Gold Apple awards

Urgent primary care centre opens

Roadshow builds career interest

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As I approach my retirement this fall, I continue to be amazed by what it takes to make this system work each day — every person matters and every partner matters.

In mid-July, I joined members of our Aboriginal Health team, as well as Board Chair Doug Cochrane and VP Jenn Goodwin, on a road trip to visit Secwepemc and Ktunaxa communities in our IH region. We were fortunate to meet with leaders from Adams Lake, Splatsin, Kenpésq’t (Shuswap Indian Band), Akisqnuk First Nation, and Tobacco Plains Indian Band; and to tour community outreach sites in Cranbrook (Operation Street Angels, Mary Basil Recovery House, and Scotty’s House).

Many of the conversations focused on our staff working side by side with First Nations community health staff to meet the local needs. For example, how a local nurse practitioner may have clinic hours in a First Nations health centre. The ongoing and shared response to the opioid crisis was another common topic and one that further highlights the importance of collaboration between IH, our local nations, and the First Nations Health Authority.

Our redevelopment plans at Cariboo Memorial Hospital in Williams Lake showcase another type of partnership. The Capital Planning team is spending several weeks in Williams Lake this summer, meeting with hospital user groups to get their input into important changes that will help build the business case for this project. In addition to the engagement with the clinical teams at the site, they have reached out into the community to connect with Aboriginal groups and listen to elders while also gathering feedback from local family physicians — all key partners in building health care.

When we talk about building health care, we can’t forget an essential building block — the education system that grows and develops a highly skilled and competent workforce for the future. In this issue of @IH, read about the Healthcare Travelling Roadshow led by Southern Medical Program (SMP) students based at UBC Okanagan, with a goal to inspire the next generation of rural health-care professionals (see p. 12).

In July, we were honoured to participate in Okanagan College’s groundbreaking event for their new Health Sciences Centre in Kelowna. VP Susan Brown spoke on behalf of IH and emphasized the benefit for students, but also the ripple effect for employers like IH and the communities we serve. This new facility will increase the availability of skilled graduates we can hire to help provide high quality care across a wide variety of roles and settings.

And those settings are ever changing in our health-care system. The new Urgent Primary Care Centre now up and running in Kamloops is a great example of system transformation borne out of partnership. It offers improved access through team-based care and, by all accounts, is hitting the mark so far. The early success is due in large part to the early consultation and collaboration with the local Division of Family Practice and Aboriginal leaders, while also tapping into the knowledge of physicians, patients, IH leaders, and a broad representation of clinical and support staff (see story on p. 6).

Our provincial partners are integral to the work we do as well. In June, the Ministry shared an expanded mandate for the Provincial Health Services Authority (PHSA), which delegates province-wide responsibilities to PHSA in four key areas: clinical coordination and oversight; clinical services delivery; commercial services; and coordination and oversight of information management and digital/information technology. The intent here is for PHSA to first complete an assessment of operational models in the regional health authorities to inform a service plan going forward. At this time, there are no changes for Interior Health, and we will continue to work collaboratively with our partner health authorities and the Ministry of Health on shared initiatives and priorities like this one.

The examples are endless, but the theme is consistent — health-care delivery is truly a partnership. And one that has at its core the focus on always finding ways to better meet the needs of our patients and clients. Here’s to teamwork!
Evidence Based Stretching and Core Exercises

Watch the Managing Mechanical Body Pain LifeSpeak Video to learn more.*

* sign in to the Corporate Account with the ID name: wellness
When Michele Vollweiter brought her daughter into the emergency department at Royal Inland Hospital (RIH), she settled down for a wait. She knew her seven-year-old wasn’t in a medical crisis, but she did need a same-day appointment in case antibiotics were needed.

“While we were waiting, a hospital staff member approached us and asked if we wanted to consider an appointment at the Kamloops Urgent Primary Care Centre (UPCC) at the front of the hospital. He had appointments available between 5 and 9 p.m.”

Michele says she and Ali were happy to be able to go home and rest, avoid the Emergency wait, and also not take up an appointment for someone who might need it more urgently.

“Our appointment was for 5:30 p.m. We went in and saw the medical office assistant, the nurse came in and took some information, including Ali’s vital signs, then we saw the doctor. They were awesome down there. That’s a great place. We were in and out within 10 minutes.”

The UPCC opened in June as a new option for people who aren’t able to get a same-day appointment with their own physician or nurse practitioner, but need attention within 24 hours.

