@interiorhealth
A publication for Staff and Physicians of IIT

DOING
good
things

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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.

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Interior Health
Every person matters
Each time I walk into an Interior Health site, I meet someone who is volunteering his or her time to make our patient experience better. Some raise money, others help people find their way, more provide comfort in all kinds of ways. All are there out of a personal desire to support their community.

As a citizen, I feel huge gratitude for these efforts. As CEO, I am also grateful because I know just how essential volunteers are to the success of our health-care system. Without them, we would falter in our ability to offer well-rounded support to people who need more than just medical care.

April marks the time of year we officially set aside for volunteer recognition across Interior Health. I am fortunate to be invited to many of these celebrations, have the chance to meet the incredible people who make up our team of volunteers in IH, and pass on my heartfelt thanks for everything they do.

A theme that stands out when it comes to our volunteers is their passion for giving back – the dedication and the commitment are tremendous.

Marie Elliot and Ruth Knight in Kelowna are shining examples. The two are being recognized this year for 45 years of service as health-care volunteers – what an amazing contribution!

Volunteers like Marie and Ruth help make the journey through our health-care system more friendly and caring for so many patients, clients, and residents – they live the words “every person matters” each and every day. And there are countless examples of how our volunteers work collaboratively with staff and physicians to provide positive experiences for the people in our care.

In this month’s issue of @IH, we profile just a handful of the amazing volunteers who are making a difference in our communities – from Marisa volunteering six days a week in Trail; to Edie and Ken at Royal Inland in Kamloops, who show the broad age range of volunteers; to the musically inclined Ed, Florence, and Lisa, who lift the spirits of residents in North and South Okanagan.

Volunteers also contribute to the great work of our foundations and auxiliaries across IH – key partners who again illustrate the theme of giving back.

We have recently begun to highlight our foundations in the @IH magazine – and we’ll be showcasing auxiliaries as well – to raise awareness of their invaluable contributions when it comes to helping us to improve patient care. This month, you can learn more about East Kootenay Foundation for Health on p. 16.

To put into perspective the importance of these generous partners, in the last 15 years (up to 2016/17) our foundations and auxiliaries together have contributed almost $145 million for essential equipment and services, medical education, and special programs to improve patient care and comfort.

When I travel to local communities, a highlight for me as CEO is meeting with foundation and auxiliary members. We couldn’t do what we do without their support and it’s important to share that sincere appreciation at every opportunity.

I am reminded of Keith Hern, who I met in Golden last fall, and who has raised more than $100,000 to support health-care improvements in his community. Keith is passionate about health care and did this fundraising on his own time from what started as a “family and friends” initiative back in 2015 (see background story from The Golden Star). These are the kinds of stories and people that stay with me – and inspire me.

I know many of our employees and physicians also volunteer their time and efforts to meaningful causes, as well as donate financially to help those in need, so I extend a thank you to all who do and encourage others to consider it – giving back is good for your own health, too!
Well WISE
Wellness wisdom for work

Giving back to the community

Interior Health
Every person matters

Watch the What is Volunteerism? LifeSpeak Video for more wisdom*

* sign in to the Corporate Account with the ID name: wellness
New technology means faster access to patient imaging records

The more information that’s available to care providers, the easier it is for them to make better decisions about their patients’ care plans.

When that information is at your fingertips, without anyone having to ask for it, those better decisions are made faster. And that means a patient’s diagnosis and their road to recovery begins even sooner.

Thanks to a new provincial collaboration called Diagnostic Imaging Repository (DI-r), that’s the world Interior Health is now living in.

On Feb. 6, 2018, DI-r went live in IH – a significant milestone that will help improve patient care across B.C. because it connects medical imaging throughout the province in a more comprehensive way.

“It saves us so much time and allows us to have previous imaging immediately available for comparison to the current study,” says Dr. Brenda Farnquist, radiologist and education director for Medical Imaging at Kelowna General Hospital. DI-r triggers an automatic upload of a patient’s prior medical imaging and reports from other health authorities into the IH digital imaging system, called Picture Archiving and Communication System (PACS), when a patient has imaging done locally. The available records date back over the last two years, with all records being held in a secure repository prior to upload.

