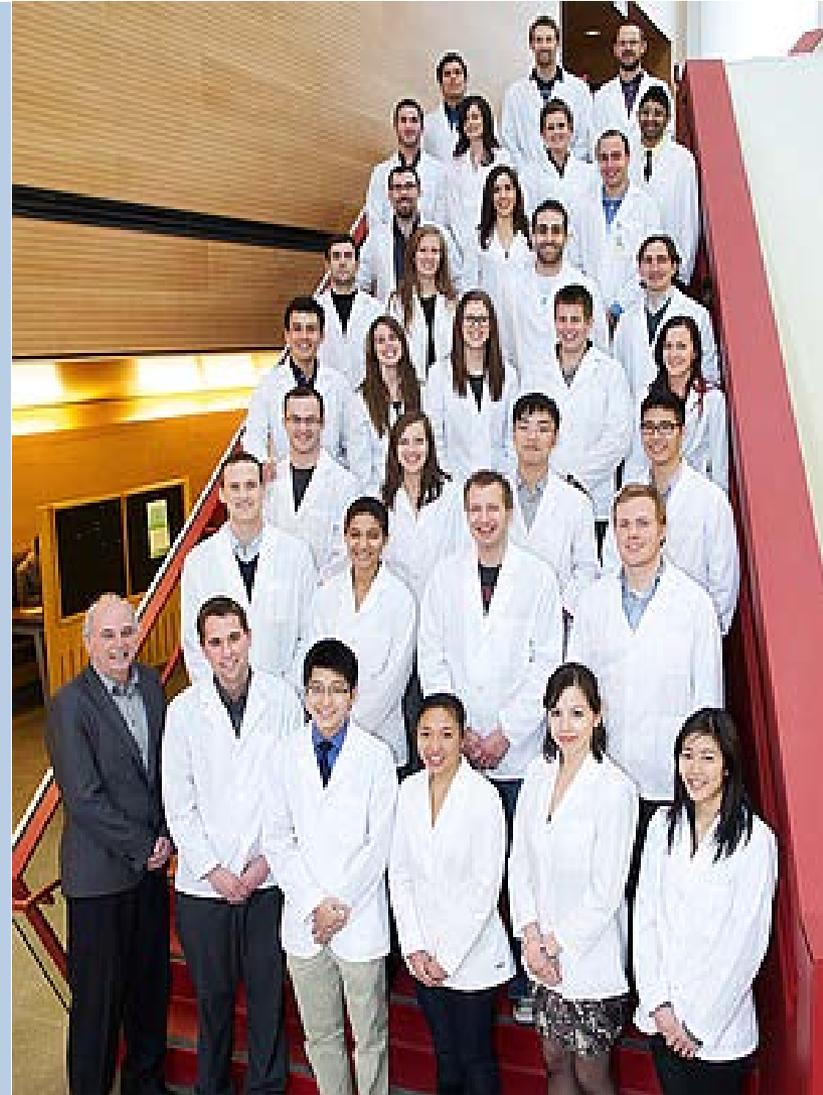
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THE UNIVERSITY OF BRITISH COLUMBIA

FACULTY OF MEDICINE

SMP Graduating Class of 2016 Highlights

- A total of 30 new doctors graduated this year from the SMP.
- 38% matched to Family Medicine residency programs including two in Kelowna (Rural) site and one in the new South Okanagan site based in Penticton.
- One graduate matched to the Kelowna Royal College Emergency Medicine Residency Program.
- 27% matched with primary care specialties (Internal Medicine, Pediatrics, and Psychiatry).
- 62% match with UBC residency programs.





