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Every person matters
A T-shirt being worn by people fighting the war on opioids may stop you in your tracks. It reads “Nice People Take Drugs” and it makes a great point. We have to change the way we view addiction.

Addiction is not confined to one population or one type of person. It is a disease as cancer is a disease. Yet people often express shock at the loss of a community member to a drug overdose by saying “but she came from such a wonderful family.” Would we ever say that about a person dying of cancer? Unfortunately, having a great family doesn’t protect a person from getting sick.

At Interior Health, we are adding to the tools of people working in the area of addiction. I hope you will take the time to read the story on page 6, including statements from participants. We need to educate ourselves, our families, and our neighbours to end the stigma toward people who suffer from an addiction.

The new government has a mandate to focus intently on the opioid crisis and has introduced the Ministry of Mental Health and Addictions to lead the battle. As well, the health minister has added new people to the Interior Health Board of Directors who have medical backgrounds that will assist us in implementing the government’s priorities.

We are fortunate to get three new members with experience in health care. Our new board chair, Dr. Doug Cochrane of West Kelowna, is a pediatric neurosurgeon who also chairs the BC Patient Safety & Quality Council. Our new directors are Dr. Selena Lawrie who is a family physician from Kamloops and Cindy Stewart of Vernon who is a physiotherapist.

I’m excited about all three additions and their varied expertise. I encourage you to read their full bios to learn more about what they bring to our board.

Our emphasis on changing the health-care system to be truly patient focused through team-based care is evident in a number of ongoing projects within IH. One of them is the electronic medical record system, Profile, being customized for our seniors health and wellness centres in Kelowna and Kamloops. This technology is essential for team-based care and will make a big difference for patients in developing shared-care plans. Read more on page 12.

We also continue to improve our relationship with Aboriginal partners – area bands, the First Nations Health Authority – through collaborations such as the First Nations Remote Meditech Access Project. This project allows us to share relevant health information from a patient’s Meditech chart. With patient permission, it goes to the health-care providers in his or her home community, so they know what ongoing supports are needed. To date, response has been positive.

In the area of palliative care, we’ve been focused on increasing numbers of designated hospice beds in acute and residential settings, most recently in the Kootenay Boundary. As well, we’ve been supporting clinical palliative capacity with special education offered by physician and nurse co-facilitators. How we care for people at the end of their lives reflects what kind of a society we live in. In Interior Health, we want that to be compassionate from birth to final days.

As we continue with the busy fall period ahead, I want to remind you all to take care of yourselves. Get your vacations in and find some time to enjoy the crisp outdoors. Sleep, exercise, and proper food are the recipe for good health. It’s a lesson passed on by generations and it never changes.
An important reminder from (L-R) Regional Harm Reduction Coordinators Kate Fish and Jessica Bridgeman, and MHSU Regional Knowledge Coordinator Jacqueline Mackinnon, who work to counter stigma and discrimination towards people who use drugs every day.

Education and support for #StopOverdose heroes
early 200 Interior Health staff and community partners across our region have received training to build knowledge, competency, and skill that supports their work in responding to the overdose crisis.

The two-day training covered important information on working in overdose response, core harm reduction principles, trauma-informed practice, and the new opioid treatment guidelines. Participants were also provided with information and support to address the psychological and emotional impact of working in a long-term crisis situation that for many has involved the loss of clients and patients.

A significant part of the IH overdose response involves making sure that naloxone is available in every emergency department, health centre, and mental health and substance use office across Interior Health as well as a number of community and contracted agencies.

“Overdoses have been happening at a high rate across our region. In order to respond to the scope of this crisis, staff who don't typically work in harm reduction or substance use have been called upon to support this important work,” says Kate Fish, Regional Harm Reduction Coordinator. “We wanted to make sure that everyone had the core skills necessary to do this work and also take care of themselves.”

Those attending the training included Interior Health public health, acute, and community-based nurses; social workers; mental health and substance use clinicians; First Nations partners; and contracted agency staff.

“One of our main goals was to increase the knowledge and confidence of participants working from a harm reduction perspective, which includes knowledge about Opioid Agonist Treatment (OAT). We were lucky enough to have Dr. Leslie Lappalainen, Medical Lead for Addiction Medicine for IH, present at each training session to provide best practice information on treatment of opioid use disorder,” says Jessica Bridgeman, Regional Harm Reduction Coordinator.

