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On the cover: Tammy Cameron (L) was joined by her mom, Arlyn, when she received her 25-year pin at this year’s Long Term Service Awards. Story p. 8.
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Interior Health
Every person matters
In the two years I have been back with Interior Health as CEO, there are many highlights and achievements that make me proud to be a part of the IH team. Through our work, we are continuously improving patient care and progressing on our quality journey. Every day, I am amazed by what is accomplished and the difference it makes in so many lives. The credit goes to all of you for the part you play – every person matters.

A theme that stands out for me, especially for 2017, is resiliency. I have seen countless examples of how we continue to move forward regardless of what is put in front of us. And we're stronger for it – learning and growing along the way.

The past year offered up a number of opportunities to test our resilience as we shifted our energy and focus when needed, and as external pressures and situations required us to.

We dedicated great effort to meet WorkSafeBC requirements, so that we're working in safer, healthier environments. Violence prevention, biological exposure control, and hazard assessments for Home Health were key areas of focus in 2017 and will continue to be areas we are always improving on.

The stories from staff and physicians who are champions for violence prevention training resonated for me as real-life examples of resiliency and why taking action to prevent these situations is so important for all of us. It's one of the ways we are embedding a culture of safety in IH, in everything we do, every day – and we all own that as part of our daily practice.

We faced natural disasters – flooding and wildfires – that were some of the worst in IH history and that tested our emergency response like never before. I am still in awe of how we came together with partners across the province to face these challenges and find innovative ways to get things done. The physical and psychological recovery from these events, especially the fires that led to extended evacuations of our communities in the Cariboo-Chilcotin, will take a long time. But I am confident the human spirit will once again prove strong and resilient.

The perspectives and personal stories we heard throughout the wildfire crisis, many of which were included in our special edition of the @IH magazine in September, have stayed with me. They showcase how the best in people comes out in the most challenging times and how we persist in the face of setbacks, finding lessons and inspiration from others – that's resilience.

We continued to battle the opioid crisis in a big way throughout 2017. The introduction of supervised consumption service in Kamloops and Kelowna marked a milestone for us. That, along with enhanced overdose surveillance data, expansion of the Take Home Naloxone program, harm reduction services, and opioid substitution therapy, has helped save hundreds of lives and provided necessary supports and services to those in need.

The teamwork and effort on the overdose emergency response has been tremendous. For me, the compassion and support from staff and physicians working on the front lines, our #StopOverdose HEROES, stands out. Being resilient is a necessary part of their job. To support those working in all areas of overdose response, we've invested in training to provide the core skills needed for this work, as well as address the psychological impact of a long-term crisis situation that has involved the loss of clients and patients. It's about helping them take care of their own health, too.

And that is an important message for every one of us working in health care – at this time of year and always. To be resilient, we need to look after ourselves individually, both mentally and physically, so we can offer our best at home and work. That means taking time away to recharge in whichever way works for you. I hope this holiday season will allow you some of that.

Wishing you and yours happiness and health – and all the very best for 2018!
Well WISE
Wellness wisdom for work

Tools to address the growing number of employees experiencing mental illness.

Interior Health
Every person matters

Watch the Case for the Mentally Healthy Workplace LifeSpeak Video for more wisdom
* sign in to the IH Corporate Account with the ID name: wellness
Victoria resident Wally Hop Wo pulled up in front of the cabin outside Nimpo Lake, preparing to pack up after four days of deer hunting. His plan for the evening was a trip into Bella Coola to visit relatives. What actually happened was much different.

When Wally stopped his truck, he suddenly felt dizzy and his arm was tingling.

"I opened the door but I couldn't get out, so I sat there for a few minutes. Eventually, I managed to get out and around to the tailgate, but my arm kept tingling, my head was spinning, and by now my words were slurring."

"My brother-in-law saw me and I guess he knows the symptoms of stroke because he drove me right to the Anahim Lake nursing station."

That's what Wally, 70, a retired millwright, remembers as he reflects back to Friday, Oct. 27. (He spoke to us by telephone several days later from the neuro rehab ward at Victoria General Hospital.)