Interior Health

Refugee Newcomer Care Pathways

Syrian Refugee Health Care Update

July, 2016

Trevor Corneil MD FRCPC
Vice President & CMHO

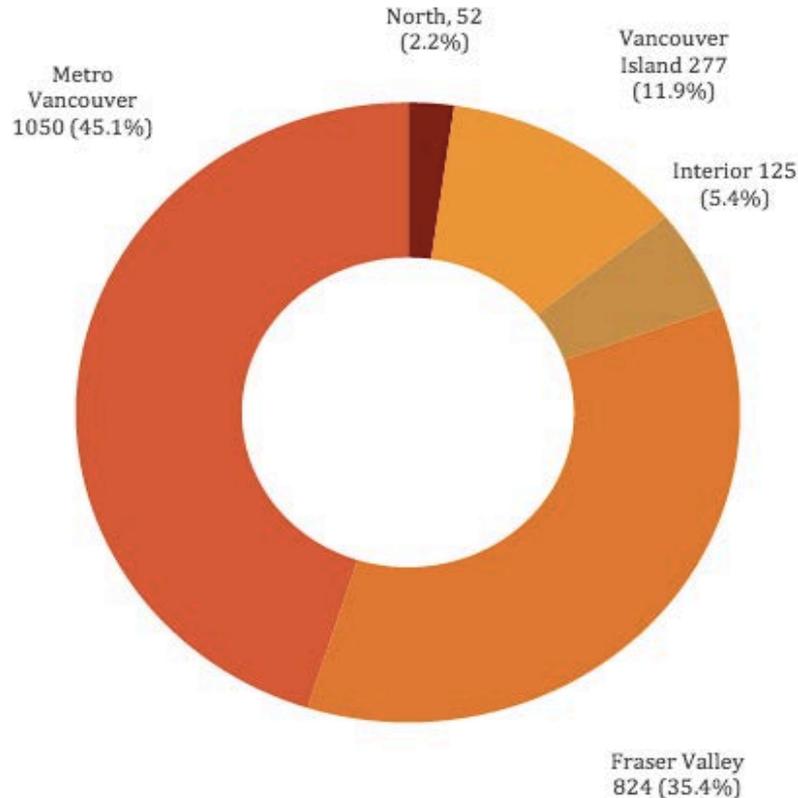
Developed by the IH and Interior Region Syrian Refugee Working Groups
Presented by Leslie Bryant MacLean and Lori Hiscoe

Outline

1. Syrian Refugee response in BC and the interior
2. Developing and implementing pathways for IH
3. Evaluation and outcome analysis at 6 months
4. Successes and challenges for sustainability