Having these records automatically in the IH system creates a more complete patient imaging record, gives radiologists additional information to report on a patient’s current imaging, and reduces the time for new reports to be completed because past images no longer have to be requested and sent manually.
“This has the potential to reduce the time for certain reports to be completed and delivered to the patients’ care providers,” says Cathy Hudson, PACS and Radiology Information System (RIS) Administrator. “It also provides the radiologists with relevant prior imaging that they may not have known existed in other health authorities, providing additional information for the radiologist to report on the current imaging.”

Dr. Vipal Vedd, chief radiologist at Royal Inland Hospital in Kamloops, hasn’t been using DI-r for very long, but he already sees its advantages.

The key when it comes to imaging is knowing what existed previously, he says.

“The option to view exams with attached reports performed in other health authorities allows for improved diagnostic assessment. It’s helpful to be able to see from previous exams if something has been there before or if something is new – really, you’re looking to see if something has changed,” Vipal says. “This is a huge tool. It’s easier for us to create an accurate and improved report, and to reflect that back to the physician, so he or she has more confidence in what we’re saying.”

And the fact that DI-r is autopopulated is a game-changer.

“We now have the ability to make comparisons to exams that we otherwise would not know existed. In addition, the fact that exams are auto-pulled allows for more time efficient reporting since we no longer need to waste time retrieving the exams. The overall result is improved patient care via improved and more timely medical imaging reporting.”

And better patient care means the potential for better patient outcomes.

“Sometimes, we would have to request previous films and reports from outside IH that could takes days or weeks, slowing the turnaround time with our reports,” Brenda says. “The images and reports are now automatically available and we can provide a quick turnaround time and the most accurate assessment of findings on the imaging studies.”

![Image of Dr. Brenda Farnquist and Dr. Vipal Vedd]
The first signs of fever and cough in the fall put residential care staff on notice that the influenza season has begun. It’s a tough time for residents, their families, and providers.

However, this past winter, Interior Health’s residential care sites had a new plan guiding outbreak management to reduce the number of residents and staff getting sick, the duration of an outbreak, and the impact on hospitals.

After a difficult 2016-17 outbreak season that saw high rates of illness, hospital occupancy, and staff overtime, IH developed a collaborative Outbreak Management Response Plan, which also covers outbreaks of gastrointestinal illness that affect residential care facilities year-round.

The planning process brought together every sector of the organization with a role in managing an outbreak, each with special expertise.

“We had cross-sector collaboration in the process of planning, implementation, and evaluation,” says Joanna Harrison, Director of Access and Flow, Hospitals and Communities Integrated Services, who led the work with IH Central Executive Director Sharon Cook.

“We truly knocked down the silos in this work and it was wonderful to experience this firsthand. The vision was clear and everyone had the same goal.”

The plan established protocols for low, moderate, and severe outbreaks, including the roles and responsibilities of people involved in a response. The levels were identified as Level 1 - facility wide; Level 2 - region wide; and Level 3 - health authority wide. Triggers and actions for each level were clearly laid out in algorithms, and stakeholders were identified.

Planning began in May 2017 and a mock exercise took place in the fall in which committee members ran through scenarios allowing them to identify gaps and fix them before the season began. The end result was an impressive improvement over the previous year.

“We reduced the average outbreak duration in IH facilities by four days and the average number of ill residents from 12 to seven,” said Medical Health Officer Dr. Silvina Mema. “This means outbreaks were...
under control faster than last year, with fewer seniors catching the virus.”

Staff members reported strong satisfaction with the supports offered by the plan. Some of the comments from IH employees included:

- “Although we still had a high flu season, the emergency department didn’t feel as congested or stressful this winter.”
- “There was more co-ordination this year. People knew whom to call to troubleshoot.”
- “Overall, the process and structure has been helpful. It creates accountability through the system for stakeholders to be a part of the process.”

Noric House Residential Care Manager Victor Skrinnikoff relied on the plan during two respiratory outbreaks at the Vernon site and found a big difference between this year and previous influenza seasons.

He said two sets of meetings helped him in his role. Cindy Kozak-Campbell, Executive Director, Residential Services, hosted bi-weekly WebEx meetings with all the residential care managers in IH and provided comprehensive oversight of the plan and fast answers to any challenges a site might be facing.

“New information was provided at an accelerated rate and there was an opportunity for immediate feedback. Sometimes when you are getting communication through emails, people interpret it differently. With everyone on the phone together, we could discuss it and ask questions.

“It was a great opportunity for all site managers to understand the direction and learn from each other’s experiences.”

