10 TIPS FOR A HEALTHY & HAPPY 2014

THE GIFT THAT KEEPS GIVING

PALS TRAINING SPREADS

DIABETES STRATEGY BUILDS MOMENTUM
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eHealth Viewer

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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 e-mail: IHAcommunications@interiorhealth.ca
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MESSAGE
FROM THE CEO

Whoosh! Did you hear it? The sound of another year quickly gone by. Welcome to 2014!

Not only was December a time to celebrate the holidays, it was also a time to celebrate 10 years of telehealth in IH, and mark the one-year anniversary of the IH Cardiac Surgery Program. Since the cardiac program began in December 2012, more than 500 surgeries have been performed on patients from every corner of the region. In 2013, the Healthy Communities Initiative also celebrated its first anniversary (a partnership with local governments that aims to increase wellness through collaboration and policy changes).

All of these successes have one thing in common: collaboration. Our greatest achievements are rooted in collaboration — when we work together, we produce significant results. It’s a message I carry with me when visiting communities throughout the region.

In early December, I travelled to the Nicola and Similkameen Valleys to visit our facilities, and meet with employees, medical staff, foundations and auxiliaries, local community groups, and elected officials.

In both Merritt and Logan Lake we discussed challenges with physician recruitment. In Merritt, we’re working with local physicians to recruit additional doctors to provide residents more access and help relieve the pressure on the current doctors.

Retirement is just as important as recruitment, but sometimes circumstances are simply beyond our control. This is the case in Logan Lake where we remain committed to supporting the ongoing efforts to attract a physician.

Next, I was in Princeton where a year ago that community was in the midst of its own physician shortage resulting in reduced ED hours. Through cooperation and hard work by many people — including IH leaders, community members, and local and regional governments — three new physicians were recruited, and full-time ED coverage restored.

From Princeton, I was off to Keremeos where the South Similkameen Health Centre is a great model of care for a rural community. With physicians and community services in the same building, residents receive “one-stop” quality health care. While there, I also met with the Lower Similkameen Community Services Society and was impressed not only with the breadth of services they deliver, but also their strong connection to the community.

Back in Kelowna, I attended the Joint Advisory Council of IH and UBC Okanagan. The Council works on issues of common interest including expanding opportunities for health professional training and medical research. IH is currently developing a research strategy in which UBC Okanagan is a key partner.

At our Board Meeting on Dec. 10, we bid farewell to Rosanna McGregor and David Gillespie who retired from our Board of Directors at the end of last month. Director Glenn Sutherland is also retiring on March 31. All three made great contributions during their time on the Board and will be missed. Stay tuned for information on who will be joining the Board in their place.

I also attended the Health Authority Medical Advisory Committee (HMAC), where again I found myself saying a goodbye of sorts. Dr. Keith Hutchison has stepped down as chair — a position he has held for the past six years — to concentrate on his work as an ED physician at RIH. Dr. Andrew Larder, IH Senior Medical Health Officer, is the new chair. HMAC is the advisory committee to IH on medical, dental, and midwifery matters.

We accomplished a lot in 2013, and I know we’ll accomplish even more in 2014 because we have a strong team of 19,000-plus people pulling together to deliver safe, high quality care to our patients, clients, and residents.
Happy 2014! A new year is always a good time to think about a fresh start and making improvements in our lives. With that in mind, the February topic for discussion is...

Are there ways that you could make your work life more meaningful and satisfying? Please share ... and we’ll pass it on!

Send your feedback to YourOpinionsCount@interiorhealth.ca and we’ll share excerpts in the next @IH, along with a new topic for discussion.

What can we do to reduce costs and find savings while still providing quality care?

Thanks to all who took the time to share suggestions for reducing costs and finding savings across IH. The response has been impressive and many great ideas have been submitted. Visit the Engagement web page on the InsideNet to view the complete list of responses.

"Stop employing consultants ... surely we have enough managers, assistant managers, team leaders, knowledge coordinators and so on to provide the expertise needed to guide our programs."

"Less management positions, more clinical staff and frontline staff."

"There needs to be a way to order smaller quantities in the rural sites."