One of the activities involved asking staff to take a moment to write on a paper flag how the emergency has impacted them. Those who wished to share spoke openly in the group about the losses they experienced, and their own pain, anger, and frustration with the stigma that continues to create barriers. People also shared stories of hope and moments when they knew they had made a difference. The flags were hung around the room for all to see and reflect on.

“It was an impactful activity. It was an opportunity for participants to reflect on their experience and remember those they have lost to overdose. It was powerful and sad, but also therapeutic and motivating,” adds Kate. “We knew we had to bring people together in order to have a real impact. Something powerful happens when you bring passionate, dedicated people together to learn and reflect on experiences.”

“These people are all heroes who continue to work in an emergency situation that is showing no sign of ending soon,” adds Jacqueline Mackinnon, Regional Knowledge Coordinator for Mental Health and Substance Use. “It is absolutely essential that they also take care of themselves. Burn out and compassion fatigue are real risks for anyone on the front lines of this crisis. By giving people the chance to meet others doing similar work, and to share experiences, we are also helping them to take care of themselves.”

Some of the comments on the flags were:

- "We are all the solution to this crisis. Let’s do this."
- "I would like to have done more. I will do more."
- "To all the beautiful people I have worked with who have been living with immeasurable pain from horrors, hurts, and abuses of their childhood. It makes all the sense in the world that you feel drawn to numb your pain!"
- "It’s hard to keep going. He was alive and out there in the world two hours ago and now just gone."
- "No one is born wanting to one day become a person affected by drug use. You are loved. These are all people who are: mothers, fathers, daughters, sons, friends, cousins, partners, lovers."
- "GRATEFUL!!! To work with a group of people who are committed to saving lives!!!"

Participants in the workshop learned about how to prevent, identify, and manage burn out, vicarious trauma, and compassion fatigue while fostering resiliency. If you would like more information on these topics and self-care visit the i-Learn Learning Catalogue (1564-1570). Staff looking for support can also contact the Employee & Family Assistance Program.

Keep an eye on the IH Facebook page to learn more about the incredible and passionate #StopOverdose heroes whose work is helping save lives.

See page 8 and 9 for photos of workshop participants showing off their flags in Kamloops, Nelson, Cranbrook, Vernon, and Kelowna.
#StopOverdose heroes across IH

Kamloops

Nelson
Employee flu clinics
OCT. 16 TO NOV. 6

2 things to remember

Self-report your influenza immunization or decision to mask at influenzareporting.org
problem worth a DRESSING?

Ordering advanced wound or ostomy products? See standard inventory lists.

InsideNet > Clinical Care Resources > Skin & Wound Care
Excitement is building at Interior Health’s two seniors health and wellness centres over an electronic medical record that will give life to the term integrated team-based care.

The stumbling block for clinicians who work with the same patient at different times is knowing who has done what and when. Keeping track of all their appointments is also not simple for the patient, especially those who may feel overwhelmed by their medical information.

At the seniors health and wellness centres in Kamloops and Kelowna, teams are working with frail elders with complex medical conditions. A person with Parkinson’s disease may see a geriatrician, a social worker, a physiotherapist, and an occupational therapist at various times.

That means many appointments with a lot of reporting out to be shared with several team members involved with that one patient. Currently, those reports go in a paper folder housed in a central location, often far away from a clinician’s desk. Appointments are in a single clinician’s calendar, which only the medical office assistant can access. Also troublesome is that sometimes reports go missing as many hands handle the file.

Enter Intrahealth Canada Profile, the electronic medical record system that when fully implemented will collect patient information, manage schedules, house reports, and track work flow in one single computer file so every clinician will know what’s going on with the patients they see. They will access all that detail from their desk with one click of a computer mouse.

Shane Wells, Interior Health Program Systems Analyst, is the project manager overseeing the implementation of Profile at the centres.

“When you are asking a single team to work together, one of our key requests is that all members of the team document in the same application. This is what Profile will do for these teams.”

He says Profile is not new to Interior Health. It has been in place at IH-supported primary care practices for about 10 years and primarily involves physicians and nurse practitioners. What’s new is bringing both primary and community care health professionals together under one EMR.

