

BOARD OF DIRECTORS REGULAR MEETING

AGENDA

October 1, 2019 – 3:45 – 5:15 pm

1st Floor Education Rooms, Kelowna CHSC – 505 Doyle Avenue

Board Members

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

Resource Staff

Susan Brown, President & CEO (Ex Officio)
Karen Bloemink, VP Clinical Operations IH North
Dr. Mike Ertel, VP Medicine & Quality
Dr. Trevor Corneil, VP Population Health & CHMO
Jenn Goodwin, VP Communications & Culture
Mal Griffin, VP Human Resources
Norma Janssen, VP Clinical support Services & CIO
Dr. Shallen Letwin, VP Clinical Operations IH South
Donna Lommer, VP Support Services & CFO
Anne-Marie Visockas, VP Planning & Research
Givonna De Bruin, Corporate Director, Internal Audit
Carmen Gudljek, Board Resource Officer (recorder)

Guests/Presenters

Item 2.1: Tim Rode, Program Director, Medical Imaging
Dr. Kevin Beckner, Medical Director, Medical Imaging

TIME	ITEM	SPONSOR	ACTION	ATT	
				◆	
	1.0 CALL TO ORDER				
3:45 – 3:50	1.1	Chair Cochrane	Information		
	1.2		Declaration of Conflict of Interest	Discussion	
	1.3		Approval of Agenda	Decision (Motion)	◆
	1.4		Approval of Consent Agenda	Decision (Motion)	◆
	1.5		Follow Up from Previous Meeting	None	
	2.0 NEW BUSINESS				
3:50 – 4:05	2.1	Medical Imaging Annual Quality Report	Norma Janssen	Discussion	◆
	3.0 STANDING REPORTS				
4:05 – 4:15	3.1	President & CEO Report	Susan Brown	Discussion	◆
4:15 – 4:25	3.2	Board Chair Report	Chair Cochrane	Discussion	
	4.0 COMMITTEE REPORTS				
4:25 – 4:35	4.1	Quality Committee	Director Stewart	Discussion Decision (Motion)	
4:35 – 4:45	4.2	Governance & Human Resources Committee	Director Tugnum	Discussion Decision (Motion)	
4:45 – 4:55	4.3	Audit & Finance Committee	Director Rounsville	Discussion Decision (Motion)	
4:55 – 5:05	4.4	Strategic Priorities Committee	Director Jules	Discussion Decision (Motion)	
5:05 – 5:15	4.5	Stakeholder Relations Committee	Chair Cochrane	Discussion	◆
	5.0 CORRESPONDENCE/PUBLICATIONS				
	5.1	Interior Health Magazine – Summer 2019		◆	
	6.0 ADJOURNMENT: 5:15 pm				
		NEXT MEETING: December 3, 2019			

CONSENT AGENDA (Item 1.4)
Board of Directors - Regular Meeting
October 1, 2019

MOTION

THAT the Board of Directors approved the Consent Agenda of October 1, 2019 as presented to include approval of the following:

- Item 1.4.1: Minutes**
Board of Directors Regular meeting minutes of June 19, 2019



DRAFT MINUTES OF June 19, 2019
REGULAR BOARD MEETING
9:00 am to 10:15 am

1st Floor Conference Room Kelowna CHSC

Board Members:

Dr. Doug Cochrane, Chair
Joyce Beddow (R)
Karen Hamling
Spring Hawes
Diane Jules
Dr. Selena Lawrie
Allan Louis
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:

Susan Brown, President & Chief Executive Officer (Ex Officio) (R)
Karen Bloemink, IH Clinical Operations North
Dr. Mike Ertel, VP Medicine & Quality
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Jenn Goodwin, VP Communications & Culture
Mal Griffin, VP Human Resources (R)
Dr. Shallen Letwin, VP IH Clinical Operations South
Donna Lommer, VP Support Services & Chief Financial Officer
Norma Janssen, VP Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP Planning & Research
Givonna De Bruin, Corporate Director, Internal Audit (R)
Carmen Gudljek, Board Resource Officer (Recorder)

Presenters:

Item 2.1 Andrew Hughes, Health Services Administrator, Kelowna General Hospital
Item 2.1 Derek Koch, Spiritual Health Practitioner
Item 2.2 Dr. Deannie Taylor, Corporate Director Research

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

1.0 CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed staff and visitors to the meeting.

1.1 Acknowledgement of the First Nations and their Territory

Chair Cochrane respectfully acknowledged that the meeting was held on the traditional territory of the "Syilx" Okanagan Interior Salish Nation. Director Jules offered a pray of thanks.

1.2 Declaration of Conflict of Interest

There were no changes to the currently recorded conflict of interest declarations.

1.3 Approval of Agenda

Director Rounsville moved, Director Tugnum seconded

Motion: 19-09

MOVED AND CARRIED UNANIMOUSLY THAT the Board of Directors approved the June 19, 2019 meeting agenda as presented.

1.4 Approval of Consent Agenda

Motion: 19-10

CARRIED UNANIMOUSLY THAT the Board of Directors approved the Consent Agenda as presented to include approval of the following:

Item 1.4.1: Minutes of April 16, 2019.

1.5 Follow Up/Actions from Previous Meeting

There were no action items outstanding.

2.0 PRESENTATIONS FOR INFORMATION

2.1 Patient and Family Centered Care Update

Andrew Hughes and Derek Koch presented an update on patient and family centered care initiatives that are positively changing the culture of care at Kelowna General Hospital (KGH). Highlights of initiatives included:

- Creative Wellness at KGH – engaging patients through art, led by Community Volunteer Artists.
- Staff Care through Standardized Post-Trauma Defusing Training – increased efforts to develop a standardized approach for staff care when a trauma has taken place. Efforts include work on preventative care and intervention care.
- Patient Belongings at KGH – a process and accountability for all parties involved ensuring patient valuables and personal effects are returned or dealt with in an appropriate and timely manner.

A Patient and Family Centred Care package is being developed that will be used to spread this work throughout Interior Health (IH). The Board noted their support in moving forward with this.

Mr. Hughes and Mr. Koch answered questions from the Board. The Board thanked them for their informative presentation.

2.2 Research Impact Stories

Dr. Deanne Taylor presented an update on research impact stories. These stories were provided as examples of how the knowledge from research has been used in Interior Health and demonstrate the expansion of the type of stakeholders involved in research and the impact of their co-leadership of research within IH and in community. Highlights included a summary of the following five stories:

1. Primary Prevention of Obesity in Infants at Routine Well-Baby Visits – A Pilot Study
2. xaxqana# ?itkini# (Many Ways of Working Together). A partnership between IH, Ktunaxa Nation and the University of Victoria.
3. High Acuity Rural Transport: Findings from a Qualitative Research Investigation
4. The CLARITY Project – Community-Led Action for Resiliency Important Throughout Youth
5. SAVE BC: The Study to Avoid Cardiovascular Events in BC. (Mrs. Varette, the mother of Kris Varette whose life inspired this research, attended and spoke about SAVE BC)

Dr. Taylor provided further information on how the research work is shared throughout the organization and how communities can get involved.

Director Jules acknowledged the work being done with First Nations communities to engage them in the conversation around research.

Chair Cochrane, who also serves on the British Columbia Academic Health Science Network, acknowledged the work of the IH Research Team who is recognized in the province for their contributions to research.

The Board thanked Mr. and Mrs. Varette for attending and sharing their story about their son, Kris Varette.

3.0 ITEM FOR APPROVAL

None

4.0 COMMITTEE REPORTS

4.1 Audit and Finance Committee

Director Rounsville reported. The Committee received the following reports at the June 17 meeting:

- Relevant laws and how these pertain to each Board committee
- Update on Capital Projects
- Audited Financial Statements for the year ending March 31, 2019
- Internal Audit Charter
- Internal Audit & Advisory Services 2019 Rolling Plan

Director Rounsville requested approval of the following motions:

Director Hamling moved, Director Jules seconded

Motion: 19-11 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the Audited Financial Statements for the year ending March 31, 2019.

Director Stewart moved, Director Hawes seconded

Motion: 19-12 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approve to waive the requirement to approve the appointment of the external auditor as per section 3(7)(a) of the Board Audit & Finance Committee Terms of Reference for the duration of the Office of the Auditor General's (OAG's) term as external auditor, and further
THAT the Board of Directors approved the audit fees of \$106,000 for the 2019/20 fiscal year in accordance with the Board Audit & Finance Committee Terms of Reference section 3(7)(c).

Director Jules moved, Director Tugnum seconded

Motion: 19-13 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the Internal Audit Charter June 2019.

Director Hamling moved, Chair Cochrane seconded

Motion: 19-14 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the Internal Audit and Advisory Services 2019 Rolling Plan.

4.2 Quality Committee

Director Stewart reported. The Committee received the following reports at the June 18 meeting:

- Pharmacy Annual Report

- Long-term Care Annual Report
- Dashboard - Population and Public Health Measures

Director Stewart requested approval of the following motion:

Chair Cochrane moved, Director Lawrie seconded

Motion: 19-15 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Quality Committee appoint Sandy da Silva, Director, Facility Standards and Compliance, Mental Health and Substance Use Network, as the 2019/20 Mental Health Act Director for Interior Health facilities as designated under the *Mental Health Act*, as presented with the subsequent appointment of an alternate to be presented in October.

4.3 Governance and Human Resources Committee

Director Tugnum reported. The Committee received the following reports at the June 17, 2019 meeting:

- Compensation, Benefits and Health Human Resources Planning Annual Report
- Diversity and Inclusion Plan
- Governance and Human Resources Dashboard
- Human Resource Developments update

Director Tugnum requested approval of the following motions:

Chair Cochrane moved, Director Lawrie seconded

Motion 19-16 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the *2020 Board Meeting Schedule*.

Director Louis moved, Director Lawrie seconded

Motion 19-17 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the revised *Board Governance and Human Resources Terms of Reference*.

Director Jules moved, Chair Cochrane seconded

Motion: 19-18 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the revised *Board Policy 4.8 Terms of Reference for the CEO Recruitment Task Force* with the recommended revisions.

4.4 Strategic Priorities Committee Report

Director Jules reported. The Committee received the following reports at the June 18, 2019 meeting:

- Draft Service Plan
- Goals and Strategic Priorities were reviewed
- Research Strategy Update 2019

4.5 Stakeholder Relations Committee Report

Chair Cochrane reported. The report was accepted as presented. The Board as a whole and individually has been very active.

5.0 REPORTS

5.1 President & CEO Report

The President & CEO Report was received as information.

5.2 Chair Report

Chair Cochrane provided the following update:

- Mr. David E. Kampe was a pillar in the community of Penticton and made significant contributions to the community, Interior Health and the province of British Columbia. In recognition of his contributions, he was awarded the Order of British Columbia. Sadly, Mr. Kampe recently passed away and a celebration of his life is taking place in Penticton on June 23. We were fortunate that Mr. Kampe was able participate in the opening celebration of the David E. Kampe Tower at Penticton General Hospital on April 12.
- The meeting of the Interior Region Caucus took place on May 14 and 15.
- The Partnership Accord agreement was signed on June 5 at the Partnership Accord Leadership Table (PALT) meeting.
- The Physician Quality Improvement (PQI) Cohort 1 graduation event took place on May 31. The IH PCQ initiative launched its inaugural cohort of 16 physicians in September 2018. The intensive 10 month program required them to participate in 7 days of quality improvement training.

