



BOARD MEETING

Tuesday, December 6, 2016

9:00 am – 11:00 am

5th Floor Boardroom – Kelowna Health Services Centre
505 Doyle Avenue

Board Members:

Erwin Malzer, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
John O’Fee
Findlay(Frank) Quinn (R)
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
Dr. Alan Stewart, VP Medicine & Quality
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:

Jason Giesbrecht, Executive Director, Primary & Community Care Transformation
Karen Bloemink, Executive Director, Hospitals and Communities, IH East
Gillian Frosst, Epidemiologist

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

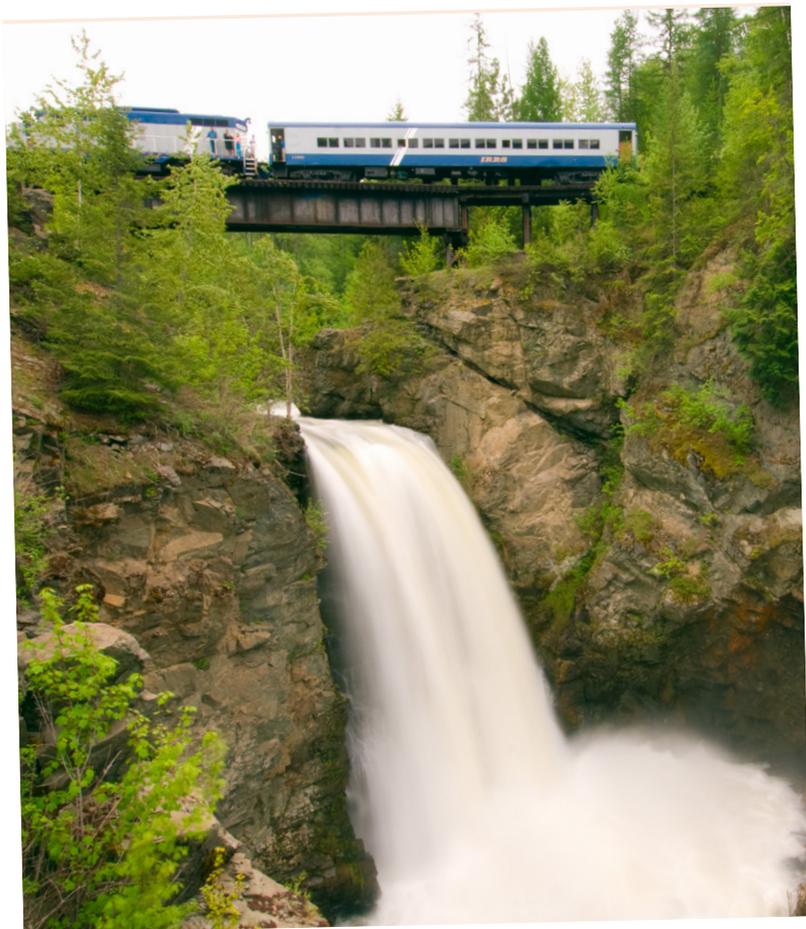
A G E N D A

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	<u>Call to Order</u>			
1.1	Acknowledgement of First Nations and Traditional Territory <ul style="list-style-type: none"> Partnership Accord leadership representatives to perform ceremony honoring Chair Malzer 	Board Chair	9:00 am 20 min	■
1.2	Approval of Agenda	Board Chair	9:20 am 2 min	■ ◆
2.0	<u>Presentations – from the Public</u>			
	None			

ITEM	RESPONSIBLE PERSON	TIME	ATT
3.0 <u>Presentations – for Information</u>			
3.1	Kootenay Boundary – Divisions of Family Practice	Chris Mazurkewich Jason Giesbrecht	9:22 am 10 min ♦
3.2	Overdose Prevention and Response Update	Dr. Trevor Corneil Karen Bloemink Gillian Frosst	9:32 am 10 min ♦
4.0 <u>For Approval</u>			
4.1	Minutes – October 4, 2016 Board Meeting	All	9:42 am 3 min ■ ♦
5.0 <u>Follow Up Actions from Previous Meeting</u>			
5.1	Action items – October 4, 2016 Board meeting	Board Chair	9:45 am 2 min ■ ♦
6.0 <u>Committee Reports (Recommendations may be brought forward)</u>			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	9:47 am 10 min ■ ♦
6.2	Audit & Finance Committee	Director Rounsville	9:57 am 10 min ■
6.3	Quality Committee	Director Burrows	10:07 am 10 min ■
6.4	Governance & Human Resources Committee	Director Dooley	10:17 am 10 min ■
6.5	Strategic Priorities Committee	Director Wasyluk	10:27 am 10 min ■
6.6	Stakeholders Relations Committee	Board Chair	10:37 am 5 min ■ ♦
7.0 <u>Reports</u>			
7.1	President & CEO Report	Chris Mazurkewich	10:42 am 10 min ■ ♦
7.2	Chair Report	Erwin Malzer	10:52 am 8 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, February 7, 2017		
14.0	<u>Adjournment</u>		

ANNUAL REPORT 2015–16



Kootenay Boundary
Division of Family Practice
A GPSC initiative

SharedCare 
Partners for Patients

Kootenay Boundary Division Leadership

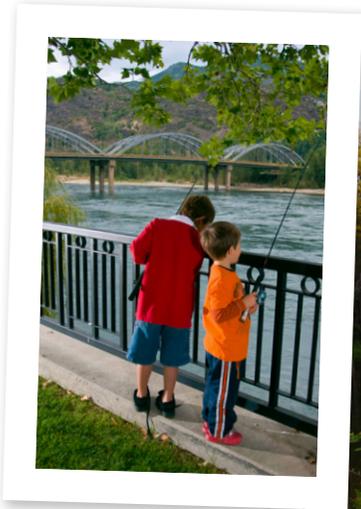
By Dr. David Merry, Dr. Lee MacKay, Dr. Trevor Aiken, Executive Director Andrew E.

Kootenay Boundary Division of Family Practice is in the midst of its 6th full year of operations. Thanks to strong support from our GP and NP members, the scope and breadth of impact the Division is delivering reflects a truly dynamic organization. A few highlights from 2015–16 include launching the Pathways specialist referral website, piloting wraparound care for Child and Youth Mental Health patients, launching new resources to support chronic pain patients, successfully piloting an in-clinic social worker, integrating a GP specialist into the Trail diabetes clinic and collaborative care rounds successfully reducing antipsychotic use in Residential Care.

The dominant system change that will impact GPs on the ground continues to be primary care reform. Health Care is a complex system and no one is under any illusions regarding the pace of change or the complexity of interests at the table. However, implementation of the Patient Medical Home (PMH), robust team based care, and new GP-created funding models, are visible on the horizon. We remain optimistic that these changes will result in a more sustainable system, better patient outcomes, and richer more

satisfying careers for physicians and NPs. Furthermore, your Division will be central to these conversations, representing your and your patient’s interests as change unfolds.

This year, the Division brought extensive KB Physician Leadership to primary care reform. Through the vehicle of the Collaborative Services Committee, we engaged with our members, IH staff, and community leaders, articulating the need for change and discussing new models of care that will work for Division members, members of the



Report

Earnshaw

Primary Care Team, and KB patients. As this transformation evolves, it is clear there are complex and competing forces within the Ministry of Health, IHA, GPSC and Doctors of BC. The Division has worked to establish relationships with multiple leaders in these organizations, informing and influencing them regarding the direction and timing of change, keeping KB's interests and the interests of all rural practitioners at the fore.

With this past year's work as our foundation, the implementation journey begins. The KB Collaborative Services Committee has struck a working group that is approaching all KB clinics with an opportunity to initiate EMR-based Quality Improvement and Panel Assessment, a key first step in PMH implementation. Simultaneously the Group is analysing extensive demographic data regarding illness burden in each of our core sub-regions, and this data will be shared with our members. In addition, work is underway to develop systems for region-wide PMH Quality Improvement, and development of highly functioning Teams.

Notwithstanding the "bright shiny object" of the PMH, this year your Division continues to direct substantial resources to projects and programs that directly and immediately improve practice and patient care for every GP and NP in KB. CPD is offered at a high standard. Telehealth is expanding access to video consults to multiple specialties, and delivering secure texting (including enhanced RACE and hospital admittance/discharge notification). We anticipate bringing fully automated forms to every Intrahealth EMR in the region, and we are exploring doing the same for other EMR platforms. Open Practice Coaching remains available to all practitioners. We will maintain our commitment to robust support of physician recruitment, a fundamental foundation of sustainability of the profession in KB.

In this poster, you'll find a summary of your Division's work over the past year. A full write-up on all initiatives can be found at www.kbdivision.org/report2016. In particular, we draw your attention to the remarkable list of the GPs, NPs and partners, whose dedication to improving patient care in KB is evidenced by the countless hours they have dedicated to Division work. We thank you all, and look forward to a similarly productive 2016–17.

KB Division Executive:
Dr. David Merry, Chair
Dr. Lee MacKay, Physician Lead
Dr Trevor Aiken, Vice Chair
Andrew Earnshaw, Executive Director

A few KB Division Highlights

24

new primary care
providers recruited

4,000+

page views of Division
recruitment website

100+

events delivered

539

patient calls to
A GP For Me Hotline

Statement of Operations and Changes in Net Assets

For the Year Ended March 31

	2016	2015
Revenue		
BCMA – Infrastructure	\$ 410,108	\$ 434,004
BCMA – A GP for Me	375,228	255,876
BCMA – Shared Care	314,957	275,179
BCMA – Residential Care Initiative	202,396	
BCMA – In-patient Care	193,980	193,450
IHA – Project Funding	85,721	143,622
BCMA – Partners in Care	41,388	182,219
Continuing Professional Development	33,376	16,547
	1,657,154	1,500,897
Expenses		
Administration	41,038	45,213
Board members	180,846	224,060
Facilities and supplies	17,286	8,612
Management	615,894	635,984
Members and physicians	538,706	353,589
Project costs	262,461	234,475
	1,656,231	1,501,933
Excess of revenue over expenses for the year	923	(1,036)
Unrestricted net assets, beginning of year	4,149	5,185
Unrestricted net assets, end of year	5,072	4,149

Acknowledgement

The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our gratitude for the contributions of our many community partners and community representatives.

Kootenay Boundary Division of Family Practice

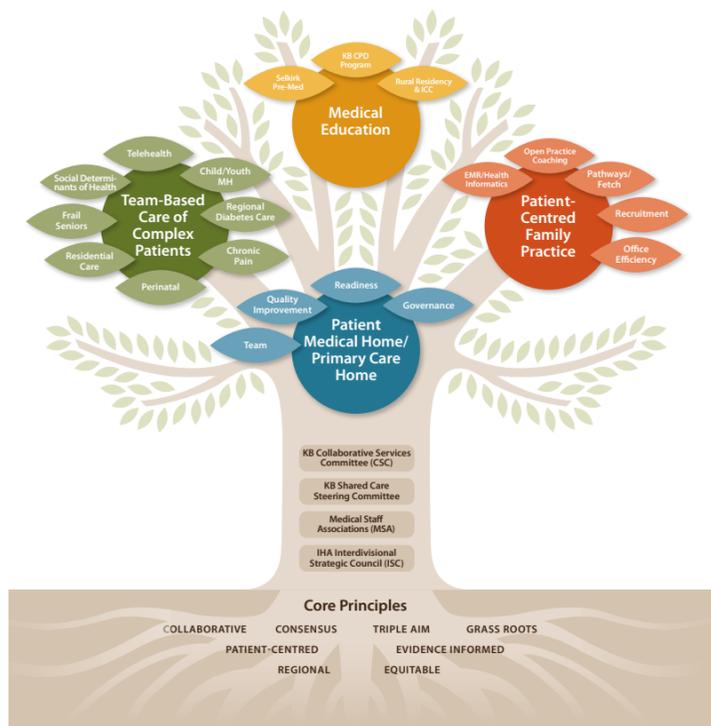
PO Box 9, Nelson BC V1L 5P7
Fax: 1-866-272-9070

Photos: Picture BC

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

www.kbdivision.org

Our Impact: Kootenay Boundary Division of Family Practice Projects



Chronic Pain

- Collaborating with IH PSP and Pain BC on chronic pain learning sessions
- Supporting the launch of Pain BC's online 'Live, Plan, Be' self management tool in KB
- Developing area specific chronic pain services directories for the Lower Columbia and Nelson & Area
- Exploring virtual chronic pain rounds with provincial experts in 2016-17 and the creation of local, community based 'Pain Action Teams'

Poly-Pharmacy

- Residential Care MOU signed in July 2015 with over 100,000 in new funds available for KB GPs providing residential care in facilities
- Multi-stakeholder Quality Improvement processes being implemented across Kootenay Boundary
- Dramatic declines in use of medications and antipsychotic us thanks to Responsive Behaviours in Seniors Rounds

Frail Seniors

- Relationships with IH being strengthened through multiple engagements with a focus on improving systems and processes relating to the discharge planning process
- Report on Frail Seniors care written and recommendations coming for next steps

Poverty Intervention Tools

- Division consulting on version 2.0 of Poverty Intervention Tool for BC
- The Division with support of the Blue Cross hosted a province wide day long event in Vancouver dedicated to exploring what collective action on SDH might look like
- Next steps agreed, including creating an interdivisional network for addressing SDH, initiating universal poverty screening in all GP practices and integrating into EMRs, advocating at local level for a provincial poverty reduction strategy and creating a toolkit for integrating SDH into Primary Care Home practice

