TRAINING to save LIVES

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On the cover: Social Program Officer Alanna Hansen delivers care to a simulated patient experiencing an overdose. Story p. 11.
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If you have story ideas for future issues, please e-mail: IHAcommunications@interiorhealth.ca

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Interior Health
Every person matters
Earlier this month, I had an email from an IH staff member that reminded me how important it is to get it right when we design new health services.

She wrote to tell me how pleased her 81-year-old mother was with care she received from the team of clinicians over the holidays at the Kamloops Seniors Health and Wellness Centre. Her mother complimented all the staff for their comprehensive care, friendly attitude, and for helping her understand connections between various symptoms.

“She felt heard, reassured, and understood,” the staff member wrote, adding that her mother left with a better knowledge of how to manage her own chronic conditions.

**Heard, reassured, and understood.** These are three simple, yet powerful words that describe how patients want to be treated by the health system.

They resonate with me because it’s how I want to be treated – and how I want my own family to feel each time they have a medical appointment or need.

Strengthening primary and community care across IH is one of our key priorities. The challenge with this area is that “primary and community care” doesn’t refer to one single condition or program. Primary and community care involves and includes a huge range of services, providers, and specialties. By definition, it requires us to work together on an ongoing basis with many different internal and external partners who are also committed to meeting the individual needs of patients.

It is exciting as we start this new year that we are engaging more and more with the Divisions of Family Practice and Collaborative Services Committees, Aboriginal partners, local communities, and other health-service agencies in this work. In this issue of @IH, you’ll read about the First Nations Health Authority (FNHA) and their role in our health system. As we seek to make sure services available to patients are culturally safe, we value our relationship with FNHA.

You will also read about the continued growth of MyHealthPortal, an online service that provides people with 24-hour secure access to their IH lab X-ray, CT, and ultrasound results; visit history; and certain appointment details and instructions. This tool gives patients and families a new way to participate in their own care.

For most people, the majority of their health services will occur outside of the hospital – in clinics, family doctors, and nurse practitioners’ offices, or other community-based settings. We’ve seen some great success in communities over the past few years, like Kootenay-Boundary and East Kootenay where social workers are embedded in primary care settings and supporting patients beyond the care provided by family physicians.

Now we’re moving to the next level. Along with continuing to look at individual clinics and offices where co-locating staff and services makes sense, we’re looking at the whole system. We are asking: how do we design and implement services that best meet the needs of patients and that fit with or complement what’s already working well?

This is one of our important areas of focus for the year ahead, across all of our services, programs, and portfolios. We all contribute to how our patients experience care.

I want to thank our staff, physicians and partners who are committed to this work and who are making contributions in their communities. It can feel overwhelming, but knowing that patients and their families are seeing a difference is what keeps us moving forward.
Well WISE
Wellness wisdom for work

Find your balance
Learn how to manage multiple responsibilities to achieve harmony at work and at home.

Interior Health
Every person matters

Watch the Achieving Work Life Harmony LifeSpeak Video for more wisdom
* sign in to the IH Corporate Account with the ID name: wellness
Embracing the future
MyHealthPortal use continues to grow

As 2017 rolled to a close and a new year gets underway this month, more than 32,000 patients have enrolled to use Interior Health’s MyHealthPortal tool. The service is currently averaging more than 2,000 new users each month.

It’s a figure Director of Clinical Informatics David Sookaveiff says the team is pleased with, but still working to grow.

MyHealthPortal provides patients with 24-hour secure online access to their Interior Health lab results, medical imaging reports (such as x-ray, CT or ultrasound), visit history and certain appointment details and instructions.

The service is available throughout Interior Health. To enrol, patients must show identification and ask to have their email address added to their patient record. They can then submit an enrolment form directly at www.interiorhealth.ca/MyHealthPortal.

Overall patient feedback has been overwhelmingly positive. In a recent user survey, more than 90 per cent of respondents reported a positive experience with enrolment and navigating the portal. A majority of MyHealthPortal clients reported improved self-management and increased knowledge about their health.

One patient responding to the survey said “I am very happy to have this service...It certainly removes the anxiety of having to wait for a phone call or office visit to learn of test results. It is empowering and gives me time to prepare any questions I might have for my doctor as a result of the test results or procedure findings.”