6.0 INFORMATION ITEMS

None

7.0 CORRESPONDENCE

None

8.0 ADJOURNMENT

There being no further business, the meeting adjourned at 10:15 am. The Chair thanked everyone for attending.

Title	Medical Imaging Annual Quality Report 2018/19
Purpose	To provide an update on quality and safety status and initiatives in Medical Imaging.
Top Risks	<ol style="list-style-type: none"> 1. (Clinical) Increasing referrals and pressure to increase exam volumes can place quality and safety at risk. 2. (Operational) Aging equipment inventory and non-repairable failures may cause service disruptions
Lead	Tim Rode, Program Director, Medical Imaging Dr. Kevin Beckner, Medical Director, Medical Imaging
Sponsor	Norma Janssen, Vice President, Clinical Support Services and Chief Information Officer (VP CSS&CIO)

RECOMMENDATION

That the Board of Directors accepts this brief for discussion.

BACKGROUND

Medical Imaging is a Clinical Support Service responsible for providing General Radiography, Interventional Radiography, Ultrasound, Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine, Mammography and Bone Density imaging services to inpatients, outpatients and emergency patients in 37 Interior Health (IH) facilities. Diagnostic exams provide images and a report with a diagnosis. Therapeutic exams, typically called interventional, provide images and treatment to the patient.

DISCUSSION

This report demonstrates the continued year over year growth in imaging procedures, and the continued efforts our employees and medical staff are making to improve the quality of our imaging service.

This past year was the first time that the Ministry of Health provided specific directives to Medical Imaging. The MRI volume target of 26,052 exams was exceeded by 1,167 exams. A requisition coordinated intake process was established to give patients a choice of site for MRI. MRI exam requisitioning was fully opened to general and nurse practitioners at all sites and a process to review requested prioritization was implemented.

As reflected by the report, an increasing concern is aging medical imaging equipment.

Thanks to Bev Ross, Medical Imaging Quality, Safety and Education Director, and Kevin Hammerstrom, Medical Imaging Quality and Safety Coordinator, for compiling this report.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dianne Kostachuk, Corporate Director, Business Support	July 19, 2019	<date>	Consultation
Medical Imaging Senior Leadership and Dr Kevin Beckner, Medical Director	July 16, 2019	July 19, 2019	Consultation
Norma Janssen, VP CSS&CIO	July 19, 2019	August 2, 2019	Endorsement

TIMELINES

Milestone	Lead	Date of Completion
Briefing Note written – Version: 1.0	Tim Rode, Program Director, Medical Imaging	July 19, 2019
Assessment of communication requirements	n/a	n/a
Presentation to Health Authority Medical Advisory Committee	Tim Rode, Program Director, Medical Imaging Dr. Kevin Beckner, Medical Director, Medical Imaging	August 16, 2019
Presentation to Strategy and Risk Management Committee	n/a	n/a
Presentation to Senior Executive Team	CONSENT	August 26, 2019
Presentation to the Board of Directors	Tim Rode, Program Director, Medical Imaging Dr. Kevin Beckner, Medical Director, Medical Imaging	October 1, 2019

APPENDICES

Appendix A - Medical Imaging Annual Quality Report 2018-19

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

n/a



Medical Imaging Annual Quality Report 2018/19



April 2019 Nuclear Medicine SPECT-CT Scanner, Penticton Regional Hospital
Left: Shannon Carver, IH Central Medical Imaging Director
Right: Leah Connell, Penticton Nuclear Medicine Professional Practice Leader

Tim Rode, Program Director Medical Imaging

T: 250-469-7070 LI2461 E: tim.ode@interiorhealth.ca

Beverly Ross, Quality, Safety & Education Director Medical Imaging

T: 250-469-7070 LI2259 E: beverly.ross@interiorhealth.ca



Executive Summary

This past fiscal year, 2018/19, was the first year Medical Imaging was required to meet specific Ministry of Health directives. These directives primarily involved MRI services including exam volume targets and a coordinated booking process with the goal of wait time reductions. The new Cranbrook MRI has markedly reduced wait times in the East Kootenays. New MRI's opening this coming year in Penticton and Vernon will reduce wait times in the Okanagan, Shuswap and Kootenay Boundard regions.

Interior Health (IH) Radiologists have continued to lead the province in the use of the provincial peer review system and are ready to adopt further advances in this program as they occur. To enhance peer support, IH no longer has any Radiologists working in isolation, all belong to a group. A comprehensive technologist imaging review program has also been developed to improve peer learning among the technologists completing the exams. This IH wide program is increasing opportunities for the employees at our sites to learn from each other.

Imaging monitors utilization per population seeking to ensure services are distributed fairly. The South Okanagan has historically had low access to Nuclear Medicine, and a new service at Penticton opened this year to address this inequity. Demand on imaging services is continuing to increase across most exam types, particularly CT and Ultrasound resulting in increasing wait times. In addition, aging equipment poses a significant threat to the sustainability of services.

Quality and Safety continue to be an area of focus with many initiatives underway to address patient and staff safety, and improve exam quality and related processes. Work is ongoing to ensure appropriateness and is primarily focussed on Radiologist communications with requisitioning practitioners.



Tim Rode

Program Director - Medical Imaging



Dr. Kevin Beckner

Medical Director – Medical Imaging

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Improve MRI Access and Wait times

Background

In July 2018 the Ministry of Health directed health authorities to meet the following MRI objectives in fiscal 2018-19:

Ministry Policy Directives Policy Component	Policy Outcome	Date to be Achieved
Central Intake / Pooled Referrals	Establish and implement referrals /scheduling approach.	October 1, 2018
Medical Imaging Wait Time Targets	Focus on meeting Priority Levels 1 (Emergent Level, 24 hours or less) and 2 (Urgent Level, 7 days or less) wait time benchmarks for MRI scans.	October 1, 2018
Medical Imaging Volume Targets 2018/19	Meet expectations for short term MRI access improvements.	March 31, 2019

Challenges/Issues

Due to the broad geography of Interior Health, centralized MRI booking as implemented in the lower mainland was not a feasible option for Medical Imaging. An approach to improve access/reduce wait times with multiple booking offices was required. Having a single booking system, Community Wide Scheduling, provided us with the option of a virtual office.

Multiple site specific processes for access to MRI, prioritization and booking were in effect. To manage referrals effectively a standardized approach was required.

Installation delays, aging scanner downtime and technologist availability for additional hours of operation impacted access.

Actions taken

REGIONAL MRI COORDINATED BOOKING	A process mapping day was held and an action plan created for a regional coordinated MRI booking process. The Medical Imaging Medical Quality Assurance Committee provided input.
PATIENT CHOICE BOOKING PROCESS	A fax cover for MRI bookings was created and distributed to practitioners to indicate where patients were willing to travel to in order to reduce their exam wait time.
MRI WEEKLY WAIT TIME REPORT	The report was created and implemented to indicate the number of exams performed per priority by each site in order to determine if a significantly shorter wait time was available. A coordinated effort to remove barriers to performing urgent exams was implemented.
INCREASED ACCESS TO MRI EXAMS	Full access to all practitioners to order any MRI exam at all IH sites was implemented on October 1, 2018. Education on appropriate imaging for lumbar spine, hip and knee MRI's was distributed with the notification. All MRI Sites increased their hours of operation. A new MRI scanner at East Kootenay Hospital began operation in June 2018.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Results/Impacts/Outcomes

- Coordinated intake and open access to all MRI exams for all practitioners across IH has been implemented since October 2018 with 235 patients travelling to decrease wait times from October 2018 to June 2019. The majority of exams transferred from Kelowna to Kamloops (166 patients) or Trail to Cranbrook (57 patients).
- Average wait times for emergent exams (Priority 1) were already meeting benchmarks. Priority Wait times for urgent MRI exams (Priority 2) have improved for the 90th Percentile regionally by 18% due to increased number of exams completed.

MRI Wait Time (Days) - Priority 2 - 90th Percentile

	IHEKH	IHKBH	IHKGH	IHPRH	IHRIH	Average
Jun-18	371.0	21.0	127.0	183.0	35.0	137
Jun-19	25.0	25.0	129.0	251.0	27.0	113
% Change (+/-)	-93.3%	19.0%	1.6%	37.2%	-22.9%	-17.5%

- Ministry Directives are all on track and number of exams has increased at all sites. (2018/19 Period 13)

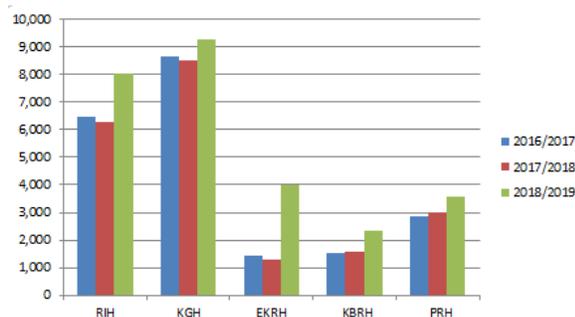
Indicator - Overall	Target	Exams Completed	Rating	Priority Level (MIWT - P13)	90th Pctl Wait Time*	Rating	% Comp within Bnch*	Rating
Number of MRIs completed (HAMIS)	26,052	27,219	●	Priority Level 1 (1 day)	13	↔	51%	↑
90th percentile wait time for MRIs in days - Overall (MIWT)*	-	222	↓	Priority Level 2 (7 days)	147	↓	23%	↑
				Priority Level 3 (30 days)	191	↓	39%	↑
Percent of MRI exams completed within benchmark - Overall (MIWT)*	-	35%	↑	Priority Level 4 (60 days)	330	↓	44%	↔

Note: Period calendarization was provided by Interior Health.

Note: No MRI data is available for East Kootenay Regional Hospital during the first three periods of 2018/19 due to the installation of the unit. This unit also had scheduled downtime during November, 2018.

Rating Legend: ● At or better than target ⬆ Down from previous period ↔ No change from previous period
 ◆ Worse than target ⬆ Down from previous period

Fiscal Exam Numbers by Site



Next steps

Completion of new MRI installations at Penticton and Vernon with full time access at Penticton, Vernon and Trail will greatly improve access. MRI target numbers have increased by a further 19% for 2019/20 to 32235 exams.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Improve Medical Staff and Technologist Peer Learning Programs

Background/ Challenges and Issues

MEDICAL PEER REVIEW

Medical peer review is a systematic process undertaken to continuously improve patient safety and quality. Medical peer review contributes to improving processes and outcomes by providing performance feedback to individual radiologists and the department as a whole. The Provincial Peer Review System has been in use for CT exams since May 2015.