Adult Psychiatry

- Team skills enhanced for 270 participants through Responsive Behaviours in Seniors rounds through late 2014 to date. Sessions continue through 2015/16 and model being adopted across IH
- Monthly collaborative care sessions between psychiatrists and family physicians now take place in Kaslo, Nelson, Salmo and the Boundary
- Specialized child and youth collaborative care session piloted

Child/Youth MH

- West Kootenay local action team piloted wraparound care service in the region resulting in improved care for

youth and their families including reduced visits to the Emergency Room, reduced suicide risks and improved school relationships. This work will continue in 2016/2017

- Patient journey mapping process undertaken by Boundary local action team to identify gaps in services and physicians, MHSU service providers and school staff have been engaged in a "Meet and Greet" dinner in concert with PSP CYMH module
- Care navigator tested in Boundary to identify barriers and challenges faced by children, youth and their caregivers with the goal of helping facilitate connections between acute care and/or primary care services and MHSU services in the community

Pathways

- Kelowna specialists added to Pathways database in 2016
- KB physician input expands resources available on Pathways
- 35% of KB practitioners/clinics using Pathways regularly ... and growing
- Live tutorials available – contact Paul – pedney@divisionsbc.ca

Telehealth

- Multiple engagements hosted to determine interest in secure texting system
- Patient telehealth survey conducted with 1 in 4 patients saying they stopped seeing or declined to see a specialist due to the cost and difficulty of travelling
- In clinic secure video conferencing systems installed in 17 locations – 8 family physician clinics and 9 specialist clinics with 8 specialties providing video conferencing services for patients
- Implementation plan for secure texting targeting fall/winter launch

Regional Diabetes Care

- Regional Diabetes Committee working in partnership with IH to increase referrals to an enhanced GP/SP Shared Care model at the Trail Diabetes Education Centre (DEC)
- This project has resulted in better patient outcomes for individuals living with diabetes in the Trail area and surrounding communities (Rossland, Castlegar, Fruitvale, Montrose)
- Over 150 new referrals between January and June of 2016 with patients experiencing a statistically significant decline in average blood sugar levels (HbA1cs). 87% of patient respondents to the survey rated their experience at 9 (19%) or 10 (68%) out of 10

Maternity – Child

- Working groups in two KB communities met to identify gaps and localize solutions. Groups agree to pilot new 'Motherwise' perinatal support groups in four communities
- MHSU revises intake processes to improve response times for new moms
- Referral pathways tool for perinatal mental health developed
- Cross professional 'Familiar Faces' program initiated in Boundary region to work with new and expecting moms to normalize services and increase accessibility – expanding to other regions through 2016/17
- MHSU and community organizations group support sessions being piloted in four communities

Thank you to everybody engaged in Division work in 2015/16

- | | |
|---|---|
| Adam Wylie | Keith Bridger |
| Akin Iyiola | Keith Merrit |
| Alex Baxter | Keith Smythe |
| Amanda McDougall | Kelly Mieske |
| Andi Cuddington | Kevin McKechnie |
| Andre De Greef | Kim Irving |
| Andre Kirsten | Kootenay Family Place |
| Andrea McKenzie | Kris Saliken |
| Andrea Winkers | Krista Osmond |
| Andy Lawe | Kristi Kuroomi |
| ANKORS | Kyle Merritt |
| Ann Godderis | Lauren Galbraith |
| Ann Weir | Lee MacKay |
| Barb Bentley | Leslie Paul |
| Barb Nielsen | Lilli Kerby |
| Barbie Kalmakoff | Linda Krantz |
| Bbandama Makwati | Linda Oddo |
| Ben Eaton | Lindy Turner |
| Bethany Woodrow | Lisa Demolitor |
| Bev Harmston | Lisa Oliver |
| Bob Lewis | Lisa Pasin |
| Brandon Tuvell | Lisa Sawyer |
| Brenda Trenholme | Lisa Vasil |
| Brigitte McDonough | Liz Kunkle |
| C.O.I.N.S | Lois Lien |
| Carrie Fitzsimmons | Loretta Zilm |
| Catherine Ruskin | Lori Verigin |
| Chelsea Anichowski | Louise Kyle |
| Cheryl Bethune | Louise Poole |
| Cheryl Gnyp | Maggie Haley |
| Cheryl Hume | Marian Berry |
| Cheryl Whittleton | Marianne Hart |
| Chi Zhang | Marius Scheepers |
| Chuck Burkholder | Martha Wilson |
| Chris Huston | Mary |
| Cindy Crane | Bassingthwaighte |
| Cindy Kozak-Campbell | MCFD – Child Youth Mental Health |
| Cindy Loukras | Megan Kennedy |
| Cletus Okonkwo | Megan Ross |
| Corinne Knox | Melissa Ringer |
| Curtis Bell | Michael Brownstein |
| Cydney Higgins | Michel Hjelkrem |
| Cynthia Neal | Michelle Evans |
| Darlene Arsenaault | Michelle Sylvest |
| Dave Larocque | Mike Inniss |
| Dave Sonnichsen | Mike Kent |
| David Merry | Mike Martin |
| David Soukeveiff | Mike Robinson |
| Dawn Tomlin | Mike van Vliet |
| Debbie Martin | Miles Smith |
| Denis Thibodeau | Miriam Ramsden |
| Derek Lum | Monique Lalonde |
| Derek Zimmer | Nathan Dalla Lana |
| Devon Palmer | Nattana |
| Dharma McBride | Dixon-Warren |
| Don Nutini | Nelson CARES |
| Donna Gibbons | Nelson Community Services |
| Doug Lacey | Nelson Medical Clinic |
| Eddie Naude | Nichole Gill |
| Elizabeth Lunn | Norm Lea |
| Elizabeth McCoid | Phillip Malpass |
| Ellen Smart | R.C.M.P |
| Eric Dalla Lana | Rachael Davidson |
| Eric Yaeger | Ralph Behrens |
| Rica Ortega | Randy Thiessen |
| Erin Love | RDCK, area H |
| Eve Burkart | Richard Magee |
| F.O.R.C.E Society | Rob Kobayashi |
| Freedom Quest | Ron Cameron |
| Gail Lavery | Ron Parisotto |
| Georgia Bekiou | Rossland, Nelson & Castlegar clinics |
| Gilda McGregor | Rowland Phillips |
| Guy Fradet | Sam Segal |
| Ian Grant | Sarah James |
| Ian Reid | Sarah Taylor |
| Ian Tang | Sarah Tucker |
| Isabelle-Anne Fontaine | School District # 8 and School District #20 |
| Jacquie East | Scot Mountain |
| Jaisel Vadgama | Selena Davis |
| Jan Summersides | Sharman Naicker |
| Jane Cusden | Sharon Campese |
| Janet Fisher | Sheena Albrecht |
| Javier Gonzalez | Shiloh Perkins |
| Jeanette Boyd | Shiraz Moola |
| Jen Cochran | Stefanie Houde |
| Jen Dressler | Stephen Reichert |
| Jennifer Arnosti | Sue Babensee |
| Jim Fisher | Sue Benzer |
| Jim Noiles | Suzanne Lee |
| Jo-Ann Tisserand | Tammy Castellano |
| Joel Kailla | Tanya Montazian |
| John Peachell | Tara Gill |
| Jonas Sandstrom | Teresa Winter |
| Josee Lesperance | Terry Van Horn |
| Karen Bloemink | Thalia Vesterback |
| Karen Miller | Tina Coletti |
| Karina Poznikoff | Todd Kettner |
| Karl Hart | Tracy Clemans-Gibbon |
| Karly Olsen | Trevor Aiken |
| Kate Foreman | Trevor Janz |
| Katherine Shearer | Trish Hallstrom |
| Kathrine Coatta | Trish Thomson |
| Kathryn Hale | Trudi Toews |
| Kathy Apostolic | Tyler Exner |
| KB emergency departments & mental health/substance use services | UBC RCPD Staff |
| KB participating clinics | Village of Slovan |
| KB Residential Care facilities, Leadership and staff | Vince Salvo |
| | Wendy Rayner |
| | Win Mott |
| | Zak Matieschyn |

Regional Continuing Professional Development (CPD)

- Data driven learning strides being made including two EMR data quality learning sessions co-organized with IH PSP
- Remote video conferencing facilities expanded and regular bi-monthly CPD events newsletter implemented
- Again over 100 events delivered including the 33rd Kootenay Medical Conference, Therapeutics Initiatives Tour, AIME, HOUSE, Methadone and SEMP-SIM

Improved Practice Efficiency

- 22 physicians supported in making practice improvements
- Physicians reported improved work-life balance, reduced feelings of burnout and better use of available resources which all, ultimately improved patient care

Regional Medical Educators

- Funding to Residency & ICC Programs to support preceptorship and costs of delivering a distributed rural program
- Matching Contribution fund encouraging Med. Staff's to contribute to an annual Bursary for Pre-Med Students in financial need

A GP for Me Hotline

- 539 patients called the A GP for Me Hotline with 497 being matched with a physician
- Vulnerable patients supported, including those at risk of unattachment due to clinic closures

EMR/Health Informatics

- EMR systems integration project begins in spring 2016 with goal of integrating the current five EMR systems to create a single electronic medical record for each patient, accessible by all clinics and EDs
- Four EMR improvement workshops held to help guide needed improvements to EMRs and other electronic systems

Optimization of IPCC

- Four clinics supported to optimize the IPCC program resources
- Documentation developed outlining five 'best practice' steps to integrating health authority staff into physician practices

Recruitment/Retention

- 24 new primary care providers recruited since launching the program
- Supported 6 physicians to develop retirement/transition plans
- Attended three recruitment events and built an email list of over 100 residents and physicians interested in our region
- Almost 4,000 page views of Division recruitment website since launch

Patient Medical Home/Primary Care Home

- Division taking strong leadership role at local, regional and provincial level in the strategic development and implementation plan for the Patient Medical Home/Primary Care Home initiative
- Division and IH partners toured communities throughout the region with Prince George/Northern Health Authority leadership to present their experience of implementing the Patient Medical Home in the north
- Division and IH partners hosted over a dozen engagement events to explain pressures motivating the change, how to bring local control to the process and to present an outline of potential new resources being introduced

Team-Based Care

- Medical social worker hired to provide patient care at Nelson Medical Clinic Apr 2015 – Apr 2016
- 248 unique patients supported with 269 counselling sessions and 20 full assessments provided
- Completed 91 medical/disability forms with improved outcomes reported by GPs and patients themselves

EXECUTIVE SUMMARY

Title	Interior Health (IH) Public Health Emergency Overdose Prevention and Response Update – Week 14 (Oct 28 – Nov 3) †.
Purpose	To provide an update on progress to date with the IH Overdose (OD) Prevention and Response Emergency Management Team (IH OD EOC) work, including identification of resources to support the IH OD EOC Work-plan.
Top Risks	<ol style="list-style-type: none">1. (Patient) Upward trends in Overdose Deaths (ODDs) continue in 2016/17 with the largest numbers occurring in the Kamloops and Central Okanagan local health areas.2. (Financial) Ongoing short- and long-term health care costs related to managing Overdose Recoveries (ODRs) in emergency departments (EDs) and, in some clients, the subsequent neurological sequelae.3. (Human Resources) IH staff will continue to underestimate the stigma and risks associated with illicit drug use, leaving gaps in the full spectrum of health care services required by persons who use drugs (PWUD).4. (Other) IH will not fulfill its ministerial (BC Health System Steering Committee on Overdose and Prevention) and statutory obligations (Public Health Act) to achieve the level of service delivery required to achieve a decrease in the number of ODRs and ODDs.
Lead	Karen Bloemink, Executive Director, Hospitals and Communities Integrated Services (East)
Sponsor	Dr. Trevor Corneil, Vice President, Population Health and Chief Medical Health Officer

† IH OD EOC response began August 1, 2016 (Week 1) and will extend until July 31, 2017 (Week 52), or for as long as the Provincial and/or Regional Public Health Emergency remains in place (whichever is longer).

RECOMMENDATION

That the Board receives this brief as Information only.

BACKGROUND

This Information Brief has been compiled for and is brought to the IH Board under Order in Council by a Medical Health Officer, pursuant to Part 5 (Emergency Powers) Sections 51 – 60, and Part 7 (Health Officials) Sections 73 and 81 of the Public Health Act of British Columbia (BC). It describes a significant and/or time sensitive risk to the health of persons residing in BC's interior region, and provides recommendations for which the health authority is responsible to action under statute.

In April of 2016, the Provincial Health Officer (PHO) declared a Provincial Public Health Emergency to enable improved surveillance of, and response to, the overdose situation, which had been escalating in British Columbia (BC) since February 2016. As such, the IH Chief Medical Health Officer (CMHO) struck an Incident Management Structure (IMS) to coordinate IH efforts to address the regional incidence of ODDs. In July of 2016, a BC Coroner's Service report revealed that ODDs had continued to escalate both in the interior region and across BC, despite regional health authorities' (RHA) efforts to intervene. The PHO and the Ministry of Health (MOH) struck a BC Health System Steering Committee on Overdose and Prevention, and created several task groups for each major area of operational deployment and response. Milestones and timelines for RHAs were outlined for each task and presented to SET. In response to the ongoing regional crisis and increasing demands on the IMS, the IH CMHO declared a Regional Public Health Emergency to support and enable enhanced efforts by IH management and staff under and Emergency Management Structure (EMS).