Syrian Refugee Response BC



SYRIAN REFUGEES IN BC

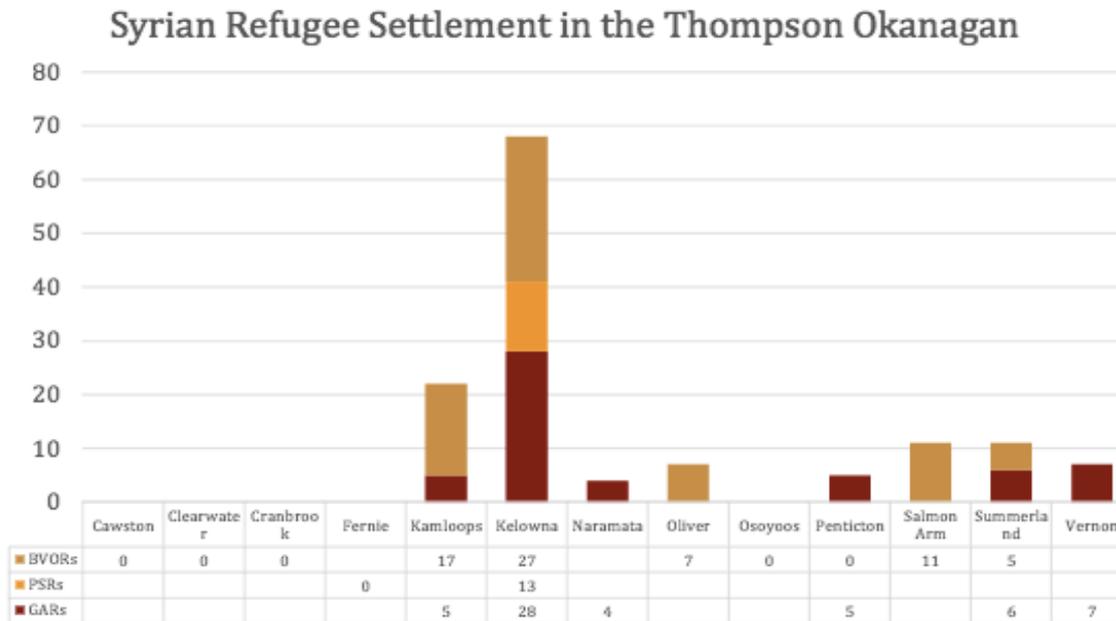
*November 4, 2015 –
March 18, 2016*

- Graph utilizes Provincial Refugee Response Team Boundaries
- Fraser Valley includes Surrey, Delta, Pitt Meadows and Maple Ridge
- Metro Vancouver includes those still in temporary accommodations so numbers may change (IRCC and ISSofBC data)



Syrian Refugee Response IH

SYRIAN REFUGEES IN THE THOMPSON OKANAGAN



- *November 4, 2015 - April 24, 2016*

- 140 - 159 Syrian refugees have settled in 7 communities, including

- 72-87 BVORs
- 14-17 PSRs
- 55 GARs

- An additional 29 - 38 PSRs are in the inventory

* 0 indicates number has been suppressed by IRCC (<5)



Project Objectives

- To contribute to, and play a significant role in, supporting the Syrian Refugee settlement in Canada
- To provide high quality health care services to Syrian Refugees arriving to the IH region
- To build sustainable Refugee Newcomer Care Pathways for future inward non-Canadian migration to our region



Health Care Needs



Screening

- Safety & Security
- Immigration Exam



Stabilization

- Paperwork
- Psych Trauma
- Infection Control
- Chronic Disease



Transition

- GP Integration
- Social Work
- Counselling



Development

- Identified Project Manager
- Recruited medical and nursing consultants
- Defined “Newcomer” as Refugee, Immigrant, or Undocumented person
- Consulted with IH staff, leadership, physicians, stakeholders and community agencies



Implementation

- Developed care pathways at urban clinics
- Created an info-portal on the IH website
<https://www.interiorhealth.ca/sites/Partners/refugeeCare/Pages/default.aspx>
- Provided regional education opportunities
- Offered ongoing clinical support



Settlement Analysis

Syrian Refugees seen in IH Sites

	Kamloops Primary Care Centre	Vernon Primary Care	Rutland Aurora Health Centre	Penticton
Total # appt:	16	13	33	3 GAR families (totals unknown)
1. GAR	5	13	No info	
2. PSR	11	0	No info	
3. BVOR	0	0	No info	
Avg appointment length				
1. Family/group	2hr	2hr	2hr	No info
2. Individual	30min	35min	30min	
# group/fam appt	6	1	15	No info
Individual appt	10	12	18	No info
Pre-booked appt	10	11		No info
Walk-in appt	0	1	2-3	
% appt requiring interpretation	100%	100%	100%	No info
# appt support by Refugee Nurse Specialist	3	1	1	No info
# refugee registered	21	7	61	No info



Cost Impact Analysis

- One time project support
 - 939 person hours
 - \$59,425 in wages
- Clinical care for refugees
 - \$5,877 or \$66/refugee
- Total cost to implement \$65,302



Sustainability Analysis

Newcomer Definition	Estimated #	Total Annual Operating Cost
PSRs (baseline)	25	\$1,650
GARs (post Syrian Crisis)	25	\$1,650
Immigrants (baseline)	1,000	\$66,000
Temp Foreign Workers (baseline)	10,000	\$660,000
Total	11,050	\$729,300



Successes

- Manageable number of Syrian Refugees
- Developed and implemented Care Pathways
 - Adopted by Fraser Health and Island Health
- Legacy website, resources, and EMR tools
- Engaged with new partners and stakeholders



Ongoing Challenges

- a) Access to interpretation services, especially for community clinicians
- b) Dissemination of information to clinicians that are caring for refugees
- c) Access to adequate dental care and optometry
- d) Transition of care to primary care clinicians in cities with limited GP access



Mitigation Strategies

- a) Broader implementation/use of Provincial Language Services without cost to private provider
- b) Regular updates to websites and documents
- c) Solicit support from allied health providers (dental, optometry)
- d) Engagement with the Divisions of Family Practice and the Primary Care Home plans



