Building trust & transparency

Focus on Foundations

Recipe for success

Tsucwminte
Aboriginal employees
4 CEO MESSAGE
A message from Chris Mazurkewich, Interior Health’s CEO.

5 WeIMWISE
Wellness wisdom for work.

6 RECIPE FOR SUCCESS
New patient simulation centre provides high-quality education for rural-area clinicians.

8 TSUCWMINTE
(Welcome) Aboriginal employees.

12 FROM THE HEART
Enhancing care for patients recovering from cardiac surgery.

14 BUILDING TRUST & TRANSPARENCY
Systems approach helps bring out the best in everyone.

16 FOCUS ON FOUNDATIONS
Learn about the Royal Inland Hospital Foundation.

18 SPOTLIGHT
Staff-submitted photos of places where we live and work.

20 CLICKS & CLIPS
Snapshots of our staff in action and trending health-care videos.

On the cover: Garth Wale, Rehab Assistant at Ponderosa Lodge and a member of the Gitxsan First Nation. Story p. 10.
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

Editor: Amanda Fisher
Designer: Kara Visinski
IH Communications Contributors: Haley Allen, Susan Duncan, Patrick Gall, Karl Hardt, Jessica Hewitt, Erin Toews, Breanna Traynor, Tracy Watson
As we settle into 2018, planning for what we’ll do and achieve in the year ahead is top of mind for many of us personally, and it’s also an essential part of our work here in IH.

Strong, well thought out plans help us enhance our services and provide better patient care. A project with local physicians in the Kootenay Boundary to develop a dedicated patient simulation centre, along with the opening of our new cardiac care units at Kelowna General Hospital where the patient and family-centred philosophy is tangible, are great examples of putting plans into action. Both are covered in this month’s issue of @IH – be sure to read on.

Planning also helps us identify areas of focus on our people side, like the work we’re doing with our Aboriginal Recruitment Strategy to ensure a representative workforce. Having employees self-identify as Aboriginal is an important part of that. You’ll meet two of these front-line care providers, Deb and Garth, on pages 9 and 10. It’s inspiring to hear about the difference they are making and how they are contributing to a workforce that reflects our Interior Health population.

Behind the scenes, our leadership teams are currently finalizing their work plans for 2018/19 and that includes identifying tactics that will advance our strategy work in the areas of: primary and community care transformation; mental health and substance use; complex medical and frail older adults; surgical services; Aboriginal health; and workplace health and safety.

Some of you may notice that the list has changed slightly since we launched our key strategies in early 2016 and that’s because workplace health and safety has been added as an area requiring more focused attention.

Over the last year, WorkSafeBC required us to take action on a number of initiatives – from violence prevention to biological exposure control – with a goal of safer, healthier workplaces in IH. I’m pleased to see those efforts starting to pay off through a decrease in our overall time loss claims for 2017.

That’s great news and it’s also a strong demonstration of the power of dialogue and action around safety – thanks to all of you!

Going forward, this work will be supported through the implementation of a Health & Safety Management System (HSMS) in IH, which is a formal name for what is essentially a proactive and coordinated approach to embedding health and safety into everyday practice. Take a look back November 2017 issue of @IH to learn more about how we’ll use the HSMS.

Representatives from our leadership teams are now identifying priority hazards / target areas for 2018/19 based on a review of safety data. From there, they will develop an action plan to mitigate or eliminate the hazards and we look forward to sharing that across IH in the months ahead.

In the meantime, it’s great to see examples of staff taking initiative within their own work sites. Launa Stocker and Beth Scott, violence prevention site facilitators at Penticton Regional Hospital, were recently featured on our Loop news website for going above and beyond to support the Code White program at PRH. They led a month-long awareness campaign at the site and had great success doing so. That’s how we make safety part of our every day – with each one of us taking ownership for it, wherever we are in the organization, because every person matters.

When it comes to our other strategies, which remain consistent, a common thread through each is the vision of an integrated system of care that is understandable and accessible to patients, families, and providers. Our commitment to this transformation remains as we move into 2018/19 and I am confident in our ability to deliver services that better meet the need.

But we’ll also need to keep in mind that old saying about the “best laid plans” and shore up some capacity to respond to the emergent situations and unexpected challenges that often come our way.

