

BOARD OF DIRECTORS REGULAR MEETING AGENDA

February 24, 2021, 5:00 – 7:00 PM
Live Stream

Members

Doug Cochrane, Chair
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 Pandemic
Response & Surgical Strategy
Dr. Albert De Villiers, Chief Medical
Health Officer

Presenters

2.2 Kristina Russell, Network Director,
Surgical Services
Dr. Mark Masterson, Interim Medical
Director, Surgical Services

TIME	ITEM	LEAD PRESENTER	ACTION	ATT ◆
	1.0 CALL TO ORDER			
5:00 – 5:05 (5 min)	1.1 Acknowledgement of Traditional Territories <i>We would like to acknowledge that the Board and participants are gathered on the traditional territories of the seven Interior First Nations, as well as 16 Metis Chartered Communities, where we are privileged to live, learn, collaborate and work together.</i>	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 Minutes: Board of Directors Regular Meeting of December 9, 2020		Decision	◆
	2.0 NEW BUSINESS			
5:05 – 5:30 (25 min)	2.1 COVID-19 Update	Dr. A. De Villiers K. Bloemink	Discussion	
5:30 – 6:00 (30 min)	2.2 Presentation: Surgical Renewal in Interior Health	K. Russell Dr. M. Masterson	Discussion	◆
	3.0 STANDING REPORTS			
6:00 – 6:05 (5 min)	3.1 President & CEO Update	S. Brown	Discussion	
6:05 – 6:10 (5 min)	3.2 Board Chair Update	Chair Cochrane	Discussion	
6:10 – 7:00 (50 min)	4.0 Questions			
	5.0 ADJOURNMENT: 7:00 pm	NEXT MEETING: April 28, 2021		



CONSENT AGENDA (Item 1.4)
Board of Directors - Regular Meeting
February 23, 2020

MOTION

THAT the Board of Directors approve the Consent Agenda of February 23, 2021 as presented to include approval of the following:

Item 1.4.1: Minutes

- Board Regular Meeting Minutes December 9, 2020

BOARD OF DIRECTORS REGULAR MEETING

DRAFT MINUTES

December 9, 2020 5 – 7 PM

Virtual Meeting

Board Members

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

Resource Staff

Susan Brown, President & CEO (Ex Officio)
Norma Janssen, VP and CIO
Karen Bloemink, VP Pandemic Response & Surgical Strategy
Carolyn Courtemanche, Interim Board Resource Officer (recorder)

Guests/Presenters

2.1 David Sookaveiff, Corporate Director, Clinical Informatics & Enterprise Systems
3.3 Dr. Albert De Villiers, Chief Medical Health Officer

ITEM	DISCUSSION	ACTION
1.0 CALL TO ORDER	Chair Cochrane called the meeting was called to order at 5:00 pm.	
1.1 Acknowledgement of Traditional Territories	Chair Cochrane began by recognizing and acknowledging that we are collectively gathered on the traditional territories of the seven Interior First Nations, as well as 16 Metis Chartered Communities, where we are privileged to live, learn, collaborate and work together. He is grateful to speak to us today from the traditional territory of the Sylix Nation.	
1.2 Declaration of Conflict of Interest	There were no changes to the recorded conflicts of interest on file.	
1.3 Approval of Agenda	The agenda was approved as presented	
1.4 Adoption of Consent Agenda	The consent agenda was adopted as presented	
1.4 Follow Up from Previous Meeting	None	
2.0 NEW BUSINESS		
2.1 How COVID-19 accelerated the use of Virtual Care	<p>N. Janssen, VP and Chief Information Officer, and David Sookaveiff, Corporate Director, Clinical Informatics & Enterprise Systems presented a video and slide presentation to illustrate both the positive impact and short timeline to provide virtual health care services quickly during the pandemic. The presentation is included in the posted agenda package for this meeting. Highlights include:</p> <ul style="list-style-type: none"> • Positive feedback from patients and care providers • Challenges included connectivity issues and sometimes apprehension about using new technology, but seniors, especially older seniors, are well represented in usage of on-line services such as My Health Portal • iPad deployment helped provide social interactions when in-person visitation was not possible as well as enabled communication with health care providers not in the room 	