Transitioning from Special Project to Standard of Care

- IH community primary care clinics will continue to serve as the hub for Newcomer Care in their local region
- Refugee Newcomer Care Pathways will be extended to all Newcomers (Refugees, Immigrants, Undocumented)
- Further discussion regarding clinical care for Temporary Foreign Workers required



Conclusion

- IH met its objectives in a timely and effective manner
- Legacy pathways, protocols, and tools will support sustainability
- Partners and stakeholders from across the region achieved success together





Helping immigrants build a future in Canada



Kamloops Cariboo Regional Immigrants Society



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Government of Canada



Canada's Tournament Capital



City of Kelowna



Divisions of Family Practice

A GPSC initiative



Interior Health





Questions or Comments



DRAFT MINUTES OF MAY 31, 2016
REGULAR BOARD MEETING
1:00 pm – 2:45 pm
BOARDROOM 1 - 1815 KIRSCHNER ROAD – KELOWNA

Board Members:

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

Resource Staff:

Chris Mazurkewich, President & Chief Executive Officer (Ex Officio)
Marlis Gauvin, Board Resource Officer (Recorder)

Guests:

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

Presenters:

Elisabeth Antifeau, Home Health Practice Lead, Community Integration
Diane Edlund, Palliative Patient Voices Network Volunteer
Kathy Chouinor, Program Director, Home Health, Community Integration
Dianne Kostachuk, Director, Operations, Community Integration
Garth Vatkin, Quality Consultant, Surgical
Julie Wootton, Quality Improvement Consultant
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Dr. Silvina Mema, Medical Health Officer
Lori Hiscoe, Corporate Director – Clinical Operations, Population Health

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

I. CALL TO ORDER

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

I.1 Acknowledgement of the First Nations and their Territory

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

I.2 Approval of Agenda

Director Wasylyk moved. Director Jules seconded.

Motion: 16-06 **MOVED AND CARRIED UNANIMOUSLY THAT the Board approve the agenda as presented.**

2. PRESENTATIONS FROM THE PUBLIC

None.

3. PRESENTATIONS FOR INFORMATION

3.1 Improving the Palliative Journey

Elisabeth Antifeau and Diane Edlund presented an overview of the collaborative work undertaken to improve palliative care services within Interior Health. Ms. Edlund was identified through the Patient Voices Network and has participated in focused sessions to identify opportunities to improve communications and information available to patients and families throughout each step of the palliative care journey. The group has assisted in launching a redesigned webpage and in the development of a handbook, both of which incorporate language that is patient and family centred.

Board Directors thanked Ms. Antifeau and Ms. Edlund for their valuable contribution to improving the palliative care journey.

3.2 Enhanced Recovery

Garth Vatkin and Julie Wootton presented an overview of the Enhanced Recovery quality improvement initiative, which has supported sites across Interior Health in adopting models of care for post-operative patients which help involve patients in their own care to improve outcomes and reduce the required length of stay in hospital. Enhanced Recovery models are based upon researched best practices, and the basic principles can be applied to many different surgical programs to improve patient outcomes. By reducing the length of hospital stay, there is also improved access to care as surgical wait lists are decreased.

3.3 Provincial Health Officer Emergency Declaration

Dr. Trevor Corneil and Dr. Silvina Mema presented information regarding the increasing number of deaths within the province of BC resulting from opioid overdose, and the resulting emergency declaration made by the Provincial Health Officer to ensure that tracking and reporting related to opioid overdose deaths is mandatory across the province. All emergency departments are being provided with Take Home Naloxen (THN) kits which can be used to treat opioid overdose. These kits will also be available to public health, mental health and substance use, and community care partners.

4. APPROVAL

3.1 Approval – Minutes

Director Burrows moved. Director Wasyluk seconded.

Motion: 16-07 **MOVED AND CARRIED UNANIMOUSLY THAT the Board approves the minutes of the March 1, 2016 Board Meeting, as presented.**

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

Action items from the previous meeting were reviewed.