“At the new centres, services are being blended so community clinicians are working hand-in-hand with physicians to provide care and to build a care plan together for each patient.”

Shane notes that Profile offers capabilities that are not available on Meditech, which is Interior Health’s central clinical record that supports acute, residential, and community program areas. It’s a good electronic medical record for IH staff, but not suitable to support the workflow of physicians and nurse practitioners in primary care practice. Profile allows the two groups to interact on that single system.

Brandy Antle, Kelowna’s SHWC Manager, says the team is easing into Profile as all members learn the system. Currently, they are putting each patient referral into Profile and scheduling appointments. Actual documenting directly into Profile will come this month.

“In Kamloops, Program Co-ordinator Julie Wade is also looking forward to Profile’s go-live date, tentatively set for Oct. 30.

“Profile is great to navigate. We’ve been using it from a scheduling perspective for some time and any one of us will know who is coming into the clinic on a glance.”

Julie says there are about 14 people on the Kamloops SHWC team and they will be able to know everything that is happening with their patient up to the moment.

“We will be able to go into a patient chart and see exactly what’s been happening in a sequence of events. We won’t have to go searching for information.

“I see real potential with Profile to support our patients. Paper charts, which is what we are currently doing, can get unruly, particularly when many different people are handling it. With Profile, any one of the clinicians can open up a client’s file and all the information is right there.”
We will see who a patient has seen, when, and what was covered. We’re really excited to get fully on board.”

Brandy and Julie, as well as Shane, know there will be a learning curve for all team members, but they don’t expect it to be a difficult transition for even those people who are used to paper charts.

“There is an intuitive flow with Profile,” says Julie. As well, Shane’s IMIT team will continue to provide hands-on support as it rolls out at each centre.

The man leading the transformation of primary and community care in Interior Health is also looking forward to the full implementation of Profile where teams are working together on full patient caseloads.

“The implementation of Profile in the seniors health and wellness centre allows us to create an environment that supports team-based care through a team approach to electronic documentation,” says PCCT Executive Director Jason Giesbrecht.

“One of the key attributes of Profile is the ability to provide a shared-care plan where all members of the team contribute to the client’s care plan, versus having individual care plans developed by care team members in isolation and in separate locations.”

Dr. Curtis Bell, Executive Medical Director for Primary and Community Care, says another advantage of the teams working on Profile will be the ability to send comprehensive and amalgamated reports from the electronic medical record directly to the referring physician. That is not happening yet, but is a next step for the centres and one that will be welcomed by the physicians and the SHWC teams.
Are you at risk?

All managers and staff who interact with patients, or who come into contact with biological agents (e.g., bodily fluids and infectious diseases), must complete two, 20-minute modules in i-Learn (courses 1634 & 1635) by Dec. 15, 2017.
Life is funny sometimes.

Tom Robins began his career as a paramedic in Keremeos in 1997. From there, various moves led him to Osoyoos, Fort St. John, Kamloops, and Kelowna. But he jumped at the opportunity to return to Keremeos in the newly established community paramedic role.

He now works part-time as a community paramedic, while retaining a part-time position as an emergency response paramedic.

Tom says the return to the quaint village, nestled within the Similkameen river valley, has been a great move for him and his family.

“My wife is from Keremeos and all her family is here,” he says. “Because of the community paramedic role, I no longer have to be on call 24/7 to support my family, but I’m still here supporting the community.”

“I like the fact that this new role includes more personal contact with clients. I have more time to get to know them, understand their needs, and help them become more comfortable with the health-care process.”

No two clients are the same, he says. “They are all different. One may be struggling to control their blood pressure, while another may need help knowing how to use their inhaler properly. I’ve got one client that had frequent breathing issues. Now, after getting to know him and helping him recognize triggers and understand when he needs to call an ambulance, I can see it’s definitely making an improvement in his life and his wife’s life.”

Community Paramedicine is being introduced across the province by BC Emergency Health Services and its program partners, including Interior Health. It is intended primarily for rural and remote communities that are sometimes underserved and have aging populations living with chronic and complex diseases. The program objectives are to help stabilize paramedic staffing in these communities, and bridge health service delivery gaps identified in collaboration with local health-care teams.