	<ul style="list-style-type: none"> • Future directions include Investigating full featured technology programs and potential specialized add-ons for patients at home, continuing to expand the services available by virtual care, and strengthen our abilities by using data to determine where virtual care is best utilized • Security of Zoom for health care is more robust than the consumer version and additional security features have been incorporated by the vendor • Currently there is not a lot of interface with tertiary services not provided by IH, but we can now consider opportunities between IH and Vancouver to reduce the need for travel to see specialists • Interest in virtual care beyond COVID-19, especially for rural communities to avoid unnecessary travel for appointments • Observation of virtual visits by friends and family from vehicles in parking lot, and suggestion that sites might offer an indoor space to allow virtual visits when in-person visits are not possible • Appreciation was expressed for the two-way virtual platform used in physiotherapy and suggestion that it could be beneficial for other allied health providers. N. Janssen confirmed that this is an area where platforms are evolving rapidly and this could be considered for the future • Health care provider experience was provided by Director Lawrie who is a physician in Kamloops. She confirmed that while there are still many reasons for in-person visits, virtual care is a positive enhancement to practice and part of the balance. • Connectivity for some rural and remote communities is a barrier to virtual care. N. Janssen confirmed that IH is working with Telus and other providers to identify areas where connectivity needs to improve or even become available, and working with the provincial government to source funding to bring services to individual homes • Chair Cochrane expressed appreciation to the entire team who made this possible so quickly and shared that he has heard from other health authorities that IH continues to be a leader in virtual health care 	
<p>2.2 COVID-19 Update</p>	<p>Dr. A. De Villiers, Chief Medical Health Officer and K. Bloemink, VP Pandemic Preparedness and Surgical Strategy provided an overview of current numbers, outbreaks, vaccines and other COVID-19 information. Highlights include:</p> <ul style="list-style-type: none"> • Royal Inland Hospital construction site and Salmo outbreaks declared over, Revelstoke outbreak is currently stable – much appreciation to these communities for their work to contain and end the outbreaks • Provincial Health orders are now extended to January 8, 2021 • Vaccine now approved by Health Canada will first be sent to Vancouver Coastal Health and Fraser Health Authority due to their case numbers being much higher than IH • Lessons learned from the initial wave and alignment with the provincial preparedness plan will guide our strategies • Population and Public Health activities have focussed on ensuring capability and capacity for contact tracing. This allows us to get out in front of and contain outbreaks to prevent greater spread 	