It’s not a walk-in clinic and, currently, accepts patients who have gone to RIH Emergency for something they would normally visit their family doctor about and/or for care that requires a procedure or equipment not readily available at their family doctor’s office, says UPCC manager Kerry McLean Small.

If they meet the criteria for UPCC, patients are offered the choice of remaining in the ED or taking an appointment at the centre later that afternoon or evening. One of the goals of the UPCC is to help alleviate pressure in Emergency, so staff there can focus on patients with more critical health issues.

“So far, many people have been enthusiastic about making an appointment at the UPCC. This option suits a variety of patient circumstances. We had a slow start initially while everyone from staff to patients learned the processes with
referrals, but for the past three weeks, our appointments are filled quickly,” Kerry says.

Patient feedback has also been positive. One mom even took the time to write a letter to the local Kamloops newspaper about her family’s experience.

Christine Wheeler wrote that her daughter recently received a nasty muffler burn on her leg that wouldn’t heal. She went to the ER, where she was assessed and redirected to the primary care centre with an appointment time.

"While there, she received the best care she has ever received. The staff were amazing, in particular the nurse, Laurie. She was kind, compassionate and helpful. My daughter’s burn required subsequent visits that we were able to pre-book directly with the nurse. We were even able to get in on short notice when the burn needed an extra redressing.”

UPCC was developed in partnership with the Thompson Region Division of Family Practice and is staffed by a roster of local family physicians, as well as doctors who also work in Emergency on other shifts, along with Interior Health RNs and LPNs, medical office assistants, and eventually a physiotherapist and social worker.

Patients who require bloodwork are able to go to the IH lab on the top floor of the Clinical Services Buildings or to a community lab. As well, patients who may have an illness or injury, such as a bone fracture, can get almost immediate attention in the hospital’s Medical Imaging department, says Kerry.

The physician at the clinic gets the results quickly so he or she is able to diagnose and treat the condition. If casting is required, the licensed practical nurse with ortho certification handles the task.

Aboriginal partners in the community also contributed on ways to ensure the centre is welcoming to all Aboriginal patients and they will continue to provide ongoing feedback. UPCC staff take cultural education courses so they are able to provide culturally safe and competent care.

Kerry adds that both physicians and clinic staff are happy with the atmosphere in the new clinic and the variety of patients they are treating.

The Kamloops UPCC was the first of its kind to open to patients in B.C. and aligns with the Ministry of Health’s vision for primary care by increasing access, expanding team-based care, and offering extended hours for patients. The Kamloops centre is currently open seven days a week from 5 to 9 p.m., with plans to extend hours in the coming months.

In Christine’s words: “This new model of care is amazing — continuity of care and great service.”

In late August, the Family Practice Learning Centre (FPLC) will open at the site, which will then be operational as the Urgent Primary Care & Learning Centre. The FPLC was developed in partnership with the UBC Faculty of Medicine, Department of Family Practice.

Patients will see UBC family medicine residents guided by preceptor physicians from the Kamloops community, with staffing assistance from the UPCC side. Together, the preceptor and resident will provide primary care to patients referred to them from the HealthLinkBC 8-1-1 referral system, UPCC, and other IH sites for follow-up care.

The FPLC will be open Monday to Friday, eight hours per day, depending on resident availability and patient demand. The goal is to extend to seven days per week.

Dr. Selena Lawrie, with the UBC Department of Family Practice and an IH board member, says the UPCLC will offer a supportive environment for family medicine residents to gain experience and to care for patients.

“It will attract our next generation of primary care doctors. When we provide family medicine residents an opportunity to practise in Kamloops, we increase the likelihood they will stay in the area to work on an ongoing basis,” she says.

The capital cost of the UPCLC was $3.4 million, with $1.36 million coming from the Thompson Regional Hospital District.
Join Manager Kerry McLean Small for a tour of the UPCC, including some of the artwork that complements the space.

ART WELCOMES PATIENTS throughout the Urgent Primary Care Centre

Patients who come to the Urgent Primary Care Centre in Kamloops are surrounded by beautiful artwork as well as quality health care.

Well-known local artist Tricia Sellmer donated a series of paintings in memory of her husband. The vibrant paintings throughout the centre are from her *Postcards from Umbria* collection.

A tribute to her husband accompanies the paintings:

“In loving memory of Wolfram Sellmar who always made everything possible and knew the music and poetry that resonates in touching the sky with visual colour.”