Victor also credited the Level 1 Outbreak Management Team daily meetings, required at any facility in an outbreak situation, for easing the burden on managers. The huddles bring together all the leads at a site with the infection control practitioner.

“The intent of those meetings is to review the overall status at the site daily – like new cases and infection spread – and to discuss what we are doing and what can we do better. Information gets directly to the key players. In the past, it was up to the manager to serve as the go between.”

As an example, if the Housekeeping department is low on cleaning products, the issue is raised at the meeting and the person responsible for getting the product hears it and is able to deal with the request without delay.

Dr. Mema said outbreak prevention and control is one of the main objectives for the medical health officers. The successful implementation of the plan had a positive impact not only on facilities but also on the organization and community as a whole.

“Outbreaks in long-term care are highly disruptive for residents and their families, workers, and the overall operation of the health-care system.”

Joanna said planning ahead meant a lot of work in the months prior to the outbreak. Teams came together with representation from Infection Prevention and Control, Residential Services, Acute Care, Community Support Services, Epidemiology, Strategic Information, Communications, Medical Health Officers, and the Communicable Disease Control Unit.

With the influenza season wrapping up, the work will shift to evaluating the plan and strengthening it.

“We have been collecting feedback along the way and definitely have areas identified for improvement for next year when we hope to expand our success rate into the private facilities and reduce our numbers even further for the IH facilities,” says Joanna.

No one ever looks forward to influenza season, but the new comprehensive response plan has IH teams prepared to face the inevitable again next fall.
Outreach helping students

Sometimes the best way the health system can make sure the right services are accessed is by bringing the services to the people in need.

Such is the case for youth in Playmor Junction, a small rural community at the entrance of the Slocan Valley, nestled among the mountains partway between Castlegar and Nelson.

For teens in the area, access to health care is particularly challenging. There is no health centre, no doctor, and no pharmacy nearby.

However, the principal of the local high school was aware of nurse practitioner (NP) support for high schools in Nelson and Trail. With his advocacy, NP Lori Verigin began providing services at Mount Sentinel secondary this winter.

"Otherwise, students rely on parents to drive them or take public transport and it’s quite a distance and services are scattered. When you are supporting adolescents you need to be prepared to provide quick access because they live so in-the-moment," Lori says.

Lori’s role is unique in that she operates in a private practice in Trail, but is an Interior Health employee.

"It’s an effective model of care. My mandate is to be out in the community," says Lori, who also spends a lot of time doing home visits with the older adult population.

"The staff at Mount Sentinel have been great. The counsellors identify and book appointments for the kids. We are there to provide a range of services – everything from basic primary care to support for anxiety and other mental health issues."

Lori is one of several NPs providing school-based outreach to an otherwise tough-to-reach population. Other communities with similar NP services in schools include Princeton, Chase, Nelson, and Williams Lake (at the Thompson Rivers University campus). In some cases, the service is supported by an IH nurse.

"I do a once-a-month youth clinic at Chase secondary school along with Public Health RN Donna Dube here in Chase," says NP Keltie Everett. "Right now the clinic is fairly focused on sexual health, although we have done a couple of information sessions about drug awareness and building resiliency in the past year as well."

The confidential advice offered by a health-care professional is particularly welcome in a small town, says Grace Nakano, who provides clinics at schools in Nelson.

"Although a student may have family and friends they can talk to, they may be more comfortable talking to a health-care provider about certain issues."

David DeRosa is principal at Stanley Humphries secondary in Castlegar, one of the four secondary schools in the Kootenay Boundary region that Lori visits.

“We are very aware of the challenges that many of our students and their families face in accessing health care. We have a significant number of students that do not have a family doctor and, therefore, go without the health care and support they need for extended periods of time.

“Our child youth care worker provides a supportive role in the process, as she works regularly with our student population and helps to set up appointments.

“We would like to also express our thanks to Interior Health as we co-operatively and collaboratively address the needs of our students. We are all excited that our students now have direct access to the services provided by a nurse practitioner,” says David.
AUTOMATED SHIFT CALLOUT (ASC)

Getting shifts just got easier.
Upgrade coming April 11.

Choose how and when you get shift offers:
- TEXT
- EMAIL
- PHONE

New Features:
- Mobile friendly
- Adjustable views to better see your bidding history and available shifts
- Enhanced search features to find specific shifts
- Customize your preferred method of contact for each day
- Confirm contact preferences with the new ‘test’ feature
- Customize your name and general greeting
Trinity Care Centre is filled with fun and music every Wednesday morning thanks to volunteer Lisa King. In addition to singing along, the residents enjoy dancing, playing air instruments, and laughing – a lot.