Operating under an IMS since April 2016 and an EMS since July 2016, IH has focused its response to the Public Health Emergency on six specific interventions with strong evidence of short-term efficacy and effectiveness in the prevention of ODDs:

- 1) Active surveillance in emergency departments (ED) and through community agencies of ODRs
- 2) Saturation of the PWUD community with Take Home Naloxone (THN) kits and other harm reduction supplies
- 3) Safe Consumption Services (SCS) in our highest risk communities
- 4) Scale-up of access to substance use services directed towards those PWUD at highest risk of OD
- 5) Culturally sensitive activities for Aboriginal persons and communities impacted by the OD crisis
- 6) Population based prevention and health promotion through communications, media, and stakeholder engagement

DISCUSSION

This is the third update (Week 14, October 28– Nov 3) in a series of monthly reports to SET and bi-monthly reports to the Board outlining progress on implementing the IH Public Health Emergency Overdose Prevention and Response. In addition to regular reporting, our IH OD EOC may bring questions and or ask for specific feedback related to the implementation of our OD response.

Included in this update are the following documents for your reference:

- A) Surveillance Reports
 - i. BC OD Provincial Weekly Overdose Report Oct 23-29 2016
- B) Supervised Consumption Services News Release

Data Analysis

From January 1 to September 30, 2016, a total of 93 illicit drug overdose (OD) deaths were reported in the IH region by the BC Coroners Service. In September, 13 new illicit drug OD deaths were reported. This is a marked increase after a period of stability from April to August. OD deaths occurred in Kelowna (n=4), Kamloops (n=2), Vernon (n=2), Nelson (n=1), Penticton (n=1), Salmon Arm (n=1), West Kelowna (n=1), and Williams Lake (n=1). In September, increased Ingestion Poisoning 911 calls and BC Ambulance naloxone administrations were also reported.

From January 1 to August 31, 2016, a total of 47 OD deaths (59% of total) in IH had fentanyl detected. Almost all had multiple substances involved. The most frequently detected substances (with fentanyl) were cocaine (46% of deaths), alcohol (36%), methamphetamine (34%), and heroin (30%).

From June 1-October 31, 2016, 207 ODs were reported by emergency departments (EDs). The majority of these overdoses were reported by Royal Inland Hospital (n=59; 29%), Vernon Jubilee Hospital (n=44; 21%), Kelowna General Hospital (n=46; 22%), and Kootenay Lake Hospital (n=26; 13%). Of these incidences four ODs (2%) reported by EDs were fatal, 19% were among persons who self-identified as Aboriginal and 6% of OD patients had more than one ED visit for an OD since June 1.

Recent Coroners data show that 30% of illicit drug overdose deaths reported in IH from 2011- 2016 involved injection drug use. 36% of ODs reported by EDs involved injection drug use compared to 70% of ODs reported through the community reporting tool.

Provincial analysis of BC Ambulance naloxone administrations show a significant increase in the proportion of patients with ≥ 2 overdoses since January 1, 2015 compared to the pre-fentanyl era. Increases were particularly notable among the 25-34 year old age group.

Summary of Operations

Each EOC section has assessed its current resource allocation (staffing and associated cost redistribution) at 12 weeks, and any additional resource requirements to complete the 1-year surge.

Sections have also provided estimates of additional long term resources for sustaining essential elements from 4 of the 5 EOC Drug Overdose streams beyond the surge period (i.e. Mental Health and Substance Use (MHSU), Take Home Naloxone (THN), Aboriginal Health, and Surveillance; excluding Safe Consumption Services¹).

Work is ongoing for Safe Consumptions Services (SCS) related to further understanding of the business cases and completing our final stakeholder engagement (See Appendix B). This work will result in a detailed operational plan and budget for SCS being available for SET to review, and use to make a final decision prior to submission to Health Canada for approval. (Fixerum Mobile Unit in Denmark <https://youtu.be/mwYPgn2IVUI>)

The key activities in the operational plan identified for MHSU align with current strategic efforts to advance primary care transformation in priority communities.

Progress to Date

By week 14 of the 1-year surge, the EOC has mobilized a significant cross-portfolio IH response to the local Public Health Emergency regarding ODRs and ODDs. Through reprioritization and redistribution, VP portfolios have operationalized over \$700,000 worth of activity in an effort to alter the rates of overdose across the region. This is expected to surpass \$1,000,000 by the end of the 2016-17 year.

It is important to note that the key indicators chosen each month by a particular Section demonstrate the evolution of relevant interventions. That is, as particular process or activity goals are met across the region, new indicators are chosen ensuring that each sections current activities are reflected monthly reports to SET and bi-monthly reports to the Board for as long as the Overdose Public Health Emergency remains in place.

EVALUATION

Ongoing surveillance, process and activity indicators, outcome indicators.

ALTERNATIVES

N/A

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Sharon Cook, ED, HCIS Central	November 3, 2016	Ongoing	Consultation
Heather Cook, ED, HCIS West	November 3, 2016	Ongoing	Consultation
Cathy Stashyn, Corporate Director, Human Resources	November 2, 2016	Ongoing	Consultation
Todd Mastel, Director of Business Support	Ongoing	Ongoing	Consultation
James Kinakin, Director Business Support	October 31, 2016	October 31, 2016	Consultation
Lori Motluk, ED, HCIS SOK/NOK	November 3, 2016	November 3, 2016	Consultation
David Harray, Executive Director MHSU	October 31, 2016	Ongoing	Endorsement
Gillian Frosst, Epidemiologist	November 2, 2016	November 3, 2016	Information
Mal Griffin, VP Integration and Strategic Services	October 19, 2016 November 2, 2016	November 2, 2016	Endorsement
Susan Brown, VP & COO, HCIS	November 2, 2016	November 2, 2016	Endorsement
Dr. Trevor Corneil, VP Population Health and CMHO	Ongoing	November 2, 2016	Endorsement

TIMELINES

Milestone	Lead	Date of Completion
<hr/>		

¹ Separate report from Safe Consumption Sites to follow at later date due to Health Canada Requirements

Information brief written	Karen Bloemink, ED HCIS East	November 3, 2016
Assessment of communication requirements	Lesley Coates, Public Health Communications Officer	November 2, 2016
Presentation to SET	Karen Bloemink, ED HCIS East Dr. Trevor Corneil, VP Population Health and CMHO	November 14, 2016
Presentation to Board	Karen Bloemink, ED HCIS East Dr. Trevor Corneil, VP Population Health and CMHO	December 6, 2016
Collection of baseline data	Gillian Frosst, Epidemiologist Todd Mastel, Director Business Support Roger Parsonage, Corporate Director Population Health	November 3, 2016
Collection of evaluation data	James Coyle, Director of Health Systems Evaluation	TBD
Evaluation submitted to sponsor	Courtney Hesketh	November 3, 2016

ENCLOSURES

- A) Surveillance Reports
 - i. BC OD Provincial Weekly Overdose Report Oct 23-29 2016
- B) Supervised Consumption Services News Release
- C) OD Presentation December 2016

REFERENCES

N/A

APPROVAL OF RECOMMENDATIONS

N/A

Name for Approval / Endorsement

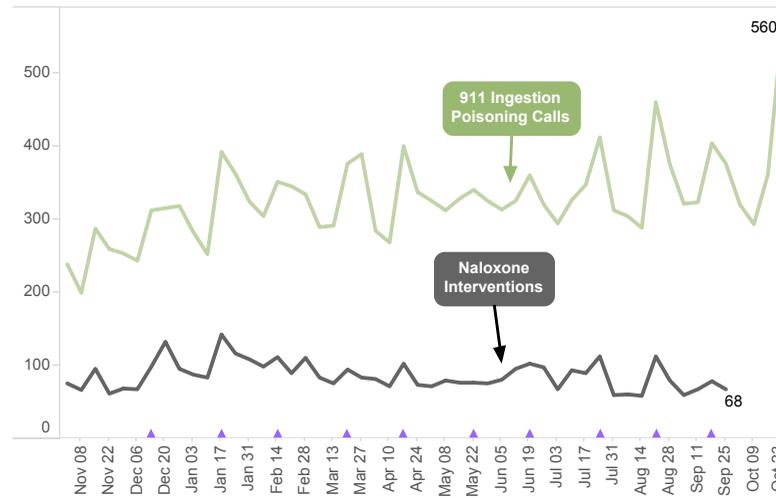
Signature

Date

BC Ambulance Service

Dates indicate the start of the week (Sunday)

Weekly Ingestion Poisoning (all substances) 911 Calls and BCAS Naloxone Interventions in Previous 12 Months - **Cheque Weeks as Blue Triangle**



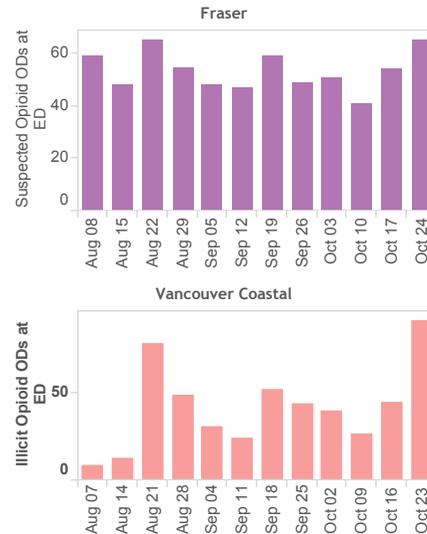
Unusual Increased Dispatch Activity in **RED**
Oct 23 - Oct 29

- BC Provincial
- Central Vancouver Island
- East Kootenay
- Fraser East
- Fraser North
- Fraser South
- Kootenay-Boundary
- North Shore/Coast Gariba..
- North Vancouver Island
- Northeast
- Northern Interior
- Northwest
- Okanagan
- Richmond
- South Vancouver Island**
- Thompson Cariboo Shus..**
- Vancouver**

*If no alerts for current period, all HSDAs will appear **GRAY**

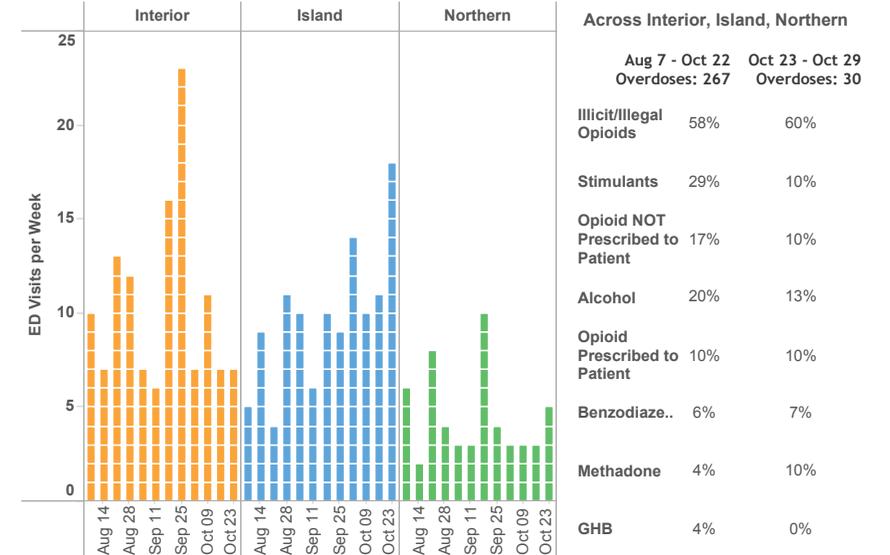
Electronic ED Surveillance

Dates indicate the start of the week (Fraser=Monday, Vancouver Coastal=Sunday)

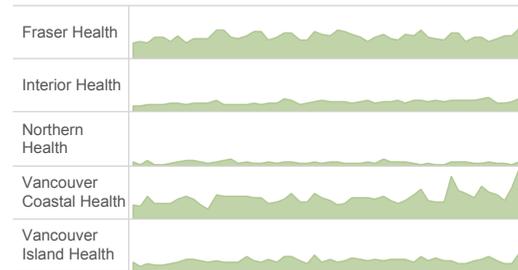


Enhanced ED Surveillance Form

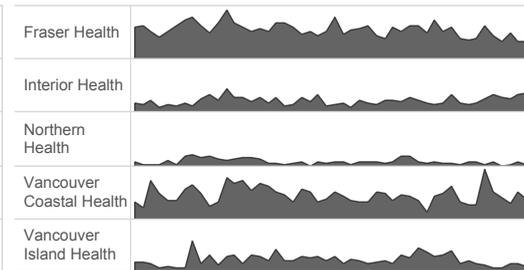
Dates indicate the start of the week (Sunday)



