TRAINING TOMORROW’S DOCTORS

WITH THIS RING

SITUATION CRITICAL

EVERYBODY’S DOING IT
lunchbox learning is back!
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UBC medical student Dianne Valenzuela is part of the inaugural class of the Southern Medical Program. Story p. 14. Photo credit for cover and table of contents: Craig Pulsifer

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

Breathe in deep (unless you have seasonal allergies) because it’s June and the scent of fresh cut grass, flowers, and sunscreen is in the air. It’s a time of year when we should all make time to get outdoors and focus on our own health and wellness.

Recently, I met someone spending a lot of time out and about. Flat Stanley, the IH Engagement Apprentice, passed through Kelowna as part of his IH tour. Stanley’s assignment is to visit as many of our sites and communities as possible in order to learn firsthand about engagement at IH.

He told me that while he typically travels by interoffice mail, he prefers bike rides, hikes, and water sports. You can track Flat Stanley’s travels on our IH Facebook page, and read more about what he’s been up to in his one-on-one interview on p. 8 of this issue.

Looking back at my own experiences over the past month, I attended the UBC Faculty of Medicine’s first B.C. eHealth & Innovative Technology Showcase. This conference brought together eHealth pioneers and champions who shared the latest exciting developments happening in B.C., and ways health professionals, clinics, hospitals, and health authorities — including IH — are using information technologies to deliver innovative health services to patients. Dr. John Falconer, a neurologist at KGH, presented an abstract on Rural Mobile TeleStroke, as well as several posters.

The following week, I met with Joe Gallagher who serves as the Chief Executive Officer for the First Nations Health Authority (FNHA). The FNHA is now responsible for administration of federal health programs and services, previously delivered by Health Canada’s First Nations Inuit Health Branch - Pacific Region. It is working with the province, health authorities, and First Nations to address service gaps through new partnerships, closer collaboration, and health systems innovation.

A few weeks later, Norman Embree, our Board Chair, and IH representatives including myself attended the Partnership Accord Leadership Meeting. This is a quarterly meeting with the leaders of the seven First Nations in our region. These meetings provide dedicated time for us to come together for discussions on a number of commonly shared priorities including the advancement of health and wellness for the Aboriginal population.

Between those two meetings, I spent some time in Kamloops where Susan Brown, VP Acute Services, and I met with the Thompson Regional Hospital District (TRHD) on May 21. We were invited to provide an update on the direction of our health system over the next few years. This information will help the TRHD with their current priority setting.

That same evening I met with the Royal Inland Hospital Foundation to share our vision for the future of RIH according to its Master Site Plan and bring them up to date on the current state of progress. It also provided me with the chance to thank the Foundation members for their commitment and hard work in support of quality patient care.

The next day I visited Hillside Centre — our tertiary psychiatric facility located in Kamloops. I continue to be impressed by the professionalism and compassion displayed by those who work with this complex and challenging patient group.

I ended the month working with the IH Board of Directors at their May meeting and annual planning session where I was able to spend some time getting to know our newest Board members, Tammy Tugnum from Williams Lake and Dennis Rounsville from Cranbrook. They both have a wealth of business experience and are active community members, so I look forward to their new perspectives on our Board.

With summer on the horizon, I’m sure many of you are planning to get away. Whether you’re heading to your favourite camping spot, jetting off to a big city, or simply planning on spending more time in your own backyard, I hope you relish every moment.
In preparing for the 2015 Employee Engagement Survey, we want to know what each Gallup Q12 question means to you.

In May we asked, **Q1. I know what is expected of me at work.** We heard several responses from employees.

The message behind the question, "I know what is expected of me at work," is that clarity of expectation is critical to performance.

"Knowing what's expected" is more than a job description. It's a detailed understanding of how what one person is supposed to do fits in with what everyone else is supported to do and how those expectations change when circumstances change.

"...I think the more clear you are about your role, your goals, your day to day work – the more engaged you will be."

"I believe this question is relevant and it works well measuring the ability to be engaged because it factors two points that are directly linked with engagement: interest and communication..."

Flat Stanley, our Engagement Apprentice, is helping Deanna at Cottonwoods Care Centre hand out pills to residents. This is an example of Deanna knowing what’s expected of her at work. Learn more about Flat Stanley in his @IH interview on p. 8.

The summer topic for discussion is: **Q2. I have the materials and equipment to do my work right.**

For example, what comes to mind when you think about the materials and equipment you need to do your work? Do you see a link between having these tools and your level of engagement? Let’s start the discussion!