Brother-in-law Carl Harestad, though, chastises himself in the clarity of hindsight, saying it took him about five minutes to realize Wally was having a stroke.

"He threw me off a bit because his symptoms cleared up. I was kind of in denial, too, because he's such a healthy guy, but when he started having trouble talking again, we headed to the clinic."

That's when things kicked into high gear and, fortunately for Wally, everybody from the agency nurses at the nursing station to the neurologist in Kelowna directing his care – and all the players in between – did everything right.

"I would like to say the entire staff at Anahim Lake and the paramedics were absolutely key in his medical care and transportation to Williams Lake," says Carl, who works in the maintenance department at Bella Coola Hospital.

RN Bonnie Skinner, the agency nurse working at the Anahim Lake facility, which is operated by the First Nations Health Authority, took Wally's medical history and knew he needed a higher level of care fast.

While she got him ready for transport, another nurse got on the phone with the BC Patient Transport Network (PTN). Neurologist Dr. Aleksander Tkach was working at Kelowna General Hospital when the call came in from the PTN about a possible stroke patient in the remote Chilcotin.

"I was on the phone with the emergency physician on call with Patient Transport and the nurse from Anahim. We tried to figure out what had happened and when. It became clear we needed to treat him with tPA, (thrombolytic therapy medication), which is a drug that breaks down blood clots, but it has to be given quickly because every minute two million brain cells are dying."

He said it was compelling to listen to the emergency physician co-ordinating the fastest mode of transport. They quickly determined there was a helicopter near Anahim that could take him to Cariboo Memorial Hospital (CMH) in Williams Lake.

Meanwhile, Wally told the nurse at Anahim that he had undergone an aneurysm repair in the spring and the urgency really ramped up.

"When I heard his history, I just looked at the paramedic who happened to be at the clinic and he went right out to open up the ambulance doors," recalls Bonnie. "That was the quickest medi-vac I've been involved with in 18 years. It was a whole team working together to get the man out."

"If you talk to Wally, tell him I'm sending him a hug. He was such a nice man, so polite even though he must have been really frightened."

Dr. Tkach says the decision was made to fly Wally by
helicopter to CMH where the on-call physician was keen to take on his care. The medical team there had participated in a mock stroke tPA patient exercise in May. This was going to be the real thing and it went like clockwork.

Back at Tatla Lake, Mike King, owner/operator of White Saddle Air Services Ltd., got the request to fly a stroke patient to Kamloops. Rules prevent helicopter travel after dark so he said he could only make Williams Lake. When he got word to do it, Mike, his wife, and son went running to the hangar to push out the Bell 407, which he described as “like a race car – really fast.”

He flew to Anahim Lake in 20 minutes. Two attendants, Ted and Robin, climbed on board with Wally on the stretcher and they were at Williams Lake airport in an hour where an ambulance was waiting.

Ten minutes later, Wally arrived at Cariboo Memorial and was taken immediately for a CT scan, which was sent to Dr. Tkach for reading and he was also able to see him on videoconference. Then the thrombolytic therapy was ordered.

“His door to needle was very fast. It was impressive to see that, even in a remote area, he got treated quickly,” recalls the neurologist.

Wally says 30 minutes later, he could lift his leg and arm up. “Before that medicine, I couldn’t do anything.”

He improved and was moved by ambulance to Kamloops where he stabilized and was monitored before going back to Victoria.

Wally says he arrived at Royal Inland Hospital at about 3 a.m. and he was scanned again.

“I had about four scans altogether at both hospitals. At RIH, I was in the emergency department’s trauma unit, 7th Floor for telemetry monitoring and then 5th Floor stroke unit. Everywhere I went at all the hospitals, people were great. The nurses and doctors were excellent. They couldn’t have been more fine.”

After four days, Wally was flown to Victoria General Hospital in his home community. His wife, Wanda, who drove to Kamloops when she first got word of his illness, headed for home by road. Wanda spent a little over two weeks in the neuro rehab ward at Victoria General and was discharged on Nov. 16.

Wanda says the whole family is so happy to have Wally home and grateful for the care he received at every step of his journey.