"...share some supply costs with staff members, so they can make a conscious decision on use..."

"Stop the paper waste! Eliminate the paper Flow Sheet sign-in system."
January marks the beginning of the calendar year and, for many of us, it is both a time to reflect and to look ahead. If improving health and wellness is on your radar check out these 10 little tips that can have a BIG impact.

1. **SAY GOOD-BYE TO TOBACCO.** Tobacco use continues to be the leading cause of preventable death and illness in Canada. Stopping smoking is the single best action you can take for your health. Benefits of quitting smoking begin almost immediately. For more information, visit quitnow.ca.

2. **IF YOU DRINK, DO SO SAFELY.** Alcohol is the second leading risk factor for death, disease, and disability in Canada. If you choose to drink, follow Canada’s Low Risk Drinking Guidelines. The guidelines were developed to help Canadians reduce the risk of both short- and long-term alcohol-related harm.

3. **TAKE STEPS TO PREVENT INJURIES.** Injuries are a big deal. They claim lives, send people to hospital, and leave people disabled. Injuries are the leading cause of death in B.C. for those under the age of 44 and the fourth-leading cause of death across all age groups. Approximately 90 per cent of injuries are predictable and preventable. Find out more at www.preventable.ca.

4. **PRACTICE STRESS MANAGEMENT.** Stress is a normal part of life but when it happens too often or lasts too long, it can cause problems. Stress is linked to headaches, nausea, back pain, and trouble sleeping. It can also weaken the immune system. Take steps to lower stress and reduce tension.

5. **IF YOU ARE HAVING TROUBLE COPING, TALK TO SOMEONE.** If you feel depressed, anxious, or overwhelmed it’s often helpful to talk about it. Your family doctor, employee and family assistance program (EFAP), and community-based counsellors are available to help.
**LEARN ABOUT YOUR MEDICATIONS.**
Medicines work in a delicate balance with your body and with each other. Tell your doctor or pharmacist about all the medications you are taking, including supplements, and herbal remedies. Educate yourself about side effects and possible interactions.

**WASH YOUR HANDS OFTEN.**
Germs can spread easily through contact with any surface. Once they get on your hands, they spread by simple acts like rubbing your nose or your eyes. Regular handwashing can help you avoid picking up and spreading colds, flu, and other viruses.

**GET YOUR SHOTS.**
Keeping you and your family up to date with vaccinations is a great way to help everyone stay healthy. Immunize your children, get your flu shot every year, and get a tetanus shot every 10 years. www.immunizebc.ca.

**EAT A HEALTHY DIET.**
Choosing foods that are low in salt and saturated fat, and reducing drinks that are high in sugar, will help you maintain a healthy weight and reduce the risk of conditions such as high blood pressure. Fruits and vegetables are an essential part of a healthy diet and play an important role in preventing disease. For more information on healthy eating, contact www.HealthLinkBC.ca.

**GET MOVING.**
An active lifestyle can help prevent heart disease, stroke, high blood pressure, obesity, and more. Being active doesn’t have to mean joining a gym or fitness class – it can be as simple as playing with the kids or choosing to walk instead of drive. Check out www.participaction.ca for more ideas.

Want to learn more? The IH Employee Family Assistance Program offers a 12-week Wellness Coaching Program FREE for all IH employees! Call 1-800-663-9099 to find out more.
Thirty-eight-year-old Annick Lim is a busy woman. In addition to volunteer activities, medical appointments, and dates with friends, she is planning a special party. It’s her kidney birthday—the anniversary of a successful transplant after her father gave her a kidney 15 years ago.

She has since married and settled down on an acreage in Kaleden, near Penticton, where she is a regular at the hospital’s kidney clinic and lab.

“I love them. They are all awesome,” she says of PRH staff. “They know me by name.”

So, it was natural that Annick would volunteer as Team Captain again this year for Operation Popcorn, a program run by BC Transplant to acknowledge the difficult but crucial role hospital staff play with potential organ donors and their families.

Operation Popcorn started over 20 years ago and today transplant recipients still deliver tins of popcorn each December. Hospital staff receive two gifts: beautiful tins of popcorn and the chance to see the positive side of organ donation and the people who benefited from organ transplants.