As well, Secwépemc artist Ed Jensen created an outstanding sculpture of salmon — an important symbol and staple for Aboriginal people in the region. His work can be found in private art collections in Canada, the United States, and abroad. Ed was juried into the prestigious Sante Fe Indian Market Show and Sale in August 2015.

He currently lives and works in Kamloops and his work can be seen at various events throughout Canada and the United States.

Ed describes himself this way:

“I am a self-taught traditional/cultural tool maker from the Secwépemc Nation. I specialize in traditional bows, arrows and stone knives and take on all types of projects involving things I can harvest from the land and turn into usable implements.”
2018/19 Key Strategies

Primary & Community Care
Mental Health & Substance Use
Seniors Care

By focusing on these key strategies, we are transforming our health-care system and improving the care experience for patients and providers.

Surgical Services
Aboriginal Health
Health & Safety in the Workplace
OUR HEALTH CARE

When Lynda Martyn was driving from the Ottawa Valley across the country to her summer job at the Boys and Girls Club in Port Coquitlam, she was not thinking that one day she would win an award for her contributions in health care. Her career was just beginning.

Lynda was in her final year of a Bachelor of Science in Communicative Disorders at the University of Western Ontario in 1982, when recruiters from the B.C. Ministry of Health made a visit to offer interviews.

“I couldn’t believe my good fortune when the recruiters arrived,” says Lynda. “I was interviewed and offered a job as a community-based speech-language pathologist at the Kelowna Health Centre and Kelowna General Hospital.”

In her role, Lynda met Dorothy Deakin, the speech-language pathologist who had founded the Kelowna Cleft Palate Clinic in the 1970s. Dorothy, who was preparing to retire, told Lynda, “Take care of my baby.” That baby became the Cleft Lip/Palate Clinic.

Over the years, Lynda has carried on the passion and dedication to support children and families with cleft lip and/or cleft palate.

What matters to Lynda most about the clinic is the local support it offers to parents.

“The clinic is fulfilling because I get to access all the great expertise in the community, bring it to a central location, and ease the travel burden on the families,” explains Lynda. “If parents have to drive all the way to Vancouver to access cleft lip/palate services, it can be very hard for some families. Those that can’t go miss out on this service. The Cleft Lip/Palate Clinic in Kelowna offers a much closer access point for families who live in the IH region.”
The clinic is held four times per year, and is the only clinic of its kind in B.C. outside of Vancouver and Victoria. Lynda arranges for a plastic surgeon, ear, nose, and throat specialist (ENT); audiologist; dental hygienist; pediatric dentist; orthodontist; and pediatrician to gather in one location to see families with children who have cleft lip and/or cleft palate. Lynda is the speech-language pathologist on the team as well.

It is Lynda’s passion and dedication to this work and to these families that inspired Janice Bennett, Professional Practice Leader, Speech & Language Services, to nominate her for a Health Care Hero award, presented by the Health Employers Association of BC (HEABC).

“It has been a priority for Lynda to connect with families and create positive relationships from the time of the birth of the baby right into their teenage years,” says Janice. “I can attest to the numerous expressions of gratitude she’s received, often with considerable emotion. Lynda goes above and beyond the scope of her job.”

For ensuring that children across the B.C. Interior have the opportunity to benefit from the best possible care for cleft lip and/or cleft palate, Lynda was named IH’s Health Care Hero.

“I am honoured Janice made the effort to nominate me, though I am not 100 per cent surprised,” says Lynda. “Janice is the kind of person I really value in professional practice. She makes a point of encouraging and celebrating each individual’s work, as well as facilitating teams. I am fortunate to work with people who acknowledge the cleft palate team, and the service it provides to our communities.”

One day, Lynda says she would like to see a dedicated resource for the clinic and more time put to the promotion of it throughout the health authority, especially for new physicians as they come in.

In Lynda’s particular case, this recognition comes from an inherited passion from Dorothy.

“My advice to fellow colleagues would be to honour the passions of others or to expand your own passions to further advance the developments in health-care programs and services.”

“There’s a new generation of physicians who don’t know about the clinic. It would be great for them to know they can refer families locally, rather than to the Coast, if appropriate,” says Lynda. “I know this award has already helped increase awareness. I am very thankful.”

**About the clinic**

The Cleft Palate Clinic is part of the Early Childhood Development Program, which comprises Speech, Audiology, and Dental Services.

In addition to Lynda’s dual roles as organizer and speech language pathologist to the CP Clinic, Early Childhood Development staff provide audiology and dental hygiene services, seeing children and youth up to 19 years of age.