The provincial Medical Peer Review program, known as the Radiology Quality Improvement System (RQIS) is experiencing technological challenges making it difficult to:

- onboard lower mainland health authorities
- provide more case review/feedback to locums and new radiologists (up sampling)
- expand the program to modalities other than CT and X-ray

TECHNOLOGIST PEER REVIEW

Technologist peer learning/image review was being performed on a site specific basis. In 2018 all 12 sites going through accreditation by the Diagnostic Accreditation Program were cited as not meeting the mandatory accreditation standard for technologist monthly image review.

Technologist peer learning/image review requires each technologist to do a monthly review of selected exams to learn about challenging cases. A tracking process was necessary to document the effectiveness of the program.

Actions taken

MEDICAL PEER REVIEW PROGRAM

The province is working to onboard all health authorities and add MRI to the program.
The program expanded to include Xray in March 2018.

TECHNOLOGIST PEER REVIEW PROGRAM

A new position, Regional Quality and Safety Coordinator, was created and filled in September, 2018.
Extensive analysis was completed and a platform for on-line courses was created and implemented for technologist peer learning in February 2019.
All exam type/modalities have 2 courses created and taken each month. Workload for course creation is shared across all 37 IH sites with equitable submission schedules.
Medical Imaging modalities include MRI, CT, X-Ray, Ultrasound, Echocardiography, Nuclear Medicine, Mammography, Interventional Radiology and Bone Density.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Results/Impacts/Outcomes

MEDICAL PEER REVIEW

Locum and new hire criteria have been established by the Data Review and Validation Committee (DRVC):

Classification of Locum	A radiologist working a minimum of one day outside their home health authority (HA).
New Hires and Locums sampling	<p>Higher review rate - Increased to up to 120 cases up-sampled.</p> <p>Cases assigned for review within 24-48 hours of the original report. If there is a significant discrepancy rate (CSD) of greater than 5%, up-sampling will be increased to up to 500 cases and if greater than 8% DRVC must inform all HA's involved.</p> <p>If moving between HA's before up-sampled to 120 cases completion will be done retrospectively.</p>

From 2015 to June of 2019, Interior Health RQIS reviews were completed on over 12,800 exams. Interior Health continues to lead the province in the adoption of this provincial quality system.

TECHNOLOGIST PEER REVIEW

The Diagnostic Accreditation Program has approved the new program for technologist image review for all 12 sites with outstanding mandatory requirements. Sites accredited in 2019 have not been cited on this mandatory.

All sites are submitting their course content following the schedule and technologists are taking the monthly courses since February 2019.

Next steps

MEDICAL PEER REVIEW

Medical Peer Review for MRI is nearing technical readiness. A policy will be created by the provincial Data Review and Validation Committee prior to implementation.

The program has been configured to add locums and up-sampling workflow is being finalized and will be tested prior to implementation.

It is important to note that Radiologists in BC are embracing this program and are working to make it a success. While progress may seem to be slow, trust is developing and culture is shifting.

TECHNOLOGIST PEER REVIEW

The Quality and Safety Coordinator will continue to oversee and manage site submissions for technologist peer learning.

Compliance auditing and opportunities for improvement will be identified and processes implemented in fiscal 19-20.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Improve Accessibility to Medical Imaging Exams

Background

Year over year demand for Medical Imaging Services continues to increase.

Challenges/Issues

Recruiting technical staff to small rural sites and filling sonographer vacancies (ultrasound technologists) has at times been difficult. The most serious issue facing the sustainment and growth of imaging services is aging equipment.

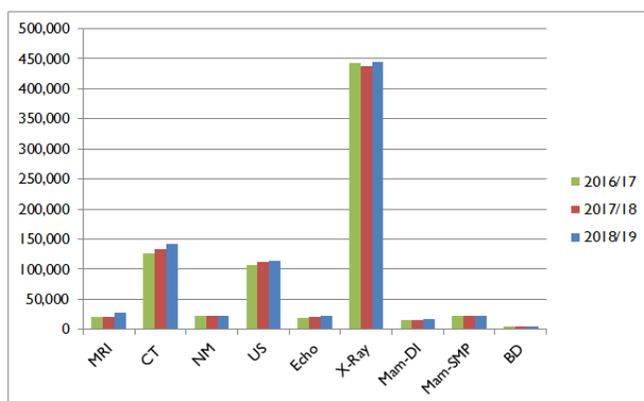
Nuclear Medicine (NM) exam rates per population in the South Okanagan have historically been the lowest in IH, with the nearest service at Kelowna General Hospital. NM is offered in Cranbrook, Trail, Vernon, Kelowna and Kamloops.

Actions taken

SONOGRAPHER RECRUITMENT	Recruiting within and outside BC is ongoing. The shortage has been across Canada but other provinces are reporting they are catching up on vacancies, which helps IH with recruiting new graduates.
EQUIPMENT REPLACEMENT	Plans and reports for equipment replacement have been developed and have been shared with senior leadership at IH and the Ministry. Increased efforts to secure funding from our Foundation partners for replacements will continue.
NUCLEAR MEDICINE	South Okanagan had their first Nuclear Medicine service open in May 2019 in the new David Kampe tower at Penticton Regional Hospital.

Results/Impacts/Outcomes

Total volume average increase of 3% over all modalities in the last year. The largest increases were in MRI (32%), Bone Density (20%), Echo – cardiac ultrasound (7%) and CT (7%).



While wait times are dropping for MRI, average waits for ultrasound have increased by 40% (34 to 48 days), and in spite of an exam volume increase of almost 7% in CT, the average wait has increased by 19% (43 to 51 days) over the past year.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Next steps

The focus on securing funds for replacement equipment will continue.

To keep up with demand and ensure continuity of services, second CT's are being proposed for Vernon and Penticton.

Expansion of ultrasound services to smaller communities is under consideration, but further expanding the equipment inventory and sonographer shortages are a concern.

Improved access to Nuclear Medicine is on track at the new Penticton Nuclear Medicine Department. (See title page picture). New replacement NM equipment has been approved for Kamloops, Kelowna, Vernon and Trail.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Improve Quality and Safety in Medical Imaging

Background/ Challenges/Issues

Regional improvements to Safety and Quality Control are a priority for Medical Imaging but require dedicated resources, cooperation, and commitment from Medical Imaging staff as well as interdepartmental collaboration.

Actions taken/ Results/ Next Steps

PATIENT SAFETY AND EXPERIENCE

INTERFACILITY TRANSFER OF PATIENTS TO MEDICAL IMAGING STANDARD	<p>A standardized approach to patient transfer from other facilities was implemented in January 2019.</p> <p>The practice standard is being utilized by sending facilities as well as emergency and Medical Imaging Depts. at the receiving facility.</p> <p>Patient safety incidents related to appropriate support accompanying the patient have been reduced.</p>
PATIENT SAFETY LEARNING SYSTEM MONTHLY REVIEW	<p>Senior Leadership implemented a monthly review of PSLs level 3 and above events. This provides an opportunity to regionalize ideas for improvement and consider trends and solutions across local health authorities.</p>
MEDICATION ADMINISTRATION STANDARD	<p>A regional standardized process for medication administration in Medical Imaging was developed and implemented in November 2018 following accreditation and IH standards.</p>
INTRAOSSIOUS INJECTION OF CONTRAST MEDIA STANDARD	<p>A regional practice standard was developed and implemented in March 2019 for Medical Imaging which defines the roles and responsibilities for using an intraosseous (bone) device for the injection of contrast media in CT for critical medical or trauma patients with no venous access.</p>
PATIENT EXPERIENCE QUALITY IMPROVEMENT PROJECT	<p>A patient experience quality improvement project from 2018-19 resulted in improved wayfinding at 5 sites, improved patient chairs at 3 sites, and 2 sites had waiting room TV's added. Some other patient improvements included the addition of a change table in the washroom, privacy curtains and signs for patients providing information on changing to prepare for the exam.</p>

STAFF SAFETY

MEDICAL IMAGING WORKPLACE INSPECTION REPORT	<p>A Monthly Medical Imaging Workplace Inspection Report was created and implemented regionally in March 2019 in collaboration with Workplace Health and Safety. The improved inspection process meets requirements of accreditation that are unique to Medical Imaging.</p>
STAFF INJURY BENCHMARKING	<p>A summary of benchmark statistics on Medical Imaging staff injuries for the last 3 years was created.</p> <p>The baseline data indicates on average there are 41 MSI incidents per year (54% of all incidents/year) and 6 incidents related to violence (9%/year) across Medical Imaging.</p> <p>Causes of musculoskeletal (MSI) and violence related incidents were summarized.</p> <p>Strategies such as the new safe patient handling processes will be evaluated for incident reduction in 2019-2020.</p>
MEDICAL IMAGING AGGRESSIVE CLIENT ALERT PROCESS	<p>Medical Imaging and Workplace Health and Safety collaborated to create a new Aggressive Client (AGG) Process for outpatient settings and update the Acute Care AGG Alert Admitting/Registration procedure.</p> <p>Technologist roles within hospital outpatient settings and communication between departments of moderate risk clients address staff safety incidents that have occurred.</p>

RADIATION SAFETY AND QUALITY CONTROL

NUCLEAR MEDICINE RADIATION SAFETY TRAINING	<p>The first IH Nuclear Medicine (NM) Radiation Safety Officer (RSO) 2-day course was organized for April 2019. All 6 NM Departments primary RSO's, 9 alternate RSO's and 2 Quality and Safety managers received NM RSO certifications.</p>
RADIOLOGY RADIATION SAFETY TRAINING	<p>Planning for the first IH Radiology Site Radiation Safety Officer was completed and the 2 day course has been scheduled for September 2019 with site Professional Practice Leaders overseeing Radiology attending.</p>
MRI QUALITY CONTROL PROGRAM	<p>The first regional MRI Quality Control program for MRI was created and implemented across all MRI sites. This was led by the new Quality and Safety Coordinator. Improved coil testing processes are now performed on a daily basis and defective coils have been replaced leading to improved image quality.</p>
MRI MAGNET SAFETY	<p>Work has begun on an IH wide MRI Magnet Safety Program with completion expected in 19-20.</p>

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Improve Appropriateness in Medical Imaging

Background

Ministry Directives for Medical Imaging to complete by end of fiscal 2019/20 related to appropriateness are:

Patient Pathways and Linkages	Define linkages of medical imaging for referring practitioners and patients to access services.
Radiology Consultation Services	Establish Radiology Consult Service to provide input on ordering best first test or alternatives.
Medium-Stop Requisition Review Process	Develop medium-stop approach and scope for implementation for MRI and the 5 identified low-utility services.

Challenges/Issues

Back in the days of film, physician meetings to review findings commonly took place in Medical Imaging. Now that images are reviewed on the computer, the Radiologist can become isolated from the requesting practitioner. Ensuring that effective communication continues both through informal meetings and directed education is increasingly important.