“Community paramedics are a great addition to the local teams, and support our rural areas. What we learned from pilot communities Creston and Princeton, is that the paramedics have been able to identify future home health clients,” says Kootenay Boundary Health Services Administrator Cheryl Whittleton. “As part of their emergency roles they have been responding to homes for calls such as falls. Now they can refer them into the system sooner. Often folks get referred to Home Health when they have to go to the hospital, not realizing that Home Health services could have prevented the admission. And in my community of Edgewood we have ambulance service again, after a service interruption of a few years!”

In the first eight months of 2017, 1,056 Community Paramedicine services were delivered in 16 communities in Interior Health. These include the two prototype communities (Creston and Princeton) and the 14 in which community paramedics began working in May 2017.

Since the start of the Community Paramedicine Initiative in 2016, 129 “unique” patients in Interior Health communities have been seen by community paramedics.

The 16 IH communities with the new service are: New Denver, Alexis Creek, Edgewood, Elkford, Sparwood, Field, Golden, Keremeos, Kaslo, Riondel, Salmo, Winlaw, Greenwood, Midway, Anahim Lake, Creston, and Princeton.

The community paramedics for Phase 2 of the initiative began their orientation on July 17 and will be providing services in their communities starting the week of Oct. 23.

Although new, so far the program has received great feedback.

“A lot of people are really happy with the service,” Tom says. “They know we are local and we have the community’s best interest at heart. They like the one-on-one care.”

WIN WIN for rural care
New face of security

Rory Helgesen, one of two client service ambassadors (CSAs) at Kelowna General Hospital, says if they notice someone becoming agitated, they approach and provide whatever help they can.
At the heart of the new client service ambassador role is the desire and ability to help people – whatever form that may take.

On Christian Schlegel’s first day of training in the Kelowna General Hospital Emergency Department, he noticed an elderly patient in some distress. Her nurses were having difficulty communicating with her and she was becoming increasingly upset as she lay on her stretcher. Christian’s ears perked up when he heard her speaking German.

“I speak German so I asked if I could assist and spoke with her. She told me the position she was in was causing a lot of pain in her hip but she wasn’t able to move herself,” he recalls.

Other examples of the client service ambassadors at work include making their way through the waiting rooms and emergency department, providing warm blankets to those in the waiting area, or simply making conversation to keep a patient’s fear at bay so they stay calm.

These may seem like small things, but they make a big difference in mitigating stressful situations that could otherwise escalate into violence.

The program is a partnership between the hospitals, Protection Services, Workplace Health and Safety, and Paladin Security. Although client service ambassadors are security employees with all the training that entails, plus additional education such as behavioural intervention training, their role differs. They focus on mitigating violence and aggression through customer service and proactive engagement; they are more casually dressed; and they are integrated with the emergency department team, helping them build a strong rapport with staff and patients alike. They attempt to defuse a situation before it escalates to the point that a full security team, or even police, are required.

The new approach seems to be working.

“We have had great feedback from staff and physicians, family members, patients – we have already heard a lot of positive remarks and been copied on many thank you notes from patients and family members,” reports Andrew Pattison, Interior Health’s Manager of Protection, Parking, and Fleet Services.

“No two shifts are alike, and most of our successes we’ll never know about, because if we successfully de-escalate a situation, we won’t know what might have otherwise happened,” says Kelowna Client Service Ambassador Rory Helgesen. “Security is really about information. The information flow between staff and security has improved. We participate in rounds, walk through the waiting room, and observe and evaluate from a security point of view how patients are doing. We advise staff if someone is in medical distress, and if we notice someone is becoming agitated, we approach and provide any service we can. Hopefully this de-escalates the patient but, if not, we advise the rest of the security team.”

The Client Service Ambassador Program has been introduced in Kelowna, Kamloops, and Vernon hospitals – Interior Health’s three busiest emergency departments. An evaluation of the program will be completed in the coming months.
@IH: What is your role in IH and why is it important?
I work as a Registered Nurse in the Emergency Department of the Elkford Health Centre – taking care of ED patients as well as home care clients. We don’t just treat people in the moment; we also identify those clients in need of followup so that they get the care they need.

We are located in a mining community – we get a lot of cases from the mines with various injuries and we also see a lot of cardiac patients. We can’t always provide the care here in Elkford, so we seek help from other hospitals, from other facilities, so that patients get the follow-up care they need.

