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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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A CONVERSATION WITH OUR NEW PRESIDENT & CEO,

Susan Brown

On October 29, Susan Brown became Interior Health’s fourth President & CEO. A nurse by profession, Susan has over 30 years of experience working in health care, including the last seven at IH where she most recently led the Hospitals and Community Integrated Services portfolio.

@IH: Welcome to your new role!

Susan: Thank you – I’m excited to be meeting and connecting with so many people across IH right now. Everyone has been incredibly welcoming, and I’m delighted that people from different sites and communities are reaching out to say hello to me in my new role.

@IH: What have the first days as CEO been like?

Susan: Well, there have been some important meetings, including our regular Partnership Accord Leadership Table with IH’s First Nation partners, as well as the fall meeting between IH and the chairs of our Regional Hospital Districts. On my first morning as CEO, I hosted a teleconference for managers and leaders across IH, and throughout the week I did a handful of media interviews. On each occasion, I’ve talked about our continued focus on our key strategies and the importance of patient-centred care.

@IH: Can you describe that? What does patient-centred care mean to you?

To be honest, it’s easiest to describe using examples of what I’ve seen at so many of our sites. Last month, I visited the May Bennett Wellness Centre here in Kelowna for a tour and conversation. Staff shared with me experiences that highlighted how important the “small things” and personal connections are in patient-centered care, and how they extend that by supporting each other during difficult times. And I know that sense of team spirit is consistent in all areas of IH.

@IH: We’ve heard a lot about innovation in health care recently. Do you think IH can be a leader in finding new ways to deliver services to patients?

Absolutely! With our aging population, large geography, and increasingly tech-savvy culture, innovation has to be part of our mindset and our approach to the way we work. I see examples of innovative approaches and services across IH, and I’m proud to be part of an organization where we support new ideas. I attended an IH Physician Quality Improvement gathering recently where I was amazed by the examples of projects currently underway.

@IH: As our new CEO, what motivates and inspires you?

In the message I sent to all staff and physicians at IH on my first day, I spoke about the human touch making the difference in health care. It truly is about that connection – we’re all in this together, along with our patients and their families, doing the best we can, because each one of us matters.

I love hearing about how you, how my colleagues, show compassion and build relationships every day. These are the stories that inspire me and I’m looking forward to witnessing and hearing many more stories from across Interior Health as we go forward together.
Well WISE
Wellness wisdom for work

The 5 Pathways to Resilience

Interior Health
Every person matters

Watch the Building Resilience LifeSpeak Video to learn more.

* sign in to the Corporate Account with the ID name: wellness
On a sunny day in mid-September, a small circle of people gathered in the lobby at Shuswap Lake General Hospital, just outside the Salmon Arm hospital’s Sacred Space. They were there to mark a milestone moment between Interior Health and the Secwepemc Nation in the Shuswap region – the launch of a Local Aboriginal Services Committee (LASC).

Elder Edna Felix offered a blessing in recognition of the ongoing relationship between IH and the Secwepemc people. Her words were echoed by Diane Jules, a member of both the Secwepemc Nation and the Interior Health Board of Directors. Artwork was unveiled by Secwepemc artist Tony Antoine, a beautiful glass etching that signifies to all who enter the hospital that they are on the traditional territory of the Secwepemc Nation, and they are welcome and safe there. That was followed by a tour of the SLGH emergency department, a luncheon, and then the first official meeting of the committee.

“This day was so important,” says Peter du Toit, Acute Health Service Administrator for the Thompson Cariboo Shuswap. “The purpose of the Local Aboriginal Services Committee is to establish and maintain effective communication processes between Interior Health teams and First Nations health services at a local level. We were able to have some genuine conversations about issues that are very real and culturally significant.”

For instance, says Peter, IH is bound by privacy legislation that requires the health authority to protect confidential patient information. This is contradictory to First Nations’ culture, where health information about community members is shared more broadly.

“Having this committee will allow us to look for opportunities to communicate better and, as a result, provide even better patient care,” says Peter. “These conversations are enlightening because they help us build ways to work with each other to improve discharge planning and adhere to patient wishes.”

The establishment of Local Aboriginal Services Committees figure prominently in IH’s Letters of Understanding with its eight Aboriginal Nations. Their features include:

- Use of a continuous quality improvement model to address patient care issues and optimize care processes between sectors
- A mechanism to facilitate learning and knowledge exchange between partners
- A focus on transitions points between facilities, services and home
- A way to build partnerships in addressing health outcomes for all bands in the area

Salmon Arm’s LASC joins many others already in existence across IH, such as those in Williams Lake, Vernon, and in the Okanagan.

Deborah Preston, Community Health Service Administrator in the Central Okanagan, formed a similar group to the Salmon Arm committee about two years ago. It is modeled...
as a Local Aboriginal Services Committee, but Deborah says their group of IH and Aboriginal partners preferred the moniker Aboriginal Engagement Table.