Managing a large health-care organization with sustainable resources requires everyone working together in a positive way and finding opportunity for creative and innovative problem solving. I look forward to seeing more of that! 🌸
Bullying@Work

Tools to address the impacts of bullying on both targets and bystanders, and to eradicate it from the workplace.

BULLYING

Interior Health
Every person matters

Watch the Bullying at Work LifeSpeak Video for more wisdom
* sign in to the III Corporate Account with the ID name: wellness
Hospital care is no cake walk. In an ever-changing, living, breathing environment of organized chaos and catastrophe, physicians and clinicians need to be on their toes and prepared for anything.

But there are big differences between Interior Health’s sites and what health-care practitioners see and do on a daily basis – especially in our rural centres.

Kootenay Boundary Regional Hospital (KBRH) in Trail is the largest hospital in the IH East region and is the main referral site for patients in the Kootenay Boundary. But while the geographic area is large, the population served is still relatively small.

"Because we don’t have the same clinical volumes as the larger sites in IH, we see fewer patients," says Dr. Scot Mountain, Medical Director, KBRH Intensive Care Unit (ICU). "Every day, we are called to manage emergency situations and critical-care patients that we may not see as frequently as they do in larger sites. This can lead to challenges for rural staff and physicians to maintain their expertise."

Here’s where patient simulation steps in.

Interior Health has seven high-fidelity mannequins (adult and pediatric) that provide realistic scenarios to a multidisciplinary group of health-care professionals. These life-like human patient simulators are fully motorized with blinking eyes, a beating heart, and will act and react differently depending on the training scenario.
“For the last several years, patient simulation programs have operated from our permanent centres in Kelowna and Kamloops, and through the IH Rural Mobile Simulation program,” says Roger Parsonage, Director of Strategic Initiatives, Hospitals and Communities.

“We are now introducing a third simulation centre at KBRH in Trail, which will be the first rural site in IH to have a dedicated simulation centre. Staff, physicians, and medical students in the region will have access to high-quality education and simulation training designed to meet their specific needs.”

Helen Clugston, a long-time emergency department nurse, is the Regional Knowledge Coordinator for simulation at KBRH and is thrilled by the opportunity to lead the new program out of Trail.

“I’ll work with department managers and staff to understand areas where they think specialized training would be helpful and develop simulation training exercises to meet their various and specific needs,” says Helen. “Simulation training has been proven over and over again to improve people’s abilities to work together, communicate, ask for help, and function as a team.”

Helen’s vision is to create a combined education and simulation centre where staff can do a quick knowledge/performance review or a formal education program, while feeling supported for the patients they look after.

“You get all the groups together who wouldn’t normally work together – nurses, physicians, respiratory therapists, laboratory, pharmacy, and medical students – and support them to work together as a high-functioning team,” says Helen. “I’m passionate about supporting staff in their day-to-day work, to be the best they can be, and to provide the best patient care.”

Dr. Mountain is the medical leader for the simulation working group at KBRH and will help to develop simulation training and curriculum for physicians, residents, and medical students.

“We can build our expertise through patient simulation, rather than by seeing a lot of patients regularly,” says Dr. Mountain. “Just a couple of months ago, I did an airway simulation for residents to intubate a patient during respiratory failure. Not long after, one of the residents from the program intubated a patient. He said things went much more smoothly having just recently practiced the process in a simulated environment.”

Dr. Mountain is also planning to implement “just-in-time simulations.” Nurses, physicians, and medical students in the ICU will look at the patients and determine potential complications, then simulate scenarios to build on skills directly related to the patient’s needs.

“The plan and hope for simulation education at KBRH is for the whole hospital,” says Dr. Mountain. “It will include our emergency department, operating room, intensive care unit, medical and surgical floors, as well as our transport teams when they are looking after patients outside the hospital.”

The new centre will also offer more training opportunities and outreach programs in other rural communities like Grand Forks, Castlegar, Kaslo, Nakusp, Nelson, and New Denver.

More than $100,000 has been raised through a joint venture with IH, the region’s hospital foundations, and physician groups to purchase additional simulation equipment. Existing space within KBRH will be renovated to create the dedicated training space and to house all of the new equipment.

“Patient simulation allows us to practise techniques in a safe setting, increases confidence in staff and physicians, and improves the quality of health services for patients across our rural and remote communities,” says Dr. Mountain. “I appreciate all the support we’ve received to make this new centre in Trail possible.”

Learn more about Patient Simulation on the IH website.