6. COMMITTEE REPORTS

5.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor reported on the Summary Report of the Health Authority Medical Advisory Committee meeting of April 22, 2016, noting the following highlights:

- Dr. Anneline Du Preez has completed her term as Regional Medical Advisory Committee Chair and has been appointed Vice-Chair. A selection process is underway for the new Chair.

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

- There were no recommendations from HAMAC at this time.

5.2 Audit and Finance Committee

Director Rounsville advised there were no motions requiring approval by the Board.

5.3 Quality Committee

Director Burrows moved. Director Jules seconded.

Motion: 16-08 **MOVED AND CARRIED UNANIMOUSLY THAT the Board appoint Sandy Da Silva as the Director of Mental Health for all Interior Health designated sites, as defined by the BC Mental Health Act, for a period of one year.**

5.4 Governance & Human Resources Committee

Director Dooley advised there were no motions requiring approval by the Board.

5.5 Strategic Priorities Committee

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

5.6 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

7. REPORTS

6.1 President and CEO Report

The President and CEO Report was received as information.

7.2 Chair Report

Erwin Malzer reported on recent visits by the Board Chair and President and CEO to several First Nations communities within Interior Health.

8. CORRESPONDENCE

9. DISCUSSION ITEMS

10. INFORMATION ITEMS

10.1 The Community Engagement Highlights Report was received as information.

11. NEW BUSINESS

12. FUTURE AGENDA ITEMS

13. NEXT MEETING

Tuesday, **July 19, 2016** – 1:00 p.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 2:45 pm

Erwin Malzer, Board Chair

Chris Mazurkewich, President & CEO



Interior Health

ACTION ITEMS REGULAR BOARD MEETING

July 19, 2016

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			



SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: June 24, 2016

1. MOTIONS PASSED

Motion: HAMAC endorses the 2016 Annual Infection Prevention & Control Report – carried unanimously.

Motion: That HAMAC endorse the Smoke Free Environment Policy as a standard of care and participate in physician engagement strategies to promote tobacco reduction – motion carried with 3 votes abstained.

Motion: That HAMAC endorses the Pharmacy & Therapeutics Executive Summary dated June 3, 2016 and the motions contained within, with the exclusion of the Administrative motion regarding the pharmacist to bed ratio of 1:30 – carried unanimously.

2. DECISIONS

3. ACTIONS

Action: G. Fedor and E. Ross will bring a draft 2017 meeting schedule to the September HAMAC for further discussion. (excerpt from in-camera minutes)

4. PRESENTATIONS TO HAMAC

ERM Implementation in the Emergency Department at RIH (A. Ganstal)

Dr. Ganstal provided an overview of the ERM implementation at RIH.

Overdose Emergency (S. Mema, L. Hiscoe)

Dr. Mema presented on the process and procedures that IH has undertaken since the Public Health emergency was declared in April.

IH Smoke Free Environment Policy Refresh (H. Deegan)

Ms. Deegan presented the revised Smoke Free Environment Policy and mitigation strategies to help make the policy successful.

IH Clinical Pharmacy Services: The Future is Now (R. Slavik, K. Peters)

Mr. Slavik presented the literature and studies that support having a higher ratio of clinical pharmacists to beds.

Lab Services: Medical Staff Reorganization (M. Moss)

Dr. Moss presented the proposed new structure for the medical staff within Lab Services.



Stakeholders Committee

REPORT TO THE BOARD

— July 2016 —

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

June 2016

June 2	Royal Inland Hospital Clinical Services Building Event Chair Malzer
June 3	Penticton Regional Hospital Patient Care Tower Liaison Committee Director Burrows
June 6	Royal Inland Hospital Donor Event Director Cannon
June 9	City of Castlegar Regional Hospital District Board Meeting Chair Malzer
June 17	BC Clinical & Support Services (BCCSS) Joint Meeting Chair Malzer
June 20	Conference Board of Canada Interview Chair Malzer
June 21	East Kootney Regional Hospital MRI Announcement Event - Cranbrook Director Rounsville
June 22	West Kootenay Boundary Regional Hospital District Meeting Chair Malzer
June 23	IH Ethics Committee Education Day Director Burrows
June 23	BC Quality and Safety Council Meeting Director Burrows
June 24	Health Authority Medical Advisory Committee meeting – Kelowna Chair Malzer
June 27-28	16 th Annual Healthcare Summit – Kelowna Chair Malzer, Director Burrows, Director Cannon, Director Wasylyk, Director Rounsville
June 27	Dr. Gur Singh Naming Event - Royal Inland Hospital Director Quinn