Within Interior Health, Operation Popcorn includes Kelowna General, Royal Inland, Kootenay Boundary, Vernon Jubilee, and Penticton Regional hospitals. Annick volunteers at PRH and sees it as a way to give back and raise awareness.

It’s a reflection of Annick’s tremendous passion. She is a committed advocate and volunteer with the Kidney Foundation and BC Transplant Society.

“Ninety-five per cent of people say they’d take an organ for themselves or their child if they needed one, and yet only 19 per cent of people in B.C. are registered donors. And as a result people are dying waiting for organs,” she says.

“It would take me two hands to count off the number of friends in my life who are waiting. That’s why I’m passionate. To me, it’s simple. It’s black and white.”

Transplant Coordinator Trish Bosch is based in Kelowna and since July she’s been formally supporting IH hospitals in the complex process of organ donation.

Previously an OR nurse, Trish knows how difficult it can be on the care team to have a patient pass away. By supporting the organ donation process, she feels a glimmer of something positive can come from what is otherwise a terrible time for the family, staff, and doctors.

“We’d like to ask everyone to remember the 10 patients and their families throughout the Interior who so generously donated 43 organs last year,” she says.
"It’s a sad time, and it is highly emotional. The process is very time intensive and takes an incredible amount of commitment on the part of staff and everyone involved,” Trish explains.

“Once a patient is identified, BC Transplant sends a team to the unit. There are family meetings, blood work, tissue tests. Everyone from the physicians, nursing staff, respiratory therapists, radiology, cardiology, and lab – everyone needs to work together. When a patient is deemed a potential donor and a recipient is identified, it is a 24- to 36-hour process to retrieve the organs and transport, usually to someone within B.C., but sometimes across the country. It all needs to happen very quickly.”

Dr. Ryan Foster, Medical Director at KGH ICU and BC Transplant physician donation champion, agrees the process is intense and it can be a thankless job.

"ICUs take pride in trying to give patients the best chance to survive and get better. But if the injury is so severe that the patient dies, or that a palliative care plan is in the patient’s interest, the ICU teams work with the family to try to offer this one positive option from what is otherwise the most awful thing the family is going through. At the end of the day, one patient donor has the potential to save seven other lives.

“The organ donation registry helps, but it often comes down to the family being aware of what their loved one would want,” he says.

To learn more and to register your wishes, visit: www.transplant.bc.ca.

Left: PRH staff receive popcorn from organ transplant recipients each December during Operation Popcorn.
Right: Few people appreciate the difficult but crucial process of organ transplant more than Transplant Coordinator Trish Bosch and physician donation champion, KGH ICU Medical Director Dr. Ryan Foster.

“I NEVER DREAMED I’D LIVE TO BE AN ADULT. AN ORGAN DONOR CHANGED THAT.”

Organ donation saves lives – register your decision today.

LIVE LIFE. PASS IT ON.
Recognition is within reach

Nominate a deserving person or team today!
The 8th annual *Excellence in BC Health Care Awards*

Nominations deadline: Friday, February 28, 2014

To learn more and nominate online, visit
www.BCHCHealthCareAwards.ca
emotionally, there is nothing small when a child’s life is at stake. Clinically, however, providing critical care to infants and children is small scale: smaller equipment and smaller, precisely measured medication doses. "Small" is vital when dealing with pediatric emergencies.

"Thank goodness we don’t have to deal with many critical pediatric cases,” says Colleen Brayman, Clinical Practice Educator for the High Acuity Response Team (HART) program. “But when we do, it’s a stressful, scary situation. Kids tug at our heartstrings.”

To make sure clinicians – from physicians to nurses to respiratory therapists – have additional skills and confidence to address pediatric emergencies, HART has partnered with the IH Child Health Network and Kelowna General Hospital Respiratory Services to introduce Pediatric Advanced Life Support (PALS) certification training to Interior Health.

This initiative was borne out of a need identified by rural/remote clinicians for HART to support acute pediatric transfers.
to a higher level of care. PALS introduces clinicians to diagnostic and therapeutic interventions for the prevention, assessment, and treatment of respiratory distress/failure, shock, and cardiopulmonary arrest in infants and children. “It also helps build on the strong team dynamic you need when approaching a critical case for children or adults,” says Colleen.

