

**BOARD OF DIRECTORS REGULAR MEETING**

October 6, 2021 – 5:00 pm to 6:00 pm

Live Stream

**Board Members**

Doug Cochrane, Chair  
 Karen Hamling  
 Spring Hawes  
 Diane Jules  
 Selena Lawrie  
 Allan Louis  
 Cindy Popescul  
 Dennis Rounsville  
 Cindy Stewart

**Resource Staff**

Susan Brown, President & CEO  
 Karen Bloemink, VP Human Resources, Population Health & Pandemic Response  
 Shallen Letwin, VP Clinical Operations, IH South  
 Dr. Sue Pollock, interim Chief Medical Health Officer  
 Carmen Gudljek, Board Liaison (recorder)

**Guests/Presenters**

Item 2.2:  
 Dr. Sue MacDonald, Executive Director, IH North, Primary & Community & Seniors Care  
 Joanna Harrison, Executive Director, Seniors Specialized Care Transformation

Time		Item	Lead Presenter	Action	Att.	
	<b>1.0</b>	<b>CALL TO ORDER</b>				
5:00 – 5:05 (5 min)	1.1	Territorial Acknowledgement	Chair Cochrane			
	1.2	Declaration of Conflict of Interest		Discussion		
	1.3	Approval of Agenda		Decision	♦	
	1.4	Approval of Consent Agenda 1.4.1 Research Ethics Board (REB) Report 2020-21		Decision	♦	
	<b>2.0</b>	<b>NEW BUSINESS</b>				
5:05 – 5:25 (20 min)	2.1	COVID-19 Update	Dr. Sue Pollock Karen Bloemink	Discussion		
5:25 – 5:45 (20 min)	2.2	Presentation: Long-Term Care Services in Interior Health	Dr. Shallen Letwin Dr. Sue MacDonald Joanna Harrison	Discussion	♦	
	<b>3.0</b>	<b>STANDING REPORTS</b>				
5:45 – 5:50 (5 min)	3.1	President & CEO Update	Susan Brown	Discussion		
5:50 – 5:55 (5 min)	3.2	Board Chair Update	Chair Cochrane	Discussion		
	<b>4.0</b>	<b>ADJOURNMENT</b>				

**Next Meeting: December 8, 2021**



**BOARD OF DIRECTORS IN-CAMERA MEETING (item 1.4)**

October 6, 2021

---

**MOTION**

**THAT** the Board of Directors approved the Consent Agenda of October 6<sup>th</sup>, 2021 as presented to include approval of the following:

**Item 1.4.1: Research Ethics Board (REB) Report 2020-21**

THAT the Board of Directors receive the Research Ethics Board (REB) Report 2020-21 for information.

## BOARD BRIEFING NOTE

---

**Submission to:** Board of Directors Regular/Public (BoD)

**Date of Meeting:** October 6, 2021

<b>Title</b>	Research Ethics Board (REB) Report 2020-21
<b>Purpose</b>	The Interior Health (IH) REB has a reporting relationship to the Board of Directors and submits a report on its work to the Board annually.
<b>Brief Type</b>	Consent Agenda (no time required)
<b>Presenter(s)</b>	N/A
<b>Time Requested</b>	0 min
<b>Lead</b>	Cheryl Whittleton, Chief Nursing Officer and Professional Practice Leader
<b>Portfolio Sponsor(s)</b>	Roger Parsonage, Interim VP, Clinical Operations IH North (VP, CON)
<b>Materials (Appendices)</b>	Appendix A – IH Research Ethics Board Report 2020-21
<b>Link to a Strategic Priority or Goal</b>	3. Ensure sustainable health care by improving innovation, productivity, and efficiency

### 1.0 PROPOSED RECOMMENDATION/RESOLUTION

That the Board receives this brief and accompanying Research Ethics Board Report 2020-21 for presentation and discussion purposes only.

### 2.0 DISCUSSION

This report is intended to provide an overview of the work done by the Research Ethics Board (REB) on behalf of Interior Health (IH) during the 2020-21 fiscal year. This fiscal, although the COVID-19 pandemic meant that REB members experienced new demands on their time and expertise, not a single meeting was cancelled due to an inability to meet quorum demonstrating the REB members' commitment.

Research not pertaining to COVID-19 was briefly halted at the beginning of the pandemic, but resumed quickly and safely under the guidance of the REB and its partner boards who are a part of the Research Ethics BC provincial network. REB members and researchers alike learned a great deal about conducting research remotely.