"We found there were very local needs that needed engagement in order to better provide services," she says. "We wanted to learn about each other’s needs, and to see what services could be provided – and where the best place would be to have those services."

It has taken time, says Deborah, but the Aboriginal Engagement Table has borne fruit. Trust has been built through work on projects such as the new Cedar Sage Wellness Centre, which opened in Kelowna’s Community Health & Services Centre in April 2018.

Cedar Sage grew out of recognition that there was a need for health-care services combined with mental health supports under one roof. Deborah says IH invited Aboriginal partners at the Aboriginal Engagement Table to help design the space to ensure it was culturally safe and appropriate – right down to name of the clinic.

"It was meaningful engagement – it actually changed how things were done," Deborah says, adding that the trust didn’t happen overnight; there has been some uncomfortable feedback along the way, but that has been part of the relationship building. "It has been an evolution. The really meaningful engagement around Cedar Sage solidified that, yes, we’re taking this seriously."

Brad Anderson, IH’s Aboriginal Health Corporate Director, says LSACs are having an impact. Watching the earnest, frank conversations occur in Salmon Arm over lunch were proof that both IH and First Nations are eager to see positive health outcomes for Aboriginal people, and to find innovative ways to make that happen.

"That might mean coming up with a new process entirely that works for the people of that community, for instance around discharge planning," Brad says. "And that’s good because it demonstrates that IH is listening to their needs and acting upon them. That will help build trust and establish stronger bonds between us."

The key to success, Deborah says, is deliberately and intentionally ensuring those at the table reflect the population of the region.

Thus, she made a commitment to include Urban Aboriginal and Metis voices at her table, and to keep the focus on the community. There are additional meetings that have grown out of the larger engagement, such as a monthly meeting with Westbank First Nation to talk about acute discharge issues.

Susan Brown, Deborah’s counterpart in the South Okanagan, has established a similar table. Yvonne Taylor in the North Okanagan is involved alongside Peter du Toit in the Salmon Arm work. And there are many others across IH.

"We’re all doing it, but it looks a bit different depending on where we are," Deborah says.

Regardless of where and how it’s being done, at the heart of the work is a commitment to building relationships and establishing trust, she says. Her ultimate vision is to see health-care services provided not just in culturally safe ways in IH sites, but by meeting people where they are – perhaps even with IH staff working in First Nations health centres.

"My rural colleagues already do some of this and I’m learning from them," Deborah says, adding that the local conversations are working.

"It’s good. It’s now knowing I can call and say, ‘Can I bounce a wild idea off you?’ There’s a response in minutes. Being at the LASC table allows for both partners to learn and build common understanding on how to best work through opportunities to provide better patient care."

Manager Mark Pugh, Acute Health Services at Shuswap Lake General Hospital, explains the triage process during a tour of the Emergency Department with area members of Secwepemc First Nations communities.
As influenza season approaches, we want to share accurate and complete information about flu prevention for both you and your loved ones. LifeSpeak's influenza education videos include expert-presented information about: Flu Fundamentals, Flu FAQs, Treating the Flu, and the Flu Vaccine.

Note: During the influenza season (Dec. 3 - March 31) all Interior Health employees must be vaccinated against influenza or wear a surgical/procedure mask when providing care to individuals in an IH facility or in the community.

Thank you for doing your part to stay safe and healthy this season.
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Poet Maya Angelou wrote, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

This insight is what care providers and patient partners across Interior Health have in mind as they shift the health-care culture further towards patient- and family-centred care.

Attesting to its importance, patient-centred care is the first priority in the Ministry of Health’s strategic plan, Setting Priorities for the B.C. Health System. But how it is achieved is up to the creativity of health-care organizations with guidance from a set of principles and practices.

Yet haven’t care providers always put the patient first?

Derek Koch, Spiritual Health Practitioner and Patient- and Family-Centred Care Lead at Kelowna General Hospital (KGH), summarizes the nuanced, yet significant shift. “We are moving from providing care for the patient to providing care with the patient,” says Derek. “When patients and their families are at the centre, they are partners in the planning and delivery of care. There is a sense of camaraderie and teamwork.”

Derek leads a Patient- and Family-Centred Care Working Group that meets once a month to discuss various initiatives they can implement at KGH. An active member of the group is Leya Stringer, a patient partner with Patient Voices Network. Leya’s past experience in health care was negative. Her vision is for patients and families to have a wholly different experience.

“For me, it’s not just about my one story,” says Leya. “It’s about putting a voice to patient experiences so that decisions are made with us, not just for or about us.”

Leya has not only provided her perspective but also her time on KGH wards. She recalls helping patients during the holiday season write Christmas cards to family members. Their gratitude left a strong impression on Leya. She has witnessed such impacts across the hospital.

“From administration to the frontline, the culture here has made a tremendous transition towards patient- and family-centred care,” says Leya. “I’m proud of KGH.”