Many survey respondents reported they would like to see more content made available in addition to the currently available lab and medical imaging reports. The project team continues to operate under the guidance of a Clinical Advisory Group, which includes representation from medical leadership. Further consultation with Interior Health physicians is planned for the coming year regarding future content to the MyHealthPortal tool.

One member of the Clinical Advisory Group is Williams Lake family doctor and Health Authority Medical Advisory Committee Chair Dr. Glenn Fedor, who says “My patients are better informed before their office visits and often more proactive in their discussions, allowing us to be better focused on what needs to be addressed in a more timely manner.”

MyHealthPortal is a secure service. Protecting and safeguarding patients’ personal information is among Interior Health’s highest priorities.

“We follow stringent privacy practices, and we have a range of technologies and security mechanisms to protect the safety, confidentiality, and integrity of patient information,” says David.

For more information, contact MyHealthPortal at 1-844-870-4756, email MyHealthPortal@interiorhealth.ca, or click the Contact Us icon on the portal site. 🌐
As of Jan. 1, 2018, Diagnostic Imaging Services across Interior Health will be known as Medical Imaging.
Support System

New toolkit to help those living with HIV and hepatitis C

Imagine you’ve been newly diagnosed with HIV. Your world has suddenly and irrevocably changed as you become immersed in learning how to live with a new reality.

Advances in clinical treatment have progressed to the point where a person diagnosed with HIV can now live a long and prosperous life – it is no longer the death sentence it was once considered to be.

But there is more to living with HIV than the clinical side of care. There are emotional, mental, and social ramifications – stigma being chief among them – all of which can impact health care. The same can be said for living with other blood-borne illnesses like hepatitis C.

Learning how to cope with these is the reason for a new HIV and Hepatitis C Peer Support Toolkit, developed through a partnership between Interior Health and the Canadian Mental Health Association (CMHA) Kelowna chapter. It is undergoing its final touches and will be released early in 2018.

The genesis of the toolkit came from a refrain that was heard often by Maja Karlsson, Interior Health’s manager for HIV and Health Outreach.

“The STOP HIV program that began in Interior Health in 2013 made great strides for people living with HIV, to the point where most people felt quite supported in the treatment of the disease,” says Maja. “Where they felt challenged was outside of the treatment stream. They said that, when newly diagnosed, there weren’t enough supports for patients from a social and emotional perspective.”

And not just any supports. The best supports are from fellow patients called HIV peers. A report commissioned for IH in 2016 revealed an opportunity to develop a peer navigation program that would provide that support, similar to the kind of services offered by community agencies who work with people living with HIV in Vancouver and Victoria.

A similar program targeted for women also exists in the Fraser Valley.

However, to create such a program in IH had its challenges, starting with how a program could be successful for the very large geography of the Interior.

“When we asked the patients, their answers varied depending on where they lived, so it was unclear what a program would look like across Interior Health,” Maja says, adding the funding to develop a comprehensive peer navigation program would also be significant.

But there was an even bigger obstacle – by fall 2016, the community agencies that Maja would have engaged in the project were smack in the midst of battling the overdose crisis. While they all wanted to be involved in creating a peer navigation program, none had the capacity to lead the project.

Two separate conversations that Maja had with community partners provided an alternative and exciting solution.

The first was with the executive director of Nelson-based community organization ANKORS (AIDS Network, Outreach and Support Society) and the executive director of Kelowna’s Living Positive Resource Centre (LPRC).

“They indicated that the biggest problem organizations that don’t have the kind of background working peers have, is that they don’t know where to start,” says Maja, adding it was something she’d heard before, and not just with HIV but also hepatitis C.

An idea was spawned – the creation of a toolkit that would provide the resources and templates to help people working with patients with blood-borne infections to find that peer support starting point.

That led to Maja’s second conversation with Alison Kyte, Wellness Programs and Special Projects Manager for the CMHA Kelowna branch. It turns out the CMHA Kelowna has a longstanding and robust peer support history.

Alison offered to partner with IH to develop the toolkit, which would include background information, training and education modules, and associated resources. The CMHA Kelowna would provide its expertise in peer support and would engage experts in HIV and hepatitis C to provide the information that would inform the training and education modules. They would also reach out to regional HIV and hepatitis C community in the Interior Health region wanted to grow and strengthen peer support services, we jumped at the opportunity to explore how our experience might be transferred to this different context.”
Maja proposed the idea to the six IH-contracted community agencies that work with people living with HIV and hepatitis C.