Please send your feedback to YourOpinionsCount and we’ll share excerpts in the next @IH. Visit the Engagement web page for more engagement resources and to view the complete list of responses. 🌟
In a perfect world, a critical incident would never happen in health care. There wouldn’t be any medication errors, or patient falls, or altercations between residents in care.

But these things do happen, from time to time. And the only thing worse than these incidents actually occurring is if health-care providers don’t learn from them and make changes to prevent them from happening again.

Interior Health is committed to the provision of safe, quality patient care – and learning from incidents is critical to quality improvement. That’s why IH’s Incident Management Policy (AK0400) has been revised and updated.

“It’s probably referred to more than any other policy Interior Health has, because the Incident Management Policy encompasses all incidents,” says Patty Garrett, Director of Risk Management and the Patient Care Quality Office. “But the focus of the changes we made was to severe harm and death events.”

Patty and her team in Risk Management are regular users of the Incident Management Policy. Through use of the older version of the policy, and through feedback received from staff, leaders, and physicians, the need to update the policy...
became apparent. This dovetailed with recommendations flowing out of an audit of the policy by the Internal Audit team.

So Patty’s team got to work on a revision that took about a year to complete. Quality improvements to the policy were tested on real incidents that occurred across Interior Health, and feedback resulted in further revisions.

“The changes weren’t major in my mind,” Patty says. “The nuts and bolts were there, but it was hard to get people engaged in the process, especially physicians. So when a major incident occurred, there were great intentions, but we were going off in all directions and there wasn’t a consistent focus or process.”

All voices were needed at the table during two recent high-profile incidents that became testing grounds for the revised policy – the altercation between two residents with aggressive behaviours at Overlander Extended Care facility in Kamloops, and the death of a resident in care at Polson Special Care in Vernon.

In both cases, Patty and her team knew it was crucial to engage senior leaders from the portfolios affected at the earliest stages. In the revised policy, this is now known as a Decision Review Team – a group of senior leaders close to the event who come together within 72 hours to determine if a review is required, the conditions for the review, and the composition of a Critical Incident Review Team.

“The bigger learnings do take time. Anything that happens immediately doesn’t happen because of our processes,” says Patty.

“One of the major learnings for the Overlander and Polson cases was how important it is to get senior leaders to the table. Because of the Decision Review Team we all knew what was going on and, because we connected early and often after that, we felt comfortable. We knew who was leading and who was investigating.”

Andrew Neuner, VP for Community Integration agrees. He says the inclusion of a Decision Review Team made a real difference in the review of the events surrounding the Polson incident.

“It was really important that we, as senior leaders, were invited to be a part of the review process very early,” says Andrew. “It helped us understand what the next steps would be, so we could determine what changes should be recommended to prevent this kind of event from happening again. The fact that we were right at the table, hearing everything first hand, made the review much smoother – especially when there was so much media attention and public pressure around this incident.”

Another major change to the Incident Management Policy was the incorporation of the role of Executive Medical Director for Quality and Chief Medical Information Officer in the incident management process.

Dr. Michael Murray, who holds this position, had significant input into the revision of the policy.

“Hearing his perspective and views was important. It certainly helped shaped the process,” says Patty, adding that the inclusion of the EMD helps to ensure physicians and midwives are involved in the review of adverse events, and that the outcome of reviews is communicated through appropriate channels in the Medical Advisory Committee structure.

One final and very important change to the Incident Management Policy was the addition of mandatory reporting to the Ministry of Health. This is done through Patty’s office and the Patient Safety Learning System.

The revision of the Incident Management Policy may be complete, but Patty says there is still more work to be done when it comes to reviewing recommendations and sharing the learnings from incidents. This is how behavioural and systemic changes are made that will result in quality improvement.

“It’s important work,” she says, “and it’s all being done with the patient’s needs at the forefront.”

Watch for an i-Learn module coming soon on the Incident Management Policy.
Flat Stanley, IH Engagement Apprentice, takes a moment from his busy travels to tell us a bit more about himself.

@IH: Can you describe your role at Interior Health?

FS: My role is to meet and inspire as many IH employees as I can!

Officially I’m called an “Engagement Apprentice” and my purpose is to find out what it means to be engaged as well as to look for examples of engagement in action. To do that, I am travelling throughout IH over the course of this year, visiting all sites, and soaking up the atmosphere. During my visits, I also want to inspire engagement in those around me, posing for pictures at the same time.