	<ul style="list-style-type: none"> • Preparation for COVID-19 immunization preparedness will include processes used for a successful influenza campaign that saw 35% more vaccines deployed than previous year. • There are 26 locations in IH for specimen collection and there is the ability to stand up a temporary location in the event of increased rates in a community that does not have a collection site. On-line appointment booking has been implemented • Lab capacity has increased, currently 1,000 – 1,300 tests are completed per day. Timely test results allow contact tracing efficiency for positive tests, and return to work or other activities for those with negative results • Maintenance of hospital capacity, Infection Prevention and Control (IPAC) measures to ensure we are always up to date to have capacity in the event of a COVID-19 surge • Patient Ambassadors, individuals who are front line at sites to keep the public, patients and staff safe as we continue to be able to allow access aligned with current guidelines • Long-term care measures are focussed on staffing to minimize movement between facilities and to support safe visitation for residents • Health system is equipped with equipment and supplies to provide care in alignment with proven care delivery • Objective is to maintain regular services as much as possible for the population as we continue to respond to the pandemic • S. Brown noted that while several thousand surgeries were postponed between March and May to be in a state of readiness for a COVID-19 surge, the backlog has been cleared much earlier than anticipated for those who wanted to proceed with their surgeries at this time. This was an incredible effort, and much appreciation to all the team members who made this happen • There have been offers of assistance with COVID-19 vaccine delivery for elders from First Nation Access to flu vaccine • Freezers that meet criteria for the first vaccine currently exist in Kamloops and Kelowna, and work is underway with the BC Centre for Disease Control for additional resources • Dr. A. De Villiers advised that the criteria for the initial vaccine supply has not been finalized, but it would likely be targeted to long-term care residents and staff. The logistics of the initial vaccine transfer and storage makes it more suitable for larger centers where we can bring people to the vaccine. Subsequent vaccines that will not require the freezers will be better suited for transfer to smaller communities • Chair Cochrane suggested that we may need a coordinated communications program so people can find out when they might be able to reasonably expect to be able to be vaccinated • K. Bloemink provided an overview of the Personal Protective Equipment (PPE) supplies for COVID-19 and noted it is reviewed daily. There are some items, such as hand sanitizer, that are currently delayed, so existing supplies are carefully deployed. Usage of N95 masks is targeted to usage per guidelines to maintain supply levels 	
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	<ul style="list-style-type: none"> • Appreciation was expressed for the Patient Ambassadors at sites who are doing a great job, for the presentation and update, and for all that is being done to protect and serve our communities. 	
3.0 STANDING REPORTS		
3.1 President & CEO Report	<p>S. Brown provided a brief update. Highlights include:</p> <ul style="list-style-type: none"> • IH continues to focus on capital builds as a number of the outbreaks that have occurred in long-term care may be partially attributed to the old 4 bed per room structure • There are three large builds underway – the patient care tower in Kamloops, Phase 2 redevelopment of vacated space in Penticton and a redevelopment starting soon at Cariboo Memorial Hospital • The 5th Urgent Primary Care Centre for IH was recently opened in West Kelowna. This was a great resource during the time where people could not see their regular care provider but needed in person or after hour availability • We are very grateful for the support of elected officials, local businesses and the community for being part of the response to COVID-19. It takes a village to effectively respond • Thank you as well for all the donations from our Foundations such as iPads – this generosity made so much possible 	
4.0 Questions	All questions received were responded to within each presentation	
5.0 ADJOURNMENT		
	The meeting adjourned at 6:08 pm.	

BOARD BRIEFING NOTE

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

Date of Meeting: February 24, 2021

Title	Surgical Renewal in Interior Health
Purpose	Provide an update on COVID-19 impacts on Surgical Services at Interior Health and the progress toward Surgical Renewal.
Brief Type	For Discussion
Presenter	Kristina Russell; Network Director, Surgical Services Dr. Mark Masterson; Interim Medical Director, Surgical Services
Time Requested	30 min
Lead	Lisa Zetes-Zanatta; Executive Director, Clinical Operations Rural Acute & Community, Thompson Cariboo
Portfolio Sponsor(s)	Karen Bloemink, Interim VP, Pandemic Response & Surgical Strategy (VP, PR & SS)
Materials (Appendices)	Appendix A – Surgical Renewal in Interior Health Presentation
Link to a Strategic Priority or Goal	Provide efficient, effective acute services that are linked across a coordinated system of care. 2. Deliver high quality care

1.0 PROPOSED RECOMMENDATION/RESOLUTION

That the Board receives this brief and attached presentation for information and discussion.

2.0 DISCUSSION

Interior Health (IH) has experienced a significant and rapid expansion of surgical services triggered by the COVID-19 pandemic response and coordinated provincial Surgical Renewal Planning. This brief and presentation provides an overview of this experience.

3.0 INFORMATION SUPPORTING BOARD or COMMITTEE INPUT

3.1 Background

On March 16, 2020, the British Columbia government announced that all health authorities would move to Phase 2 Outbreak Response and postpone non-urgent scheduled surgeries in response to the COVID-19 pandemic. IH quickly adapted to this direction, focusing on ensuring that the appropriate processes were in place to provide urgent and emergent surgical care to those patients that needed it most. Over 3,100 surgeries were postponed between March 16 and May 17, 2020, and IH recognized the need to implement significant growth in order to catch up with patient need.