Lisa has been volunteering for about eight years at various care homes. She started with pet therapy, but the dog passed.

“I realized right away I couldn’t quit, so I started playing music for the residents,” says Lisa. “I had the pleasure of seeing the effects of music – in two words: magical and heartwarming!”

Lisa’s motivation is her late father.

“My dad was diagnosed with dementia about 10 years ago. I learned the patience required to be around this disease and it made us even closer. In 2015, he passed away in my arms. He always told me ‘do good things,’ so I said I would.”

For Lisa, volunteering has been very rewarding. She enjoys watching residents and their family members smile and have fun.

“I think it helps them feel peace and it brings me peace as well,” she says. “They give me much more than I think I give them.”

Marisa Jimenez first arrived at Poplar Ridge Pavilion in 1994 to help a family friend. As she saw areas where volunteers were needed, she began lending a hand around the facility, too. Twenty four years later, Marisa remains an extremely active volunteer.

For the past 17 years, Marisa has organized and run Poplar Ridge’s biggest fundraiser – the Christmas Raffle. In 2017, the raffle raised $7,310 to support recreation programs for residents. Preparation for the raffle begins in August; Marisa spends countless hours canvassing local businesses, organizing prizes, and selling tickets.

However, the raffle is only one of Marisa’s volunteer activities.

“Marisa is a tiny spitfire who has so much energy to burn,” says Volunteer Coordinator Margot Wright. “She volunteers at Poplar Ridge six days a week in countless capacities.”

Marisa sells popcorn at Kootenay Boundary Regional Hospital each month with proceeds benefiting Poplar Ridge. She works special events, bingos, and games groups. You can also find Marisa visiting with residents and portering them to and from activities. She helps to organize barbecues, the meal club, and church services. Residents and staff frequently receive special treats such as licorice sticks or other candies as she makes her rounds.

“She has a way about her that assures everyone that things will be OK,” says Margot. “Marisa is a special lady who gives so much of herself to the residents, families, and staff.”

DOING GOOD THINGS

Meet volunteers who make a difference
Each month, Ed and Florence Kriger take their love of gospel music on the road to Polson Residential Care. The couple have been singing at Polson under the name Country Dove for more than five years now. But Polson isn’t the only stop on their musical tour – they also sing for residents at Noric House in Vernon and Pleasant Valley Manor in Armstrong.

“We’re glad to be able to share and uplift so many and bring joy into people’s lives,” says Ed. For many residents, the songs Country Dove perform have provided comfort and inspiration.

“We are so lucky to have such dedicated volunteers,” says Allyson Thompson, Volunteer Coordinator. “They raise the spirits of our residents.”

Edie McMullen is one of Royal Inland Hospital’s longest-serving volunteers. Each week the 87-year-old can be found at the hospital’s main Information Desk. She has heard nearly every question you could imagine and has patiently problem solved many unique situations.

Visitors and staff alike look forward to seeing Edie’s sunny smile, cheery demeanour, and hearing her lovely English lilt. “We are so lucky to have Edie volunteer at the hospital,” says Volunteer Coordinator Gayle Weiss.

Soon after her husband passed away in 2008, Edie began volunteering as a reason to get out of the house. She describes herself as a “people person.”

“I was tired of my own company and being with others was good for my morale,” says Edie. “I love meeting people; I get the chance to meet all kinds of people and that really makes my day.”

Among Edie’s new friends are Ellen Woodward and Lynn Murphy. Ellen and Lynn volunteer at the hospital, too.

The trio often go out for coffee to catch up on their busy lives.

“These ladies are a wealth of information,” says Gayle. “They offer friendly assistance, directions, and anything else to help the patient experience while visiting RIH.”

Ken Johnson is one of Royal Inland Hospital’s most energetic and enthusiastic youth volunteers. Each week after school, he arrives at the surgical ward where he visits with patients and helps the staff. Ken has learned a lot over the three years he has been volunteering.

“Giving back to the community, connecting with people in the most troubling times of their lives, and helping to make them at ease is why I do it,” says Ken.