Helen Clugston will lead the simulation education programs for staff and physicians in Trail and at other rural sites in the Kootenay Boundary.
The patient from a First Nations community was in pain and frightened. The faces around him at the hospital were unfamiliar and, although the hospital staff members were kind, they couldn’t reassure him that he was in safe hands.

As he became more agitated, a call was made to Aboriginal Patient Navigator (APN) Deb Donald. She arrived quickly and immediately introduced herself as a member of the Simpcw First Nation. The man settled down and she was able to convince him that he needed an X-ray before he could be scheduled for surgery.

“His anxiety also eased up when he saw a security officer who was Aboriginal. Familiar identifying factors made him feel more comfortable and that’s why it’s so important to encourage Aboriginal people toward careers in health care,” says Deb.

Deb works at Royal Inland Hospital (RIH) in Kamloops, which sees many Aboriginal patients from First Nation communities across IH West and also Métis patients in urban neighbourhoods.

“We have Aboriginal employees at RIH, but I wish there were more. I would like to see a solid representation in housekeeping, security, food, and porter services, as well as nursing and allied health – and a First Nations doctor would be great.”

Cariboo Memorial Hospital Acute Health Services Director Lori Boothby agrees. Her Williams Lake hospital serves a large population of Aboriginal people from the three First Nations located across the Cariboo-Chilcotin.

“Increasing our Aboriginal employee complement is a priority and our managers know it is a priority. Interior Health Aboriginal Recruiter Carrie Desjarlais has met with our managers and is supporting them in recruitment efforts.”

Lori says it’s really a matter of common sense for an organization.

“No matter what the population is, you want to make sure the staff and people who take care of the patients are reflected in that population.”

Mal Griffin, Vice President of Human Resources, says Interior Health has launched a recruitment strategy focusing on attracting Aboriginal people to health-care careers. Senior leadership has set a goal to increase the number of IH employees identifying as having Aboriginal heritage from the current number of 3.93 to 10 per cent by 2025.

Cariboo Memorial staff got a reminder of how much they rely on the knowledge of Aboriginal staff when there was a six-month vacancy in the hospital’s Aboriginal patient navigator position.

“When I took our new APN Harriet Hird around on her first day last month, the staff members were ecstatic because they regularly deal with situations where they need the expertise, guidance, and wisdom that can only come from a person who is First Nations,” says Lori.

The wife of a stroke patient at RIH was able to compare two separate experiences, one with the support of Aboriginal staff and one without.

Deborah Wilson-Green, who is from the Haisla First Nation, says it made such a difference to her when she was able to turn to APN Deb for support. Although she has worked in both education and health centres, she felt she was in a maze the first time her husband had a stroke. She said while the staff members were competent and kind, they were too busy helping patients to be able to provide other necessary supports to family members.

When Larry Green had a second stroke, Deborah was connected to Deb and the whole experience was different. Deb helped her find community supports that allowed her to stay close to her husband – she and Larry live in Ashcroft – and she offered guidance about his in-hospital care.

“Deb was just a wealth of information. I was so thankful to have her there to help me deal with the ‘life’ issues so I could support my husband 100 per cent in his recovery.”

Deborah says it’s not easy for people unacquainted with the Aboriginal culture to understand certain things that are important to First Nations families.
“When someone is ill in our culture, we go support the family, so huge numbers of people show up at the hospital and nurses struggle to understand that. Aboriginal nurses get it though. They know that’s just how we do it in the Aboriginal world and they find a spare area or room for the family and friends to wait.”

Deb says she finds her non-Aboriginal colleagues at Royal Inland eager to learn about their Aboriginal patients because they want to make their stay more comfortable.

“I really welcome their questions, but I am just one person. Other Aboriginal employees bring the same knowledge.”

She’s also not afraid to explain when she hears comments that might hurt an Aboriginal patient. She recalled one of her patients telling her she was offended to hear nurses talking about having a “powwow” about something.

In those cases, it’s unintentional harm and Deb helps her colleagues understand why it’s important to think about their words. If she hears outright racism, she is more direct.

“I just tell the person, ‘That’s not appropriate and I don’t want you to say it anymore.’ These are courageous conversations that I rarely have to have any more though. I am really happy at how the culture has changed here over the years.”