The Ministry of Health released the Surgical Renewal Plan on May 7, 2020, which established objectives and priorities for all health authorities. IH used this opportunity as a catalyst to build on previous planning and rapidly implement strategies to expand surgical capacity.

Throughout the COVID-19 pandemic, IH focused on supporting surgical patients in receiving timely access to high quality surgical care. This has been achieved through close collaboration between Surgeons, Anesthesiologists, staff, and provincial partners.

- Continued growth in surgical capacity as of the end of Quarter 3.
 - IH performed four per cent more scheduled surgeries and nine per cent more scheduled OR hours from May 18, 2020 to the end of Q3 in 2020 as compared to the same time period in 2019. Further plans for ongoing capacity expansion are underway.

- As of December 13, IH had completed approximately 96% per cent of the surgeries that were postponed during the COVID-19 outbreak.
- Plans are in place to increase specialty education programs with 77 additional perioperative nurse training lines and 19 training seats for Medical Device Reprocessing Technicians.
- Front line staff, surgeons, gastroenterologists and anesthesiologists have demonstrated exemplary resilience and dedication supporting patient care through the ongoing COVID-19 pandemic response.
- There is a continued focus on quality improvement and patient outcomes, especially through the slowdown due to pandemic response and ongoing expansion.
- Ongoing quality improvement work is underway through National Surgical Quality Improvement Program (NSQIP), the Rural Surgical Obstetrics Network (RSON), the Surgical Patient Optimization Collaborative, local Physician Quality Improvement Initiatives, and provincial planning for Patient Reported Outcome and Experience Measures for joint replacement patients.

3.2 Options Considered

N/A

3.3 Outline Risk Considerations

1. (Clinical: Quality Care & Patient Safety) The postponement of non-urgent surgeries during outbreak response may lead to deterioration of patients' conditions.
2. (Human Capital: Organizational Capacity) Additional staff, medical staff, and physical resources are required to support a sustainable expansion in services across IH.

REFERENCES

[BC Surgical Renewal Plan](#)

APPROVAL OF SUBMISSION & RECOMMENDATIONS

Name	Signature	Date Approved
Karen Bloemink, Interim VP, Pandemic Response & Surgical Strategy (VP, PR & SS)		January 19, 2021