When he graduates from high school this June, Ken plans to put his volunteer experiences to use pursuing a medical career. He has been accepted to both McGill University and UBC for his undergraduate education. One day Ken hopes to become a doctor. In the meantime, he brings his tireless desire to help wherever he can in RIH’s surgical ward.

“I have loved watching Ken grow as a volunteer,” says Volunteer Coordinator Gayle Weiss. “He is such a wonderful role model for other youth.”

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Accreditation is a word that is well known around Interior Health. What may not be as well known is that Accreditation Canada will visit our sites in September 2019. These visits are our opportunity to showcase the amazing work done throughout IH and to share how we are setting new standards of excellence in the delivery of health services in British Columbia.

Let’s look at how the accreditation process can help us achieve our vision of excellence in health services delivery by reviewing the five “W’s” of accreditation.

**What?** Accreditation Canada is a not-for-profit organization that is dedicated to working with patients, policy makers, and the public to improve the quality of health services. The process of accreditation helps us assess, measure, and improve the work we do to ensure high quality and safe patient care. Accreditation is important for our entire organization as it brings evidence-informed practices to the forefront and promotes a sustainable culture of improvement that helps us to save and improve lives.

**Who?** Accreditation Canada evaluates health systems with the help of experienced health-care professionals who work in other accredited systems and facilities. These “surveyors” are our colleagues from around the country. They assess our services using national standards of excellence that are developed by the Health Standards Organization, an affiliate of Accreditation Canada.

**When?** Accreditation is an ongoing cycle that includes an on-site visit every four years. The last on-site visit at IH was in 2015 and work has continued throughout the organization to address and improve our performance as measured against the national standards.

There are a number of activities that will occur before the Accreditation Canada surveyors arrive again in September 2019:

- **Self-Assessments** – assesses how we are currently meeting the accreditation standards, identifying strength areas and gaps
- **Worklife Pulse Survey** – assesses our work-life culture and asks about your overall experience in Interior Health
- **Patient Safety Culture Tool Survey** – assesses our patient-safety culture and asks about your perceptions and opinions of patient safety in Interior Health

We use these surveys and other information related to our performance to help teams detect areas for improvement and implement actions to address identified gaps in meeting accreditation standards.

**Why?** Accreditation supports a vision to set new standards of excellence in the delivery of health services in Canada and internationally. The quality improvement journey is an ongoing one. We are always seeking a higher level of performance and better outcomes for our patients, clients, residents, and their families.

When people come into one of our sites and see that we are accredited, they know that we have met or exceeded national standards of excellence. Employees can feel confident in knowing that they are providing the best care possible for their patients, which also contributes to improved staff satisfaction.
Everywhere! While specific locations are selected for the on-site visit, the accreditation process allows everyone at Interior Health to reach for the optimal level of care that we desire. For example, by completing the self-assessments and surveys, employees and physicians have an opportunity to provide their perspective on how their team is performing and whether we are continuing to cultivate a culture of patient safety, quality, and excellence.

“As we move closer to the on-site visits, I would like to invite everyone to think of accreditation as a method to support and maintain high-quality care and continuous quality improvement,” says Michelle Schmidt, Accreditation Leader.

“It is important to remember that we are inviting Accreditation Canada into the organization and that the surveyors are here to assist us in improving the care that IH is proud to deliver. The standards they are assessing the organization against are based on evidence-informed practices throughout Canada and the world. It is only natural that we should be striving to meet these standards on an ongoing basis. We know that investment in this priority takes valuable time, so we sincerely appreciate your hard work in relation to accreditation.”

You can find more information by visiting the Accreditation web page on the InsideNet under Quality & Patient Safety, or by emailing Accreditation Leaders Michelle Schmidt or James Chan with your questions.

**Michelle Schmidt**

Leader, Accreditation

Michelle Schmidt accepted the role of Accreditation Leader in December 2017, following more than three years in high-level administrative roles within Interior Health. Prior to coming to IH, Michelle held a position as a Quality and Safety Education Consultant with Alberta Health Services.

Michelle is responsible for all aspects of planning, coordinating, and organizing key deliverables identified by Accreditation Canada. She is excited about her move to accreditation as a return to the world of quality and patient safety.

“The roles I have held have allowed me to gain an extensive knowledge of Interior Health and the B.C. health-care system and I am excited to use my knowledge in this new role.”

When not working on accreditation, Michelle spends much of her time outdoors playing ball, hiking, camping, gardening, and skiing. In addition, Michelle and her husband keep busy with transporting their two young children to sporting activities and cheering them on.