Scott Frymire, Penticton Regional Hospital Professional Practice Leader, Respiratory Services, and a respiratory therapist with HART, says PALS training improved his assessment skills for pediatric patients, especially with identifying problems that place the child at risk for cardiac arrest.

“The course will help both my acute care hospital work and my High Acuity Response Team work, as pediatric emergencies can happen in the hospital as well as on critical transports,” says Scott.

With the help of KGH Respiratory Therapists Bob Somerville and Dennis Dekleva, Fernie RN Clinical Practice Educator Joanne Hnatiuk and Executive Medical Director for Kootenay East Dr. Malcolm Ogborn, IH has trained about 90 clinicians in 12 courses, with more courses booked into 2014.

Colleen has also been certified as a PALS instructor trainer. In partnership with Dr. Ogborn, she is in the process of teaching other interested clinicians how to teach PALS to their peers. Penticton RN Clinical Practice Educator Sharry Hodgson, Kamloops HART RN Patient Care Coordinator Michael Sandler, Penticton Emergency physician Dr. Dale Gatenby, and Kootenay Boundary HART RN Patient Care Coordinator Scott Lamont are now also able to provide PALS training.

PALS certification is a valuable training opportunity that will continue in IH; upwards of 200 clinicians will be trained by early spring. 😊

Colleen Brayman, Clinical Practice Educator, High Acuity Response Teams, demonstrates on a pediatric simulator.
Suspect every snowflake.
Snow can’t be trusted. Prepare your vehicle for winter weather.

Do you drive as part of your job?
Winter weather is hard on your vehicle and its engine. Here are some tips to help you make sure your ride is up to the challenge:

1. **Install winter tires.** Use four matched winter tires that carry the winter tire logo – even when driving a 4 X 4. Winter tires improve driving safety by providing better traction in snow, slush and icy conditions. Check for wear before installing the tires and check tire air pressure frequently, as it decreases in cold weather.

2. **Get your car winter ready with a maintenance check up.** Preventative maintenance is key. Make sure your battery, brakes, lights and fuses, cooling and heating systems, electrical and exhaust systems, and belts and hoses are in tip-top shape.

3. **Change your wiper blades to winter blades.** They are heavier and push snow and ice more easily.

4. **Clear snow and ice from all windows, lights, mirrors, hood and the roof.** After starting your vehicle, wait for the window to defrost completely to allow clear visibility all around.

5. **If you have a cell phone, make sure it’s charged and bring it with you.** A car charger for the phone is a smart device to have on hand. Cell phone batteries can freeze in very cold weather. Don’t leave your phone in the car for extended periods of time.

6. **Make sure your windshield washer reservoir is full, and carry extra washer fluid in your vehicle.**

7. **Be prepared by packing a winter survival kit.** Recommended items include:
   - Emergency kit containing non-perishable food, blankets and first aid supplies
   - Windshield scraper and snow brush
   - Extra windshield washer fluid
   - Fuel line antifreeze
   - Flares and matches or lighter
   - Tire chains and gloves
   - Shovel and traction mat, sand or kitty litter
   - Flashlight and extra batteries
   - Battery jumper cables
   - Spare tire, wheel wrench and jack
   - Extra clothing and footwear
   - Sandbags for extra weight

8. **Keep your gas tank topped up.** This will help to avoid condensation and moist air on the inside of the tank, which can cause fuel lines to freeze and other serious issues.

9. **If you get stuck in a storm, don’t panic.** Avoid overexertion and exposure. Stay in your vehicle and open your window slightly to make sure you have a supply of fresh air. Use a survival candle for heat. Set out a warning light or flares.

**Keep winter under surveillance.**
**Don’t know? Don’t go.**

ShiftIntoWinter.ca   DriveBC.ca

This information is intended to provide general information only. Nothing is intended to provide legal or professional advice or to be relied on in any dispute, claim, action, demand or proceeding. Participants in the Shift Into Winter campaign do not accept liability for any damage or injury resulting from reliance on the information in this publication. (10-2011)
Interior Health is one of the most rural and remote health authorities in British Columbia. Roads are difficult, even in good weather, and access to air transport is not always available.