Name	Signature	Date Approved
Susan Brown, President & CEO		January 26, 2021



Interior Health

APPENDIX A

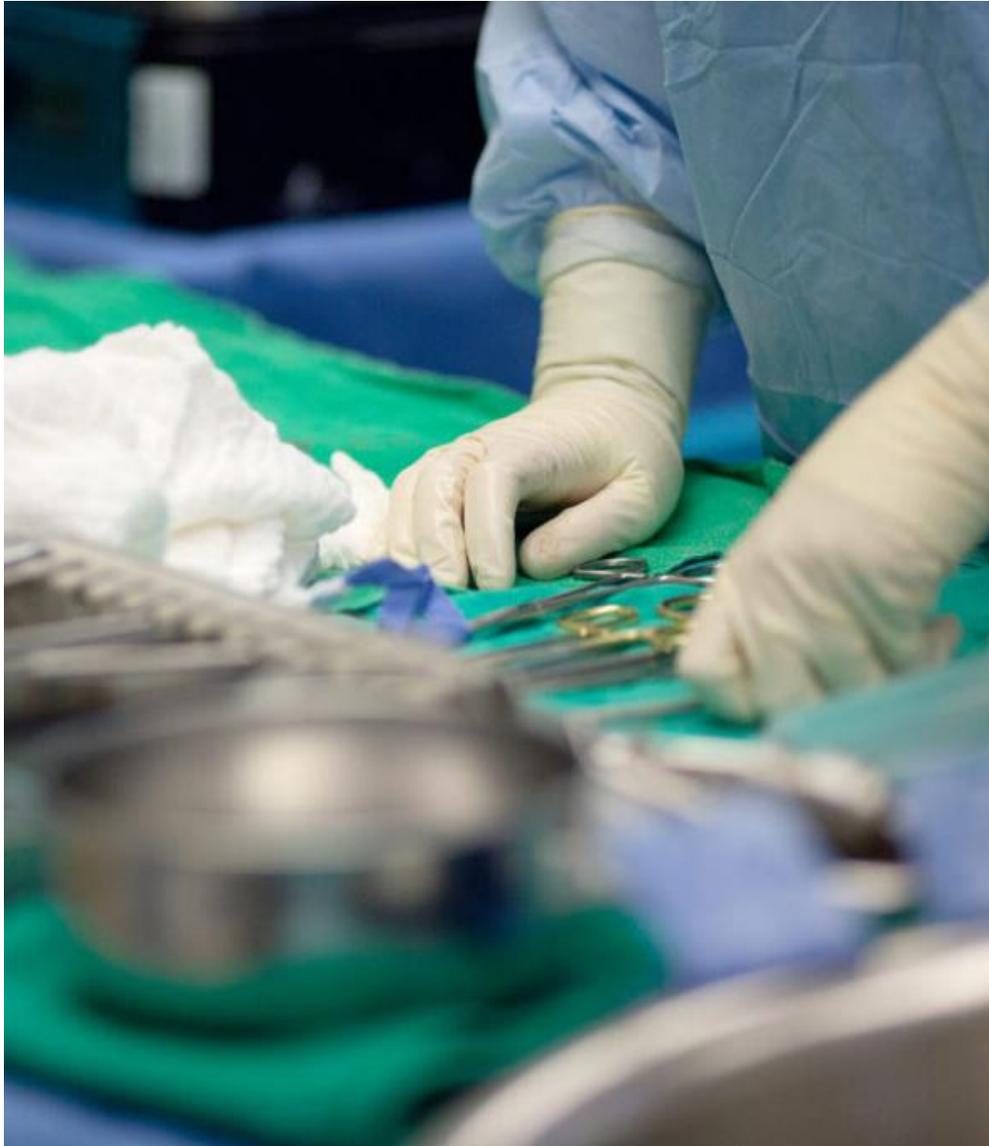
Surgical Renewal in Interior Health

A Presentation to the Interior Health Board

February 24, 2021



Goals of the Provincial Surgical Strategy



Improve timely access to appropriate surgical procedures

- Keep up with the demand for all surgery
- Catch up with demand and eliminate backlog of waitlisted patients
- Optimize existing resources
- Manage waitlists