Actions taken/Next Steps

RADIOLOGIST CONSULTATION PRACTICE STANDARD	A standard was created, approved by the Medical Imaging Medical Quality Assurance committee (MIMQA) and shared with practitioners in IH for radiologist consultation services.
APPROPRIATENESS EDUCATION	<p>A memo on appropriateness regarding 5 low utility exams in Medical Imaging with links to further resources was sent to all practitioners.</p> <p>An educational PowerPoint was provided to IH radiologists for offering education at the site level and education will continue with radiologists providing guidance.</p> <p>Provincial guidelines on Ultrasound ordering were distributed within IH.</p> <p>Continued focus on improving processes related to the Ministry Mandate on appropriate imaging will occur. For example, provincial MRI ordering guidelines are being updated and will be distributed.</p>
STANDARD X-RAY MSK ORDER SET	<p>Medical Imaging and IMIT are working collaboratively with IH orthopedic surgeons to implement a standard X-ray order set for musculoskeletal (MSK) imaging.</p> <p>An initial trial will be implemented at VJH in fiscal 2019/20.</p> <p>Reductions in inappropriate imaging are expected.</p>
REQUISITION REVIEW	Requisitions for complex exams such as CT and MRI are reviewed and protocolled at the site level.
MRI PROTOCOLS	Provincial MRI protocols are being developed with radiologist leads and ministry.

Results/Impacts/Outcomes

To date, various retrospective imaging ordering studies conducted in BC have shown a low rate of inappropriate ordering. Recent education efforts may be starting to have some effect in reducing certain exam requests, but ensuring cause and effect is difficult.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes

Conclusion

Technical and clerical staff, radiologists and Medical Imaging leaders are all working dilligently to meet the continuously increasing demands on the service. In addition to meeting these increased volume demands, efforts to improve quality, safety and education through improved and standarized processes are progressing. Thanks to everyone in Medical Imaging for their dedication to ensuring quality compassionate care.

ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes



Interior Health
Every person matters



PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD

SEPTEMBER 2019



Highlights: June – September 2019

BC Health Care Awards

The outstanding work of Interior Health employees was recognized at the [BC Health Care Awards](#) ceremony in Vancouver on June 24, along with deserving colleagues from other health authorities and partner organizations. [Donna Gibbons was honoured with a Gold Apple Award](#) as our IH Health Care Hero for 2019; her nomination, which was submitted by a patient, described Donna as a “gifted healer” and a “real-life super-hero” who provides kind, compassionate, and personalized care backed up by extensive knowledge, skills, and experience.

Natalie Kulyk and the *Mobility: Back to Basics* Project Team in 100 Mile House, co-led by Patient Care Coordinator Teresa Allwood, received an Award of Merit for Excellence in Person-Centred Care. The *Back to Basics* project has led to mobilization becoming a part of daily routines, and patients who may have previously been immobile, are now able to walk. The morale and sense of teamwork at the site has improved, and this project is a source of pride.



Patient Care Coordinator Teresa Allwood and former Site Manager at 100 Mile House District Hospital Natalie Kulyk (now Health Services Manager for Cariboo Chilcotin) receive the Dianna Mah-Jones Award of Excellence from Betsy Gibbons, HEABC Board Chair, and Michael McMillan, HEABC President & CEO.

Cariboo Memorial Hospital – Business plan approved

The business plan for a redeveloped and state-of-the-art Cariboo Memorial Hospital (CMH) has been completed and officially approved on time and on schedule, which means it's now full speed ahead for this key, high-priority health capital project in our IH region. [Minister of Health, Adrian Dix, shared the announcement](#) publicly at an event at CMH on July 24, with key partners in attendance and participating. Details of the upgrade include a three-storey, plus basement building, approximately 9,500m² new addition to the hospital, as well as renovations to current parts of the facility.

Partnership Accord renewed

The seven interior Nations and Interior Health (IH) have [renewed their commitment](#) to work together to improve Aboriginal health outcomes and to ensure cultural safety across the health system. The Partnership Accord, originally signed in 2012, was re-signed June 6, and extended through 2024. Leaders from the Nlaka'pamux, Däkelh Dené, Secwepemc, Tsilhqot'in, St'at'imc, Ktunaxa, and Syilx Nations were joined by Interior Health's Board Chair and President & CEO for the signing ceremony.



Front row, from left to right, Interior Region Nation Executives Jamie Tanis (Ulkatcho) on behalf of Zach Parker, Ko-waintco Michel (Nlaka'pamux), Allan Louis (Syilx), Charlene Belleau (Secwepemc), Leo Porter (Northern St'at'imc) on behalf of Chief Michelle Edwards, Loretta Williams (Tsilhqot'in), and Gwen Phillips (Ktunaxa). Back row, from left to right, Susan Brown, Interior Health CEO & President; Dr. Doug Cochrane, Interior Health Board Chair; and Joe Gallagher, First Nations Health Authority CEO.

Cover photo: Donna Gibbons, this year's Health Care Hero for Interior Health.

IH Goal #1: Improve health and wellness

Measles catch-up program success

As the school year wrapped up at the end of June, IH completed its three-month measles immunization catch-up campaign. Over the course of the program, public health nurses held clinics in approximately 400 schools, for students in grades 1-12. The immunizations were also available in public health units, community health centres, mobile community clinics and through community pharmacies. Across IH, 4735 additional students were immunized, an [increase of over 740 per cent](#) from the number of measles immunizations to the same age group in 2018. The largest increase was in the Kootenay Boundary, which saw an 883 per cent jump. Public health nurses report one of the most surprising aspects of the campaign was the number of [youth asking questions and seeking information about immunizations](#) – engaging in their own health. Minister of Health Adrian Dix also noted this impact in [national media coverage](#) of the catch-up program across B.C.

Increasing access to primary care in the South Okanagan

On August 12, the South Okanagan Similkameen PCN implemented a centralized registry for local patients without a current primary care provider. Patients can now be connected to a family physician or nurse practitioner through the South Okanagan Similkameen Division of Family Practice [website](#).

Sacred space opened at Deni House, Williams Lake

After more than a year of planning a [new sacred space](#) opened on the main floor of Deni House in June. It was designed by physicians, staff and volunteers who consulted and collaborated with representatives from faith communities and First Nations in the region.

The room is ventilated to allow for traditional ceremonies involving smoke, such as smudging, and has space for spiritual observances by people of different faiths and beliefs .



RN Immunizer Group trainees and team leads.



Members of the planning committee celebrated the opening of Cariboo Memorial's Sacred Space on June 12.

Strategic Goal #2: Deliver high quality care

Touchless medical imaging technology makes surgeries more efficient

Kelowna General Hospital is [one of four hospitals in Canada](#) trialing medical imaging technology made by a Vancouver company, that offers surgeons and interventional radiologists quick, wireless and touchless access to multiple screens in the operating room (OR). The technology includes a control panel that is activated by motion—the surgeon only needs to gesture near the device for it to respond, allowing him or her to control the computer screens without compromising clean hands. There's also a screen to see the insides of the patient, and guided wires are used to perform advanced minimally invasive surgery.



Dr. Nevin De Korompay demonstrates the wireless and touchless TIPSO innovative medical imaging technology that's helping make minimally invasive surgeries more efficient and effective during a pilot project at Kelowna General Hospital.

Supporting spread of telehealth

As more people across IH accessing services through telehealth, [two new initiatives have been launched](#) to provide new patients with support and an introduction to the service. Since 2012, telehealth visits have more than doubled at IH. The [Telehealth Patient Experience video](#) is now online and shared with individuals and family members to help them prepare and know what to expect. It provides general information on what patients can expect during their telehealth appointment, such as how the equipment works, who can help, and how their private

medical information is managed in the circle of care. Meanwhile, the Telehealth Patient Ambassador Pilot at Cariboo Memorial Hospital in Williams Lake, has patients supported by an IH staff member before and after their telehealth visit. The pilot project runs through December, and is being evaluated to determine the impact to patient experience.

IH partners to provide palliative care training to paramedics

Primary and advanced care paramedics in Kamloops have [recently completed palliative care training](#) from IH, increasing options for patients living in the community. As a pilot site for a larger provincial initiative, which is a partnership with health authorities and the BC Emergency Health Services, the training provides paramedics with additional tools and knowledge to provide symptom relief in the home to patients identified with palliative care needs. Rather than transporting them to the emergency room, paramedics are able to support them where they are, reducing unnecessary hospital visits.



'It's been an overwhelming positive response from all the paramedics in the area so far,' said Renee Gilroy, an advanced care paramedic with B.C. Ambulance.

Strategic Goal #3: Ensure sustainable health care

Redeveloped Nicola Valley Hospital and Health Centre emergency department officially opens

The expanded and [redeveloped emergency department at Nicola Valley Hospital and Health Centre](#) was celebrated on June 10, as leaders and members of the community gathered on-site to mark the completion of the renovations. Minister of Health, Adrian Dix, spoke at the event and acknowledged the ways the project has included making the site welcoming and inclusive to all: “In addition to being an expanded and more efficient space, the redeveloped emergency department also reflects how equality is the underlying foundation of our public health-care system.” Two rainbow crosswalks were added to the site in front of the emergency department doors, and the exterior of the building now boasts a beautiful art piece by Okanagan Nation artist Clint George, symbolizing the five natural elements and five local First Nation bands.



Members of Merritt Secondary School's pride club celebrate the rainbow crosswalks at Nicola Valley Hospital with the Minister of Health, Adrian Dix.

Patient care tower at Royal Inland Hospital – building permit approved

Construction is ramping up at the site of the largest capital project underway in Interior Health, the building of the nine-storey Royal Inland Hospital Patient Care Tower (RIH PCT) in Kamloops. In July, EllisDon Infrastructure's \$33.6 million building permit request was approved by Kamloops City Council, paving the way for the majority of construction of the tower building. The RIH PCT will take place in two phases: first is construction of the tower, which will open to patients in the summer of 2022. Second, renovation and expansion of the emergency department will occur, as well within pediatrics, post-anaesthetic recovery and the morgue. Phase 2 takes place from 2022 to 2024.

University of British Columbia 'Scholar Day' recognizes graduating Family Practice residents

At the First Annual [UBC Regional Scholar Day](#), held at the Innovation Centre in Kelowna, graduating residents, UBC faculty, and Interior Health mentors joined to recognize the residents and share encouragement for a future as medical professionals. Dr. Mike Ertel, IH Vice President of Medicine & Quality, [spoke to the Family Practice residents](#) about a future at Interior Health. A similar event was held in Kamloops in June. IH-UBC Scholar Days will be an annual occurrence, following the positive feedback received this summer.

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

Diversity and inclusion in the workplace

Interior Health is now an Employer Partner with the [Canadian Centre for Diversity and Inclusion](#) (CCDI). CCDI helps address diversity, equity, and inclusion within the workplace. The partnership provides IH staff with resources, including webinars and access to an e-library with over one thousand documents containing Canadian-specific and international diversity and inclusion research, reports, toolkits and news. CCDI is working with IH's Employee Experience team on a specific project to conduct a workforce census and inclusion survey in the coming months.

New mental wellness and resilience toolkit

Inspired by the emotional toll the overdose crisis was having on front-line staff, the Mental Health and Substance Use team developed resources to support crisis management response and resiliency. The resulting toolkit, which is now available online, has developed into supports available to all employees, aligned to IH's commitment and focus on a psychologically safe workplace. Other "wellness in action" initiatives include: a [staff wellness gathering at Kelowna General Hospital in June](#), and the [Smile Board](#) at 100 Mile House, which promotes positivity and health.