She adds the ability to offer culturally safe care will continue to improve as more Aboriginal employees join the IH workforce and are able to share their culture with their colleagues.
Bringing his heritage to work

Rehabilitation Assistant Garth Wale identifies as a husband, a dad, a brother, a 31-year employee of Interior Health, and a proud member of the Gitxsan First Nation.

He is also a valued employee at Ponderosa Lodge residential care home where his calm, kind demeanour makes him a favourite with residents. At least seven times in the space of 10 minutes, a highly agitated resident interrupts him and each time his response is as genuine as the first one.

“I love working here,” he says.

Garth worked in Purchasing at Overlander Residential Care for many years and then moved to Logistics at Royal Inland Hospital. Nine years ago, he decided he wanted to try something different so he took the rehabilitation assistant course. He completed his internship at RIH, but when a job came up at Ponderosa, it proved to be the perfect fit.

“I like elderly people and I enjoy getting to know them and meeting their families.”

This job also appeals to his interest in physical activity. His whole family is sports-minded, playing all different sports. Garth’s passions were hockey and volleyball, which he played well into adulthood. He has since traded in the skates and court shoes to spend more time with his two young sons.

Garth was born in Hazelton and, although his family eventually moved to Kamloops, they returned north every summer to spend time with relatives and take part in traditional pastimes, including a lot of salmon fishing.

Over the years, he has seen more Aboriginal faces start to populate the IH workforce and he is hopeful it will continue.

“I think it’s great to see the recognition of Aboriginal culture as a positive component for health care. It’s important for First Nations and Métis people to realize they can succeed in these careers. If they see more Aboriginal people working at health-care sites, they may be inclined to try it,” says Garth.

One of his four brothers is a nurse practitioner who works with the Iskut community in the Stikine country of northwestern B.C.

His own background is diverse with his dad coming from the Gitxsan First Nation and his mom an Irish Canadian.

“Growing up in that environment, you appreciate ethnicity and diversity, which also makes a workplace better.”

Garth sees firsthand the difference his Indigenous heritage can have on making a First Nations elder feel more comfortable when he or she first arrives at Ponderosa. He also appreciates being able to call on Aboriginal Patient Navigator Cassie Michell in situations where families need a little extra support.

He believes that expanding the Aboriginal workforce in Interior Health will bring only positive benefits to both patients and staff, as cultural sensitivity becomes something that is second nature to everyone in all levels of jobs.

Aboriginal Self Identification (ASI)

784 Active ASI employees

14.66% ASI employees are nurses or care aides

12.95% Of employees in Merritt self-identified as Aboriginal

All Interior Health staff are asked to self-identify as Aboriginal or non-Aboriginal. It takes less than a minute:
- Log on to i-Site
- Request/Change My Information
- Change Aboriginal Identity
Are you Aboriginal or non-Aboriginal?

Identify yourself.
Better information = better care

i-Site > Request/Change My Information > Change Aboriginal Identity

Interior Health
from the heart

Enhancing care for patients recovering from cardiac surgery

2 West Cardiac Surgery Unit staff (L-R): Richard Kiryliuk, Care Aide; Jenna Kantz, Registered Nurse; Heather Hulka, Patient Care Coordinator; and Almeen Hannebauer, Unit Clerk.
Your heart – it’s your centre, so hearing that you need heart surgery can quickly throw a person off balance.

“Some patients feel scared, shocked, anxious, or disorientated when receiving news that they have to undergo heart surgery,” says Heather Hulka, Patient Care Coordinator of the Cardiac Surgery Unit at Kelowna General Hospital. “What makes cardiac care so special, though, is the ability give your heart to care for others’ hearts.”

In 2012, Interior Health took major steps forward in relieving some of the worry for those in need of heart surgery with the construction of the Interior Heart and Surgical Centre (IHSC) and the creation of the cardiac surgery program. As the only cardiac surgery program outside of Vancouver and Victoria, the program at Kelowna General Hospital (KGH) provides patients across the Interior with lifesaving care closer to home.

“A lot of feedback I have heard from patients since we started the program is how wonderful it is to have these services offered in our region. It really takes a lot of stress off of patients who would otherwise be transferred to Victoria or Vancouver.”

Interior Health has continued to build upon the improvements to cardiac care that started with the Interior Heart and Surgical Centre. Renovations occurred to reconfigure vacated space in the Strathcona Building to provide clinical and support services for the cardiac program. These included the construction of a bridge link between the Strathcona Building and IHSC, and construction of 18 cardiac telemetry private inpatient rooms in 2 South.