So far, everyone seems happy to see me when I arrive and I am enjoying being a part of what employees do every day.

@IH: What do you hope to learn during your apprenticeship?

FS: By spending time with employees and teams, I will see how they interact with one another and what goes on each day. I want to know what they do at work, how they engage with one another, and even what they do in their spare time. I also hope to learn who they are as individuals within IH; about the value they bring to their workplaces and the important jobs they do – too often these things can go unnoticed.

I think I can help to remind people that each one of us matters and has an impact.
@IH: Where are you traveling in IH and how are you getting there?

FS: You know that saying, “I’ve been everywhere, man?” I hope to be able to say that at the end of this year. In the month of May alone, I’ve been to several residential facilities, a hospital, and joined employees for lunch and team meetings. Someone has mentioned taking me hiking, which I’m very much looking forward to! I am planning to visit every facility in IH and interact with as many people as I can.

I travel very light (and inexpensively) via IH’s interoffice mail system. I even have my own envelope, making it easy for people to send me on my way.

@IH: What are the highlights of your journey so far?

FS: Well, I really liked the warm bubble bath at Cottonwoods in Kelowna. And getting stuck in the dryer at Overlander Care in Kamloops was a fun and dizzy ride! But, I must say, every visit so far has been unique and rewarding.

There are so many passionate, dedicated, and fun-loving people who work here. The photos we have taken are great and the Communications Team has been kind enough to give me my own album on the IH Facebook page to share my adventures. I am looking forward to getting to know more people and snapping more photos.

@IH: Why do you think engagement in an organization, such as IH, is important?

FS: Engagement brings an organization together. If everyone is engaged, it makes everything tick. Each day we have a choice – to choose an attitude that positively impacts relationships with co-workers and the people for whom we provide care.

When we shift focus to our own individual level of engagement, it is felt by those around us and has a ripple effect. So that is what I am trying to do; I am a pebble trying to start a tidal wave of engagement that takes over IH. And the good news is every employee, patient, client, resident, and visitor has the potential to benefit from it.

Table of contents: Jessica and Flat Stanley going for a lunch-break walk across the bridge at Kiro Wellness Centre in Trail.
what not to wear

Accessories can be hazards! Dangly jewellery and even hair! Take it off and tie it back.

No flip-flops – even if you’re sportin’ a new pedi.

No spaghetti straps, low-cut tops, or short shorts/skirts. Yikes!

No baggy clothing. Keep those pants pulled up and scrubs close-fitted.

Please, no perfumes, colognes or other personal fragrances. Achoo!

Take pride! Personal hygiene and grooming conveys a professional image.

Do you work at IH? Prove it. Wear your ID at all times in IH sites.
BE SMART WITH YOUR SMART PHONE

The convenience of text messaging and emailing, as well as taking and sharing photos, makes smart phones one of the most popular technologies around. It seems nearly everyone has a smart phone, including Interior Health employees and the patients that come into our facilities.

There are instances in which IH-issued and personal smart phones are used for work purposes, to improve communication and to be more efficient. However, it’s important to remember our obligations under the Freedom of Information & Protection of Privacy Act to protect personal information.

Being smart with your smart phone is one of the major themes in this year’s Privacy and Security Awareness Week. Take a moment to answer the true and false questions and test your IH smart phone knowledge.

The sample scenarios outlined here are not inclusive of all that may or may not occur with smart phone use by IH employees, patients, or the public. Visit the Information Privacy & Security web page for more information on how to be smart with your smart phone.

Short videos on taking photos in public and private areas of IH facilities are also available on the IH YouTube channel (Health-Care Professionals playlist).

1. It is okay for an IH employee to take a photo of a patient without their consent.
   **FALSE!** IH staff should never take photos of patients without prior explicit consent from the patient. Read more video and photography privacy and security tips.

2. It is okay to text message personal and confidential information about a patient from an IH-issued smart phone.
   **FALSE!** Text messaging personal health information from a personal or IH-issued smart phone is not permitted for any reason because there is no way to secure the information during transmission. Read more email and text messaging privacy and security tips.

3. An IH employee can use their personal smart phone to access IH email, even if a Smart Phone Agreement is not signed.
   **TRUE!** You can access your IH webmail email account from your personal smart phone. However, for any other work purposes, a Personal Smart Phone Agreement must be signed. Read more smart phone privacy and security tips.