KGH staff after the Wellness Ceremony.

Your Voices Matter Committee at Penticton Regional Hospital

The *Your Voices Matter Committee* at Penticton Regional Hospital is bringing the voices and perspectives of frontline staff at the site. The Committee bridges the gap between administrators and staff through open feedback, continuous listening and sharing appreciative comments. A video capturing [the purpose and role of the committee](#) was shared with leaders across IH at the June Linking Leaders forum in Kelowna.

Community Engagement:

Stakeholder engagement across IH

Interior Health conducts regular engagement with provincial, regional and local partners and stakeholders. Below are just a few examples of campaigns, meetings and events over the past three months.

Vernon overdose prevention site – community engagement

IH led engagement efforts in Vernon through recent months, including outreach to Vernon City Council, the Greater Vernon Chamber of Commerce, Downtown Vernon Association, First Responders, Vernon Community Action Team, Divisions of Family Practice for Shuswap North Okanagan, Okanagan Indian band, Splatsin First Nation, and local Metis organizations. IH attended a community town hall on June 4, and continues to work with local leaders to answer questions about the overdose response.

HIV testing in Emergency Departments

IH launched a campaign in June to raise awareness in communities across the health authority about HIV testing being done as part of bloodwork in Emergency Departments (EDs). Widespread media coverage included this interview on CBC's [Radio West](#).

Mental health resources post-disaster – collaborative engagement

In collaboration with the Canadian Mental Health Association, the Provincial Health Services Authority, Northern Health, and the First Nations Health Authority, IH launched a social media campaign raising awareness of post-disaster supports on Facebook and Instagram. This was in addition to promotions for our annual Emergency Preparedness week, in early May, where we highlighted emergency preparedness information for [managers](#) and [staff](#).

Canadian Blood Services donor awareness staff campaign

Over 10,000 new blood donors are needed across Canada this year to maintain the national blood supply. In response to this need, IH partnered with Canadian Blood Services to support *Health Care Month*, which launched at Kelowna General Hospital on August 29. [Bella Perini](#), a former patient who received blood following an accident, spoke at the event, acknowledging the importance of all blood donors. Canadian Blood Services [recognized IH as a Partner for Life this year](#), noting that staff at the Kelowna Community Health Services site donate more blood than any other institution or company in the interior of British Columbia.



(Left to right) Dr. Michael Ertel, vice president of medicine and quality at Interior Health; Gale Voyer, territory manager for Canadian Blood Services; Isabella Perini and her father Dr. Rafael Perini at the launch event for September is Health Care Month on Thursday Aug. 29

Community Engagement:

News and social media presence

News Releases / Public Service Announcements include:

- June 6: [The seven interior Nations and Interior Health renew Partnership Accord](#)
- June 8: [Temporary closure of emergency department at Arrow Lakes Hospital](#)
- June 10: [Strengthening patient care in the Coquihalla corridor](#)
- June 14: [SOGH Emergency Dept temporary service change](#)
- June 17: [Temporary service change KBRH nuclear medicine](#)
- June 24: [Disaster stress four tips for coping with wildfires, smoky skies](#)
- June 25: [HIV tests now part of most Emergency Department blood work](#)
- June 27: [Full maternity services restored at Cariboo Memorial Hospital](#)
- June 27: [Service change at Blue River Health Centre](#)
- July 5: [SOGH emergency department temporary service change](#)
- July 8: [Be prepared for wildfire smoke events](#)
- July 9: [Drinking water precautions during and after flooding](#)
- July 10: [Overnight closure at Ashcroft emergency department July 10 2019](#)
- July 24: [Full steam ahead for Cariboo Memorial Hospital redevelopment](#)
- Aug. 7: [West Nile virus risk increases as summer heats up](#)
- Aug.7: [Community Update: New Penticton MRI service has started](#)
- Aug.26: [Stigma – Words matter](#)
- Aug.30: [ALH Emergency Department temporary service change](#)

Social Media Follower Counts			
Date	Facebook	Twitter	Instagram
May 10, 2019	8,501	8,328	389
July 31, 2019	8,874	8,422	552





Stakeholder Relations Committee REPORT TO THE BOARD

OCTOBER 2019
(June 1st to September 20, 2019)

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

June

June 5	Partnership Accord Leadership Table (PALT) – Chair Cochrane, Director Jules
June 10	Nicola Valley Hospital and Health Centre (Merritt), Emergency Department Opening with Minister Adrian Dix – Chair Cochrane
June 12	UBC Regional Scholar Day for Medical Students – Chair Cochrane
June 23	Mr. David E. Kampe Celebration of Life – Director Hawes
June 28	Health Authority Chair to Chair Meeting – Chair Cochrane

July

July 24	Cariboo Memorial Hospital (Williams Lake) Redevelopment Announcement with Minister Dix – Chair Cochrane
---------	---

August

August 2	Kootenay East Regional Hospital Board Meeting – Director Rounville
August 15	Health Authority Chair to Chair Meeting – Chair Cochrane
August 16	Health Authority Medical Advisory Committee Meeting (HAMAC) – Chair Cochrane

September

September 4	Interior Health Long Term Service Awards, Kootenay Boundary Region – Director Stewart
September 17	Interior Health Long Term Service Awards, East Kootenay Region – Director Rounville

@interiorhealth

A publication for Staff and Physicians of IIT

SUMMER 2019

Saluting a
Health Care

Hero

Our mental health...It matters

A true quality mindset

Sparking conversations



CONTENTS

4 IN CONVERSATION WITH SUSAN BROWN

IH CEO Susan Brown talks about the importance of partnerships in health care.

6 OUR MENTAL HEALTH...IT MATTERS

Building psychological health and wellness in IH.

10 SALUTING A HEALTH CARE HERO

Donna Gibbons goes the extra mile.

14 A TRUE QUALITY MINDSET

Eliminating surgical site infections at KBRH.

18 SPARKING CONVERSATIONS

Immunization campaign gets people talking.

24 FOCUS ON FOUNDATIONS

A look at the Cariboo Foundation Hospital Trust.

26 SPOTLIGHT

Staff-submitted photos of places where we live and work.

28 CLICKS & CLIPS

Snapshots of our staff in action and trending health-care videos.



4



On the cover: Nurse Practitioner Donna Gibbons was awarded a Gold Apple in June for being IH's 2019 Health Care Hero. Story p. 10.



The @InteriorHealth magazine is a monthly publication created by the Communications Department of Interior Health. Past issues of @InteriorHealth can be found on our website under [About Us/Media Centre/Publications & Newsletters](#).

If you have story ideas for future issues, please email: IHcommunications@interiorhealth.ca

Editors: Beth Blew, Amanda Fisher

Designer: Beth Blew

IH Communications Contributors: Haley Allen, Brad Buie, Susan Duncan, Karl Hardt, Natalie Johal, Ingeborg Keyser, Kevin Parnell, Erin Toews, Breanna Traynor, Tracy Watson



Interior Health
Every person matters



Susan Brown

“We learn from partners, and benefit from their strength and skills when they contribute to service delivery.”

In this issue of @IH, CEO Susan Brown shares her perspective on the important role of partnership in health care – and why it’s essential to the work we do.

@IH: Tell us about the shift you’ve seen over the past few years when it comes to partnership.

Susan: I think it’s safe to say that working in partnership is the new normal in health care. Our health system today is much more integrated than in the past, and involves a wide variety of partners. There are a few key reasons for this – advances in technology allow us to easily connect and work more effectively together; patients are asking for better coordination for a better experience; and there are limited resources within the system, so collaboration is a must.

We’ve also seen a shift from transactional, contractual partnerships to more authentic partnerships, which take time and commitment. These are the kinds of partnership that drive change and system transformation.

@IH: What are our greatest opportunities related to building effective partnerships?

Susan: The benefits and opportunities are undeniable. Partnerships inspire innovation; we often have partners come to the table with creative ideas and different experiences to draw upon. They also drive efficiency because they challenge “how we do things” and identify ways we can improve, including helping us to build our own

capacity. We learn from partners, and benefit from their strength and skills when they contribute to service delivery.

In addition, partnerships help us learn more about our communities. The local connections our partners have, and the feedback they hear, helps us better understand the needs and perspectives of patients and families – as well as helping us to reach more people, including new and different groups. This means we improve our ability to share information and ultimately increase trust in who we are and what we do.

@IH: And, on the flip side, what are some of the biggest challenges?

Susan: In terms of the challenges, IH is a large organization, often larger than partners at the community level. This sometimes means we aren’t as quick and nimble as our partners would like. Related to this, we have many services, programs, and departments; so our partners may have relationships with multiple IH contacts, which can be complicated. That’s why it’s essential to ensure we are all connected and sharing information internally.

In addition, there are some initiatives Interior Health is a part of provincially, and outcomes we are expected to fulfill – we need to be transparent about what is non-negotiable, what can and cannot be changed as we work together.

@IH: What advice do you have for IH leaders and staff who work with other



organizations and need to build strong and successful partnerships?

Susan: Trust has to be the foundation for partnership. And once you’re in partnership, you share control over the outcome, so you need to trust that you’ll both continue to move in the same direction – toward that shared vision – despite any bumps along the way.

Building trust within partnership is based on individual relationships and the resilience of those relationships in the face of challenges. It’s about working together to address barriers and realize success. Listening and learning is also key.

To sum it up, when working with partners: be clear about purpose and expected outcomes; be open and honest about limitations or challenges from the IH perspective – don’t assume our partners know our world; be open to different perspectives, ask for feedback; and be sure to share information back to your teams at IH.

Finally, when we achieve milestones together, we are able to celebrate together, and recognize our partners for their contributions and commitment. These are the opportunities to build and strengthen our relationships going forward. 

TAKE CONTROL OF YOUR HEALTH



INDIVIDUALS

Improve your mental wellness.

Get inspired and share your inspiration!



PEOPLE LEADERS

Encourage your team to identify and reflect on their own and each other's strengths.



COMMITTEES

Create spaces where staff can share inspiration.



WELLNESS IN THE WORKPLACE

OUR MENTAL HEALTH...IT MATTERS

Building psychological health & wellness



Sudden and, oftentimes, overwhelming feelings of loss and tragedy have come in the wake of the opioid public health emergency. For many Interior Health Mental Health and Substance Use (MHSU) teams, they are coping with the death of multiple clients due to overdose.

"Travelling across the IH region and speaking to MHSU teams, it is very apparent that these unexpected, tragic events are having a significant impact on the mental health of our staff," says Amanda Lavigne, Substance Use Practice Lead. "When critical issues like this happen, leaders need to know how to respond and debrief the event; as well as have meaningful team engagement to help everyone move forward."

However, Amanda noticed that the resources for leaders to provide consistent crisis-management response and build strong foundations of resiliency were limited and hard to find.

In partnership with a multi-stakeholder working group, Amanda embarked on the Building Team Resiliency Toolkit project.

"Our goal was to give leaders, managers, and staff a tangible set of tools to use for huddles and team meetings; as well as provide exercises to encourage team wellness," explains Amanda.