In the coming year, the REB anticipates the signing of a new Reciprocity Agreement governing multi-jurisdictional research. The principles that have worked well in recent years are retained in the updated agreement and new partner institutions have been added. The IH REB benefits from these partnerships and is pleased to mentor new partner boards. We also anticipate contributing to provincial guidance governing research in specific therapeutic areas including pediatrics and post-COVID care clinics. The net effect of collaborating with partner institutions has been to increase the amount of research occurring at IH.

**3.0 INFORMATION SUPPORTING BOARD or COMMITTEE INPUT**

**3.1 Background**

The IH REB is accountable to the Board of Directors and presents an Annual Report to the Board.

The purpose of the REB is to:

- Provide an independent, multi-disciplinary review of all research involving human participants conducted under the auspices of IH: involving IH facilities, contracted facilities, or programs; by IH staff or physicians; or involving IH staff, physicians, patients or persons in care as participants.
- Ensure that all research is conducted in accordance with national research ethics policy as set out in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and other regulations applicable to research conducted with human participants;
- Ensure that the ethical obligations of research are met before the research commences, thereby protecting research participants, IH and affiliated parties.

In carrying out its functions, the REB supports public trust in research and high quality, evidence-informed care.

**3.2 Options Considered**

N/A

**3.3 Risk Considerations**

- 3.3.1** (Legal/Regulatory: Compliance) Research within IH is not conducted in alignment with federal, provincial, and institutional legislation and policy.
- 3.3.2** (External Relations: Public Trust) Ethical conduct of research is critical to maintaining public trust in receiving high quality care.
- 3.3.3** (Clinical: Quality Care & Patient Safety) Patient care practices are not evidence-informed.

**REFERENCES**

1. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, December 2018.
2. Interior Health Board Policy 3.18 *Research Ethics*, December 2019.

**APPROVAL OF SUBMISSION & RECOMMENDATIONS**

Name	Signature	Date Approved
Roger Parsonage, Interim VP, CON		August 6, 2021

Name	Signature	Date Approved
Susan Brown, President & CEO		August 16, 2021

# BOARD REPORT

## Research Ethics Board Report 2020-21

Prepared by:

Sandra Broughton, REB Chair

Dorothy Herbert, REB Coordinator



Interior Health

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate and work together. This region is also home to 15 Chartered Metis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Metis, and Inuit peoples across the Interior.

# HIGHLIGHTS



- Pandemic impacts
- New educational resources for researchers and REB members
- Mentoring new REBC partner organizations
- Ease of access of archival tissue in support of cancer research



# CHALLENGES



- COVID-19 impacts
  - Competing demands on members
  - Stopping and restarting 270 studies
  - Conducting research remotely
  - Pandemic fatigue
- Access to patient personal information for research purposes
- Withdrawing studies from IH review



# PERFORMANCE INDICATORS



- 11 clinical trials
- 33 student research projects
- 55 studies with 'Full reciprocity'
- 118 new research applications
- 296 active files
- 133 consultations



# NEXT STEPS



## Current

## Future

- Province-wide collaborations
- Recruitment of new members
- REB policies



Reciprocity Agreement;  
Clinical Trials Community of  
Practice;

Post-COVID Interdisciplinary  
Clinical Care Clinic;  
specialized pediatric REB

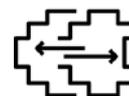
Indigenous representation;  
physician members.

Greater use of scientific  
members



New policy RA1000 External  
Review of Research

3-year reviews of many other  
IH REB policies



## BOARD BRIEFING NOTE

**Submission to:** Board of Directors Regular/Public (BoD)

**Date of Meeting:** October 6, 2021

<b>Title</b>	Long-Term Care Services in Interior Health
<b>Purpose</b>	To provide an update to the Board of Directors (BoD) Regular/Public regarding Long-Term Care Services in Interior Health.
<b>Brief Type</b>	For Discussion
<b>Presenter(s)</b>	Dr. Shallen Letwin, VP, Clinical Operations, IH South (VP, COS) Dr. Sue MacDonald, Executive Medical Director, IH North, Primary and Community, and Seniors Care Joanna Harrison, Executive Director, Seniors Specialized Care Transformation
<b>Time Requested</b>	15 min
<b>Lead</b>	Joanna Harrison, Executive Director Seniors Specialized Care Transformation
<b>Portfolio Sponsor(s)</b>	Dr. Shallen Letwin, VP, Clinical Operations, IH South (VP, COS)
<b>Materials (Appendices)</b>	Appendix A – Long-Term Care Services in Interior Health
<b>Link to a Strategic Priority or Goal</b>	Implement health improvement strategies for targeted populations across the continuum of care. 2. Deliver high quality care.