Weekly 911 Calls in Previous 12 Months by Health Authority



Weekly BCAS Naloxone Interventions in Previous 12 Months by Health Authority



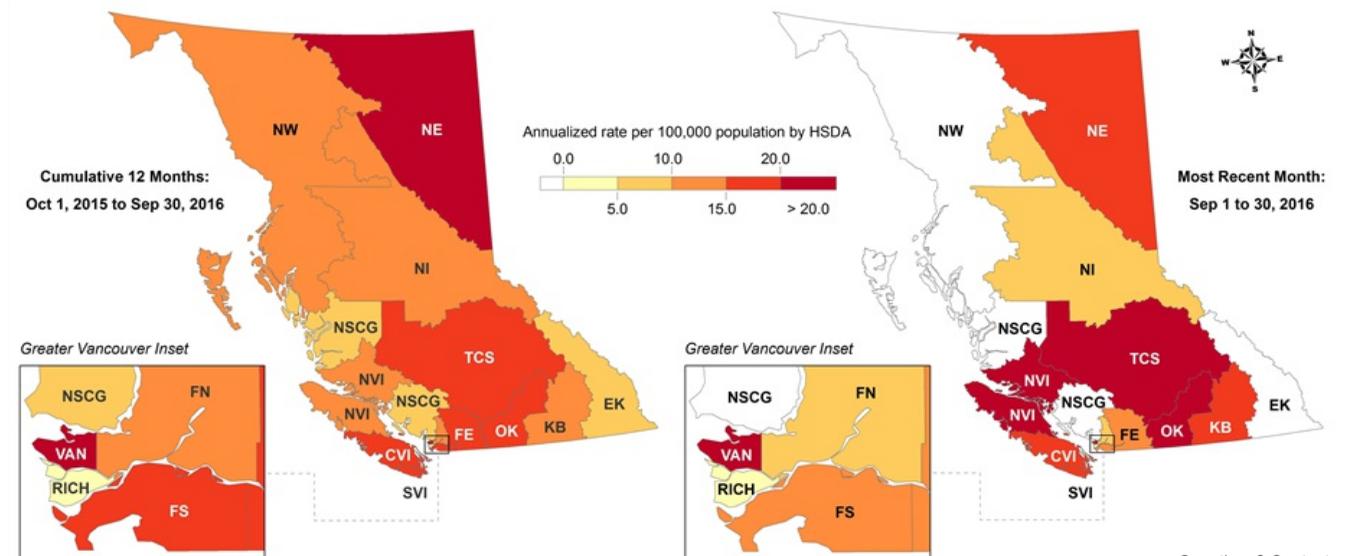
Of interest this week:

The cheque week effect was visible across the province last week. 911 Calls for Ingestion Poisoning increased to a level not seen previously, with more than 500 calls. Alerts for increased dispatch activity occurred in Vancouver, Thompson Cariboo Shuswap, and South Vancouver Island HSDAs. Additionally, there were Health Authority alerts for Fraser, Vancouver Coastal, Island, and Interior (not shown).

Surveillance at Emergency Departments (EDs) picked up substantial increases in Vancouver Coastal, Fraser, and Island, along with a small increase in Northern EDs. Self-reported drug-use for those presenting to ED in Interior, Island, and Northern suggest lower use of stimulants this week compared to the 11 weeks prior. The use of illicit opioids, including heroin and fentanyl, is consistent with historic norms.

In September, the highest rates of illicit drug overdose deaths were experienced by North Vancouver Island, Thompson Cariboo Shuswap, Okanagan and Vancouver. Notably, the death rates across Fraser Health are lower in September as compared to the previous 12 months. Northeast has decreased relative to August, and to the previous 12 months.

Illicit Drug Overdose Deaths by Health Service Delivery Area



Questions? Contact Margot.Kuo@bccdc.ca

Weekly Dashboard Data Sources and Notes

BC Ambulance Services (BCAS) 911 Ingestion Poisoning Calls

Description: This data source contains ambulance calls captured in the provincial emergency dispatch system. All dispatches are logged in the system, and ones routed to the ambulance service are included. The call information is entered and coded with 33 possible categories. The dispatch system code is based on the information provided by the 911 caller and interpreted by the 911 operator. As this is a layperson's assessment, it may not be accurate and there is no detailed information on drug type.

Case Definition: Calls coded as Ingestion Poisoning by dispatcher (Advanced Medical Priority Dispatch System Code starts with '23'). Ingestion Poisoning includes poisonings from a broad array of substances (e.g. household cleaners) but also includes illicit drug overdoses, regardless of route of administration.

Unusual Dispatch Activity - HSDA's highlighted in red indicate unusual 911 call activity in the previous 7, 14, 21, or 28 days and are based on historical call patterns. For more information, contact the BCCDC about the PHIDO Alert System.

BCAS Naloxone Interventions

Description: This data source contains Naloxone administration events by ambulance attendants. Paper documents are completed on-scene by the paramedics, and include treatment information including Naloxone administration. These documents are later transcribed into the Patient Care Reports (PCR) system and an extract provided to BCCDC. Because data is transcribed from paper documents, they can be delayed by two to three months.

Case Definition: Treatment by ambulance crews using Naloxone. Each record in this dataset represents one Naloxone administration event, which could involve multiple doses. A given individual may have multiple Naloxone interventions over time.

Coroner's Data on Illicit Drug Overdoses (map)

Description: The coroner investigates all accidental and undetermined illicit drug overdose deaths in British Columbia. Health Service Delivery Area is assigned based on the availability of, in order, place of injury, place of death if not medical facility, place of residence, or place of death if medical facility. Some deaths (about 6.5%) do not have sufficient location information to assign any LHA, so only appear in BC counts.

Case Definition: Illicit drug overdoses reported by the Coroner include overdoses involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased, combinations of the above, with prescribed medications, and those overdoses where the origin of drug is not known. Both open and closed cases are included.

Emergency Department Surveillance Systems

Real Time Electronic ED Surveillance - Vancouver Coastal Health Authority (VCH) and Fraser Health Authority monitor ED visits and identify overdoses using specific ICD codes and free-text search criteria which are similar, but not identical.

In VCH, this algorithm correctly captures 75% of overdoses (based on formal evaluation). The remaining 25% are primarily driven by missing information in the ED system. Nine out of 13 VCH hospitals are captured, including 6 urban and 3 rural. Substances are reported by the patient at the time of visit, and may be different than the actual drug used. These numbers may change over time as the algorithm changes or information is updated in the original information systems. The remaining 4 VCH hospitals began reporting suspected opioid overdoses June 19th using a paper-based process similar to the Enhanced ED Surveillance described below.

In Fraser Health Authority, suspected overdose events are identified based on syndromic methods rather than individual case-based reporting. All 12 Emergency Departments are participating. Suspected opioid overdose events include those where: 1) an opioid-specific discharge diagnosis exists; 2) opioids are mentioned anywhere in the record as a cause of the overdose, alone or in combination with other drugs; and/or 3) an overdose was indicated but the drug was not specified. Week calculations in Fraser follow a Monday to Sunday schedule, and differ from standard Sunday-Saturday Epi Weeks used in other HAs.

Enhanced ED Surveillance - Interior, Island, and Northern Health Authorities use an enhanced surveillance form (similar in each HA) in ED's to capture the circumstances of known or suspected opioid overdoses based on clinical characteristics of the patient. Substance(s) are self-reported and represent drug(s) the patient believed they were taking. There is continuing incremental uptake of reporting as new ED's are onboarded and protocols established to ensure complete reporting that may affect the interpretation of these data.

For Immediate Release | November 24, 2016

Interior Health engaging on potential locations for supervised consumption services

In response to the ongoing [Public Health Overdose Emergency](#), Interior Health, like other B.C. health authorities, is in the process of exploring offering supervised consumption services.

Kamloops and Kelowna, the communities experiencing the highest number of overdose deaths in Interior Health, have been chosen as priority communities for supervised consumption services. In 2015 Kamloops had seven overdose deaths, while in the first ten months of 2016 there have already been 31. In Kelowna there were 20 overdose deaths in 2015 and 37 deaths in the first ten months of 2016.

The Province of B.C. is supporting all health authorities to submit applications for supervised consumption services in response to the current overdose emergency crisis in the province.

“Supervised consumption services save lives,” said Health Minister Terry Lake. “They help to prevent overdoses and reduce the risk of transmitting infectious diseases such as HIV and Hepatitis C. They could be of great benefit to Kamloops and Kelowna and any community with high risk population.”

A supervised consumption service is a health service that provides a clean environment where people can use pre-obtained drugs under the supervision of trained health-care staff who can respond promptly in the event of an overdose. In addition to supervision, people using the service are provided with sterile injection supplies, education on safer injection, overdose prevention and intervention, medical and counselling services, and referrals to drug treatment, housing, income support and other services.

“Evidence shows that supervised consumption services can reduce the number of overdose deaths, improve access to health-care and treatment services and reduce public drug use and discarded needles,” says Dr. Trevor Corneil, Chief Medical Health Officer with Interior Health. “Offering a service like this will not only benefit those at risk of overdose – it will also benefit the surrounding area.”

Planning for a supervised consumption service requires significant stakeholder engagement, followed by an application to Health Canada for an exemption under Section 56 of the federal Controlled Drugs and Substances Act prior to implementation.

To date, Interior Health has had meetings with several stakeholders including local government, RCMP, community agencies, people who use drugs, and business associations to obtain their opinions about supervised consumption in principle. The next step is to seek input on potential locations and service models, identify any concerns and potential strategies to mitigate those concerns.

The proposed locations/service models Interior Health will be seeking input on are:

Kamloops:

- Mobile unit – locations/stops to be determined based on overdose/substance use data and feedback from those who would use the service.

Kelowna:

- 477 Leon Ave – spaced owned by Ki-Low-Na Friendship Society

- Mobile unit – locations/stops to be determined based on overdose/substance use data and feedback from those who would use the service.

The proposed locations and service models were selected based on a combination of operational considerations, feedback received to date from stakeholders, data on where injection drug use occurs, and proximity to facilities where harm reduction and/or treatment services are already being provided to the target population. The proposed mobile units would allow the service to be provided through outreach to more than one area of the city. Interior Health plans to seek input from people who use drugs and other stakeholders on potential stops for a mobile unit prior to making any recommendations.

Interior Health would like to stress that no decisions have been made at this time. This next phase of engagement involves consulting with stakeholders about the proposed locations, including people who use drugs, community partners, and the public.

Residents of Kamloops and Kelowna can provide feedback on supervised consumption services and the proposed locations by visiting the Interior Health Supervised Consumption [webpage](#) and submitting their opinions through the online feedback form by December 15.

Following the completion of this phase of engagement, a decision will be made on whether to apply to Health Canada for an exemption to operate supervised consumption services and, if so, at which locations. The decision will be based on the outcome of engagement, a review of overdose data and operational considerations.

Interior Health is committed to promoting healthy lifestyles and providing a wide range of quality health-care services to more than 740,000 people living across B.C.'s vast interior. For more information, visit www.interiorhealth.ca, follow us on Twitter [@Interior_Health](https://twitter.com/Interior_Health), or like us on Facebook at www.facebook.com/InteriorHealth.

- 30 -

Media, for information:

Lesley Coates, Communications Officer Interior Health
(250) 469-7070 ext 12824

Overdose Public Health Emergency Interior Health Update

Trevor Corneil, MD FCFP FRCPC
VP Population Health & Chief Medical Health Officer

December 6, 2016 v1.1



Interior Health
Every person matters

April 14, 2016 – Public Health Emergency



December 6 2016

Every person matters

Overview

- * Epidemiology of Overdose Crisis
- * Overdose Prevention and Response:
 - * Incident Management Team
 - * Media Campaign and Prevention
 - * Take Home Naloxone Expansion
 - * Substance Use Treatment
 - * Supervised Consumption Services