The working group collected and collated a number of resources from within IH and from partner agencies into one, easy-to-navigate location on the InsideNet.

"It was an incredible example of engagement and collaboration," says Amanda. "Our working group included MHSU front-line staff and managers; Workplace Health and Safety; Human Resources; BC Centre on Substance Use; and the provincial Mobile Response Team."

While there are a number of tools and resources available in the [Building Team Resiliency Toolkit](#), Amanda highlights the [Workplace Wellness Initiative Monthly Schedule](#) as an excellent tool to promote ongoing engagement and wellness within teams.

"The calendar provides three options of wellness exercises per month, ranging from broad to deep-dive discussions," describes Amanda. "However, we know that the state of a team ebbs and flows, so we created options for leaders

to determine which exercise will be most relevant for their team, given a present situation or state of mind."

The new toolkit started as a wellness initiative in response to the overdose crisis, but has developed into a set of resources applicable to all employees and aligns with IH's focus on a psychologically healthy workplace.

A Psychologically Healthy and Safe Workplace

"Physical safety is always at the forefront of our minds, but attention towards psychological and mental safety is just as important," says John Bevanda, Corporate Director, Workplace Health and Safety. "Psychological safety is unique in that it's not tangible, making it difficult to see and respond to. This is why focused work is underway to develop and sustain a psychologically healthy and safe workplace."

Using the national [Standard for Psychological Health and Safety in the Workplace](#) as a guide, IH commits to promoting the psychological health of employees; preventing psychological harm due to workplace factors; and fostering an environment that supports employee mental health.

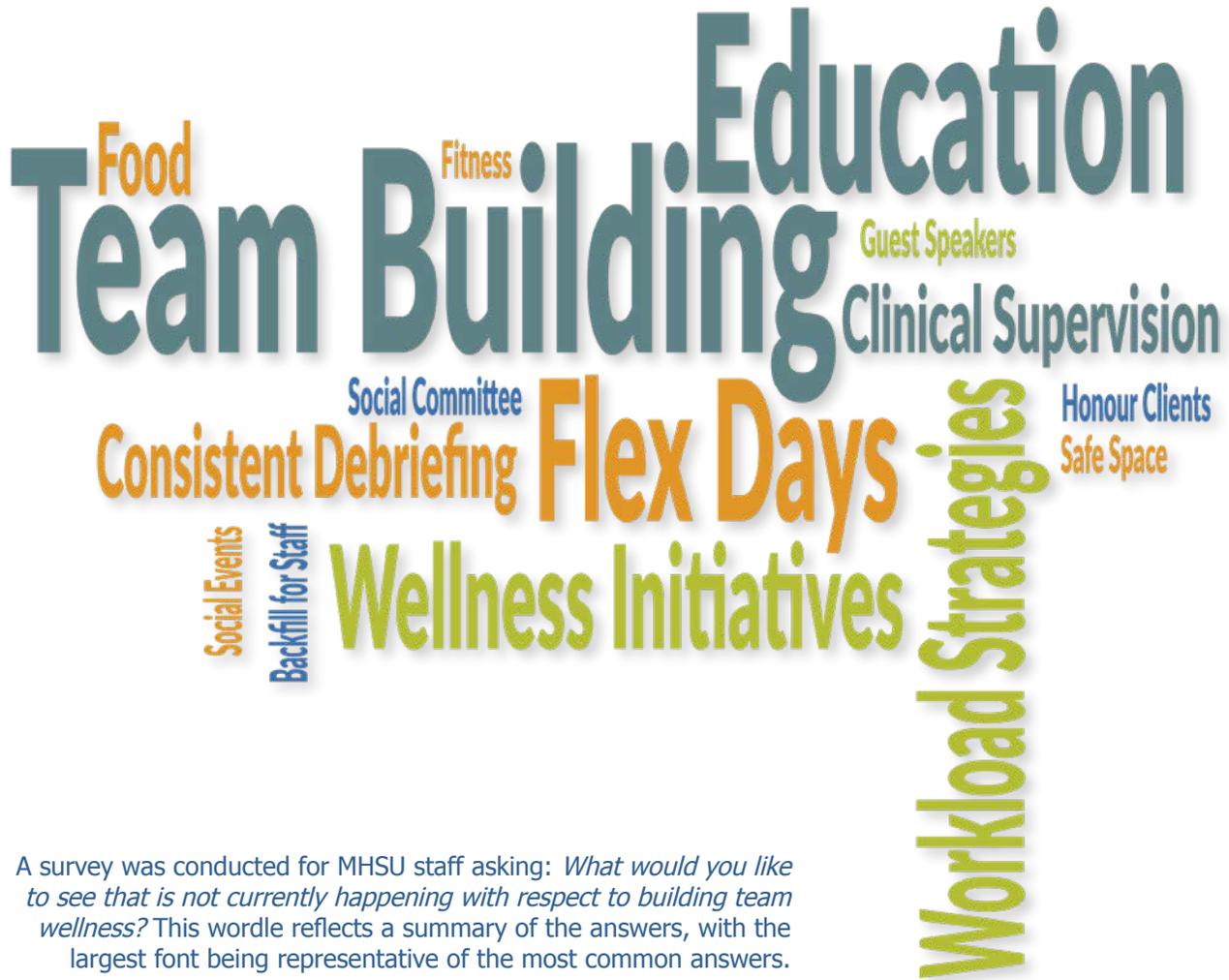
The Standard outlines how to implement a psychological health and safety management system and identifies [13 organizational factors](#) that impact organizational health and the health of individual employees.

Work first started in 2016 with a gap analysis that identified areas where IH meets the 13 organizational factors and areas in which to improve. In 2018, a Psychological Health and Safety Working Group was formed to guide work identified from the gap analysis and develop a new policy, Psychological Health and Safety in the Workplace. The [Worklife Pulse Survey Action Plan](#) also outlines actions that will contribute to a healthier and safer workplace.

"The policy will formalize our commitment to the mental health and safety of our employees, as well as outline employee responsibilities to practice mental safety in their day-to-day work life," says John. "Just starting the conversation on mental health helps us to be more proactive; gives us a better chance to help prevent workplace stress; and improves the overall quality of care we provide to our patients and clients."

Continued on p. 8.

The MHSU Network Substance Use team at their team development day in July. Bottom (L-R): Amanda Lavigne, SU Practice Lead; Sheri Keetch, SU Project Coordinator; and Joanne Dobson, MHSU Network Admin Support. Top (L-R): Corinne Dolman, Director of Substance Use; Jessica Mensinger, SU Practice Lead; and Robyn Morrow, Interim SU Knowledge Coordinator.



A survey was conducted for MHSU staff asking: *What would you like to see that is not currently happening with respect to building team wellness?* This wordle reflects a summary of the answers, with the largest font being representative of the most common answers.

Continued from previous page.

Wellness in Action

We are seeing examples of mental health and wellness projects and exercises, large and small, every day at IH. Here are a few recent highlights:

- A [Kelowna General Hospital staff wellness gathering](#) in June recognized that health-care professionals can be faced with events that create trauma, fatigue, and grief. The event acknowledged KGH staff for their hard work and encouraged ways to improve psychological well-being.
- The [smile board in 100 Mile House](#) promotes a happy and positive workplace for the Employee Relations team in IH West.
- The [Your Voices Matter Committee](#) at Penticton Regional Hospital bridges the

gap between administrators and front-line staff through open feedback, continuous listening, and sharing appreciative comments to build a more positive and inclusive workplace for everyone.

- The [Building Team Resiliency Toolkit](#) includes staff education resources; leadership resources; and responding to critical events resources. For ideas on wellness initiatives, check out the [Workplace Wellness Initiatives Monthly Schedule](#). [Email Amanda](#) with questions, feedback, or additional resources to include.

For more employee wellness resources, check out the [Employee Wellness & Psychological Health web page](#) on InsideNet. 

**A new toolkit from MHSU
helps teams build resiliency
and cope with critical events.**



SALUTING A HEALTH CARE

Hero



It all began with a passion for midwifery.

From there, Donna Gibbons would go on to become one of the top midwives in Edmonton and then pursue a career as a nurse practitioner in rural B.C., where she is wholeheartedly dedicated to best meeting the needs of all her patients – from conception to end of life.

For this commitment to providing exceptional health care, Donna was named the 2019 Health Care Hero for Interior Health (IH). She received her Gold Apple award at the BC Health Care Awards held in June.

Donna's journey into health care began in Ontario where she was a linguistics and computer science student at the University of Toronto. She was invited to the home birth of one of her friends and she was awestruck by the midwife that attended.

"After seeing that, I knew I wanted to be a midwife," Donna says. "It was calling to me – I just had to. That's all there was to it. Up to that point I had no idea about midwifery. I had read a few books, but it became a passion at that point."

Upon completing her degree at U of T and deciding to make a career out of midwifery, Donna relocated to Edmonton and began searching out others in the

profession that were living in the area. She returned to school to pursue a nursing degree and eventually secured a position as a midwife's apprentice.

Her career blossomed and over the next 25 years, Donna attended 2200 births and became known as one of the top three midwives in Edmonton.

"After being at that many births, I was seeing that a number of really talented young women were coming into the field and I was starting to need a bit more," says Donna. "It came about that the high-risk prenatal clinic in Edmonton needed a nurse practitioner to coordinate the care of women who had challenging pregnancies; and also to do the initial triage of referrals coming in."

Donna remembers her time working in high-risk clinic fondly even though the work was highly emotional at times.

"It was amazingly rich work and there were so many talented and caring people there," she recalls.

At the same time, Donna's mother was aging and she found herself providing care her mother – and a host of her mother's friends. It was then that she discovered she wanted to provide care from conception through to end of life.



Donna Gibbons, Nurse Practitioner and Health Care Hero for 2019.

"I thought, 'I should do this!' I like caring for people all the way along," says Donna. "And so I asked a physician in one of the primary care networks to hire me as an NP."

While working in Edmonton, Donna and her family would often vacation in the Slokan Valley and she always thought about how nice it would be to live there. So, when the opportunity to work in New Denver presented itself, she promptly applied for and secured a job there.

"It's magic to be able to live in a place like this," says Donna enthusiastically. "I have never regretted the decision and have always felt at home here."

The work wasn't easy; Donna says there was a steep learning curve in the early days.

"The scope of practice is far wider here than what I was used to in Edmonton. We are pretty isolated in these little communities. It means that it's on us to provide really good health care. It's been wonderfully challenging to be able to take care of people at the level I can here."

It was this dedication that led Claire Peyton, a patient of Donna's, to nominate her for the Health Care Hero Award.

"Donna really takes the time with each patient," says Claire. "When you come in here, you never feel rushed."

Donna's colleagues also speak highly of her. Andy Smith, an RN at Slokan Health Care Centre says that what makes Donna special is how much she really cares about her patients.

"She goes the extra mile, she doesn't leave a stone unturned, and she always works to find the best care for somebody that meets their needs."

Donna says she was honoured to receive the award – especially because it came from her patients.

"I was really deeply touched," she says with obvious emotion in her voice. "It was a surprise, because you don't expect these awards to come to our little teeny communities. What an honour to have the work we do recognized. It shows that we can provide excellent care in a rural community."