They all jumped on board, and the resulting project got off the ground in May 2017, with an advisory committee that included ANKORS, the Pacific Hepatitis C Network, ASK Wellness (Kamloops and Merritt), Living Positive Resource Centre (Kelowna), North Okanagan Youth and Family Services Society, Penticton and District Community Resource Society, REL8 Okanagan, and Positive Living B.C.

“We worked with 10 HIV and hepatitis C agencies and eight individuals living with HIV and/or hepatitis C to make sure the peer support tools we developed are relevant and helpful,” Alison says. “It was a wonderful learning and community-building experience and further ignited our passion for peer support. We are proud of what we have accomplished and hope the toolkit is used widely with great success.”

Work is nearing completion and is anticipated for release around the end of January 2018. Maja says excitement is already building for it, not just within IH but also in the HIV and hepatitis C communities across the province. All of IH’s community agency partners will receive a copy, and discussions are underway about ways to make it available around the province.

“If not a single negative thing has come from this experience,” Maja says. “Just positive. Just excitement.”

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The HIV and Hepatitis C Peer Support Toolkit provides practical guidance and tools to assist community-based organizations or groups deliver social and emotional peer support services to people living with HIV and/or hepatitis C. It includes four parts:

1. Getting started: a guide to develop and deliver peer support services
2. Training peer mentors: facilitation guide
3. Becoming a peer mentor: participant training guide
4. Peer mentor policy and procedure handbook
Call for nominations
2018 BC Health Care Awards

The *BC Health Care Awards* recognize excellence and innovation in BC’s health care community. Awards are for projects that improve health care delivery and professionals who provide outstanding care. Award recipients are selected by an independent panel of community, academic and business leaders and will be announced at a gala awards luncheon June 25, 2018 at the Fairmont Waterfront Hotel in Vancouver.

Nominate online at
[BCHealthCareAwards.ca](http://BCHealthCareAwards.ca)

*Deadline: 5 p.m., Friday, March 16, 2018*
Mental health and substance use is an ongoing priority for Interior Health and we're doing our part to ensure our staff and our partnering agencies have the training they need to support the ongoing overdose emergency.

Earlier this month, Registered Nurse Avneet Khela and Simulation Nurse Educator JoAnne Slinn led a simulation training workshop in the Kelowna overdose prevention mobile unit to help outreach staff handle challenging scenarios.

"The training is a simulated environment similar to that of the mobile supervised consumptions site in Kelowna," says Avneet. "It's designed to provide a safe space for the team members to run through very common and complex scenarios that occur during work."

JoAnne stated that, "Simulation is a great education tool that can give staff experience with high-risk events to better prepare for them for future practice. Doing the training in their actual work area allows for becoming familiar with their own equipment and identifying areas for improvement."

Avneet says the main focus for training is supervised injection education, management of medical emergency (mostly overdoses and anaphylaxis), review and update of policies, and an opportunity to bring forward any challenges outreach staff have encountered to work through them as a team.

While the training is not mandatory, all staff working at the supervised consumption site are welcomed and encouraged to attend the training sessions. This includes nurses, social program officers, outreach workers, and management. According to Avneet, so far the turnout has been amazing.

The Pritchard Simulation Centre and the Mobile Overdose Prevention Service partnered to deliver the third simulation education on Nov. 6. Previous sessions involved airway management, overdose and anaphylaxis management, and supervised injection.

“We are hopeful this training will further enable staff to respond to the ongoing overdose crisis," says Avneet.

For more information, please contact JoAnne Slinn.
When someone calls 911 in Kamloops, Vernon, and Kelowna, there is greater confidence now that paramedics will not be tied up waiting in the local emergency department (ED) with a patient needing a bed.

A joint effort by staff, physicians, and paramedics to get ambulance crews back on the road quickly has produced incredible results at the three hospitals, says Brent Hobbs, Network Director of Patient Transport.

"Over the course of a year, the number of paramedics being held up in EDs by more than 60 minutes has decreased.
Senior leaders at Interior Health and BC Emergency Health Services (BCEHS) say the commitment of all staff, physicians, and paramedics to work as a team has dramatically improved the flow of patients between triage, the emergency department, and hospital in-patient units.

“As a result, tremendous progress has been made to improve timely access to emergency care and increase ambulance availability to respond to 911 emergencies in the community.”