Most recently, on Dec. 5, 2017, a brand new Cardiac Surgery Unit opened in 2 West of the Strathcona Building at KGH. The new unit includes 16 private single patient rooms, each with their own washroom for those recovering after cardiac surgery. Previously, there was a mix of private, semi-private, and four-bed rooms.

“It’s really nice that I have the opportunity to tell patients that all of the rooms on the Cardiac Surgery Unit are private,” says Heather. “When patients have their own space, the environment can be less stressful, which helps speed up their recovery.”

Each of the rooms on 2 West also has a pull-out cot, providing patients with the added comfort of having a family member stay overnight.

The new unit hasn’t only had a positive effect for patients, Heather says it has also provided a more positive space for the staff on the unit. The unit is spacious and bright with and an open nursing station that allows the interdisciplinary team to come together while interacting with patients. Employees also have access to a bright and quiet new staff room.

“The new staff room provides a place where employees can get away from the busyness of the unit for their breaks. It’s good for their wellbeing and it’s nice for me knowing that our new space is warm and welcoming for both patients and staff.”

Looking ahead, the final stage of renovations in the Strathcona Building is underway. 2 East is currently under construction, being renovated to house a new Coronary Care Unit with six private inpatient beds, and the new Coronary Care Unit is expected to open for critically ill cardiac patients in November 2018.
When Sharlene Lively joined Interior Health as a Community Care Licensing Manager in 2015, she saw a great team with a tough job.

Now, after implementing a systems-based approach to inspections, providing staff with additional coaching and education, and working more collaboratively with licensees, that job is not quite as challenging.

“There is always more work to do and room to improve but we really want to applaud the team for their hard work and the success they have seen so far,” says Sharlene.

The six licensing officers cover all residential care facilities in Interior Health, which provide care to seniors and child and youth populations who are vulnerable due to age, brain injury, mental health and substance use or developmental disability. These facilities total over 200 in the region. The team conducts regular inspections to ensure compliance with the Community Care and Assisted Living Act and Regulations – legislation that protects the health and safety of those living in care.

These inspections cover a wide range of subjects including residents’ rights; policies and procedures; staffing; records and reporting; food and nutrition; hygiene and communicable disease control; maintenance of the physical space and equipment; programmed activities; medication; and care and supervision.

“Given the nature of their role and the context of these inspections and reports, the licensing officers have clinical experience,” says Sharlene. “But we still hold the licensee up as the expert. In the past, that was not always the case, and the team has done a lot of training and coaching over the last couple of years, to the point where if the licensee is not in compliance, officers work with them to identify the issue and discuss how processes and systems can change, recognizing the licensee needs to drive that change.”

This systems-based approach means operators are able to proactively identify risk and take steps that ensure more sustained compliance measures. Sharlene says they no longer see facilities continuously at high or moderate risk.

“Given the nature of their role and the context of these inspections and reports, the licensing officers have clinical experience,” says Sharlene. “But we still hold the licensee up as the expert. In the past, that was not always the case, and the team has done a lot of training and coaching over the last couple of years, to the point where if the licensee is not in compliance, officers work with them to identify the issue and discuss how processes and systems can change, recognizing the licensee needs to drive that change.”

“If they monitor their systems and they see something is not working, they can fix it. Ideally we are in a collaborative and coaching role, versus taking an enforcement approach.”

“The systems-based approach is genius. It feels more collaborative,” agrees Licensing Officer Celeste Fabris. “In the past it sometimes felt like we were in a revolving door. We would go out to a facility, find areas of non-compliance, cite them, ask for a plan, and they would address the issue and call it resolved. But then we would go back and see the same infractions reoccurring.

“Now I’m not spending eight to 16 hours in a 100-bed facility going through it with a fine-tooth comb. Instead, we meet together for scheduled inspections, and we have discussions ahead of time about what systems need to be in place. I feel I’ve established more transparent and trusting relationships.”

Another difference is the team now encourages knowledge-sharing. “When non-compliance is identified we explore with the licensee if there is a current system in place and, if so, where it might have broken down. The licensee then explores ways to change the process to prevent the system for breaking down in the future and prevent non-compliance in this area,” says Celeste.

“At the end of the day, we are all working towards the same goal – the health and safety of those in care.”
Be job ready

Build a safe and healthy environment and have the foundation to be successful.
Complete all required non-clinical education.