4. An IH employee using their personal smart phone to confirm a patient’s appointment time is allowed.
   **FALSE!** Texting patients/clients from your personal smart phone, under any circumstance, is not permitted. Your personal smart phone can only be used for limited work purposes (e.g. accessing IH email via webmail) unless you have filled out and submitted a Personal Smart Phone Agreement. For more information, read the privacy and security tips for IH-issued versus personal smart phones.

L-R: Jay Martens, Systems Analyst; Jim Craigie, User Access Clerk; and Seth Turgay, Junior Access Analyst, reminding you to Th!nk Privacy and use your smart phone wisely.
While the learning curve for any profession can be steep, students in the UBC Faculty of Medicine’s MD Undergraduate Program have a particularly challenging incline. But thanks in part to staff and physicians at hospitals throughout Interior Health, many students, such as third-year medical student Dianne Valenzuela, are thriving under the pressure.

The 26-year-old is currently completing her clinical rotations at Kelowna General Hospital (KGH). She and her classmates are the part of the inaugural class of the Southern Medical Program (SMP) based at the Okanagan campus, now in its third year of operation.

In partnership with IH, the program delivers clinical training at Kelowna General, Vernon Jubilee, Royal Inland, and Kootenay Boundary hospitals, as well as other hospitals and clinics in the region.

“I never thought I was going to grow up and become a doctor,” Dianne says. “I thought I might become a teacher. But I liked learning and challenging myself, and thought of health as vital for a person to enjoy life to its fullest. So I ended up applying to the Faculty of Medicine.”

In September 2011, she entered medical school. Although she initially leaned towards completing her studies in Vancouver, her home, Dianne has settled nicely into the smaller community of Kelowna and the bustling routine that accompanies medical school. Last September, she joined 23 other students in starting her third year at KGH.

“I’m so happy that I am training in Kelowna,” Dianne says. “It is a great city and the doctors who are teaching us are highly enthusiastic about the program. All of our facilities on campus and in the hospital are brand new and lend themselves well for learning.”

She says the SMP provides great learning opportunities and lots of chances for one-on-one interaction with her instructors, or preceptors.

“Almost everybody knows you by name because it is a smaller program. We do our clinical rotation in third year at one hospital and you get to know your preceptors very well. I don’t feel like a number.”

After Dianne earns her MD degree, she will spend several more years completing a residency program in a specialty of her choosing. But graduation is her next biggest challenge, and as she continues her rotations in Kelowna and the rest of the province, the young doctor-in-training acknowledges that a passion for medicine has been ignited.

“Being in medicine is such a privilege,” she says. “The patients you encounter are at a vulnerable time in their lives and yet there is a certain level of trust that they give you. So I think it is my role as a medical student to do the best I can to learn well and eventually be of service to them as their future physician.”

Story excerpts from Everybody Knows Your Name, by Patty Wellborn. Photo credit: Darren Hull. For more on UBC student Dianne Valenzuela’s story, visit ourstories.ok.ubc.ca.
MAKE ROAD SAFETY A PRIORITY

The Interior Health region has the highest rates of road deaths and hospitalizations in the province. Who is most at risk? What can you do to make our roads safer? Read the road safety report to find out.
When Mary Pepper-Smith started her new job as Manager of Health Records at Kelowna General Hospital, she wanted staff to know she was committed to creating an engaged workplace.

And she also wanted to have some fun with the exercise, tying it into the department’s Gallup survey results—so she presented each person with a candy engagement ring.

"I had to give something of myself. I was the newbie. I had to allow the staff to get to know me and I wanted to know each one of them. Then we could establish a relationship and build trust, which would drive us to become a more cohesive team."

Along with the ring, she gave them an IH Engagement and Wellness bookmark. This began the process of creating an engaged workplace together.

Mary and two staff members, Karen Gagnon and Maria Almusa, presented their department’s team-building efforts at the first Engaging Stories session of 2014, a quarterly education series offered via webinar and sponsored by the Engagement Team from Transformation, Innovation, and Change.

The forum provides managers and their teams an opportunity to share and learn about examples of good work, which may be useful in their own work areas.

Karen talked about her discovery that team building can be “hokey,” but also fun and uplifting. A bit of praise or personal recognition can be a road out of a workplace with low morale to one where people feel valued by one another.

"First, we held a meeting where we came together as a department to put forth ideas and develop our action plan with a focus on encouragement from each other and/or recognition to the team as a whole,” says Mary.

That plan addressed their lowest Gallup scores: In the last seven days, I have received recognition or praise for doing good work; and In the last six months, someone at work has talked to me about my progress. Then she organized the department’s inaugural Gallup Awards where anyone could nominate someone through a nomination box.