Donna is quick to note that none of this work can be done in isolation.

"It requires a team. From housekeeping and maintenance, admin, pharmacists, nurses, care aides in long-term care, the physicians, and my NP colleagues who are always willing to provide advice. It's a big team and I couldn't do it without them. These are my colleagues and my friends."

Looking ahead, Donna says she has no plans to leave her current home.

"I'm in paradise here," she says laughing. "And, I have all these great patients who trust me enough to help them with their health care. It's pretty amazing. My patients teach me a lot and it is such a privilege to work here."

IH Award of Merit recipient featured on p. 12.

Donna goes the extra mile for her patients.

100 Mile mobility project receives award of merit



L-R: Patient Care Coordinator Teressa Allwood and former Site Manager at 100 Mile House District Hospital Natalie Kulyk (now Health Services Manager for Cariboo Chilcotin) receive the Dianna Mah-Jones Award of Excellence from Betsy Gibbons, HEABC Board Chair, and Michael McMillan, HEABC President & CEO.

By making mobilization a part of patients' daily routines at 100 Mile District General Hospital, IH's Mobility: Back to Basics project has seen great success and was recognized with an Award of Merit for Excellence in Person-Centred Care at this year's BC Health Care Awards.

With a goal to improve quality of care by reducing length of stay and related complications, the project aimed to increase mobility for hospital patients.

The project team, led by Natalie Kulyk and Teressa Allwood, looked to accomplish their goal by incorporate specific mobility plans into care plans, which were discussed daily at huddles and rounds with all team members.

Working together, the team has now ensured that mobilization is a part of daily routines and patients who may have previously been restrained are now able to walk independently or with assistance.

In addition, the morale and sense of teamwork has improved among staff who now share a sense of pride in their achievements and keep each other accountable for continuing to keep patients out of bed.

The Mobility: Back to Basics project was also recognized with an IH Quality Award in late 2018 and the work is starting to spread to care teams across our network of IH hospitals. 🙌

LOOK AHEAD

AND START THINKING ABOUT YOUR 2020 VACATION PLANS



InsideNet > Vacation



Orthopedic surgeon Dr. Mike Hjelkrem has helped lead the fight against surgical site infections (SSI) at KBRH.



L-R: Medical devices enter the MDR soiled and exit the MDR cleaned and sterilized thanks to MDR team members Leah Beattie, Erin Stevens, Justine Thomas, and MDR Lead Catherine Ellison.



L-R: OR staff Melissa Zeboroff, Carolyn Fulton, Donna Dekleine, and Carly Paolone prepare for nasal photodisinfection therapy.



L-R: Angela Colwell, Michelle Burton, Dawn Shannon and Dr. Ron Cameron scrub up for surgery.



Lennox Embree receives nasal photodisinfection therapy before his surgery earlier this year.



L-R: Maintenance staff Kevin Flanagan, Kristy Blomquist, Lloyd Gevatkow, and Luc Senechal maintain and monitor air flow and filtration systems, which are key to OR air quality.



A TRUE QUALITY MINDSET:

Eliminating surgical site infections

AT KBRH

It's not an exact translation from the Hippocratic Oath, yet "first, do no harm" is an edict all physicians know.

Orthopedic surgeon Dr. Mike Hjelkrem was certainly guided by it when he noticed a slight uptick in surgical site infections for hip and knee replacement patients at Kootenay Boundary Regional Hospital (KBRH) in late 2017. He then made the decision to temporarily halt hip and knee replacement surgery. His four fellow orthopedic surgeons at the hospital quickly followed suit.

"We looked at our numbers and said 'we need to regroup,'" explains Dr. Hjelkrem.

Surgical site infections can have devastating consequences for patients. They are at risk of requiring further surgeries, including revision joint replacement. In addition to the personal cost to the patient, the financial impacts to the health-care system in Canada are estimated at \$25,000 per infection.

In Dr. Hjelkrem's words there was no "smoking gun" that could explain the increase in infections. Microbes can exploit any weak link in the long and complex chain along the surgical journey – pre-, inter- and post-operatively. Thus, a working group was struck, led by Dr. Hjelkrem, Health Service Administrator Jane Cusden, and OR Manager Cindy Ferguson. The team developed a set of quality improvement criteria and consulted broadly with specialists both within and outside of Interior Health.

"We contacted UBC, which is a world leader in infection prevention," says Dr. Hjelkrem. "We also talked to the cleaners, the engineers, the nurses, the student nurses and the med students, and the people in the OR. They all brought ideas."

Continued on p. 16.

The infection rate for hip and knee replacements has dropped from 2.5 per cent in late 2017 to 0.4 per cent in January 2019.

Continued from previous page.

Air quality was a key criterion, particularly given the increase in wildfires and the resulting smoke in recent years. The KBRH team upgraded the ventilation system for the OR with high-efficiency particulate absorbing, or HEPA, filters. Plus, they instituted a robust system to maintain and monitor OR temperature, pressure, and humidity.

Further efforts to keep the environment sterile were made with the addition of a Medical Device Reprocessing (MDR) coordinator and a night cleaner, as well as a dedicated ward for orthopedic patients post-operatively to reduce cross-contamination from other surgical patients.

In addition to taking a hard look at the structures and processes within KBRH, they also looked at patients themselves.

"Patient optimization is a trending word in medicine now," says Dr. Hjelkrem. "There are several factors we consider that can increase risk of infection, such as a higher body mass index, diabetes, anemia, and smoking."

With support from the Specialist Services Committee of the Doctors of BC and the Ministry of Health, surgical teams are taking a more vigorous, collaborative approach – with patients at the centre – to prepare them for surgery.

Dr. Hjelkrem has given talks to GPs in local communities, from Nakusp to Grand Forks to Nelson, about how they can help optimize patients. Patients are engaged, too. One patient recently approached Dr. Hjelkrem to ask him if he would perform the surgery if she lost an agreed upon amount of weight.

Moreover, the majority of surgical site infections result from bacteria that patients carry themselves. Many of these bacteria live in the warm, moist environment of our nasal passages. Patients are normally given a topical antibiotic ointment to apply for five days before their surgery, though compliance can be low.

The team landed on an innovative alternative: nasal photodisinfection therapy. KBRH has begun a two-year quality initiative pilot to assess this technology.

Prior to surgery, the nurse swirls an applicator with a photosensitizing solution in the patient's nostrils. The nurse then inserts illuminators and activates a laser that

zaps dead the microbes. The laser doesn't harm the patient's tissues or result in increased bacterial resistance.

KBRH is the second hospital in Canada, after Vancouver General Hospital, to introduce this technology. It was first used at KBRH in January 2019 on Lennox Embree, a long time resident of Trail.

"The procedure was simple and obviously effective," says Lennox, who experienced no complications. "Since my surgery, I've been able to travel to Haida Gwaii. And I picked huckleberries for four days straight. I would like to compliment all the KBRH staff – they are top notch."

To gather high-quality clinical data on patients like Lennox, KBRH has implemented a National Surgical Quality Improvement Program (NSQIP). Through NSQIP, data on the patient's health is collected pre-op, intra-op, and up to 30 days post-op. NSQIP is also in place at two other Interior Health sites: Royal Inland Hospital (RIH) and Penticton Regional Hospital (PRH).

"The data tells us whether we need to do further improvement," says Cindy Ferguson, OR Manager. "Or, it will tell us we're spot on."

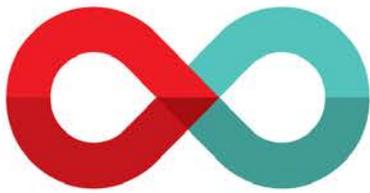
The first NSQIP report is now in the process of being reviewed. However, current KBRH data reveals an extremely positive trend. The infection rate for hip and knee replacements has dropped from 2.5 per cent in late 2017 to 0.4 per cent in January 2019. Since then it has continued to drop, and is estimated at 0.2 per cent as of August 2019.

All these steps have also impacted the hospital infection rate as a whole. According to Dr. Hjelkrem, the infection rate is down an astounding 50 per cent.

But KBRH is not done. Staff and physicians, energized by the culture of openness, are committed to continuous improvement.

"This has been a great evolution for staff to feel comfortable and be heard if they have a concern," says Jane. "A true quality mindset is now built into day to day work in the OR."

"Everybody's voice matters," says Dr. Hjelkrem. "We are excited and engaged." 



**Canadian
Blood
Services**

BLOOD
PLASMA
STEM CELLS
ORGANS
& TISSUES

Join us for Health Care Donor Month this September

It matters to every patient across Canada. Because it's something we can do today to help others wake up healthier tomorrow.

Join **Canada's Lifeline.**
Book now at blood.ca

In partnership with:



Interior Health
Every person matters



Sparkling conversations

ABOUT IMMUNIZATION



Vaccines can be a contentious topic – and, with so many opinions on immunization, it can be a challenge to engage the public in a meaningful way and share accurate information.

Kim Bucek, a Public Health Nurse in the Central Okanagan, says that the recent provincial Measles Immunization Catch-up Program really helped to open up conversations about vaccines. And, one of the most remarkable outcomes of the campaign was that many of the questions came from kids – some as young as seven years old.

“All of the nurses feel that, in the end, the kids were amazing. They were curious, and they were asking great questions. It was great to see them taking a stance for their health and their bodies.”

Adds Tyana McLean, a Public Health Nurse in Invermere: “I had one high-school aged student who came to us to ask for more information on vaccines, so that they could educate themselves and make an informed decision. It was great to see kids like this taking an active interest in their health and I was really impressed by that.”

Impact of the Catch-up Campaign

Doses provided to school aged children (K to 12)			
EK	2018	2019	% Difference
KB	41	403	883%
OK	66	487	638%
TCS	306	2529	726%
IH	564	4735	740%

270
school-based clinics

19,000
personalized
consent packages

That overall awareness about vaccines and why they are important – vital, even – was one of the biggest successes of the catch-up program that rolled out earlier this spring.

The mission was simple: to protect children ages five to 18 from getting measles. Once considered a rarity, measles outbreaks were beginning to appear in the Lower Mainland, the U.S., and even around the world.

In late fall 2018, the Ministry of Health tasked B.C.'s health authorities with planning a program that would deliver measles immunizations to unvaccinated youth through a school catch-up campaign. In Interior Health, the timing was right – IH's Infectious Diseases and Emergency Response Steering Committee had already been hard at work reviewing measles prevention and control processes. It was their early work that positioned IH to be able to seamlessly respond to the launch of the provincial program.

From April to June 2019, IH offered Measles, Mumps Rubella (MRR) immunization clinics in approximately 400 schools across the region for students in Grades 1-12. The immunizations were also made available in public-health units, community health centres,

mobile community clinics in select regions, and through pharmacists.

"It was a huge undertaking," says Lori Hiscoe, co-chair of the steering committee and Corporate Director of Population Health Services. "The collaboration and willingness of people to jump in and help with the response – even if it was outside of their scope of work – was instrumental in the success of the campaign."