Watch Lynda at work with her colleagues, patients, and their families.
Students from UBC’s Southern Medical Program (SMP) hit the road in early May with a mission to inspire the next generation of rural health-care professionals — and they also happened to learn a few things along the way.

Taiysa Worsfold and Janine Olsen are first year medical students based at UBC Okanagan, and together, they visited Sicamous, Revelstoke, and Nakusp high schools as part of the Healthcare Travelling Roadshow.

Since 2010, the roadshow, delivered in partnership with the University of Northern BC, SMP, Interior Health, Rural Education Action Plan, and the Northern Medical Programs Trust, has reached more than 8,500 high school students in 43 communities across the province. It was first launched in an effort to address workforce shortages in rural areas by giving high school students exposure to a broad range of careers in public health that they might not otherwise get.

Over 450 students participated in the 2018 Interior roadshow, just one of three that takes place in B.C. each year.

Taiysa Worsfold didn’t have the opportunity to participate in a roadshow when she was in high school, but wishes she had. When she was a teenager, she wasn’t aware of the vast career possibilities available within health care.

“At the time, I only really thought nursing, medicine, and physiotherapy were options,” she explains.

Janine grew up with a sonographer mom and had never seriously considered a career outside of health care, but like Taiysa, she knew little about the broad range of health-related careers.

“I remember being in high school, and even in university, and not knowing that there were a lot of options for health-care careers. In my mind, and probably for many other people, it was doctor, nurse, pharmacist, and not many others,” Janine says.

It’s in part because they themselves knew so little about the array of health professions, despite both pursuing medical studies, that Janine and Taiysa feel it’s important to showcase health-care careers to high school students.

“High school is a time when people really start thinking about what they may want to go into in university and what career they want. It’s good for kids to have early exposure to a variety of careers in an interactive way because there are different paths to these careers, and it’s easier if they figure that out sooner than later,” says Janine.

Visiting the schools helped Taiysa see firsthand why the roadshow is so necessary.

“In many communities they don’t have exposure to the various health-care careers out there, so this roadshow has the chance to really impact their lives,” Taiysa says.

And when it comes to addressing the shortage of health-care workers in rural areas, “It’s also important to have rural students entering health-care professions because they are more likely to want to return to these communities since they have family and connections within the communities,” Taiysa learned.
The pair was part of the B.C. Interior roadshow organizing committee, working alongside two second-year students who participated in the roadshow last year. Taiysa and Janine planned everything from recreational activities to meals for their team and were tasked with gathering all the health equipment used for presentations in the schools. They also organized presentations, delivered surveys, and corresponded with schools, hospitals, and city councils in the month leading up to the visits.

The experience, which included tours of IH facilities and services, was invaluable and opened their eyes to what living and working in a rural community might look like.

“I think the roadshow gave me a taste of what health care may be like in a small or rural community and the scope of practice for some of these areas,” says Janine.

“We had a lot of opportunity to talk with locals within and outside the health-care field,” Taiysa says. “Something that really stuck with me was when a Revelstoke staff member talked about how they deal with major multi-person traumas, such as those from accidents on the highway. Even though they have very limited resources in comparison to bigger hospitals, they still manage to provide excellent quality of care in a timely manner.”

The roadshow also gave Janine and the other health students a better sense of how interdisciplinary health teams work together — something they typically don’t learn about until later in their schooling, she says. A total of 10 health-care students representing medicine, nursing, physical therapy, midwifery, pharmacy, dental hygiene, respiratory therapy and cardiologly technology participated in the 2018 road trip.

“I definitely gained a deeper understanding of what other health-care professionals do and what their roles are in the health-care picture.”

She was also able to form connections with those already working in the field.

“I learned a lot about how it can be to interact with different health-care professionals, and it was great to develop personal relationships with potential future colleagues.”

The high schoolers ended up teaching the SMP students a few things, too.

“One thing I learned through talking to some students and reading responses in the surveys was that there was a significant interest in mental health at many of the schools,” Janine says.

In the end, both the SMP and high school students shared an experience that may not only shape their own futures, but could even improve the future of health care in rural communities.
MAKING CONNECTIONS:
Navigators help people get active & well

Professional Practice Lead and physiotherapist Norm Hanson is blunt in summarizing the benefits of Kelowna’s Physiotherapy Navigator Program and the services provided to patients.

“Avoiding knee surgery is nice. But staying alive is really good,” he says.