"I was uncomfortable with the process,” Karen admits. "I thought only certain individuals would be nominated and recognized, when everyone works very hard and has his or her style.”
On awards day, however, she realized that Mary had ensured everyone was nominated in the department for something.

“It was actually a teary moment,” Karen recalls. “I was pleasantly surprised. In the past, only a couple of people would have been recognized and that hurts staff morale when any accomplishment takes the talents of the full team.”

Mary said she is well aware that awards are not a substitution for connecting with staff or them with her.

“That won’t build trust or solve low morale on its own. This was intended to be an enjoyable event.”

Health Records holds regular theme days such as Tropical Day with tropical food, Valentine’s Day with red food, St. Patrick’s Day with green food – oh, did we mention, food is almost always involved.

The engagement group also set up a whiteboard where people can write inspirational or humorous sayings, or make note of special announcements such as birthdays or anniversaries. Occasionally, someone writes a negative remark, but a colleague is first to remove it.

Maria took the initiative to develop a monthly inter-departmental email, which includes a tip of the month and good news story about a staff member or department work.

The group’s next effort will be a one-minute video to inform staff and patients about what happens in Health Records and how that work supports patients.

During the same May teleconference, an MHSU team outlined its efforts to adopt the principles of Appreciative Inquiry at its Kamloops site. Read that story in the CIHS Update newsletter, p. 3, Appreciation Helps Create Healthy Workplace. An Appreciative Inquiry YouTube video is also available.

Health Records staff show off the candy rings presented to them by their manager, Mary Pepper-Smith.
Ah yes... the warm weather is finally here! It’s time to head out to the parks, patios, and playgrounds to enjoy the sunshine and fresh air.

Interior Health’s Tobacco Reduction Team has been working hard to make sure the air we breathe is fresh and free of hazardous tobacco smoke, and their work is paying off as communities across IH embrace smoke-free outdoor spaces.

The dangers of indoor, second-hand smoke are well-known but you may be surprised to know that outdoor concentrations of tobacco smoke can be as high as levels found indoors.

“Second-hand smoke is a Class A carcinogen. There really is no safe level of exposure to second-hand smoke inside or outside,” says Jeff Conners, Tobacco Reduction Coordinator.

“That’s one of the reasons why we are partnering with local governments to help make communities healthier by restricting smoking in outdoor spaces where people gather like playgrounds, parks, beaches, entertainment venues, outdoor markets, and patios.”

While smoking rates have been steadily declining over the last few decades, tobacco still kills more people every year than all illegal drugs, suicides, homicides, and car accidents combined. One of the most effective ways communities can reduce the harm of cigarettes is to limit their use in public areas.

Smoke-free outdoor public places have many benefits above and beyond reducing exposure to second-hand smoke. They help create a culture where smoking is not seen as normal and that contributes to lower smoking rates.

Smoke-free public places also provide a supportive environment for those who want to quit smoking and they help protect the environment by reducing toxic litter and lowering the risk of forest fires – something with which our region is very familiar.

Support for smoke-free environments is on the rise. So far, more than 30 communities in B.C. have enacted restrictions on smoking in parks and on beaches, joining hundreds more across North America.

“Local governments and the public at large really see the value in protecting children from second-hand smoke and...
they also see the importance of modeling smoke-free behaviour,” says Jeff. “Even current smokers can get behind these policies and bylaws because they don’t want to see the next generation grow up to be smokers.”

Collaboration with community partners is the key to this growing trend. The Tobacco Reduction Team has worked closely with Interior Health’s community health facilitators, the Canadian Cancer Society, BC Cancer Agency, BC Lung Association, and the Heart and Stroke Foundation of BC and Yukon to form Smoke-Free Coalitions.

Coalitions present to municipal councils, advise on bylaw language, and provide resources and lessons learned from other communities. Presentations have recently occurred in Sparwood, Rossland, Cranbrook, Nelson, Lumby, Princeton, Kamloops, Ashcroft, Fernie, and Creston, as well as at the Association of Kootenay and Boundary Local Governments Conference.

To find out about the smoke-free bylaws in your area, check your community’s website. If you would like to know more about smoke-free living or want help strengthen local smoke-free bylaws, the Interior Health Tobacco Reduction Team would love to hear from you. They can be reached through our website at www.interiorhealth.ca/AboutUs/ContactUs.