### 1.0 PROPOSED RECOMMENDATION/RESOLUTION

That the Board of Directors (BoD) Regular/Public receives this brief for presentation and discussion.

### 2.0 DISCUSSION

The enclosed Interior Health Long-Term Care presentation for the Board of Directors Regular/Public meeting is an overview of Long-Term Care Services in Interior Health (Appendix A). The presentation outlines the population changes and quick facts related to Long-Term Care and describes the clinical approach to services and key future priorities.

### 3.0 INFORMATION SUPPORTING BOARD or COMMITTEE INPUT

#### 3.1 Background

The senior population is a key demographic within the context of the health emergency of COVID-19 and responding wildfire evacuations. Interior Health has continued to progress the seniors care strategic priority for coordinated access to team-based specialized community services' and implementing emerging evidence from the COVID-19 Pandemic.

The coordinated Interior Health Long-Term Care services are part of the Specialized Community Services Programs (SCSP's) and, as such, the transformation and improvements to Long-Term Care services will continue to evolve during the development of the SCSP model of service delivery and expand the relationships with internal and external partners.

SCSP's are now fully functional in the South Okanagan and Kootenay Boundary, implementation is underway in the East Kootenay, Central Okanagan and Cariboo

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate, and work together.

This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.

Chilcotin, and implementation planning is beginning in the Shuswap North Okanagan and Thompson South Cariboo.

### 3.2 Risk Considerations

- 3.2.1** (Human Capital: Organizational Capacity) Implementing and managing organizational and operational changes during the pandemic and wildfires reduces human capacity and increased risk of staff burnout.
- 3.2.2** (Clinical: Quality Care & Patient Safety) There must be a continual focus on quality to improve health care experiences.
- 3.2.3** (External Relations: Strategic Focus) Failure to provide focused attention and guidance to external partners may lead to a loss of direction and limited success in service performance.

### REFERENCES

1. Long-Term Care Quality Initiative, BC Academic Health Sciences Network and Ministry of Health <https://bcahsn.ca/ltc-qi/>
2. LTC+ Acting on Pandemic Learning Together Program, Healthcare Excellence Canada. <https://www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/ltc-acting-on-pandemic-learning-together/>

### APPROVAL OF SUBMISSION & RECOMMENDATIONS

Name	Signature	Date Approved
Dr. Shallen Letwin, VP, COS		August 26, 2021

Name	Signature	Date Approved
Mal Griffin on behalf of Susan Brown, President & CEO		September 8, 2021

# BOARD REPORT

October 6, 2021

## Long-Term Care Services in Interior Health

Presentation to the Interior Health Board of Directors

Joanna Harrison, Executive Director, Seniors Specialized Care Transformation  
Dr. Sue MacDonald, Executive Medical Director IH North,  
Primary and Community, and Seniors Care