“He’s doing so well because of his own strong spirit, because of my brother’s correct assessment and quick action taken right at the beginning, and because of the excellent care he’s had everywhere. It’s just awesome. He’s been so impressed and pleased with all the really authentically caring people who looked after him. And I feel the same,” says Wanda, her voice breaking slightly.

Deer hunting near Nimpo Lake in October were (L-R) Carl Harestad, Wally Hop Wo, and Carl’s son Hunter Harestad with his dog Buddy.

Dr. Tkach agrees Wally’s case was an amazing example of systems management – from pre-hospital to transport to emergency department to inpatient to repatriation to Victoria.

“I believe we have entered a technological era where excellent stroke care can happen regardless of location.

“This highlights the great work that’s been done with patient transport and the hospital teams following stroke protocol and the effect it has on patients. It also demonstrates the amazing quality of care as he now avoids disability and also got back to his health authority quickly where that care continued.”
Nearly 500 employees and physicians were recognized this year for their exceptional long-term service and commitment to Interior Health.

This marks the 14th year of the Long-Term Service Awards when each IH region hosts a special awards banquet recognizing contributions of 25, 30, 35, 40, 45, and 50 years of service.

The highlight for 2017 occurred at Penticton Reginal Hospital where Housekeeper Margaret Frazer was recognized for 50 years of service – an especially impressive achievement. Read more about Margaret on page 16.

The recipients from across IH include:
- 233 employees and 23 physicians at 25 years of service
- 147 employees and 12 physicians at 30 years of service
- 45 employees and three physicians at 35 years of service
- 13 employees and eight physicians at 40 years of service
- Two employees, two physicians at 45 years of service
- One employee at 50 years of service

Visit the Recognition section of InsideNet to see the full list of recipients for 2017.

A big thank you goes out to the volunteers who helped co-ordinate the celebrations, including all the details behind the scenes.

And an additional thanks to the our recipients themselves, for sharing special stories to make the events even more memorable.

Lastly, heartfelt appreciation to family and friends who have supported the hard work of these employees over the years and the time they have dedicated to patient care in our communities.

Featured photos, top to bottom:
- Married pharmacists’ Ayesha Hassan (L) and Nunzio Barone at Royal Inland Hospital in Kamloops were recognized for 37 years and for 30 years respectively.
- Peta Wilkie (L), with her husband Harv, is a nurse at Elk Valley Hospital in Fernie and was recognized for 35 years of service.
- Carolyn Fulton (R), with her guest, is a nurse at Kootenay Boundary Hospital in Trail and celebrated 30 years of service this year.
- Emergency Department Patient Coordinator Brenda Robson (L) at Vernon Jubilee Hospital celebrated her 25 years of service with manager Leslie Murphy.
There are about 625 people waiting for a potentially life-saving organ transplant right now in B.C.

Although more than one million British Columbians have registered as organ donors, less than one percent will die in a way that would enable their organs to be successfully donated.

To be a deceased organ donor in B.C., a person needs to be in an intensive care unit (ICU) and on a ventilator. Donation is only considered after all life-saving methods have been tried.
Until this spring, organ retrieval in Royal Inland Hospital’s ICU was limited to donation after neurological determination of death (also referred to as “brain death”).

Now, thanks to successful planning and collaboration between BC Transplant, RIH intensivists, and nursing and allied health staff, transplant options at RIH have expanded to include donation after cardiac death.

“A donation after cardio circulatory death, or DCD, is considered as an option when a donor has suffered a devastating and irreversible brain injury and is on life support, but does not meet formal brain death criteria,” explains RIH ICU Manager Rob Finch. “In these cases, the family has made the decision that comfort care is the best option for their loved one and are approached to consider donation after this decision is made. When the patient’s heart stops beating after life-sustaining therapy is withdrawn, they are moved from the ICU to the OR.”

The donation process is highly time-sensitive and extensive preparation is required to ensure the process is seamless. Previously, DCD was only an option at Kelowna General Hospital within IH, and patients whose family consented would have to be moved by ambulance.

“It was very difficult for a family in the midst of tragedy to agree to transport their loved one outside of the community. Even for those who recognize the benefits and felt strongly about organ donation, they’d have to agree to transport their loved one to Kelowna or even Vancouver – it was a huge barrier, says Rob.