Kim and Tyana say there were many steps to address in order to roll out such a large campaign. A big key to getting it off the ground was the collaborative work they did with the schools themselves to share information with parents and to facilitate the clinics. Teachers were open to working around things like field trips, which are a big component of May and June class schedules.

Kim was particularly impressed with how school administrations worked hard to keep the process "low-key" and confidential.

"They were mindful in keeping it respectful and, as a result, there was no negative fallout," she says, adding there was a tremendous amount of detail in the

Continued on p. 20.



Public Health nurses in Kelowna got together to prepare for measles immunization school clinics as part of the provincial Measles Immunization Catch-up Program.

Continued from previous page.

preparation for campaign launch. “Everything from teasing out who needed the vaccine to gathering and preparing the actual supplies, to printing out personalized consent forms and sending out individuals letters to a large number of students. In one school alone in Kelowna, there were 600 students identified as needing immunizations.”

A key support for staff themselves was the Immunization Program’s preparation of a Q&A document of questions they expected to receive during the immunization campaign.

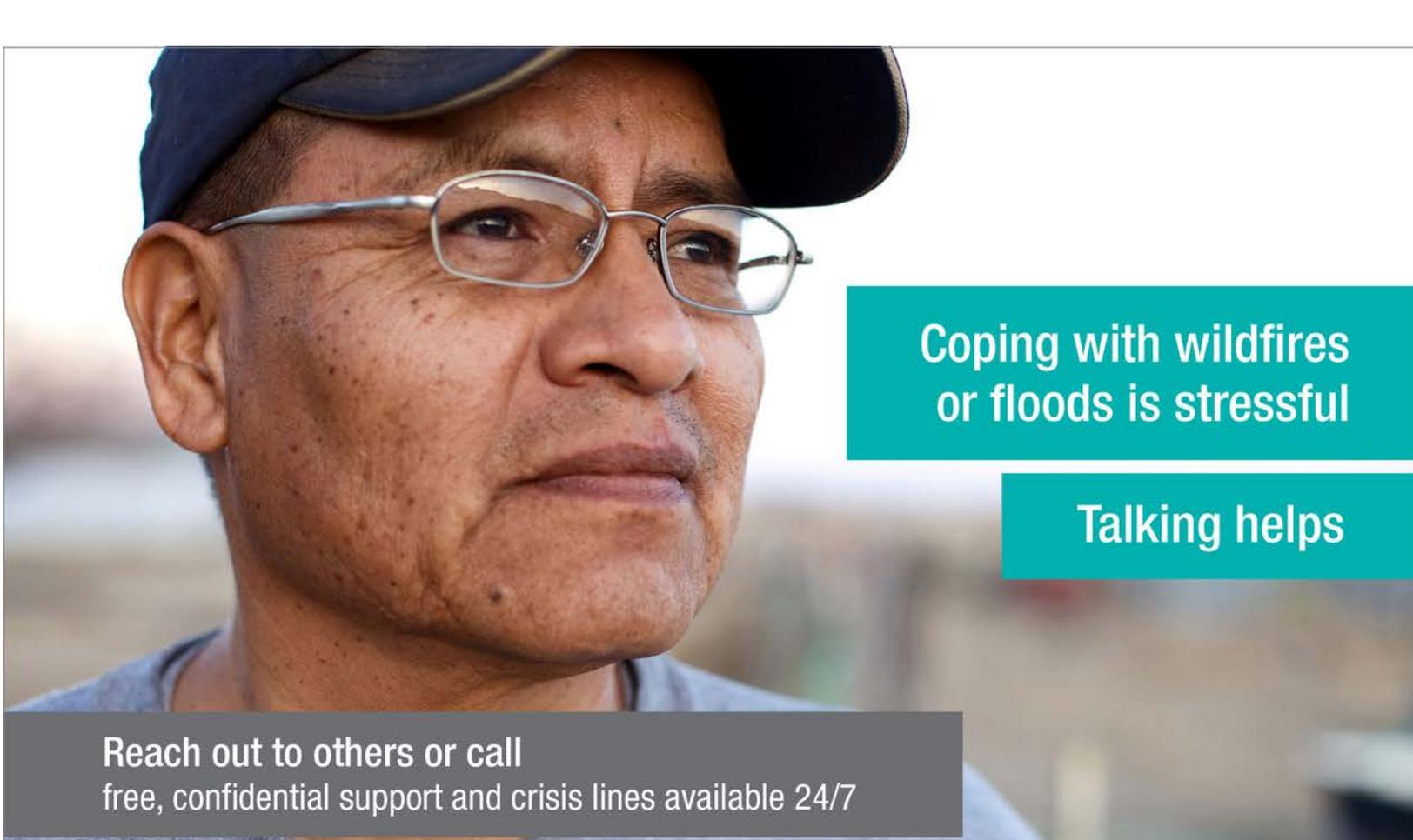
Kristiina Smith, Regional Knowledge Coordinator for the Immunization Program, says her team kept up-to-date with the questions that were emerging from the field and then ensured they were in the Q&A – which meant the document served as an evolving resource.

Through the campaign, immunization rates increased across IH. But the real achievement, explains Issy Aguiar, Manager, CD Prevention & Immunization, is that it helped open up conversations in the community about immunization. The next step will be to build on the momentum the campaign has generated and further increase immunization rates in IH.

“Overall, the response to the campaign has been excellent,” says Issy. “In addition to increased immunization rates, we are seeing more interest from and more conversations with parents about immunizations for measles and other diseases.”

“That was the big take-home for us,” adds Kim. “People asking for more information.”

Read more about the [Measles Immunization Catch-Up Program](#) on our public website. 



Coping with wildfires or floods is stressful

Talking helps

Reach out to others or call free, confidential support and crisis lines available 24/7

1-800-588-8717
KUU-US Indigenous Line

1-888-353-2273
Interior BC Crisis Line

1-888-562-1214
Northern BC Crisis Line

Tips for coping with natural disaster stress

Smoke, evacuations, loss, worry—BC’s floods and wildfires affect us all. **If you are feeling stressed or anxious, you are not alone.** Here are some things you can do:

PREPARE

Having a clear emergency plan and kit ready for your family, pets and livestock can ease your mind and allow you to focus on other needs.

TAKE CARE

Stress takes a toll on our physical and mental health. Eating well, exercising and getting enough sleep lowers stress and helps us cope.

ASK FOR HELP

Talking helps. Whether it’s with family, friends, a doctor or counsellor. Crisis lines are available to listen and help anytime—not just during a crisis.

HELP OTHERS

Reach out to the vulnerable. Assisting others can help us regain a sense of purpose and community as we confront challenges together.



for more tips and resources, visit gov.bc.ca/NaturalDisasterHealth



Interior Health



Are you connected with IH?

Photos, news,
health alerts & more!



#weareih #everypersonmatters

www.interiorhealth.ca

Planning a roadtrip?



Take us along for the ride!

Bi-weekly episodes available on iTunes and InteriorHealth.ca/InteriorVoices.



FOCUSon foundations



An interview with Carol Ann Taphorn, Chair of the Cariboo Foundation Hospital Trust

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

The focus for our Foundation is to raise funds for state-of-the-art equipment at Cariboo Memorial Hospital (CMH), which ensures the hospital continues to provide the specialized care that is essential to our community.

The hospital is very important to the residents of Williams Lake and, through the generosity of our community members, we are able to make investments that ultimately improve patient care. These kinds of investments also help us to attract good doctors, nurses, technicians, and other hospital employees.

We are especially excited that CMH redevelopment was recently approved and are looking forward to how we can contribute.

Do you have any favourite fundraising campaigns?

They are all favourites, because the community has been behind us all the way – ever since we started our foundation. It never ceases to amaze us how much the community supports us, and we see this as we make a greater profit at our gala each year.

What's one of the Foundation's proudest moments?

Every year, after our annual gala, the support and amount of money raised just blows us away, but the proudest I have ever been of our community, was in 2017.

Our whole city was evacuated – along with most of the surrounding area, past 150 Mile House, north to McLeese Lake – because of wildfires most of the summer. Despite those challenges, we had the most successful gala in our history the following November. The support we had from everyone was nothing short of amazing.

Is there a particular donation over the years that stands out in your mind?

It is difficult to pick out one donation as they are all spectacular, but the one that comes to mind is Woodland Jewellers Ltd. Every year they donate a ring or a pendant worth a minimum of \$10,000, which is designed and handcrafted by them. It's a one-of-a-kind piece of jewellery for us to raffle off and we are always sold out.

Any parting words?

There is no way we could do what we do without the help of Ladies Hospital Auxiliary, for smaller items for the hospital, and the Board of the Hough Memorial, whose mandate is to raise money for all things to do with cancer (read more on facing page).

In addition, all the businesses in our city and surrounding areas who are so dedicated to supporting us.



L-R, members of the Cariboo Foundation Hospital Trust at their gala event in November 2018: Rick Nelson, Tammy Tugnum, Joy Hennig, Carol-Ann Taphorn, and Brian Lahue.

(Photo Credit: Patrick Davies, *Williams Lake Tribune*)

Hough Memorial Cancer Society



The Hough Memorial Cancer Society was founded in 1972 in the community of Williams Lake. Over the years it has raised over \$3-million to support Cariboo Memorial Hospital.

Last year the group saw its best year ever, collecting over \$84,000 in donations for the hospital, purchasing a state of the art Endoscopy Tower, a colonovideo scope, and a gastrointestinal video scope.

\$619K

largest donation from the foundation
(for first CT Scanner purchased in 2005)

\$1.65M

Donations to IH since 2002/03

2000

Year Foundation founded

Where we live & work

Wilson Creek Falls
Submitted by: Dayna Larson

Kelowna
Submitted by: Kristine MacLeod



Kamloops
Submitted by: Lisa Whitman



Golden
Submitted by: Blake Gruszie



clicks

snapshots from the region



Visit Facebook to see more of the faces in IH.

clips

health & wellness videos

Meet Katie

Katie explains the services available to patients through the Aboriginal Patient Navigator (APN) program. Katie supports patients and their families, serves as part of their care team, and provides other services to Aboriginal patients such as emotional support, access to spiritual care, smudging, and language translation services.

YouTube > Interior Health > [Meet Katie](#)



Why PQI?

Learn how IH's Physician Quality Improvement (PQI) initiative increases physician involvement and enhances the delivery of quality patient care.

Youtube > Interior Health > [Why PQI?](#)

2019 Health Care Hero

Her patients call her a “gifted healer” and a “real-life super-hero” who provides kind, compassionate and personalized care backed up by extensive knowledge, skills and experience.

Youtube > BCHealthCareAwards > [Donna Gibbons](#)



Tim Hortons and the Castlegar Hospital Foundation...working to support healthcare, one bite at a time!

Buy a smile cookie at Tim Hortons September 16-22 and support CDHF.



Through the generosity of Tim Hortons and its customers in Castlegar, all proceeds from the sale of smile cookies during the week of September 16 -22 will benefit the ER at Castlegar's Health Centre.

Thank you to the Castlegar Tim Hortons for choosing CDHF as this year's Smile Cookie campaign recipient.



Castlegar & District Hospital Foundation

"Your donation boomerangs back to you!"