July 2016

- | | |
|----------|---|
| July 5 | Dr. Hooper Naming Event – Kelowna General Hospital
Chair Malzer, Director Wasylyk |
| July 6 | Chairman Circle Event – Kelowna General Hospital Foundation
Chair Malzer |
| July 7-8 | Board Chair & CEO Site visits – South Okanagan
Chair Malzer |
| July 12 | Penticton Regional Hospital – Patient Care Tower Groundbreaking Event
Director Burrows |



President & CEO REPORT TO THE BOARD July 2016

Enhancing Patient Access to Quality Care

Since my last report to the Board in May, Interior Health announced several investments that will increase access to quality care for residents of the Central and Southern Interior. Through these investments we are not only able to improve access to care by bringing resources closer to where our residents live, we are also improving the quality of care through more modern technology and innovative approaches to care delivery.

In all of our communities, the population is aging and care needs are increasing. We know that some seniors will require residential care, but many will not and can be supported in the community with robust programming. One important program that keeps our seniors independent is our adult day programs where people can come for a part of the day and receive both clinical and social supports from health care providers. In the Central Okanagan we recently expanded the adult day program at Hawthorne Park from five to six days a week, and launched a new program in West Kelowna, to provide greater access to residents in these communities.

With appreciation to the Cariboo Foundation Hospital Trust who funded the capital costs of Cariboo Memorial Hospital's new digital mammography unit, women in the Central Interior now have access to a new mammography unit. The new digital unit, replacing the previous analog unit, provides the same image quality but does so with lower doses of radiation, easier and faster access to images, computer-assisted diagnosis for interpretation, and better storage and access for breast imaging examinations.

Sometimes simple technology can be the most innovative solution – as simple as a phone call. Unfortunately in society there are those who take advantage of our seniors – physical, psychological, or financial abuse or neglect. Interior Health recently launched a new toll-free number so that anyone who has concerns regarding elder abuse can be connected with an Interior Health staff member who is trained to respond to such situations. People can reach elder abuse support from Interior Health at 1-844-870-4754.

MRIs are used to diagnose a number of medical conditions, including abnormalities of the brain, as well as tumours, cysts and soft-tissue injuries in other parts of the body. In the past decade MRIs have played an ever increasing important role in the diagnosis of care. In June it was announced that East Kootenay Regional Hospital will be the recipient of a fixed MRI, replacing the current mobile service that is on site one of every four weeks. The machine, funded through a partnership between the Ministry of Health, East Kootenay Foundation for Health, and the Cranbrook Hospital Auxiliary, will be operational in 2018.

Integrated Services

Researching Residential Care to improve Quality for the Future

Interior Health researchers are among a team recently awarded \$2 million for a new national study. *Seniors – Adding Life To Years* (SALTY) is a four-year research project that will evaluate programs, practices, and policies used in residential care facilities across Canada. The team aims to better understand how to add quality to years in the last phase of life for people in residential care and their caregivers. The project, which involves decision makers, clinicians, care providers, and family/friend caregivers, is being conducted in B.C., Alberta, Ontario, and Nova Scotia.

Integrated Youth Services Initiative Being Launched in Kelowna

Central Okanagan youth who are at risk of substance-use and mental health will soon benefit from the recently announced launch of a new Integrated Youth Services Initiative funded by the Provincial Government. The initiative will work with five British Columbia communities – Kelowna, North Vancouver and West Vancouver, Campbell River, Prince George and Abbotsford – to develop service centres for youth. The centres will be part of a provincial network of easily accessible youth mental-health, substance-use, primary-care, and social-service centres hosted by local non-profit organizations. This model will allow for earlier therapeutic interventions, when mental-health problems are just emerging. Intervening early can help to prevent challenges with mental health from becoming more serious.