Interior Health
Every person matters
Tell us about the Royal Inland Hospital Foundation and why what you do is important.
The Royal Inland Hospital Foundation (RIHF) is committed to inspiring donors and building meaningful relationships to support Royal Inland Hospital (RIH) and our community’s health-care needs, both now and into the future. This is important because we want to ensure that our medical team has the tools they need to provide patients with the best care possible at our local hospital and in our community.

What are some of your favourite fundraising campaigns?
The Foundation is gearing up for our fourth annual Radiothon on March 15. This has been one of our favourite events because it brings together staff, grateful patients, and our supporters for one successful day of fundraising. The event has raised more than $500,000 in support of new equipment and patient comfort items for RIH. The “Save Me a Seat” campaign is another favourite fundraising campaign that raises funds for staff education by providing donors with a plaque in the Ken Lepin Lecture Theatre.

Tell us of one of your Foundation’s proudest moments.
Seeing the Rae Fawcett Breast Health Clinic come to fruition and the impact it is having in our community has been one of the best experiences I have had as CEO of the Foundation. It was wonderful to work with Rae Fawcett and the physicians who identified this need to ensure rapid diagnosis for breast cancer patients in Kamloops and surrounding areas.

Is there a particular donation over the years that stands out in your mind?
Most recently, June and Joe Butler made their first donation to RIH – and they didn’t hold back. Their $200,000 gift will help kick start expanded cardiac services at RIH.

What is your current campaign or major project and why is it important?
Currently, the Foundation is excited to be involved with a variety of projects throughout the hospital, including the move of the pediatric unit to the hospital’s third floor (from the fifth), where it will be located with other child and family programs. Additionally, the Foundation is supporting a renovation to the emergency department to add four new streaming bays, and the addition of new operating room equipment that includes a new C-Arm X-ray machine and orthopedic operating table. And, of course, we’re gearing up to raise $20 million for RIH’s new Patient Care Tower project.

Any parting words?
THANK YOU! Thank you to all the staff, volunteers, and entire health-care team at RIH who work so hard to care for their patients. Your dedication inspires us to make this hospital the best it can be.
$2.3m
Total foundation donations in 2016/17

$22.9m
Total foundation donations since IH began

1983
Foundation began

Some of the projects funded by RIHF ...

8th floor Cancer Centre

ultrasound room reno

ED trauma booms

Clinical Services Building lecture theatre fit-out

CT scanner

surgical services expansion

operating room refresh

ICU renovation

The team at the RIH Foundation (L-R): Denise Bernauer, Heidi Coleman, Julie Kimmel, Shanah Skjeie, Gerry Miller, Alisa Coquet, and Jenna Vanderburgh.
Where we live & work.
Kelowna
Submitted by: Ashley Dirks

Coldstream
Submitted by: Sherry Keeley

70 Mile
Submitted by: Myrna Thompson
Visit Facebook to see more of the faces in IH.
Eating disorders: Something’s gotta give

Presented by the Looking Glass Foundation’s *Something’s Gotta Give* campaign, this short film series on eating disorders captures the views of some 55 people from across Canada – the recovering, recovered, loved ones, and practitioners. They are themes that ask: If we’re really going to get to the other side of eating disorders, something’s gotta give … What is it?

Learn more at asggcampaign.org.

A heartfelt loss

Joannie Rochette’s mother died of a heart attack just two days before her Olympic skate. But Joannie took to the ice – and made history. Her heartfelt words to her mom and bittersweet Olympic moment are captured in this video.

Prevention is key to heart health. Learn more about how to live a healthier lifestyle at www.heartandstroke.ca/get-healthy.

Celebrate therapeutic recreation

Therapeutic recreation specialists provide individuals who have physical, cognitive, social, or emotional limitations which impact their ability to engage in meaningful leisure experiences.

February is Therapeutic Recreation Awareness Month and it’s time to celebrate the contributions therapeutic recreation makes to the health of our clients, families, and communities.

Share photos of a celebration or recognition event at your site, and we will post to the IH Facebook page.
All employee expense reimbursements (i.e., travel, etc.), petty cash reimbursements, and purchases not requisitioned with purchase orders must be received for payment in Accounts Payable by Friday, March 23, 2018 to be included in your department’s 2017/18 expenditures. Review the Jan. 3 all staff memo for more information.