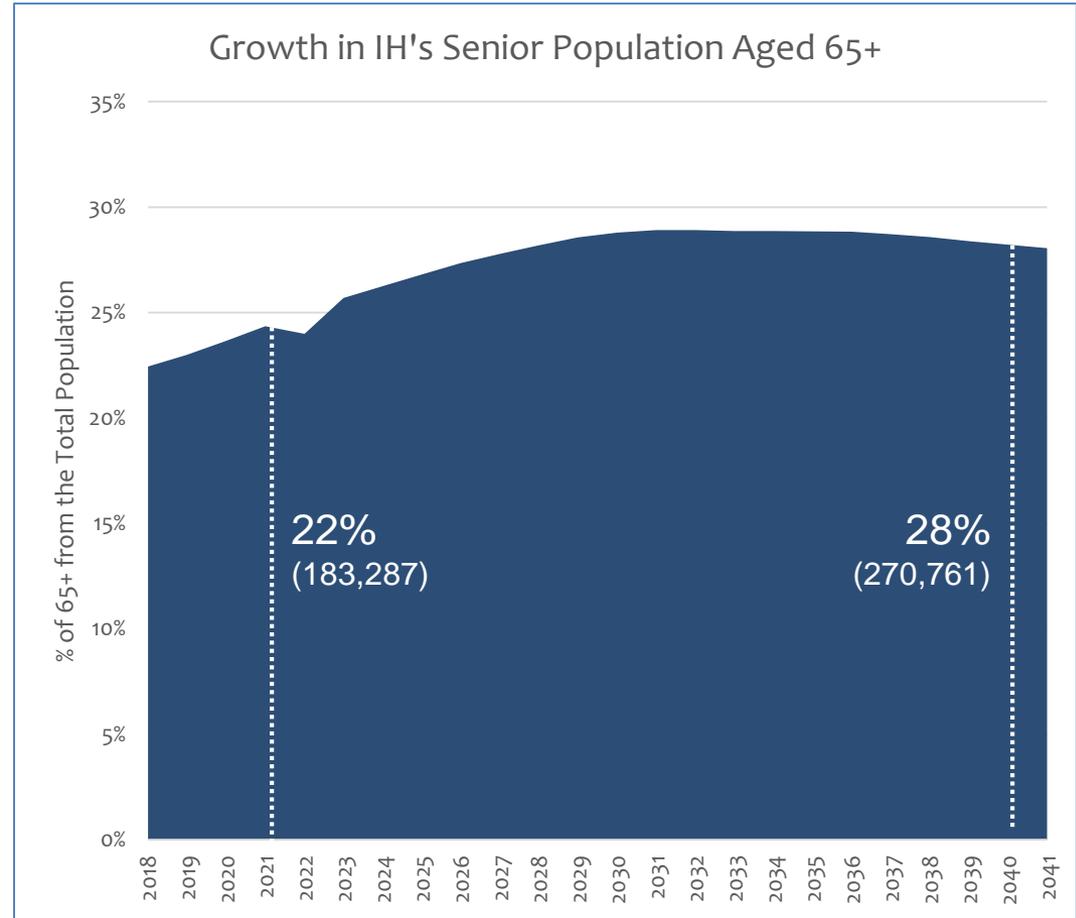


We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate and work together. This region is also home to 15 Chartered Metis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Metis, and Inuit peoples across the Interior.

# Population Changes



- Interior Health's population **aged 65+** is projected to grow to **28%** of the population by 2040.
- The risk of being diagnosed with **dementia** doubles with every 5 year increase in age, between the ages of 65 and 84.
- 19% of Interior Health inpatient cases awaiting Long-Term Care placement have a **Mental Health and Substance Use** condition.



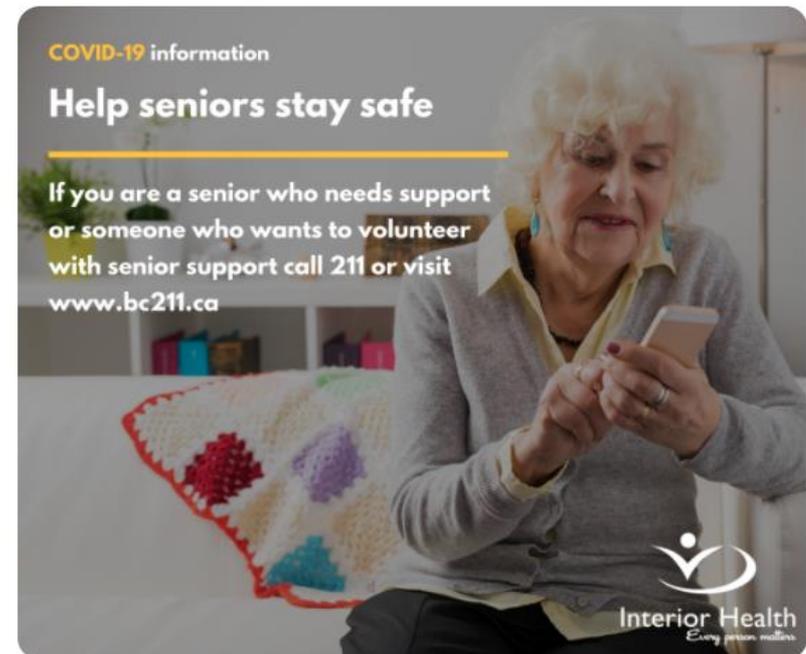


- Interior Health has **6,061** publicly funded Long-Term Care beds.
- There are a total of **85** owned and operated, contracted partner and fully private Long-Term Care homes within Interior Health.
  - 39 Owned and Operated
  - 41 Contracted Partner
  - 5 Fully Private
- **74.3** Beds per 1000 aged 75+