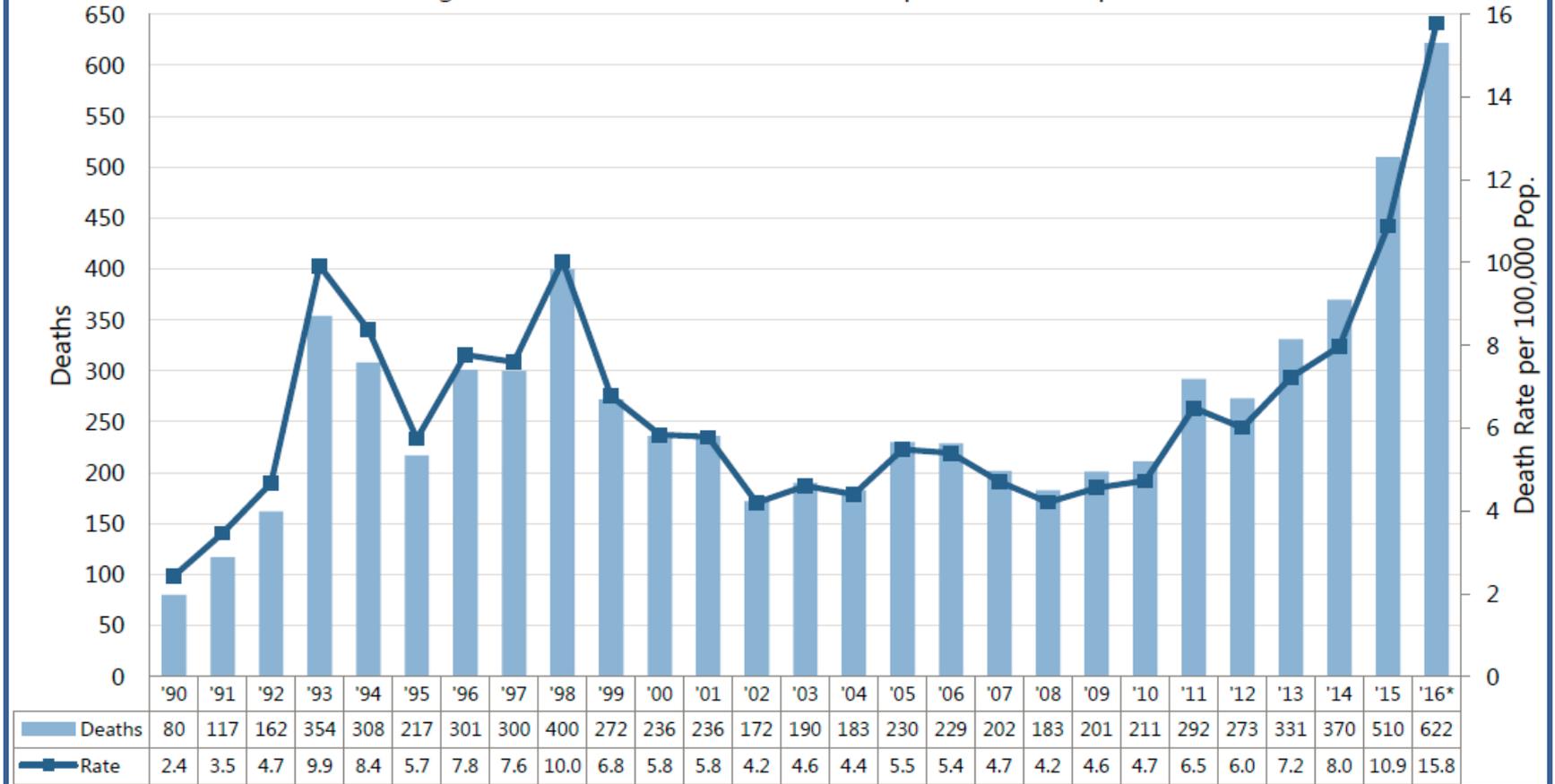


EPIDEMIOLOGY OF OVERDOSE DEATHS

December 6 2016

Overdose Death Epidemiology in BC

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population^[2,5]



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – October 31, 2016.

December 6 2016

2013



Distribution of Illicit Drug Overdose Deaths in British Columbia
2013

Rate per 100,000 population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

2014



Distribution of Illicit Drug Overdose Deaths in British Columbia
2014

Rate per 100,000 population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

2015



Distribution of Illicit Drug Overdose Deaths in British Columbia
2015

Rate per 100,000 population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

2016 (Projected)



Distribution of Illicit Drug Overdose Deaths in British Columbia
2016 (Jan to Sep)

Rate per 100,000 population by HSDA

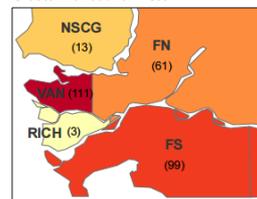


(n = number of deaths)



Notes: 2016 rate is annualized based on Jan-Sep case count. Data from BC Coroners Service: January 2010 to September 2016. Map created October 31, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



December 6, 2016

Overdose Deaths in IH

Illicit Drug Overdose Deaths by Health Authority, 2007-2016^[2,4,6]

HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Interior	35	22	35	37	38	32	53	48	65	108
Fraser	57	65	58	86	115	104	105	127	205	211
Vancouver Coastal	64	47	69	52	80	74	96	118	154	147
Vancouver Island	35	43	33	23	44	45	58	55	60	120
Northern	11	6	6	13	15	18	19	22	26	36
BC	202	183	201	211	292	273	331	370	510	622

Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2007-2016^[2,4-6]

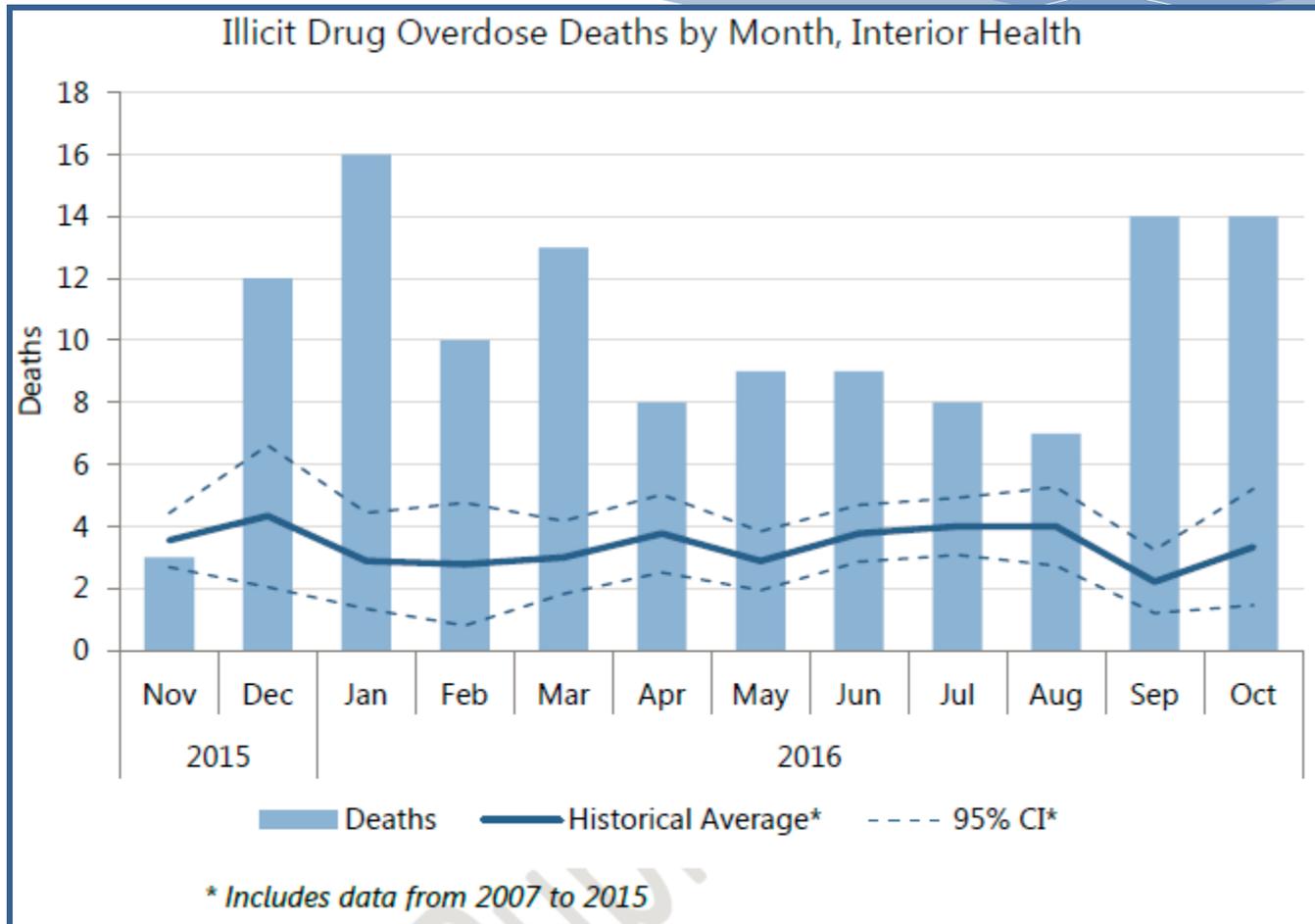
HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Interior	5.0	3.1	4.9	5.2	5.3	4.4	7.4	6.6	8.8	17.5
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.2	7.4	11.8	14.3
Vancouver Coastal	6.0	4.4	6.3	4.7	7.2	6.6	8.5	10.3	13.3	15.1
Vancouver Island	4.8	5.9	4.5	3.1	5.9	6.0	7.7	7.2	7.8	18.7
Northern	3.9	2.1	2.1	4.6	5.3	6.4	6.7	7.7	9.3	15.4
BC	4.7	4.2	4.6	4.7	6.5	6.0	7.2	8.0	10.9	15.8

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – October 31, 2016.

December 6 2016

Every person matters

What We Know About Fatal ODs in IH



Data are preliminary and subject to change.

BC Coroners Service. Illicit Drug Overdose Surveillance Report [Internal], January 1, 2007 – October 31, 2016.

December 6 2016

Every person matters

What We Know About Fatal ODs in IH

Illicit drug overdose deaths in 2016 (to Oct 31)

- * 82% occurred among males
- * 65% occurred among males aged 19-44 years
- * 85% occurred inside (e.g., housing, facility, public building)
- * 30% involved injection drug use

- * 37 occurred in Kelowna
- * 31 occurred in Kamloops
- * 40 occurred across smaller communities

Data are preliminary and subject to change.

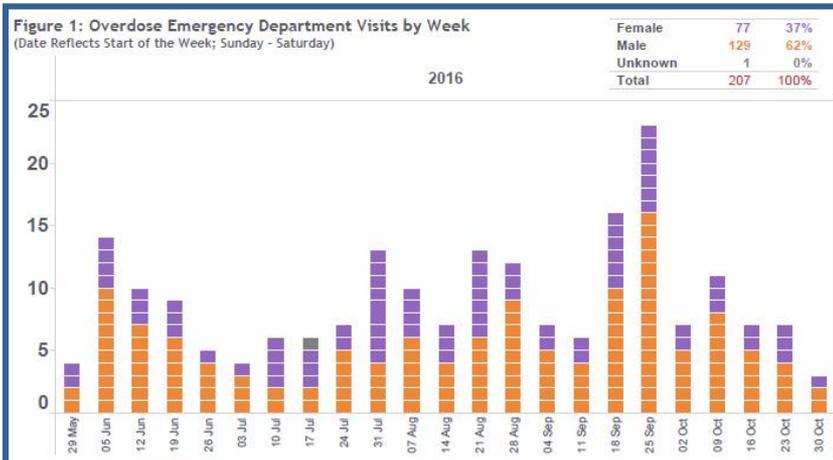
BC Coroners Service. Illicit Drug Overdose Surveillance Report [Internal], January 1, 2007 – October 31, 2016.

December 6 2016

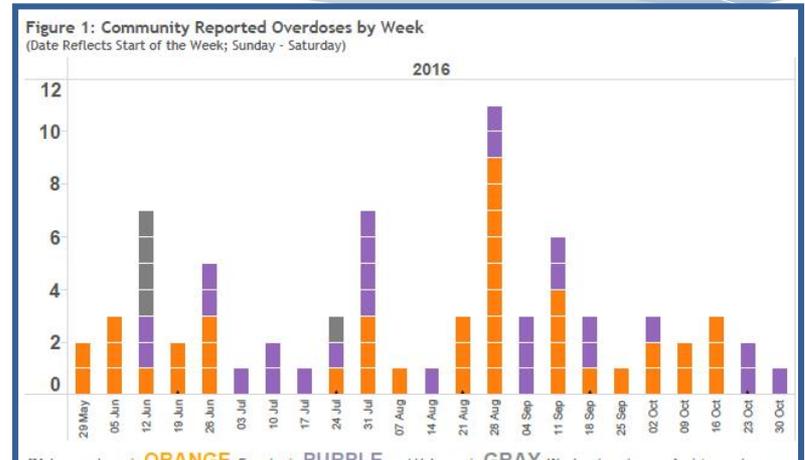
Every person matters

What We Know About Non-fatal ODs in IH

Emergency Room



Community Reporting



* Males are shown in **ORANGE**, Females in **PURPLE**, and Unknown in **GRAY**.

* Males are shown in **ORANGE**, Females in **PURPLE**, and Unknown in **GRAY**. Weeks where Income Assistance cheques are distributed are noted by a ▲.