It’s not an overstatement. For those with COPD, regular exercise is a vital tool to manage their condition and avoid dangerous flare-ups. But for many people with respiratory conditions or chronic joint pain, the idea of walking into a gym is unappealing, intimidating, and even scary.

That’s the beauty of the Physiotherapy Navigator Program, which provides guidance and reassurance to those who need it. The program also encourages people to be accountable and take ownership of their personal health.

“We are very clear that we don’t want to make people patients. At a hospital you are a patient. At a recreation centre, you are a participant,” says Norm.

The unique, free program is a collaboration between Interior Health’s Allied Health program and the City of Kelowna. An Interior Health physiotherapist provides expert direction to the most appropriate community-based services, such as the Healthy Hip and Knee Program, Chronic Pain Program, and Healthy Heart Programs.

“This unique service has been a great addition to the Parkinson Rec Centre as it provides residents with more guidance into which of our exercise programs best suit them, says Recreation Technician Jenny Linden from the City of Kelowna.”

“I think the service brings many residents through our doors who may not have come otherwise, whether they try our programs or not, it’s an important first step. It’s also nice to have a familiar face here at the Rec Centre from Interior Health who the residents may have spent time with previously.”

Overall the navigator service provides that extra reassurance residents need when choosing an appropriate exercise program; especially those who are new to exercise and those living with or at risk of chronic health conditions.

Kelowna resident Margaret Thompson was well aware of the benefits of exercise leading up to her knee surgery on July 6.

“I wanted to make sure I did everything I could to heal faster,” she says. Although never a “real swimmer,” Margaret began water walking at the local pool. Four months ahead of her surgery, she reached out to the navigator program and connected with Physiotherapist Teresa Hanson who provided her with additional pool-based exercises she could do on her own.

“People are amazed at how well I am doing, and I put it to the exercises. I had a 90-degree bend less than a week after the operation and I think I could even walk without crutches.”

There are three referral sources for the free physiotherapy navigator service.

The program has the support of many local physicians who will refer people to the program directly. “They will tell people ‘you don’t need physiotherapy – you need physical activity,’” says Norm.

Referrals are also made through the Acute Rehabilitation Program and Respiratory Therapy.

“We see a gamut of people,” says IH Physiotherapist Laura Dyck. “We find patients who access our service...”
have less anxiety about coping at home, as well as better outcomes and fewer complications. We connect them with appropriate resources in the community.”

“For someone who comes in and says ‘I went to my doctor and had X-rays, I have a really bad knee, but I don’t know how to start or where to start. I don’t like to exercise in the gym.’ We can suggest spending time in the water, or dancing, or yoga. We look at their interests, where they live, their medical status, and make it something that is easy to access and, importantly, something they enjoy that they will keep up, so we are setting them up for success.”

The successful partnership has extended from Kelowna to West Kelowna. At the Johnson Bentley Memorial Aquatic Centre, this navigation service offers help to people with many ailments to become active in a friendly environment. They have many certified instructors with years of knowledge and experience.

“It has been an absolute joy for our staff to join with Interior Health to create a safe, fun environment while witnessing the ongoing improvements of people who have now become part of our regular customers at our facility,” says Administrative Coordinator Jane Diachuk.

The benefits of activity go beyond the physical. There are also benefits for participants’ social and mental well-being. This is especially the case for the older population, as many may not be driving any longer, their friends have moved or passed away, and they may be missing out on important socialization.

“The social aspect is important, because when someone knows that their friend is looking forward to their regular weekly walk, that person is much more likely not to skip it,” says Laura.

There are countless success stories.

“We had a lady come in and she said she hadn’t walked upstairs in years. She said she couldn’t even go up one step. After working with the physio navigator, she was able to actually go up a small flight of stairs with railing and crutch and after her knee surgery she came back to see me and she was walking her dog, going up stairs, and doing things she thought she would never do again.”

“It makes you feel good to see someone with that new lease on life,” says Laura.

To connect with a physio navigator in Kelowna/West Kelowna, contact a local recreation centre and request a current schedule.

Teresa Hanson is one of the IH physio navigators who helps people like Margaret Thompson access exercise programs in the community.
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co-starring DEAN as HAVING A BAD DAY

Do you have a safety tip or story to share? We want to see it!
Make a video of how you stay safe at work and send it to IHCommunications@interiorhealth.ca.