“It was also difficult for the team who had been providing care to that patient, to see them transferred to a new team with very brief timelines. There wasn’t a sense of closure for those care providers.”

BC Transplant Hospital Development Coordinator Trish Bosch says the change brings care closer to home and is more patient and family centred.

“Many patients at RIH have already come from quite a distance. To have their loved one sent even farther was difficult for people to accept. When families are unable to have their loved one transferred they lose donation as an option at end of life,” she says.

She also agrees that opening the door to this second pathway to donation has been beneficial for the staff, who take pride in their role supporting organ transplant. Many of them played a key role in making it happen.

"Organ donation is both a patient’s right and privilege. Our multidisciplinary team at the RIH understands this and therefore collaborated seamlessly to make DCD an option here," says Dr. Tim Schmidt, RIH ICU Medical Director.

Collaboration between multiple health authorities and agencies to bring this option to families and their loved ones has been the result of a desire from all levels of the care team.

“This was a real group effort. We couldn’t have done it without Dr. Tim Schmidt and the rest of the intensivist team, our ICU patient care coordinators, clinical educator, register nurses, social worker, unit clerks, care aides, respiratory therapists, OR Registered Nurse Sherri Kozub, and the OR team including anesthesiology,” says Rob.

For more information about organ donation, visit www.transplant.bc.ca.

(L-R) BC Transplant Hospital Development Coordinator Trish Bosch worked with RIH ICU Medical Director Dr. Tim Schmidt and ICU Manager Rob Finch to expand organ donation options.
A new research program harnessing the strengths of researchers from Interior Health and the UBC Faculty of Medicine Southern Medical Program will focus on ways to prevent chronic health conditions.

Based at UBC Okanagan, the newly introduced Chronic Disease Prevention Program (CDPP) brings together an interdisciplinary team of clinical and implementation scientists and community health researchers.

The program responds to a report from the Public Health Agency of Canada that found three in five Canadians over the age of 20 live with a chronic illness and four in five are at risk. In Canada, 67 per cent of all deaths each year are caused by four major chronic conditions: cancer, diabetes, cardiovascular and chronic respiratory disease.

With statistics like these, strong health care partnerships are vital to prevention and management.

The end goal is to foster research excellence that’s responsive to the health-care needs of our region’s communities, both urban and rural, and advances the international research field,” says Kathleen Martin Ginis, a professor with UBC Faculty of Medicine and UBC Okanagan Faculty of Health and Social Development, who is the founding CDPP director. Kathleen also plans to establish new partnerships with health professionals and community health organizations throughout the IH region.

“Our collective efforts will focus on new investigations in the areas of physical activity and nutrition/healthy eating, and diabetes, cardiovascular disease, neurotrauma and neurodegenerative diseases, and implementing those research findings into the community,” she adds.

Dee Taylor, Corporate Director of IH’s Research Department, says IH researchers have worked with the Southern Medical Program to support medical students in health research for many years.

“Our Research Department is looking forward to developing our partnerships with UBC, UBCO, and the UBC Faculty of Medicine as our research capacity continues to evolve – and, in particular, we are very excited to work with Dr. Kathleen Martin Ginis in her leadership role specific to chronic disease prevention.”

To bolster CDPP’s development, Kathleen will serve as the inaugural Reichwald Family UBC Southern Medical Program Chair in Preventive Medicine. Established by the Reichwald family, the endowed chair will accelerate the development of an academic research program that advances understanding of chronic disease and establishes new community-based prevention programs.

Above: Kathleen Martin Ginis, UBC professor and Reichwald Family UBC Southern Medical Program Chair in Preventive Medicine.
Health care is big and complex. Change doesn’t come easy – even small change. So it isn’t surprising that big changes to the approach to primary care that are happening in Grand Forks and the West Boundary area have taken time, energy, investment, and a whole lot of work.

In the fall of 2016, a decision was made to look at challenges local patients were having in getting the right care in the right place from the right health care provider. Those challenges meant patients were experiencing delays in getting primary care in their family physician offices and, far too often, were having to rely on the emergency department (ED) at Boundary District Hospital (BDH) for what really weren’t emergency situations. This created potential delays in treatment and a lack of continuity of care, as patients were often seen by a different ED physician each time. It also created ongoing pressures for the department.