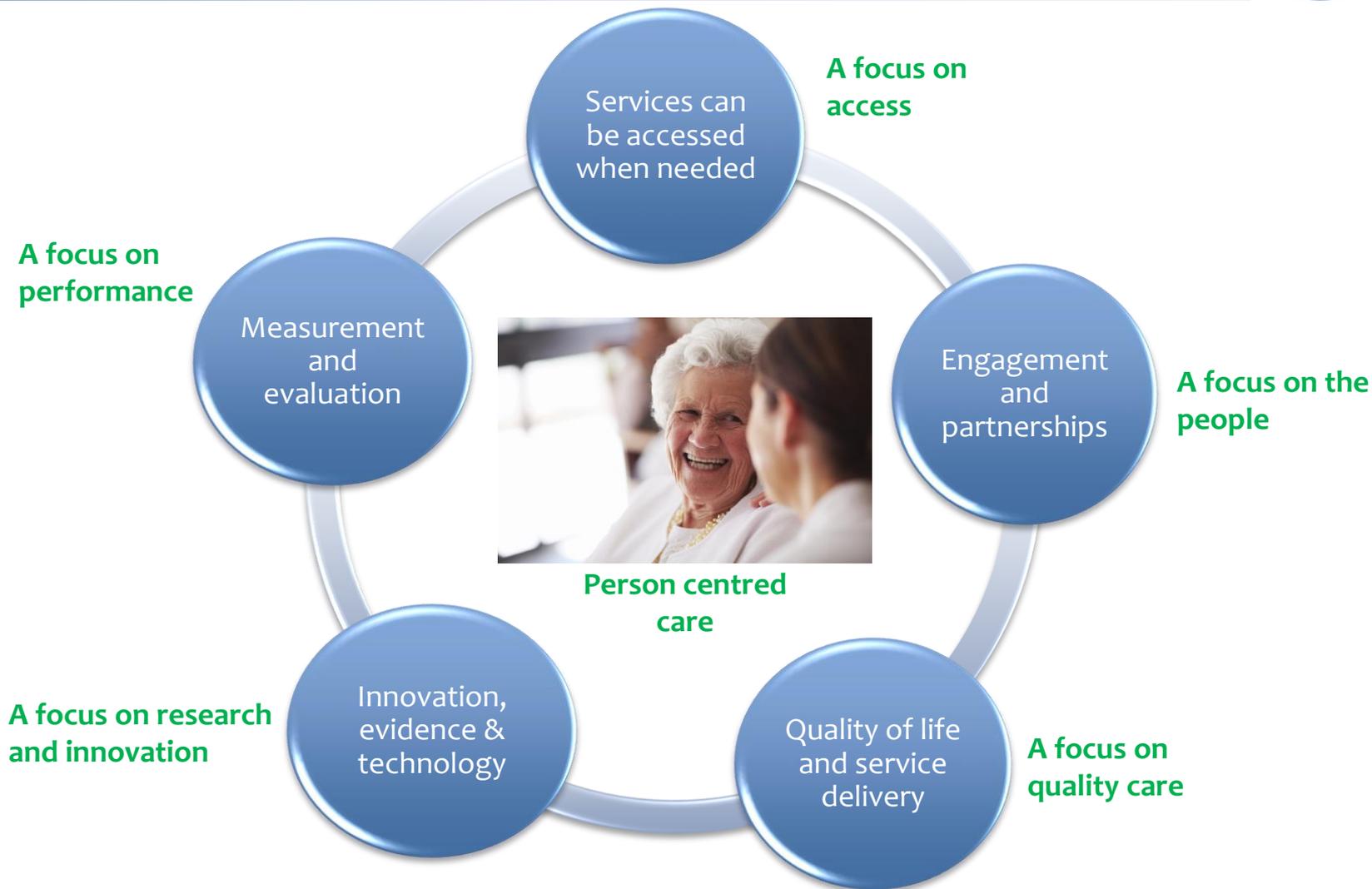




- Outbreak Management and Emergency Response Teams
- Expansion of Infection Prevention and Control in Long-Term Care
- Single Site Order and staff restrictions
- Long-Term Care visitation
- Long-Term Care funding awarded to 70 care homes to improve pandemic preparedness



# Our Approach To Care



# The Future of Long-Term Care



Access	People	Quality Care	Research and Innovation	Performance
Improving care home design to meet population changes	Enhanced recruitment: health career access program, infection prevention and control	Implementing a quality improvement approach	Utilizing research: “LTC+ Acting on the pandemic together”	Implementing quality assurance framework
Increasing beds	Improved orientation, education and training	Enhancing dementia care management	Applying virtual care	Implementing the Long-Term Care Collaborative
Replacing aging infrastructure	Supporting mental health and wellness: social visitation	Utilizing a palliative care approach	Emergency response teams	Developing strategic scorecards
	Culturally safe person centered care	Reducing unnecessary Emergency Department transfers		Partnerships with contracted providers



“Alone we can do so little; together we can do so much”  
- Helen Keller



“We’re all heroes!”



# Thank You



Interior Health