RIH Dedicates Neurosurgery Patient Room to Dr. Singh

Friends and family gathered on June 27 to celebrate the life and career of Dr. Gur Singh, neurosurgery pioneer and former Chief of Staff at Royal Inland Hospital (RIH). Dr. Singh died at RIH on March 24, 2015, after a battle with amyotrophic lateral sclerosis (ALS). He was 78. He lived a full life, not the least of which included nearly 50 years of service at the Kamloops hospital, retiring in 2014. His commitment to patient care will live on through the naming of a high-observation room dedicated to neurosurgery patients in the 6 South post-operative unit at RIH.

Mobile Medical Unit offers hands-on education in Merritt

Clinicians at Nicola Valley Hospital and Health Centre (NVH) were the beneficiaries of specialized hands-on learning when B.C.'s Mobile Medical Unit (MMU) paid a visit on June 15-16. An evening open house for the community on June 15 was followed by a day-long education opportunity. The MMU's team of clinical educators, in partnership with IH's Rural Mobile Simulation Program facilitators and health-care professionals at NVH, held two three-hour education sessions inside the MMU's main clinical area. This allowed for a learning environment that was similar to what clinicians see at the hospital, but without any impact to patients or operations.

Approximately 15 nurses, physicians, and partners from B.C. Ambulance Service learned through various scenarios tailored specifically to meet the sites' needs, including multi-trauma and sepsis, and a pediatric cardiac-related case, as well as anaphylaxis. The scenarios may not be regular fare at NVH, but particular skills are nonetheless important to practice, such as ventilator set up, syringe pumps, airway management, and interosseous needles for vascular access.

Interior Heart and Surgical Centre Lobby Named After Cardiology Leader

Since the establishment of interventional cardiology services in 2009, residents of the Central and Southern Interior have received critically important and frequently life-saving services closer to home, at the Interior Heart & Surgical Centre (IHSC) in Kelowna. One of the physician leaders who led the charge for this service to be provided outside of the Lower Mainland and

Victoria for the first time was Dr. Richard Hooper. In recognition for his contributions to this service, and his 26 year commitment to health care services in the Okanagan, the lobby of the IHSC is now named the Dr. Richard Hooper IHSC Lobby.

2016/17 Budget

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

A long-term direction for us, and for health care across the province, is to be more efficient and more sustainable. By becoming more efficient, we find savings that can be reinvested to support a greater focus on prevention and integrated community care in order to decrease the growth in demand on acute and residential care.

Key Performance Measures

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

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

Managing Administration and Support Services Costs

The percentage of Administration and Support Services expense in relation to total organizational expense is a measure of the organization's efficiency. This category includes a number of expense line items including information technology support; plant maintenance, operations and security; telecommunications; volunteer services and administration. Interior Health has a target of less than 10% of total expenditures dedicated to this area. As of the end of the 2015/16 fiscal year expenses were at 9.7% of total organizational expense.

Human Resources

Difficult to fill position vacancy rates are important indicators of the employment market and are related to overtime costs incurred. IH's vacancy rates for nursing and paramedical professionals continue to remain at less than the established 2% target - 0.32 % and 0.36 % respectively.

Engagement

In June I visited the communities of Clinton, 100 Mile House, and Williams Lake. In early July Board Chair Erwin Malzer, Director Ken Burrows, and I visited the communities of Princeton, Keremeos, Oliver and Osoyoos. During these visits we had the opportunity to meet with our staff and medical staff to understand both the opportunities and challenges of delivering health care, tour the sites to better understand capital opportunities for the future, and meet with many important stakeholders including local, regional, and provincial elected officials, and foundations and auxiliaries.

During the trip to the Thompson and Cariboo I had the opportunity to meet with Royal Inland Hospital Foundation donors to thank them for their contributions, and to meet with the Cariboo Chilcotin Regional Hospital District and discuss our continued collaboration to improve access and quality of care for residents of the Central Interior.

As part of our visit to the South Okanagan and Similkameen, our Board Chair and I met with the President of Doctors of BC, Dr. Alan Ruddiman.

On a quarterly basis, Interior Health and UBC-Okanagan leadership meet to discuss issues of common interest, including expanding opportunities for health professional training and medical research. Our most recent meeting occurred in mid-June.