But things in the Boundary are changing thanks to a different approach at the hospital, an investment in additional home health nursing staff, and an enhanced partnership between Interior Health, family physicians and the Kootenay Boundary Division of Family Practice.

At the hospital, the home health nursing Community Ambulatory Treatment Clinic has been moved out of the basement to an area beside the emergency department. That’s making it easier for patients who present to the ED to receive appropriate care for things like wound care, catheter changes, and IV therapy from a home health nurse in the clinic. They can also get a prompt appointment with their local family physician, avoiding potential long waits to see an ED physician who may be focused on more urgent cases.

“Having the whole home health team located on one floor, and near to the ED, has meant greater team satisfaction, and has made services much more accessible for our patients. It has been wonderful to walk down the hallway, hear laughter, and see patients getting quality care all in one place.”

“It’s been good. I feel like we’re able to work more as a team because we are located physically closer to the emergency department,” says Andrea Hill, one of the home health nurses at BDH. “I enjoy the broader scope of the work we’re now doing and we’ve been able to update our skills. I think it’s a good service for the community.”

“Having the whole home health team located on one floor, and near to the ED, has meant greater team satisfaction, and has made services much more accessible for our patients,” adds manager Suzanne Lee. “It has been wonderful to walk down the hallway, hear laughter, and see patients getting quality care all in one place.”

Out in the Boundary communities, four new primary care nursing and a full-time social program officer positions have been added through $500,000 in additional annual funding to enhance a team-based Patient Medical Home (PMH) model out of physician clinics in Grand Forks, Christina Lake, and the West Boundary (Greenwood, Midway, and Rock Creek).

That’s benefiting residents like Walter Gambles. When Walter’s van door slammed closed and left a toonie-sized gash in his arm, the 82-year-old Christina Lake resident decided he’d check in at the Christina Lake Medical Clinic where he met
with new primary care nurse Svetlana Dalla Lana. In consultation with the clinic physician, Svetlana cleaned and dressed the wound and Gambles got the care he needed without ever having to make a trip down the highway to the hospital in Grand Forks. Svetlana also supported Walter with follow-up wound care at three additional appointments.

“It was great,” says Gambles. “We’ve never had this kind of service here before.”

Boundary PMHs are being integrated into a broader Primary Care Network that provides improved links to and collaboration with existing IH teams and services such as mental health, public health, home health, and diabetes and other chronic disease management.

“Our focus at the Division is on improving health care for our patients. We know that the best care is delivered by a wide range of expertise – doctors, nurses, social workers, etc. And that there is no ‘one size fits all’ in health care,” says Dr. David Merry, board chair of the Division. “The Patient Medical Home model has been proven to work in many places around the world. It helps us to use the right practitioner at the right time, and then, with the patient at the centre, work together as a team to keep them healthy.”

Interior Health and the Division are consulting with the Ktunaxa and Okanagan Nations, Boundary All-Nations Aboriginal Council, and Métis Association to ensure these changes continue to meet the needs of First Nations patients in the region.

While it is still early days, there is already evidence the change is paying off. For this year, Boundary District Hospital has seen a decrease of about seven per cent in unscheduled low acuity ED visits and a similar decrease in scheduled visits.
Margaret Frazer has worked as a housekeeper at Penticton Regional Hospital for over 50 years, and was recently acknowledged with a special Long Term Service Award. We tried to keep up with this woman of few words as she (very briskly) got underway with her morning duties.

@IH: What does a typical day look like for you?
I come in, do the rooms, dust the tables, wash the floors. Sometimes there are accidents that need to be cleaned up. Sometimes it’s a bit hectic – today is pretty good so far.

@IH: Fifty years is a long time. How have things changed?
There are more machines now, and there are different chemicals. Nobody smokes anymore and that makes a big difference. We don’t have to worry about cleaning the ashtrays out. And I always say the bugs have university degrees instead of high school degrees – they’re smart. You have to stay on top of them.