Because of these geographical challenges, IH has made it a priority to provide excellent trauma services to all residents. When an opportunity arose to participate in a pilot project that would set the foundation for a Trauma Distinction Program designation through Accreditation Canada, the IH Emergency and Trauma Services Network seized the opportunity.

“This was a tremendous opportunity to not only examine our own emergency and trauma practices and protocols, but to be on the ground floor of providing feedback on the criteria that will be used to shape the Trauma Distinction designation for national accreditation,” says Lynn Gerein, IH Network Director for Emergency and Trauma Services.

“We are now in a better position to apply for this new designation once it’s in place, because we already understand the criteria that the designation will be based on.”

The Interior Health trauma system is the network of acute care facilities that can receive, treat, stabilize, and transfer patients to the right level of care.
In Canada, trauma systems were formerly accredited under the Trauma Association of Canada (TAC) – in fact, IH went through pre-accreditation with the TAC in 2006. Over the last few years, TAC has been moving toward merging with Accreditation Canada, which would align all accreditation designations of health care under one national umbrella.

With the process nearing completion, a pilot program was developed to test the new standards. Interior Health’s Emergency and Trauma Services Network was one of just three systems across Canada invited to participate.

Many months of hard work from IH’s Trauma Services Network team and the three IH pilot sites – Royal Inland Hospital in Kamloops, Cariboo Memorial Hospital in Williams Lake, and Lillooet Hospital – culminated with the Accreditation Canada surveyors coming Nov. 17-20 to observe and assess a small component of the IH trauma system and to speak with stakeholders about their challenges and accomplishments.

“The results were impressive and the report-out session with Accreditation Canada was a proud moment for Emergency and Trauma Services,” says CEO Dr. Robert Halpenny.

“The pilot was a terrific opportunity to showcase the passion, dedication, and engagement we see at all levels to improve care for critically injured patients within IH.”

The surveyors identified several strengths of Emergency and Trauma Services, starting with the innovative High Acuity Response Teams (HART) that keep physicians and nurses in their home communities while getting the right resources to the right patients and the patients to the right places, including transporting in a timely and safe manner.

They also highlighted the commitment and passion of physicians, allied health, nursing, and administration in all three sites in supporting the movement of patients to the right level of care.

At the same time, the surveyors highlighted areas where IH can strengthen overall trauma care practice, process, and performance monitoring.

All of this will help IH Emergency and Trauma Services build the framework for a formal application for Trauma Distinction designation this fall.

Cariboo Memorial Hospital was one of the sites involved in the Trauma Accreditation pilot. From left, Emergency Department RN Darla Yuill, Acute Care Director Deb Runge, and Critical Care Manager Barb Tymchuk.

Lynn has high praise for her colleagues who participated in the pilot program, including: Dr. Heather Wilson, Medical Director for Trauma Services; Lisa Whitman, Dr. Alan Vukusic, and Dr. Jill Calder from RIH; Bev Grossler, Maria Mascher, and Dr. Ian Routley from Lillooet; Deb Runge, Dr. Jeff Peimer, Barb Tymchuk, and Darla Yuill from CMH; and HART representatives Dr. Lawrence Takeuchi, Debra-Lyn Watson, and Brent Hobbs.

“I can’t tell you how proud I am of the teams involved,” Lynn says. “The pilot required us to evaluate and illustrate evidence of how we manage trauma patients across the care continuum, which also allowed us to showcase the good work we’ve been doing for years.

“I want to thank the staff and physicians involved at each site for their acceptance and willingness to be involved. This involved a lot of extra work and I appreciate the ‘above and beyond’ that was required.”

Left: Accreditation Canada surveyors gathered with IH staff at Royal Inland Hospital to provide an initial report on their Trauma Designation pilot program visit. (L-R) Dr. Alan Vukusic, RIH Clinical Medical Director; Lisa Whitman, RIH Trauma Nurse Coordinator; Zonia Rurka, Trauma Registry Analyst; Lynn Gerein, Network Director, ER & Trauma Services; and Marcel Boucher, Paula Poirier, and Diana Sarakbi of Accreditation Canada.
Two years into Interior Health’s Three-Year Diabetes Strategy, people from across the region are studying, testing, and implementing changes destined to strengthen the health-care system for people living with diabetes.