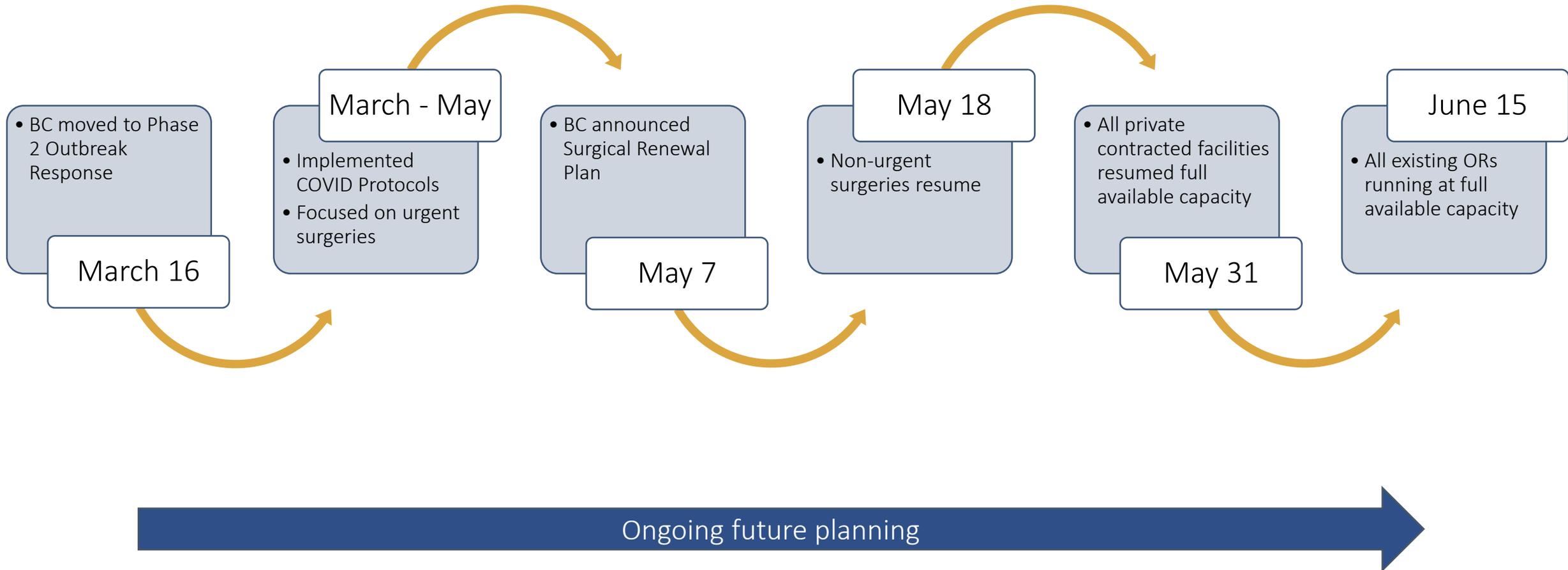


Improve the patient experience

- Focus on clinical appropriateness
- Improve integration and coordination of services, with patients at the centre
- Spread standardized care
- Ensure patients have the information they need during their surgical journey



Impacts to Surgical Services due to COVID-19



Surgical Renewal Plan Priorities

Emergency surgeries and procedures

Urgent scheduled surgeries and procedures with a benchmark wait time of 2 or 4 weeks

Patients who had been postponed due to outbreak response

Patients waiting more than twice their clinical benchmark

Maximizing out of OR services



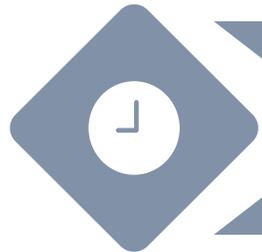
Surgical Service Expansion Initiatives



Reduce Seasonal Slowdowns



Open New or Unused Operating Rooms



Extend Daily Operating Hours and Add Weekend Services



Increase Contracted Capacity at Private Surgical Centres



IH Surgical Renewal Highlights

Capacity Growth (May 18 – Dec. 10)	IH performed 4% per cent more scheduled surgeries (almost 1,100 more cases) and 9% more scheduled OR hours (approximately 4,000 hours) than the same time period last year
Waitlist Audit	17,981 patients contacted to confirm that they wished to proceed with surgery during the pandemic
Catch up on Postponed Cases	As of Dec. 13, IH had completed approximately 96% of the surgeries that were postponed during the COVID-19 Outbreak Response
Health Human Resources	Plans underway to train 77 additional perioperative nurses and 19 Medical Device Reprocessing Technicians



Feedback and Impact

What patients had to say:

“Everyone made a difference by their kindness and professionalism, especially in this time of COVID. The nurses were excellent, and so was the lovely anesthesiologist who was very compassionate and understanding of patients having extra stress during this time of COVID. The nurses went above and beyond for me and were very efficient and professional. Thank you!”

“Upon entering the hospital I noticed immediately the care being taken to deal with the COVID issue. It relaxed my fear of coming into contact with the virus during my overnight stay.”

“You were all amazing and I’m so grateful for the care I received from all of the health care workers. Thank you all for your exceptional care.”



Future Direction



Continue to improve timely access to surgical services

- Expand physical capacity
- Scale and spread efficiencies
- Catch up and keep up with patient need

Continue to improve the patient experience

- Enhance virtual care options and communication with patients
- Continue with quality improvement initiatives



Thank You