@IH: What is the most interesting or rewarding part of the work you do?
I think having people come back to the facility and thanking you for helping them. There’s nothing better than that for me. They say I am better now and that’s what makes me want to wake up every day and go back to work.

Locally, we have a great team of doctors and we liaise with other facilities in Fernie, Cranbrook, Kelowna, and Calgary. We have a great working relationship with all these facilities. We also have the High Acuity Response Team and we work really well with them, and sometimes patients need air transport and we work well with those teams as well.

@IH: Why is Elkford a good place to work?
I came here about 15 years ago from Zambia. It was a big change, but a good change. In the wintertime I walk to work and in the summer I bike. I can be at work in five minutes. It’s a lovely community – patients see you and greet you by name. That makes you feel accepted and needed in the community.

@IH: Any highlights of your time with Interior Health?
When I got my 10-year pin for long-term service, and every time someone comes back to say, “Thank you, you helped me,” is a highlight for me.

@IH: What is the best part of working and living in Elkford?
We have a great, great working relationship with everybody, from those at the front – the administrative staff – to lab and support departments to public health. We have an amazing group of workers. When something is going on, everybody comes together to help – from bringing in extra staff to getting help with checking on the status of the ambulance.

It’s beautiful, the outdoors are great. The social aspect is great and we have great camping, trails, and skiing. We have a small ski hill for those who don’t want to travel to Fernie. If anybody is looking for a place to work, I would highly recommend Elkford.
Elkford Health Centre

Stats gathered from 2016-2017 data. Nominate a colleague, manager, or site for a future spotlight.

7,200
Physician clinic visits per year

5 Part-time physicians

1,200
Emergency department visits per year

2,600
Outpatient lab visits per year

15 Total staff
Where we live & work.
On Sept. 29, Debbie Cosgrove-Swan retired as an Infection Control Practitioner at Royal Inland Hospital (RIH), Ponderosa Residential Care, and Logan Lake facilities. This concluded a 43-year-long career in healthcare for Debbie, 26 years of which were spent at RIH. In the photo: Debbie, known as the Infection Control Queen (seated centre), is surrounded by her princes and princesses from the RIH Housekeeping Department. Read the full story In The Loop.

Staff help create Canada150 Mosaic

To celebrate Canada’s 150th birthday, Kelowna’s official Canada150 mosaic mural was installed and unveiled at the Community Health & Services Centre (CHSC) located in downtown Kelowna. Approximately 300 people made this mural come to life and included Mayor Norm Letnick, MLA Colin Basran, IH’s President and CEO Chris Mazurkewich, community members, and IH staff. Thank you to everyone who shared a little piece of what Kelowna means to them to help create such a beautiful mural for the public to enjoy.

Capital Planning Communication Consultant Haley Allen points out her tile in the complete project. Read the full story In The Loop.

Positive outcomes from community collaboration

Recently in the East Kootenay, a group of IH employees, community service providers, and government advocates worked together to resolve a complicated and challenging care dilemma involving multiple clients. The process and successful outcome demonstrated both collaboration and innovation within the workplace. Read the full story In The Loop.

Back row L-R: Cathy Hall, Nancy Warkentin, KayLynn Zhukovsky, and Jon Kittle. Front row L-R: Chris Pearce, Margaret Laidlaw, and Susie Mayson. Missing: Diana Zmijak; Shannon Fridleifson, and Brandon Arnett.
Change Day BC is coming

Change Day BC is happening on Nov. 17! Join the movement to drive change and improvement in the health system. Change Day is a celebration of the power of any person — patients, caregivers, health-care providers, students, volunteers — to have a positive impact on the health system.

Watch this video to learn more or visit ChangeDayBC.ca.

The flu, don’t pass it on!

Have YOU gotten your flu shot? The influenza virus is highly contagious and each year up to seven million Canadians get influenza. Protect yourself and those around you by getting your flu shot today.

A unique art expo

With its grand opening in Kelowna in June this year, the Breastfeeding Art Expo kicked off a year-long celebration of community, art, and breastfeeding. This partnership between Interior Health and KCR Community Resources will see the expo travel to six communities across our region until June 2018.

Visit breastfeedingartexpo.ca for more details.
Vacation Planning
Plan ahead to avoid vacation conflicts