“It has been an incredible collaborative effort that has focused on enhancing supports for staff, physicians, and community partners, but most importantly patients and families,” said Angela Chapman, Co-Lead on the IH Diabetes Strategy with Dr. Maureen Clement.

“People have really embraced this opportunity to look at a system-wide effort to improve what they are doing to provide better quality care for their patients and families. Every partner has brought something to the table that will make a real difference for people living with or affected by diabetes,” said Angela.

As part of the Diabetes Collaborative, a key project within the broader Diabetes Strategy, regional and local teams have spent the past year involved in quality improvement initiatives to explore better ways to manage Type 2 diabetes in adults.

With the patient voice leading the way, IH staff, family physicians, Aboriginal partners, community pharmacists, and many others worked collaboratively on three change drivers:
- improving access and awareness of local services and resources;
- enhancing self-management support and culturally appropriate practices and options; and
- improving systematic coordination of team-based care and consistency of shared best practice.
Action teams studied the effectiveness of group medical visits with family physicians and diabetes educators; partnerships with community pharmacists; diabetes peer support and education groups; and improved discharge care planning for diabetes patients in hospital.

“The power of front-line clinicians, staff, and patients is so productive in identifying what’s not working, what needs to be done, and how to get there,” said Colleen Kennedy, who led the Diabetes Collaborative with the Quality Improvement lens.

The Aboriginal voice was also heard. “The Collaborative is a great example of how programs can be inclusive of Aboriginal partners in joint decision making and working together to find feasible solutions to common problems,” Aboriginal Practice Lead Danielle Wilson reflected.

All partners paid special tribute to the patients who attended the Collaborative learning sessions and sat on the local action teams in Williams Lake, Lillooet, Kamloops, and Kelowna.

“Their voices were the most important,” said Dr. Clement.

A new early detection and prevention initiative will roll out to Mental Health and Substance Use staff in 2014 focused on metabolic monitoring to help clients reduce the risk of diabetes or cardiovascular disease.

MHSU Practice Lead Tara Mochizuki, who led this initiative, offered an example of a patient who will be on their radar screen.

Joe has a diagnosis of schizophrenia and has been living marginally for a number of years. He smokes and has a poor diet. When he starts taking anti-psychotic medication he begins to gain weight rapidly. Metabolic monitoring will ensure his health-care team is aware if Joe starts to develop metabolic risk factors that could lead to diabetes, or cardiovascular disease. They will be able to take steps earlier to help Joe reduce those risks by making appropriate adjustments to his care plan.

As the IH Diabetes Strategy moves forward, it will focus on enhanced safety and quality of diabetes management in a variety of ways and on training, education, and resource support for staff and physicians.
Spotlight on Chase

Healthy Community

Chase makes the health of its citizens a priority by championing outdoor living and recreational opportunities. The Village of Chase and the Shuswap Trail Alliance work together to enhance the trail network for physical activity. Watersports and fishing on the South Thompson River are also popular leisure activities. A Farmer’s Market is held in the summer to increase access to local food and crafts, and holds true to the traditions and history of the area’s surrounding agricultural lands. Chase has a partnership agreement with Interior Health to create supportive environments for health. Work is underway to set priorities for future collaborative efforts.

To learn more about how health authorities and our local governments are supporting the creation of healthier communities, visit Healthy Families BC and PlanH.

Lifestyle

Known as The Gateway to the Shuswap, the lakeshore town of Chase is located at the southern end of the Little Shuswap Lake. Chase and its surrounding area are wildly popular in the summer time. For winter activities, the renowned Sun Peaks Resort is within an hour’s drive.

In our own words...