Figure 5: Location of Overdose Emergency Department Visits

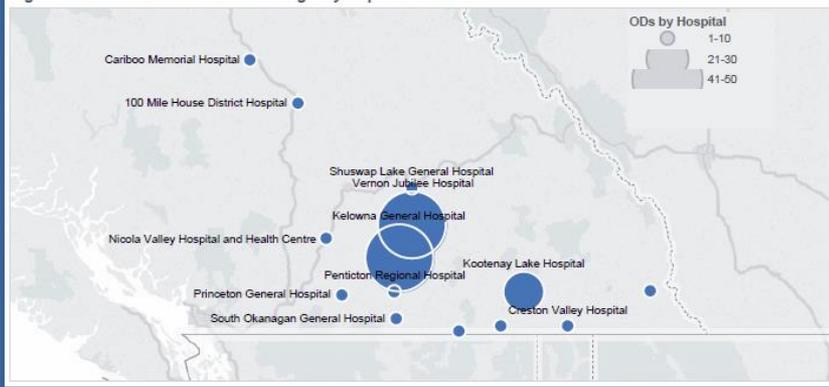
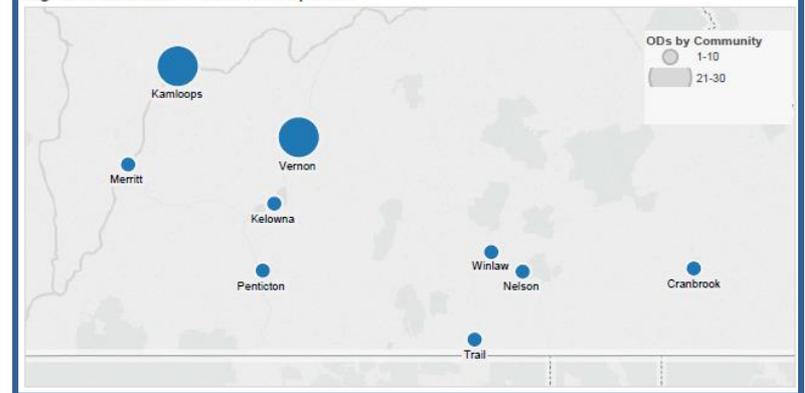
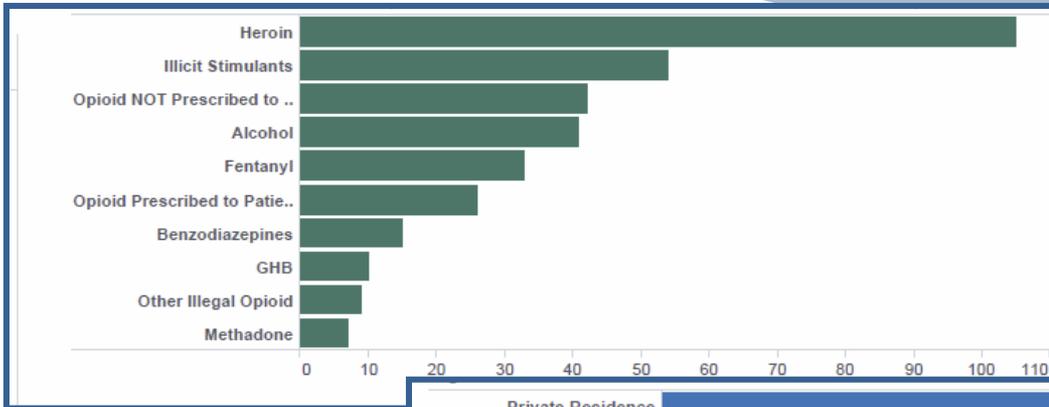


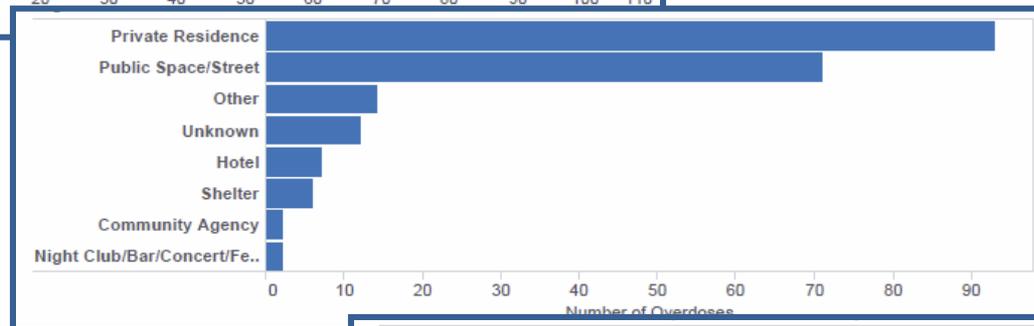
Figure 5: Location of Overdoses Reported



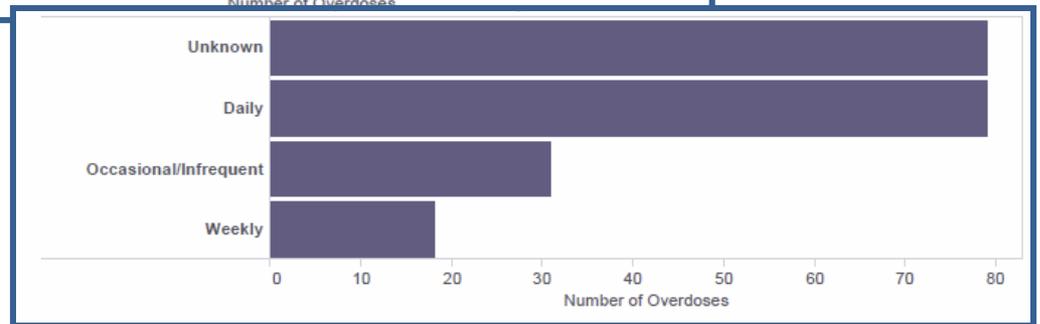
What We Know About Non-fatal ODs in IH



Substance

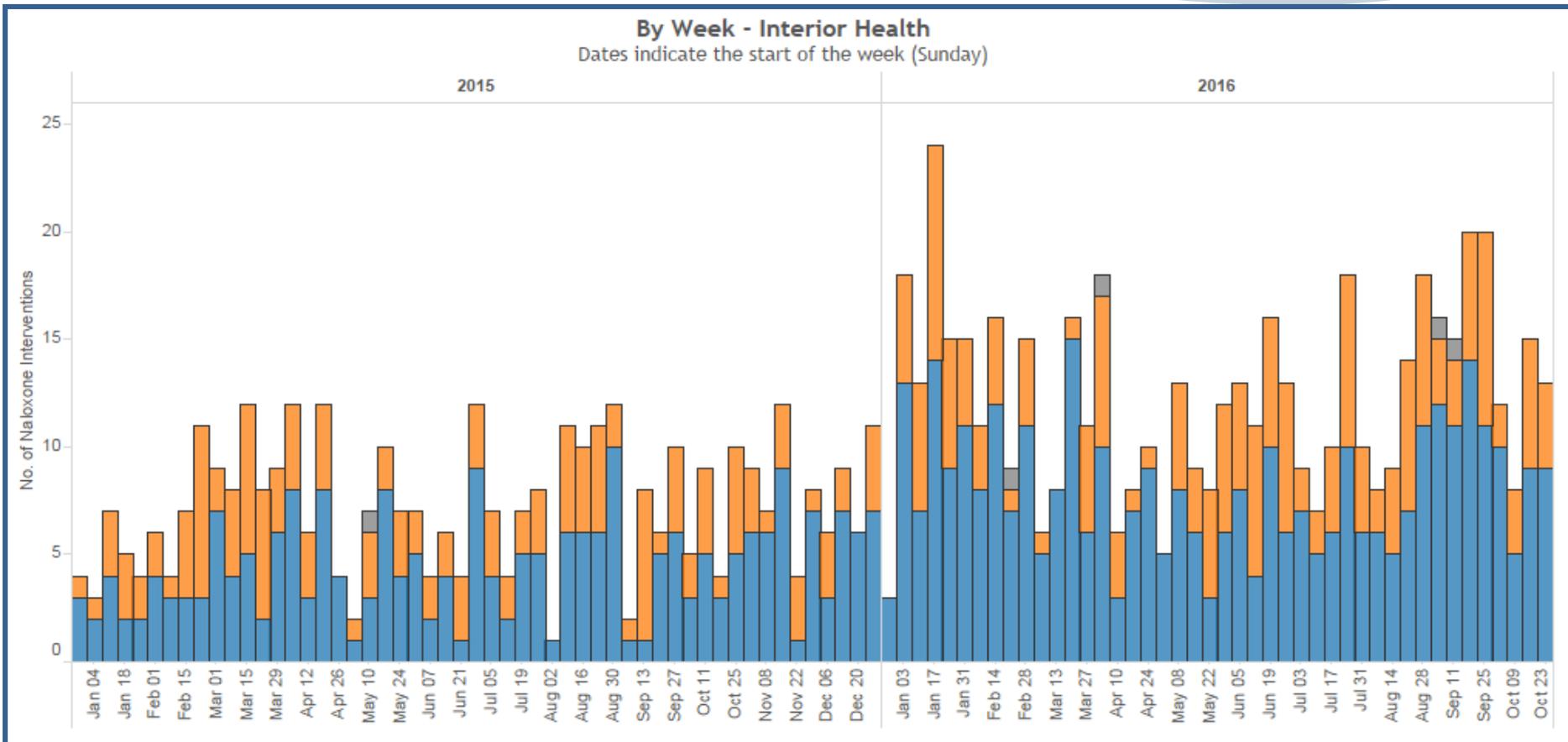


Location



Frequency

Ambulance Calls Where Naloxone Used



Data are preliminary and subject to change.

BC Emergency Health Services [Internal], January 1, 2015 – November 5, 2016.

December 6 2016

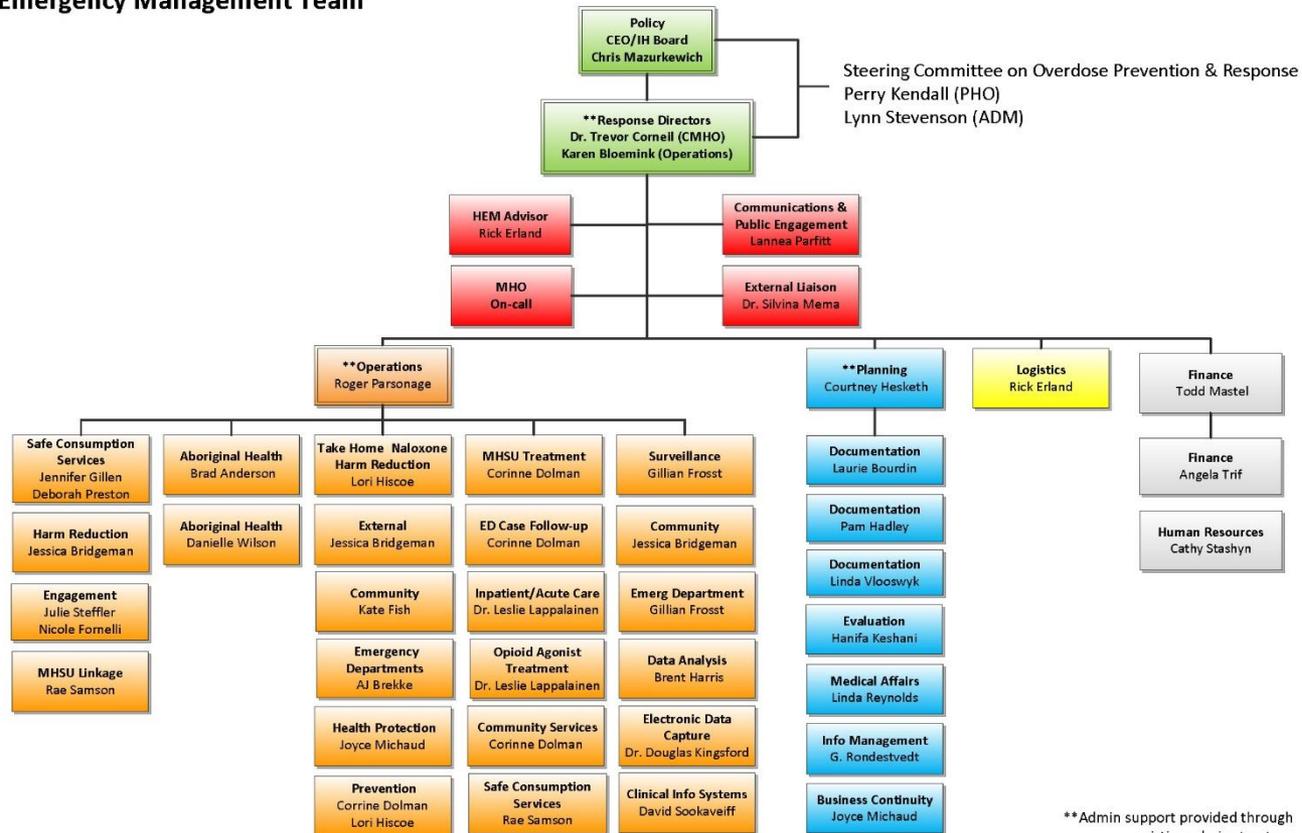


OVERDOSE PREVENTION AND RESPONSE

December 6 2016

IH OD Response Structure

IH EOC: Overdose Prevention & Response Emergency Management Team



**Admin support provided through existing admin structure

IH-PH-OD-006 v17 Nov 1, 2016

Media Campaign



FIND OUT HOW YOU CAN SAVE A LIFE

CARRY A NALOXONE KIT **CALL 911** **#STOPOVERDOSE**

LESLIE MCBAIN
Lost a child to overdose
Harm reduction advocate

WATCH HER STORY >

...a larger substance abuse problem.

People who are addicted to...

 ALCOHOL	 MARIJUANA	 COCAINE	 Rx OPIOID PAINKILLERS
are 2x	are 3x	are 15x	are 40x

...more likely to be addicted to heroin.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Take Home Naloxone Distribution



December 6 2016

Every person matters

Substance Use Treatment



- * Case Follow-up and Urgent Referral



- * Inpatient and Outpatient



- * Detoxification (medical and non-medical)

- * Opioid Agonist Therapy (Suboxone, Methadone)



- * Counselling Services

- * Intensive Case Management



Supervised Consumption Services



Next Steps

- * Strengthening Stakeholder Engagement
- * Move from Reactive to Proactive Response
- * Determine Causality and Directionality
- * Upstream Promotion and Prevention Strategies
- * Ongoing Public Education and Awareness
- * Other



QUESTIONS?