InsideNet > Employee Health & Safety > A Healthier, Safer IH
An interview with Bill Clark, Foundation Board Chair

What is your Foundation’s focus or mission? Why is what you do important?
The Kootenay Boundary Regional Health Foundation was established to be a partner in achieving health-care improvements at KBRH and our community facilities. The work of the Foundation often means the difference between a critical piece of equipment and patient comfort items being made available in Trail. The campaigns implemented by the Foundation are part of an ongoing needs assessment we do with IH, and community partners, to be responsive to the health-care needs of our region.

Do you have a favourite past campaign?
The current Emergency Department Campaign is a very exciting one as it will be the second largest campaign to date for the Foundation, with a goal to raise $1 million by 2020 for specialized medical equipment for the ED. The project’s financial partners include the Province of BC (through Interior Health), the West Kootenay Boundary Regional Hospital District, and the KBRH Health Foundation. Groundbreaking is expected this summer with completion anticipated in winter 2020. To give you a sense, the KBRH Emergency sees over 16,000 patients annually from across the region. The ED will triple in size and will address current space and service challenges, as well as accommodate projected patient care needs for years to come.

Is there a particular donation over the years that stands out in your mind – an unusual situation or donation itself?
What really stands out in our minds is the outpouring of support we had for the Urology Campaign. KBRH secured a new urologist, Dr. Robinson, in 2015 to expand urologic assessment and surgical services for both men and women across the Kootenay Boundary. The Foundation committed to raising $400,000 in new equipment to ensure our new physician would have the necessary equipment on site and ready for his arrival. Our donors gave an amazing $489,000 in just 10 months! This massive response really spoke to the need of the program in our area and how committed our donors are to the needs of this community.

Tell us of one of your Foundation’s proudest moments.
Our donors are so special to us and recognizing their support is something we look forward to at the Foundation. Every year we hold two annual donor wall ceremonies at KBRH for our community of supporters. These are always really emotional events for the Foundation team and our donors as we acknowledge the incredible support they give to the patients here at KBRH. There really isn’t anything that compares to bringing all of our donors together to celebrate reaching our campaign goals and acknowledging how they have helped make it all possible.

Any parting words?
The KBRH Health Foundation could not do the work we do without the support of our donors, volunteers, and dedicated Board of Directors. The success of the Foundation is most definitely because of the generosity of our communities and there are incredible people attached to every campaign and every successful goal we reach. So many of our donors are personally connected to KBRH and their gifts are truly from the heart. This generosity continues to keep us inspired to ensure that Kootenay Boundary Regional Hospital has the very best in equipment and patient care and comfort programming.
$17m Raised since 1988 in Kootenay Boundary

Affiliations with hospital auxiliaries:
The Trail Hospital Auxiliary and Rossland Health Care Auxiliary have been partners with the KBRH Health Foundation for over 30 years. The auxiliaries and their dedicated volunteers are committed supporters of our campaigns and projects that support patient care and comfort at KBRH.

KBRH Health Foundation campaign stories:
The Digital Stereotactic Mammography Campaign raised $795,000 in 2011-2013 to replace the film-based mammography machine at KBRH. This video communicates the importance of bringing in a mammography machine with stereotactic capabilities to assist with early detection and diagnosis of abnormalities: [https://youtu.be/5_ZrzLYoOck](https://youtu.be/5_ZrzLYoOck).

$6.3m Donations to IH since 2008

$1m ED campaign goal

1988 Birth of Foundation
Overdose awareness

Scott Darling talks about his road to recovery and the importance of compassion in reducing stigma.

Learn more at stopoverdosebc.ca.

Better every day

Dr. Evelyn Voyageur’s inspirational acceptance of her doctorate of letters at Thompson Rivers University.

Team-based health care

Dr. David Merry and Andrew Earnshaw from the Kootenay Boundary Division of Family Practice describe how they, in partnership with IH, went about developing team-based care in the region.
BUY A BRICK
support the PRH tower

Your name can be linked with a small piece of Penticton Regional Hospital.

The South Okanagan Similkameen (SOS) Medical Foundation has launched a new "Patio of Giving" campaign to help provide medical equipment for the PRH expansion.

For a tax-deductible donation of $1,200 or $100 a month for 12 months, your name can be added onto one of 300 patio bricks to be laid near the main entrance to the new PRH tower.

However, the opportunity won't last long. Since construction of the David E. Kampe Tower will be complete by mid-December, all engraved bricks must be confirmed by the end of August. The new hospital facility is set to open on April 29, 2019.

To make a donation or for additional information, contact the SOS Medical Foundation office at (250) 492-9027.