“Chase offers small-town living but is conveniently situated 40 minutes from two larger centres: Salmon Arm to the east and Kamloops to the west, each with its own unique amenities and events. The climate is desirable to those seeking shorter and milder winters and gorgeous summers. I relocated to Chase from the city several years ago and now live five minutes from work. Less stress and greater access to so many activities has contributed to a healthier and happier lifestyle.”
- RN Mona Quinn, Patient Care Coordinator, Chase and District Primary Health Care Services

At a glance

Population: Approx. 2,600

Health Services: Chase Health Centre, as well as community programs and services.

Economy: Ranching, tourism, and forestry.
Where We Live & Work ... A Spotlight on Our Communities

Our employees regularly share photos of the spectacular scenery that surrounds them wherever they are in the IH region. Majestic mountain ranges, pristine pine-fringed lakes, blossom-filled orchards, abundant vineyards, and thick forests alive with wildlife are just some of the beautiful things that make up these places we call home.

Covering over 215,000 square kilometres, Interior Health is diverse in nature and composed of vibrant urban centres and unique rural communities. This @IH feature shines a spotlight on many of these places ... and perhaps will entice you to add them to your travel wish list.

This month we feature photos near Nelson, Castlegar, South Okanagan, and Vernon.

Submit your photos of the beautiful places that make up IH: InsideNetWebmaster@interiorhealth.ca
Dave Nudd, Manager of Pulmonary Diagnostics in Vernon, works with Kristy Nixon, BreatheWell Respiratory Therapist Liaison, to streamline COPD patients who have a physician referral for lung function testing into appropriate community programming. The BreatheWell program is an intensive at-home and community-based service for patients with moderate to severe chronic obstructive pulmonary disease that also helps to connect IH pulmonary diagnostic services with community resources via the patient’s GP.

The gang at the Penticton Health Centre held their 16th Annual Gong Show on Dec. 4. Various departments presented skits and song over the noon hour, all for the benefit of people in need. Proceeds from the show, along with dollars from Jeans Day fundraisers held throughout the year, totalled $3,215.90 for the Salvation Army. Pictured here are MHSU Manager Joseph Savage (back right) and his two team leaders, Bruce Lange and Cathy Kavanagh.

TRU Nursing Student Spotted Fawn (L) and Ashcroft Public Health Nurse Jessi Minnabarriet are working together with a teacher from Lytton elementary school on a healthy eating initiative through the Comprehensive School Health (CSH) project. Read Jessi’s story about CSH in Action on the Healthy Schools BC website: One Partnership at a Time (p. 17).
The Pritchard family receives appreciative applause in the KGH lab in recognition of their donation to purchase a new piece of equipment that will assist physicians with quicker test results. The new MALDI-TOF mass spectrophotometer uses lasers to provide extremely rapid and accurate bacteria identification. The purchase was made possible through the Colin & Lois Pritchard Foundation’s donation to the KGH Foundation, in partnership with the Central Okanagan Regional Hospital District.

Royal Inland Hospital held a mass casualty training exercise on Nov. 28 to evaluate its emergency response plan in the event that a catastrophic situation sent a large number of patients to the hospital. Staff and physicians from every department in the hospital took part in the scenario, which involved a head-on train collision that affected 2,500 people. Here, a “patient” arrives at the Emergency Department triage area. The patients were all members of the TRU 2nd year nursing class.

Candice Bateson (L) and June Raiche always have smiles on their faces when greeting patients at the Nicola Valley Hospital and Health Centre in Merritt. June is unable to have a flu shot, so she wears a mask during flu season. Her co-worker, Candice, has had her shot but has also chosen to wear a mask, just to keep June company. Now, that’s showing team spirit! It’s not too late to choose the flu shot … regular staff immunization clinics are still available.

The Pritchard family receives appreciative applause in the KGH lab in recognition of their donation to purchase a new piece of equipment that will assist physicians with quicker test results. The new MALDI-TOF mass spectrophotometer uses lasers to provide extremely rapid and accurate bacteria identification. The purchase was made possible through the Colin & Lois Pritchard Foundation’s donation to the KGH Foundation, in partnership with the Central Okanagan Regional Hospital District.
If there were truth in tobacco advertising,
THIS
is what a pack of cigarettes would look like

50% of regular users die from tobacco-related diseases. You can Quit Now.