DRAFT MINUTES OF OCTOBER 4, 2016
REGULAR BOARD MEETING
9:00 am – 10:20 am
BOARDROOM I - 1815 KIRSCHNER ROAD – KELOWNA

Board Members:

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

Resource Staff:

Chris Mazurkewich, President & Chief Executive Officer (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 (R)
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. Harsh Hundal, Acting Executive Medical Director, Residential and Community
Wendy Petillion, Chair, Interior Health Research Ethics Board
Dorothy Herbert, Coordinator, Research Ethics Board

(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 Rounsville moved. Director O'Fee seconded:

Motion: 16-17 **MOVED AND CARRIED UNANIMOUSLY THAT the Board approve the agenda as presented.**

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

Medical Assistance in Dying

Dr. Hundal presented an update to the June 17, 2016 legislated Bill C-14 making medical assistance in dying legal in Canada. He explained that Interior Health has established a steering committee to facilitate decision making and resources. Dr. Hundal has been touring throughout Interior Health providing support and training to physician groups and staff to ensure standards of practice is being met. He noted that the team continues to develop robust workflows and process documentation to refine the care coordination process. Information is available to the public on the Interiorhealth.ca website. Dr. Hundal answered questions from the Board.

Interior Health Research Ethics Board Annual Report 2015-2016

Wendy Petillion and Dorothy Herbert presented the Interior Health Research Ethics Board Annual Report 2015-16. Interior Health's Research Ethics Board is responsible for providing ethical review for all research involving humans that includes: IH employees, physicians or patients including their data, and IH facilities, programs or services. The Board meets the criteria for research ethics in Canada, as set out in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, written by the three national research-granting agencies: the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council. Wendy Petillion answered questions from the Board.

Director Quinn arrived at 9:45 am.

4. APPROVAL

4.1 Approval – Minutes

Director Jules moved. Director Burrows seconded:

Motion: 16-18 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the July 19, 2016 Board Meeting, as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

Cultural Humility and Safety Session – The Board will be participating in the Cultural Humility and Safety Session on Wednesday, October 5, 2016.

6. COMMITTEE REPORTS

a. Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor reported on the Summary Report of the Health Authority Medical Advisory Committee meeting with the following highlights:

- HAMAC members approved their 2017 meeting schedule. The amended schedule will more closely align with the Senior Executive Team meetings and Board meeting calendar.
- HAMAC endorsed the reorganization of the Medical-Operational structure in Laboratory Services.
- HAMAC received a presentation on the status of the roll out of the MyHealthPortal. He noted that the project is a great step forward for Interior Health and continued consultation with physicians will ensure the most effective delivery of this patient centered service.

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

- There were no recommendations from HAMAC at this time.

b. Audit and Finance Committee

Director Rounsville requested the Board's approval of the following motions:

Director Rounsville moved, Director O'Fee seconded:

Motion: 16-19 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board recommend to the Board Governance and Human Resources Committee to review the revised Audit and Finance Terms of Reference.

Director Rounsville reported:

- Dave Bond, from KPMG, presented information on the upcoming audit noting that KPMG currently provides this service on behalf of the Auditor General. However, following this audit, the Auditor General's office will conduct the audits in the future.
- The Community Health Services Centre will be substantially complete by mid-October. Clinical and corporate staff are scheduled to be moved in by year end. A number of lease contracts for the available space are in progress. In addition, a portion of the Kirschner Plaza site has also be leased.
- The Vehicle Management Audit was completed with recommendations requesting the strengthening of the policies and procedures.
- Period 5 Financial Summary indicates a positive result.
- The Laundry Services project is moving forward. Discussions are underway with the union regarding staff support and transition.
- MyHealthPortal project & roll-out timelines were reviewed.
- Interior Health, BC Clinical & Support Services and other health authorities continue to prepare for the procurement of Desktop Management Services.
- Cardiology billing and payments audit was conducted with outstanding recommendations to be completed in the fall.
- The Client Rate Assessment Audit provides assurance that the process supports complete and accurate assessments that are aligned with IH's policies and the Ministry of Health Home and Community Care Policy.

c. Quality Committee

Director Burrows advised that there are no motions requiring approval by the Board.

Director Burrows reported that:

- Dr. Corneil provided an update on the Interior Health Public Health Emergency Overdose Prevention and Response.
- A very informative presentation was received on how data is used to identify high performing residential care sites and leading practices to drive quality improvement in fall and injury prevention in residential care facilities, across the health authority.
- The BC Patient Safety & Quality Council developed a provincial board governance training program to support health sector board members in building the knowledge base and skills required to lead their organizations in providing safe and high quality care. Work continues on the curriculum build.
- Medication Management Audit recommendations are being implemented.

d. Governance & Human Resources Committee

Director Dooley requested the Board's approval of the following motions:

Director Dooley moved, Director Burrows seconded:

Motion: 16-20 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the Governance & Human Resources Terms of Reference revisions as presented.

Director Dooley reported that:

- The Board evaluation process was reviewed.
- Management rights and management practices will be reviewed on a quarterly basis.
- Human resource impacts relating to major capital projects will continue to be reviewed.
- Gaps in key healthcare positions and vacancies and the role of educational institutions in addressing those gaps will continue to be discussed.

e. Strategic Priorities Committee

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

Director Wasylyk reported:

- The Strategic Priorities Terms of Reference will be amended to include the review of all strategic IMIT initiatives.

f. Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

- Board Directors are to provide the Board Resource Officer with a list of any community stakeholder engagement activities undertaken by Board members which will be included in this report.

7. REPORTS

7.1 President and CEO Report

The President and CEO Report was received as information.

7.2 Chair Report

- Chair Malzer reported that he believes that Interior Health and healthcare are at a cross roads. Forces for change are aligning. Physician and nursing leadership groups provincially and nationally are taking a public position on transformative change. Government is actively engaged and interesting opportunities are on the horizon. Interior Health is faced with fiscal challenges however strategic priorities must continue to move forward. The strategic enabling roll of technology as is evident through the online patient portal project, as well as the leadership and progress being demonstrated at Royal Inland Hospital in Kamloops (with the electronic medical record initiative) will increasingly become crucial and decisive in digitizing our major facilities, supporting primary care, and enabling patient self-management. Chair Malzer believes Interior Health can be a role model within the province and wished to thank all the staff involved in this important work.
- Director Dooley reported on the recent site visits to the Kootenay Boundary. Meeting with staff, physicians and volunteers in the various communities is invaluable and wished to thank all those who took the time to meet and share comments and concerns with the CEO, Board Chair and herself.

8. CORRESPONDENCE

9. DISCUSSION ITEMS

None

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, December 6, 2016 – 9:00 a.m. – at the new Community Health Services Centre Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:20 am

Erwin Malzer, Board Chair

Chris Mazurkewich, President & CEO

DRAFT



Interior Health

ACTION ITEMS REGULAR BOARD MEETING

Dec 6, 2016

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			



SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: October 21, 2016

1. MOTIONS PASSED

Motion: That HAMAC endorses the IH Geriatric Delirium Acute Care PPO with the revisions recommended – carried unanimously.

2. DECISIONS

3. ACTIONS

Action: C. Mazurkewich requests that Medical Affairs create a brief for the IH/UBC Joint Advisory Committee about linking IMG physicians with UBC study groups.

4. PRESENTATIONS TO HAMAC

Ethics in Interior Health Framework Revisions (W. Petillion)

Wendy Petillion provided, for information, an update on the revisions to the IH Ethics Framework and reviewed the resources available.

Regional Kidney and Pancreas Transplant Referral Pre-Printed Order (M. Michaud)

Dr. Michaud shared, for information, the standardized Regional Kidney and Pancreas Transplant Referral PPO.

IH Geriatric Delirium Acute Care Pre-Printed Order (M. Helgason, G. Shadirian)

Megan Helgason and Dr. Shadirian presented the final revisions to the IH Geriatric Delirium Acute Care PPO. HAMAC endorsed this.

Nurse Practitioners Prescribing Controlled Drugs and Substances (L. Janicki)

Dr. Louann Janicki presented, for information, the Ministry of Health changes to prescribing practices for Nurse Practitioners in BC.



Stakeholders Committee

REPORT TO THE BOARD

— December 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

October 2016

October 5	Cultural Humility & Safety Session – <i>A People's Story</i> – Directors: Dooley, Burrows, O'Fee, Malzer, Rounsville, Wasyluk, Jules, Tugnum
October 6	North Shore Ministry Announcement Director O'Fee
October 7	Shuswap Lake Hospital – Sacred Space Grand Opening Director Jules
October 7	Met with South Okanagan Similkameen Medical Foundation CEO Director Burrows
October 7	Penticton Regional Hospital Project – Construction start up - crane on site Director Burrows
October 13	Long Term Service Awards – Kamloops Director O'Fee
October 15	Physician Administrator Co-Leadership Training (PACT) Leadership Forum Chair Malzer
October 19	Interior Health - Regional Hospital District Joint Semi-Annual Meeting Chair Malzer
October 21	Community Health Services Centre – Key Handover Ceremony Chair Malzer
October 21-23	Speaker and Conference Participant - University of Alberta School of Public Health – Fellowship Program in Health System Improvement Chair Malzer
October 24	Long Term Service Awards – Penticton Director Burrows
October 24	KGH Medical Association Meeting Chair Malzer
October 26	Interior Region Caucus Meeting – Williams Lake Director Jules



Interior Health

October 26	Meeting with DIRTT Chair Malzer
October 27	Surgical Network Planning Chair Malzer
October 28	Regional Hospital District Meeting Castlegar Director Dooley
October 31	Board Governance Quality Provincial Education Program Director Burrows

November 2016

November 7	Nicola Valley Emergency Department Expansion Announcement Director Jules
November 7	Long Term Service Awards – Vernon Director Cannon
November 7-8	Kootenay Boundary CEO/Board Director Site Visits Director Dooley & Director Rounsville
November 8	Chief of Police Diversity Action Committee Director Dooley
November 14	Long Term Service Awards – Kelowna Director Wasylyk
November 25	Penticton Regional Hospital – Patient Care Tower Liaison Meeting Director Burrows



Interior Health
Every person matters

**President & CEO
REPORT TO THE BOARD
December 2016**

Enhancing and Integrating Primary and Community Care

With a mandate from the B.C. government, Interior Health is realigning its resources and organizational structure with a goal to shift the focus of health care from hospitals to community programs and services; focus on key populations; and reduce the growth in demand on acute care capacity, all while living within our financial means. This shift, which is occurring globally, responds to a population that is changing – people are living longer, often have complex medical needs, but also prefer to live at home from birth to death.

In early October, the Ministry of Health, Interior Health, the Doctors of BC, and the Thompson Division of Family Practice announced a plan to improve patient access to primary care and to better integrate primary and community care services on Kamloops' North Shore. In 2017, two new team-based primary care centres will open on Tranquille Road and at the Northhills Centre as primary care providers are recruited. Co-located at these sites on the North Shore will be two Interior Health clinics housing specialized care teams for frail elderly clients and those with complex medical needs, and those with medium to complex mental health and substance use conditions. These teams will work collaboratively with primary care providers to proactively support integrated access to a broader range of primary and community care services.

Interior Health's focus for the next few years is on enhancing and integrating primary and community care across the entire Central and Southern Interior. Working in collaboration with Divisions of Family Practice, we will build services and programs that create a timelier, seamless experience for patients and clients. Collaboration is currently underway between Interior Health and Divisions in pursuit of this improved patient experience. While local programs and services may look different, reflecting the different nature of our communities, they will improve service, and ultimately health outcomes for the residents we jointly serve.

Integrated Services

Transition in Board Leadership at Interior Health

An accomplished community leader has been appointed as the incoming chair of Interior Health's Board of Directors, replacing Erwin Malzer who will complete his tenure on December 31, 2016.

Currently a director on the board, John O'Fee has served both the City of Kamloops and the Province of B.C. in a variety of roles from city councillor to director of the Finance and Audit Committee for the Provincial Health Services Authority. In his new role, John will guide the

board in Interior Health's immediate goal to shift the focus of health care from hospitals to community programs and services so people can live independently at home for as long as possible.

In making the appointment, Health Minister Terry Lake also commented on the significant contribution by current Chair Erwin Malzer to the provincial health-care system. Erwin has served 10 years as an Interior Health board director and two years as board chair. He championed many initiatives with a keen interest in advancing technology use in health care. This includes the launch of MyHealthPortal, which gives patients electronic access to their health information, and the expansion of health records in Royal Inland Hospital's emergency department.

MyHealthPortal Continues to Expand

Following the successful launch earlier this fall of secure online access to personal health information for Salmon Arm and Revelstoke patients, Interior Health has now expanded MyHealthPortal services to the communities of Ashcroft, Clearwater, Kamloops, Lillooet, Merritt, 100 Mile House, and Williams Lake. Patients can now view information such as their IH lab results and diagnostic imaging reports, appointments, and recent visit history. Over the coming months, the Portal will be rolled out in additional communities, covering the entire Central and Southern Interior by the summer of 2017.

Merritt Emergency Department Expansion Announced

Emergency health services in the Coquihalla corridor will be strengthened thanks to an expansion and renovation of the Nicola Valley Hospital and Health Centre's emergency department. The result will be a modern, updated emergency department that will increase the dedicated department space to 5,380 square feet from the current 1,076 square feet. The renovation will improve patient confidentiality, allow for direct sightlines to patients, and enhance staff safety. Some of the features will include a covered ambulance bay with dedicated ambulance entrance; confidential triage and registration spaces; expanded trauma and treatment areas, with emphasis on increased privacy and better infection control measures; a new nurse station, medication room, washrooms and equipment storage.