Michelle is joined by James Chan to ensure that we achieve and maintain our accredited status. James was instrumental in leading accreditation at IH in 2012 and 2015 and will lend his experience and knowledge to the process once again.
What is your Foundation’s focus or mission? Why is what you do important?
The East Kootenay Foundation for Health provides funding for the East Kootenay region. We fund the East Kootenay Regional Hospital (Cranbrook), Creston Valley Hospital, Invermere and District Hospital, Golden and District Hospital, Elk Valley Hospital (Fernie), five extended care homes and numerous community health-care facilities. We also help educate the communities on health-care needs within our region. We are an important link between Interior Health and the East Kootenay region. We get people excited about health care.

What are some of your past favourite campaigns?
Our favourite campaign is our annual Starlite Campaign. This event runs from Nov. 1 until Dec. 31 each year and we always have a different project to support. Stars hanging from the roof of the East Kootenay Regional Hospital are lit up for every $5,000 donated. It is always very exciting when we have all of the stars light up because it shows the amazing support that we receive from all of our communities. This past year we also lit stars on the rural hospitals. Next year, we will expand and have stars on the community health centres as well.

Tell us of one of your Foundation’s proudest moments.
Since I have only been here for less than a year, my proudest moment took place during the Starlite campaign this past Christmas. We were asking our communities to support the smaller items in health care, such as blood pressure cuffs, and wheelchairs – items that would not create a lot of excitement. We set a goal of $170,000 and we ended up surpassing the goal and raising over $250,000. The best part of the campaign is we had a record number of donors and a lot of brand new donors who have never donated to the EKFH before. I was so proud of our communities in the East Kootenay for stepping up to the plate. Their generosity was overwhelming!

Is there a particular donation over the years that stands out in your mind – an unusual situation or donation itself?
Every donation stands out. Whether it is $20 or $150,000, every dollar makes a difference in our health-care system. Everyone has a personal story to why they are donating to the Foundation and to a certain facility or department. We have one donor who gives to the East Kootenay Regional Hospital a few times throughout the year. She always writes down her story explaining why she is donating. Her recent donation was because of the excellent care she received in our hospital. She named every individual from the doctor to the nurses to the lady who delivered her meals. She was so appreciative and couldn’t say enough about them. Another one of her donations was in honour of her ladies walking group because they always brighten her day when they are out walking and solving all of the world’s problems.

Any parting words?
I never thought I would be so passionate about health care until I started this career as EKFH Executive Director. There is such an enormous need for funding for essential equipment in all of our facilities. Every time I speak with a health-care worker that is in need of equipment, I feel that their need is a priority. Every single thing is so important. There are just not enough resources to fund all of the needs. This is where the Foundation comes in. It is our job to raise awareness and seek out funding though our generous donors, sponsors, and granters. Health care touches every single person. I feel very privileged to work alongside all of the amazing donors because without them we wouldn’t be as successful as we are. Together we are improving health care for every resident of the East Kootenay IH region! 🧘‍♀️
$392k
Total foundation donations to IH (2016/17)

Some recent funding by EKFH ...

$650,000
Permanent MRI at EKRH

$2,209
Oxygen concentrator for Durand Manor in Golden

$1,294
4 cardiac stethoscopes for Invermere ED

$36,064
Portable ultrasound for oncology at EKRH

$4.6m
Total EKFH donations to IH

2003
Foundation began

Find more information at www.ekfh.ca.
Where we live & work.
Lone Butte
Submitted by: Julie Kobayashi

Wasa
Submitted by: Marian Kabatoff

Nelson
Submitted by: Vicki Hart
Visit Facebook to see more of the faces in IH.
Cultural Safety: respect and dignity

Relationships are improved through culturally safe practices. Cultural safety for Aboriginal people is achieved when our programs and initiatives are aware, inclusive, and respectful.

Welcoming our clients and patients through art

Interior Health recently hosted an exhibit showcasing the art and services housed in the new Community Health Services Centre in Kelowna.

Visit Facebook for photos of the event.

Kimberley Health Care Auxiliary

These amazing volunteers are true health care champions in the East Kootenay Interior Health Region. Every year the Auxiliary donates over $100,000 to help fund essential equipment purchases.
Do the right thing.
How you behave matters.
Review the updated Standards of Conduct policy to learn more.