**SMOKE-FREE OUTDOORS IS CATCHING ON!**

IH communities with smoke-free outdoor bylaws:
- Kelowna
- Nakusp
- Osoyoos
- Penticton
- Regional District of Central Okanagan
- Revelstoke
- Salmon Arm
- Sicamous

**KEEP BUTTS OFF OUR PARKS AND PLAYGROUNDS**
Healthy Community

The City of Nelson has a partnership agreement with Interior Health to work collaboratively on creating supportive environments for health and addressing chronic disease risk factors. To this end, the City of Nelson and Interior Health recently started working in partnership on both a food security asset mapping project and a poverty reduction plan. The City of Nelson also has a robust Active Transportation Plan (2010) and an Affordable Housing Strategy (2010), which are both excellent policy and planning documents that have the power to increase population health.

In our own words...

“Come the warm days of spring, summer, or fall, I just enjoy hopping on my bike, riding to work, and arriving there invigorated to start the work day. On my way home – what should I do? Shall I go by the boathouse and put the kayak in the lake for a short paddle or ride along Baker Street to stock up on local delicacies or organic produce? Oh yeah, it’s Friday afternoon, I could stop into the local wine store and taste a little red or white wine before deciding on a bottle. Then home to get ready for dinner out at one of the many fine dining establishments before heading to an art show, music event, or theatre production. And in winter, with it’s crisp cold snowy days that blanket the ground in white, I can head to the slopes to ski, snowshoe, or go to the recreation centre for a workout. Maybe I should stay home warm in front of a fire watching the snow fall on the cedars. So much to do. So many wonders that speak to my heart ... I love living here! – Anne Marie Doig, RN, Kootenay Lake Hospital

Population: Approx. 27,000
Health Services: Kootenay Lake Hospital, Nelson Health Centre, Nelson Mental Health, Nelson Health Protection Office, as well as community and residential programs and services.
Economy: Tourism, retail trade, health, education and social services, forestry, and mining.
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 Kamloops, Princeton, Merritt, and Shuswap.

Submit your photos of the beautiful places that make up IH: InsideNetWebmaster@interiorhealth.ca
It was a sweet day at the Kamloops Transplant Clinic when local transplant patients and volunteers dropped in to deliver fudge as a show of gratitude for the clinic’s nurses. The event, organized by BC Transplant, was in celebration of Nurses Week, and this was just one of several deliveries occurring throughout the province. Here, Arlene McClintock and Tina Rebs of the Kamloops Transplant Clinic (centre L and R) are flanked by (L-R) Kennedie Maidment, Maurice Parobec, Glenn Ferro, and Edna Humphreys.

Following a special Grand Rounds presentation with guest Dr. Andrew Demchuk on May 14, members of the stroke team at KGH were invited to gather for a celebration on the new dedicated unit. Pictured right: Noreen Spanell (KGH Stroke/TIA Clinic Nurse), Denise Trussler (Staff Development Educator), Sherry Belanger (Patient Care Coordinator, KGH 6W and Stroke Unit), and Dr. John Falconer, Neurologist and KGH Stroke Lead.

There were no shortage of life jackets in Interior Health worksites on May 16 after Promotion and Prevention put out a call to help promote a water safety message by wearing their life jackets to work. Wear Your Life Jacket to Work Day was part of the Safe Boating Council’s Wear It! safety campaign. At Kiro Wellness Centre, (L-R) Amanda Ames, Val Pitman, and Caitlin Baron show off their life jackets. Check out other photos on IH’s Facebook Page.
The IH West Quality and RIH Infection Control teams got creative to celebrate hand hygiene awareness during the month of May. Among the activities was a “frozen flash mob” in the cafeteria, with staff and managers freezing in appropriate hand washing poses for the duration of a song to raise awareness about the importance of good hand hygiene.

Pat Wand (R), a regular donor to the South Okanagan Similkameen Medical Foundation, dropped by during Penticton’s Radiothon on May 1 to make a cash donation and drop off her regular load of stuffies for pediatric patients. Here Pat poses with Foundation Executive Director Janice Perrino. This year’s Sun FM/EZ Rock Have a Heart Radiothon raised close to $90,000.

Registered Nurses Janet Ziebart (L) and Sam Dhaliwal and are two team members from Kamloops Health Services for Community Living who participated in a community Transition Fair for youth with developmental disabilities and their families on April 7. The youth were able to meet with various service providers and learn about programs available to them as they transition into the adult world. The fair is an annual event that draws many participants.
Look, listen, be close.

Active adult supervision is key to preventing child drownings.

Interior Health