The Nicola Valley Hospital and Health Centre is located in Merritt, at the intersection of four busy highways, including the Coquihalla Highway. Built in 1964, the hospital serves a population of approximately 12,000 people.

Nurse Practitioner Numbers in IH Continue to Grow

Focused efforts to enhance primary care have helped Interior Health hire seven new nurse practitioners (NPs) since summer. There are currently 51 NPs across IH, up from 21 in 2012. These include full-time and part-time NPs in a wide range of roles in communities across our region. Nurse practitioners work in partnership with physicians and other health-care professionals to provide quality care to people of all ages, families, groups, and communities. They are registered nurses with additional education at the Master's level and are qualified to diagnose and treat illnesses, order tests, prescribe medications, manage, monitor, and review chronic health conditions. Nurse practitioners support Interior Health's efforts to shift the focus of health care from hospital to community programs and services, focusing on key populations.

Hiring Continues in Phase Two of Community Paramedicine Initiative

Community paramedics have now been hired for Creston and Princeton. Hiring for a further fourteen communities began this fall and BC Emergency Health Services (BCEHS) is interviewing for those positions. Next year, hiring for twelve more communities will occur. The community paramedicine initiative is a first in Canada. This province-wide program will provide residents of rural and remote communities with better access to primary health care and a more

stabilized paramedic presence for emergency response. Visit [BCEHS](#) for more information including [a full list of the communities](#) involved

Check Out the New Patient Voices Network Website

It is now even easier to learn about the Patient Voices Network (PVN) and sign up for volunteer opportunities. PVN recently launched their new website, so be sure to take a look at [PatientVoicesBC.ca](#) and then spread the word. One new resource to look for is the PVN blog, where they will post volunteer opportunities and the results they have generated, profiles of volunteers and health-care partners, pictures of PVN events, and much more.

PVN is a community of patients, families, and caregivers working together with health-care partners to improve B.C.'s health-care system. Each volunteer opportunity is unique and depends on the needs of a particular project, led by a health-care partner. PVN volunteers may sit on a working group, participate in focus groups regarding the development of a new program or resource, share personal patient experiences with health-care providers at continuing education events, etc. All the volunteer opportunities are listed on the website now, and volunteers can RSVP for them by simply filling in an online form.

2016/17 Budget

Given the fiscal challenges we face, we need to continuously and closely monitor our performance, and reduce costs wherever possible in order to strive for a balanced budget at year end.

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 provide services where people want, in the community.

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.

Tobacco Sales Compliance

According to Health Canada, lung cancer is the leading cause of death due to cancer in Canada. Smoking tobacco is the single most important preventable cause of lung cancer, accounting for 85% of all new cases of lung cancer. While British Columbia has among the lowest smoking rates in all of Canada it is important that efforts continue to be taken to reduce the incidence of smoking.

Interior Health's Tobacco Reduction Program works with staff, Aboriginal communities, non-governmental organizations, school districts, and others to prevent young people from starting

to smoke, support tobacco users to quit, and reduce residents' exposure to second-hand smoke. Tobacco Enforcement Officers undertake checks of tobacco sales retailers to ensure compliance with the prevention of sales to minors. Year-to-date, 90.8% of retailers across Interior Health that have undergone checks have been found in compliance with requirements – above the target of 85%.

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 - 0.27% and 0.58% respectively.

Engagement

In late September I visited the communities of Trail and Salmo with Board Director Pat Dooley, and Creston and Crawford Bay with Board Director Dennis Rounsville. During these visits we met with staff and medical staff to understand both the opportunities and challenges of delivering health care in rural B.C., toured the sites to better understand future capital opportunities, and met with many important stakeholders including local, regional, and provincial elected officials, and foundations and auxiliaries.

British Columbia's world-class cancer services are delivered in partnership between the B.C. Cancer Agency and regional health authorities. In early October I had the opportunity to meet with Dr. Ross Halperin, Regional Medical Director and John Larmet, Regional Operational Director – BC Cancer Agency Centre for the Southern Interior, in order to discuss opportunities to build upon the positive work of years previous.

On October 6th I was on Kamloops' North Shore with Ministers Terry Lake and Todd Stone, Doctors of BC President Dr. Charles Ruddiman, and Thompson Division of Family Practice President Dr. Chip Bantock to announce the development of enhanced services for patients who are currently not attached to a primary care practice, or require medium to complex community care services.

I had the privilege to attend Interior Health Long Term Service Award Ceremonies in Kamloops on October 13th, Penticton on October 24th, and Kelowna on November 14th. Each year, ceremonies are held across Interior Health to recognize health care professionals for their decades of service.

October 21st was the handover of the keys for the Kelowna Community Health and Services Centre from Bentall Kennedy, the building owner. The new building brings together services previously housed in eight separate facilities into one location. These include public health, home health, chronic disease management, mental health and substance use, preschool speech and audiology, as well as administrative support services.

On October 27th I joined the Kootenay Boundary Division of Family Practice for their Annual General Meeting in Castlegar. While Canadian Medical Association President Dr. Granger Avery was unable to join us in person due to weather, he was able to join by videoconference for an engaging conversation on how to enhance attachment and access for patients to primary care services in rural and remote communities.

Recognition

RIH Afternoon Auxiliary wins Business Excellence award

Congratulations to the Afternoon Auxiliary to Royal Inland Hospital on its Kamloops Chamber of Commerce Business Excellence Award, which was announced at the Chamber's gala dinner on October 22nd. Interior Health is pleased to work with many hospital auxiliaries who do such great work to benefit our patients, and it's great when they are recognized for their efforts.

In this case, the Afternoon Auxiliary won the Rocky Mountaineer Environmental Stewardship Award for its Thrift Seller store, which helps reuse gently used clothing and other items, with proceeds going back to help patients at RIH. "The Chamber committee came to the Thrift Seller for an interview and a tour of the shop," said Sophie Therrien, Business Manager, who accepted the award alongside President Jean Dahl. "Jean and I were able to discuss our 'no throw-away' policy, meaning that 97 per cent of everything which is donated to us is sold in our store, recycled or donated to other organizations. Jean and I were very pleased and surprised to receive the award presented by Rocky Mountaineer."

\$54,000 Raised for Cardiac Care in Kelowna

For the 15th consecutive year, tennis and bocce enthusiasts rallied for a cause close to their hearts at the Celebrity Tennis and Bocce by the Lake event earlier this fall in Kelowna. This year the tournament raised an incredible \$54,000, bringing the cumulative amount raised over the past 15 years to over \$750,000 to support cardiac care in the Southern Interior.

Monies raised will be directed towards specific, life-saving equipment for the new Interior Heart and Surgical Centre at Kelowna General Hospital (KGH), as well as exercise equipment at the C.O.A.C.H. cardiac rehabilitation program. The aim is to enhance prevention, health and wellness for those living with heart disease in the region.

"This event really is a celebration of community and sport," noted Bettina Muller, Events & Projects Coordinator for the KGH Foundation. "We are so grateful to Walley (Lightbody) and Gordy, and all the event organizers and participants. The funds they raise are so important to our cardiac program at KGH." In keeping with tradition, event organizers recognized two individuals for their contributions to the local tennis community. This year, Johnny Vesterinen and Paul Byrne were honored for their work with tennis youth, passion for the sport and their musical talents shared over many years.

IH Pharmacy Health Professionals Recognized

2015-2016 IH Pharmacy Residents, have been awarded the Canadian Society of Hospital Pharmacists (CSHP-BC) Pharmacy Practice Residency Award for their research projects: Kate Boutin was recognized for "Development of Intervention-Related Quality Indicators for Renal Clinical Pharmacists Using a Modified Delphi Approach", and Emma Attfield was recognized for "Improving ICU Clinical Pharmacist Handover Process Using a Pharmacotherapy-Specific Tool: The HAPPY Study". This research award recognizes a significant innovation, practical application and/or development in an institutional pharmacy practice setting and the projects are judged on their overall merit, written presentation and methodology.

Lauren Hutton of Vernon Jubilee Hospital won the CSHP-BC New Hospital Pharmacy Practitioner Award for 2016 in recognition of a BC hospital pharmacist who has shown significant and extensive contribution to the pharmacy profession within five years of pharmacy practice.

Chris Mazurkewich
President & CEO

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.

Stakeholder Engagement by Portfolio:

- **Support Services & CFO** – The City of Kelowna and Interior Health continue to work together on a Hospital Area Plan near Kelowna General Hospital to guide future redevelopment in the area and address parking and transportation needs. The public was invited to review on-street parking recommendations on Nov. 3.
- **Medicine & Quality** – Chief Medical Information Officer directly engaged with Kootenay Boundary, Thompson, South Okanagan Similkameen Divisions of Family Practice and with the Osoyoos Indian Band.
- **Human Resources & Organizational Development** - Physician recruiters have engaged community representatives and local physician groups in Castlegar, Trail, Nelson, Grand Forks, Ashcroft, Kamloops, Penticton, Clearwater, 100 Mile House and Williams Lake regarding physician recruitment.
- **Hospitals & Communities** – Community Liaisons have completed presentations to area city/town councils in eight East Kootenay communities and six South Okanagan communities. The discussion points have focused on Mental Health and Substance Use, specifically added support and programs in the communities and emergency departments, patient transport, recruitment of family physicians, community paramedicine initiative, and general questions about increased community support.
- **Chief Information Officer & VP** – North Okanagan Columbia Shuswap Regional Hospital District (NOCSRHD) requested information about the efficiency gains as a result of the new Vernon Jubilee Hospital Pharmacy Department that was completed in 2015. Interior Health provided a written response and attended the meeting to give a presentation and answer questions.
- **Population Health & Chief Medical Health Officer** – Dr. Trevor Corneil, VP Population Health & CMHO and Brad Anderson, Corporate Director Aboriginal Health, represented IH at the Interior Region First Nations Annual Caucus held Oct. 26 2016 in Williams Lake; Population Health participated in a mock emergency exercise in the Elk Valley in October involving three separate incidents—a fall storm that resulted in a fuel spill, sewage contamination, and a release of liquefied natural gas.

Stakeholder Engagement by Community Liaisons:

IH West:

- Thompson-Cariboo-Shuswap Acute Health Service Director met with mayor of Salmon Arm and two city councillors to discuss discharge process for vulnerable adults.
- Royal Inland Hospital Health Service Administrator regularly meets with BC Ambulance Service representatives to discuss ED offloading times.
- Cariboo Health Service Director attends Leaders Moving Forward breakfast on second Thursday each month with Williams Lake mayor and other community leaders; attended the First Nation partners LOU meetings held quarterly with Ulkatcho, Three Corners Health Centre in Williams Lake and Tsilhqotin reps.
- Queen Victoria Hospital (QVH) Health Services Manager attended Seniors Health Fair in Revelstoke on Nov. 1 with IH representatives from Home Health, Mental Health, MyHealthPortal, public health and rehab; QVH helipad public open house held Nov. 7; meeting on Nov. 15 with Okanagan College, IH residential services and Home Health to finalize details on application for one-time funding for bringing a Health Care Attendant course to Revelstoke.

IH Central:

- South Okanagan Health Service Administrator attended first meeting on Nov. 7 with Penticton municipal leaders to discuss social determinants of health and identify ways to work together; co-presented with Community/Residential Administrators to municipal councils in SOK from Sept. to Nov.
- KGH Health Service Administrator met with neighbourhood residents' group, Kelowna South Central Association of Neighbourhoods to share information and discuss any concerns of neighbours.

IH East:

- Kootenay Boundary Health Service Administrator participated in Trail and area health and environment public consultation focus group; community open house held in Kaslo at primary healthcare centre on Nov. 8.

- Golden/Invermere Health Service Director provided update on IH direction and local services to Golden and Invermere mayors and councils.
- East Kootenay Health Service Administrator for Community has presented to municipal councils in Cranbrook, Elkford, Fernie, Kimberley, and Sparwood; attended Metis/Ktunaxa Knowledge Exchange event Oct. 22 in Cranbrook to share information on services and programs.
- Acute Health Service Director has presented to both Fernie and Creston municipal councils; met with Creston Valley Health Working Group on physician recruitment.

Stakeholder Engagement by Community Health Facilitators (CHF):

- IH Central CHF is working with City of Enderby and UBC-Okanagan to conduct a pilot project on creating a wraparound social service hub for the community; co-presented with IH Medical Health Officer to Vernon city council on climate change and health.
- IH Central and IH West CHF's continue to work with the Safe Consumption Services project team to support the implementation of the Stakeholder Engagement Plan in Kamloops and Kelowna.
- IH East CHF facilitated a strategic planning session on Sept. 19 for the Cranbrook Social Planning Society; also joined representatives from City of Trail, BC Cancer Agency, Columbia Basin Alliance, and Lower Columbia Family Action Network to develop community priorities and an action plan for healthy communities in the Lower Columbia/Trail area.

Healthier You magazine:

- Healthier You magazine's fall edition was distributed in early Oct. 2016. Hard copies went to hospitals, health centres, doctors' offices, community centres, libraries, and other businesses across Interior Health. A link to the latest issue was also sent to elected officials (MLAs, mayors, and RHD directors) and Divisions of Family Practice leads.
- Articles included: information on IH's response to the provincial overdose emergency; palliative planning work happening across IH; work to address long waits for surgery for patients; the importance of research projects; and expansion of UBC's Family Medicine Residency training program to the South Okanagan.