On June 22nd, I joined our Board Chair in Trail for a meeting with the West Kootenay Boundary Regional Hospital District. At the meeting we shared our organizational focus for the next few years and advanced our discussions on the potential opportunities to enhance the capital infrastructure at Kootenay Boundary Regional Hospital.

Building relationships with our aboriginal communities is an important objective for Interior Health in order to help reduce the significant gap in health outcomes between aboriginal and non-aboriginal populations. In late June, Interior Health's Vice President for Population Health & Chief Medical Health Officer, lead for Aboriginal Health, and I met with the First Nations Health Authority's CEO, Chief Operating Officer, Chief Medical Officers, and Interior Regional Director to advance work on our shared objectives.

On July 12th, I was able to join provincial, regional, and local elected officials, Interior Health Board members, and community representatives to celebrate the ground-breaking of the Penticton Regional Hospital Patient Care Tower.

Recognition

IH Employee recognized as Health Care Hero

As a home health nurse and educator, Karen Ritchie is the very embodiment of the philosophy that home is best when it comes to caring for people in all stages of life. And that's why she was named the 2016 Health Care Hero for Interior Health at the 10th annual BC Health Care Awards on June 27. Karen started her nursing career almost 40 years ago in the surgical unit at Cranbrook Regional Hospital, but in 1981 found her true passion in home care nursing.

She has dedicated the past 35 years to caring for clients in their homes, establishing deep roots in the East Kootenay that have made her a well-known and admired local figure, both professionally and personally. Congratulations on your Gold Apple Award, Karen! And thanks for your inspirational leadership, can-do attitude, and a nursing philosophy that maximizes self-determination and independence for patients and clients.

Cascade Medical Clinic and Princeton General Hospital awarded for Excellence in Rural Medicine

The Rural Coordination Centre of BC (RCCbc) has awarded the Cascade Medical Clinic and Princeton General Hospital Team a 2016 Award of Excellence in Rural Medicine. For the first time, RCCbc is recognizing care teams in sustained and resilient rural communities whose contributions have greatly elevated the health and wellbeing of their communities, both at an individual patient level and a broader community level.

Charity classic aces another golf event

This past month, Vernon Jubilee Hospital Foundation's seventh annual charity classic golf tournament was held on the Ridge Course at Predator Ridge. More than 130 golfers and event

sponsors made this year an overwhelming success with \$178,300.00 raised for the purchase of surgical tools for the operating rooms at Vernon Jubilee Hospital (VJH). Since the tournament began back in 2010, it has raised \$1,178,400. The success of the event is largely thanks to Predator Ridge, its members and residents who annually support this event.

Royal Inland Hospital a Premier's Award Finalist

Royal Inland Hospital has been chosen as a finalist for the Premier's Award in the Partnership category for the Interior/Northern Region. The nomination is for "Working Together to Improve Health and Safety for First Nations" and includes partners from the First Nations Health Authority, Interior Health, and the Kamloops Pathology Group.

Congratulations on a successful Bike to Work Week

Over 427 IH employees from more than 25 facilities across Interior Health participated in Bike to Work Week 2016. Collectively they rode more than 11,517 km and managed to burn 487,773 calories while reducing greenhouse gas (GHG) emissions by over 3,525 kg of carbon dioxide. Those are the same emissions that would come from driving 13,595 km, or from driving from St. John's Newfoundland to Kelowna, B.C.

Youth Volunteers Recognized

Last month, a recognition event was held to recognize the great work youth volunteers contribute to the Central Okanagan Residential Care homes. Over 160 people attended the event held at the Immaculate Conception Church Parish Centre in Kelowna. The Candy Strippers, Healthcare Cadets, and Youth Volunteers at Brookhaven Care Centre, Cottonwoods Care Centre, David Lloyd-Jones Home and Three Links Manor and family members enjoyed a BBQ provided by Volunteer Services. The group was brought in to the accompaniment of bagpipes and awards were handed out to the volunteers for their hours of service. Congratulations to these dedicated teenagers.

*Chris Mazurkewich
President & CEO*