@IH: Are you planning to retire?
Yes, I’m going to next year. It is time to let someone else do it. I’m looking forward to getting up early in the morning to do my own thing. I’m usually awake at four in the morning anyways, but we’ll see. I’ve got yard work to do, and I’m going to do some renovations. I plan to redo my kitchen. I’ll keep myself busy. Other than that I don’t have any plans. We will just see what happens.

@IH: Is there anything else you would like to add?
The team here is good. Everyone helps each other. And I enjoy the patients. ♡

Feature Photos: (Top) At the long-term service awards celebration in Penticton, Marg’s 50 years of service called for something special – a personalized, engraved bowling ball for the avid bowler! (Bottom) Marg shares a few minutes with @IH while on the job at PRH.
Penticton Regional Hospital

Stats gathered from 2015-2016 data. Nominate a colleague, manager, or site for a future spotlight.

- 7,973 Surgical Day Care cases
- 36,687 Unscheduled emergency department visits
- 26,155 Square metres of care area coming in the new David E. Kampe Tower
- 1,500 Employees (approx.)
- 248 Volunteers
- 140 Acute care beds
- 64 Years old

Stats gathered from 2015-2016 data. Nominate a colleague, manager, or site for a future spotlight.
Where we live & work.
The Lean Promotion Office is celebrating the certification of 12 more IH leaders as Lean Implementation Specialists. The group completed six Lean theory classes and trained as team lead and workshop lead apprentices to achieve certification. These committed leaders will continue to coach staff in adopting everyday Lean ideas, and build on their Lean expertise by leading future RPIWs (Rapid Process Improvement Workshops) across Interior Health. Meet our new specialists.

Pictured here: (L–R) Carl Meadows, Acute Health Service Administrator, South Okanagan, and Deb Runge, Acute Health Services Director, Penticton Regional Hospital and South Okanagan General Hospital.

Kelowna’s perfect pair

Meet Moose. Moose is a black female Labrador who is almost two years old, loves working, and is in training to be a service dog. Moose is the Community Health and Services Centre’s (CHSC) first service dog, and, as of Nov. 14, Moose has been accompanying her handler, Raena Sabo, to work every day. Even though Moose is beyond adorable and you might feel like you want to give her a warm human hug, it is important to note that guide dogs are not pets and there are specific guidelines to follow.

Read the full article In The Loop.

Guiding volunteer efforts applauded

Kootenay Boundary Regional Hospital maternity/pediatric nurse Erika Hayton (pictured here on the right with her daughter) has been recognized by the Girl Guides of Canada for her volunteer efforts to the organization.

This summer, Erika volunteered at Spirit of Adventure Rendezvous, SOAR 2017, a week-long provincial outdoor camp in Smithers, which brought in 2,337 girls and Guide leaders from across Canada as well as Australia, New Zealand, Peru, Japan, England, Scotland, and the U.S. Read more.

Specialists grow and IH gets leaner

The Lean Promotion Office is celebrating the certification of 12 more IH leaders as Lean Implementation Specialists. The group completed six Lean theory classes and trained as team lead and workshop lead apprentices to achieve certification. These committed leaders will continue to coach staff in adopting everyday Lean ideas, and build on their Lean expertise by leading future RPIWs (Rapid Process Improvement Workshops) across Interior Health. Meet our new specialists.
Winter Driving Safety

Safe driving, proper road safety, and vehicle maintenance is of utmost importance especially for Canadian winters. Watch this helpful and fun video from ICBC.

Learn more at ICBC.

Immunization Education

Why get immunized? Is it really necessary? It’s easy to just avoid getting immunized ... but, before you decide against it, watch this video.

In less than two minutes, you will truly understand how immunization works and why it is so important to both your health and the health of those around you.

Online Shopping Security Mistakes

Living in a technically advanced world leaves us vulnerable any time we go online. That’s especially true when shopping online.

Learn ways to protect yourself this holiday season from scammers, phishers, and identity thieves.
This December, keep an eye on Interior Health's Facebook and Twitter channels for the 12 Days of Wellness - a series of tips to keep you and your loved ones safe and healthy, so you can enjoy the holidays.