Vernon was the first hospital to launch the initiative and it began with the philosophy that this was not a challenge for the ED alone, but an opportunity for the whole hospital.

Lynn Gerein, Vernon Jubilee Hospital Health Service Director, says the original request from BCEHS for help getting ambulance crews back on the road as quickly as possible instigated Vernon leadership to look at its processes throughout the whole site.

“Historically, the volume of patients has always been the ED’s problem, but access and flow, timely care, transfers, admissions, and discharge are the responsibility of the entire facility. For us, this initiative of ambulance offloading delays created an opening to look at this together, so that not one department alone owned the problem.”

An offload delay occurs when a patient on an ambulance stretcher is not being moved into a bed in the ED for assessment and treatment.

Staff and physicians introduced new patient flow processes at the end of July and, by November, the site had eight hours of offload delays of more than 30 minutes compared to 61 hours in May.

“The success we are having in Vernon is completely attributed to the hard work staff are doing on the in-patient units to facilitate the discharge process,” says Lynn. “So many people are involved, from physicians to unit clerks to shift co-ordinators to nurses, and there are countless moving parts leading up to an admission to the floor and a discharge home. Every stakeholder has had a role in the outcome.”

The effort to eliminate greater than 60-minute ambulance offload delays was so successful, Vernon moved the goal to lessen 30-minute offload delays, with the ultimate goal to have zero delays.

Kamloops and Kelowna are also demonstrating significant improvements in reducing the amount of time paramedics must stay with a patient waiting for a bed and work will continue in the new year to reduce the delays even more.

Lynn says everyone wants to put the patient in the right place and waiting on an ambulance stretcher is never the right place for any length of time. At the same time, paramedics need to be available for emergency calls in the community.

“When there are multiple ambulance crews in an emergency department, there is no one on the street to answer a person’s distress call.”

The Offload Delay Guidelines collaboratively created with the site and BCEHS include a role for everyone in the process and increase the importance of communication between the paramedics and the ED charge nurse.

“This has been an all-round significant achievement,” says Brent. “Everyone involved at the three sites deserves to be proud.”
Healing trauma through the ancestral teachings of respect and unity

Perspective on health and wellness

Nations emphasize health through ceremony, nation-rebuilding and self-determination

Could Jordan’s Principle help a child, youth or family that you know and love?

Our kids, our cultures, our futures are worth it

That’s what Jordan’s Principle is all about
The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. In 2013, the FNHA assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. Its vision is to transform the health and well-being of B.C.’s First Nations and Aboriginal people by dramatically changing health care for the better.

The FNHA is responsible for planning, management, service delivery, and funding of health programs, in partnership with First Nations communities in B.C. Guided by the vision of embedding cultural safety and humility into health service delivery, the FNHA works to reform the way health care is delivered to B.C. First Nations through direct services, provincial partnership collaboration, and health systems innovation.

Services are largely focused on health promotion and disease prevention and include:
- Primary Health Care
- Children, Youth, and Maternal Health
- Mental Health and Wellness
- Communicable Disease Control
- Environmental Health and Research
- First Nations Health Benefits
- eHealth and Telehealth
- Health and Wellness Planning
- Health Infrastructure and Human Resources

FNHA work does not replace the role or services of the Ministry of Health and regional health authorities. The First Nations Health Authority will collaborate, coordinate, and integrate their respective health programs and services to achieve better health outcomes for BC First Nations.

Read more about FNHA and its programs and services on the First Nations Health Authority website.
Where we live & work.
Visit Facebook to see more of the faces in IH.
Be a Smoke Free Dad

Listen to Fabian’s story about his decision to live healthy and smoke free. Find out why Fabian finally tossed away his smokes. What important message does Fabian have for other dads about stopping smoking?

Learn more at: www.dadsingearindigenous.ca/smoke-free-dad.

Alzheimer’s Disease vs. Dementia

January is Alzheimer Awareness Month. Do you know the difference between Alzheimer’s Disease and dementia? If you have been confused by these terms in the past, or mistakenly thought that they were the same thing, watch this video.


Tips for Starting a Healthy Lifestyle

From spending more time with yourself to getting a good night’s sleep, this video shares healthy tips to reduce stress and release feel-good hormones.
Know before you go.

Review the Fleet Vehicle Policy updates before your next work trip.