Royal Inland Hospital (RIH) has recently formed a similar group as KGH – the ICU Patient and Family Advisory Council (PFAC) – to recommend changes to care in the ICU that is more patient and family centred. Richard Jewett, Health Service Director at RIH and Advisory Council member, calls such changes a mind-shift from provider-centred care.

“When a person of 90 years enters the ICU, it’s a mere blip in the entirety of her or his life,” says Richard. “We are privileged to care for this person with respect and dignity – the work of the PFAC reminds us how best we can do that.”

Family members Jasmine Devick and her husband Reg joined the Advisory Council after Reg’s mother, Lois Devick, diagnosed with pancreatitis, spent 45 days at the ICU before she passed away at hospice.

Taking shifts to care for their family member, Jasmine, Reg, and Reg’s sister, Pam Devick, encountered both the...
good and the bad. To express their gratitude to the ICU staff, the family would stock Lois’ room with snacks for staff, and Lois would often encourage staff to sit with her and tell her about their day. After their extended experience in the ICU the family wanted to do more for other families who found themselves in their position.

“No one is having a good day in the ICU,” says Jasmine. “It’s high intensity without a lot of time to reflect.”

Getting feedback from families and patients is therefore a challenge. Yet that is the goal the Advisory Council has set for themselves.

“We want to find the best way to get feedback in a timely and meaningful way,” says Jasmine. “Not everyone has an interest in reliving the experience later on. We want to enable ICU staff to meet people’s needs immediately, where reasonable.”

Those needs are often about little things that compound. At the RIH ICU, for example, families became frustrated by an ice machine that intermittently broke down. A quick fix relieves that bit of stress.

These seemingly small acts can make a big difference in a patient or family’s experience. A number of such initiatives at RIH, KGH, and other hospitals and health centres across IH are transforming the culture.

For example, the butterfly initiative, one of the most popular with staff and families, involves taping a laminated picture of a butterfly to a patient’s curtain or door if the patient is in distress, is dying or has died. The butterfly prompts an awareness among staff to tread more lightly in their words and actions.

The hospital turban, the result of a collaboration between the Central Okanagan Spiritual Health Advisory Team, the Centre for Spiritual Living, and the Sikh Community, is another example. Dignity and respect — among the core principles of patient- and family-centred care — are defined in part as honouring patients’ beliefs and cultural backgrounds. The hospital turban meets this need to honour members of the Sikh community and others, as a patient can put on or remove the turban easily when receiving care.

A truly community, multi-faith effort, 500 hospital turbans were made by the Winfield Seniors’ Sewing Club and the Church of Jesus Christ of Latter-day Saints Sewing Club with funding through the KGH Foundation Small Grants Program.

Just as small negative experiences can compound, so can these positive initiatives. The work towards patient- and family-centred care continues across Interior Health, with ideas from patients, family and staff always welcome.
His past summer, Prosthetics and Orthotics Services at Kelowna General Hospital received a wonderful gift of technology: an optical 3D scanner, shape modification software, and an automated mold carver from Vorum, a Vancouver-based company. The gift came courtesy of Ken and Susan Renton, donors to the KGH Foundation.

In praise of the people involved, Ken and Susan say, “This has been the most satisfactory giving experience for our family.”

Professional Practice Lead Lori Ballard is pleased with the technology both for its benefits to patients as well as staff. Vorum provided one week of intensive on-site training for the four clinicians and two technicians at KGH and continues to provide remote training and support for six months.

“It’s quite a learning curve,” says Lori. “We have already trialed scanning, modifying using the computer-aided design software, and carving all sorts of orthotic and prosthetic shapes.”

In the first step, clinicians do assessments with patients. Where before they took measurements, created plaster molds, and modified shapes by hand, the clinicians now beam a safe, blue light from a 3D scanner at the surface of the patient’s body, upload a design file to their computer and modify the digital shape of the mold through software. The assessment time has been effectively cut in half.

“The experience is much more comfortable for patients,” says Lori. “Especially for kids, they don’t have to sit still for a long period for a plaster cast mold to be taken.”

In the second step, technicians import the digital design file for the mold, load a polyurethane foam block into the carver machine, and hit start. In a matter of minutes, the machine precisely mills a prosthetic or orthotic mold, which is then ready to use for fabrication.

“From a single foam block, we can carve up to three pairs of foot orthotics,” says prosthetist Michael Lenz. “To save on costs, we can also carve a mold from a previously carved larger mold. What’s left as waste is this shredded mozzarella foam.”

Michael, who has worked in the prosthetics field for decades, marvels at the state of the technology.

“In the next ten years, we’ll see incredible advancements,” says Michael.

It sets the stage for their team to progress to 3D printing of prosthetic and orthotic devices. The new technology
also enhances health and safety in the work environment.

"Staff no longer have to deal with the health hazard of plaster dust," says Lori. "And ergonomically, the light weight foam means no more lifting heavy molds."

That goes for patients, too, who, due to scarce storage at the hospital, would often be sent home with their physical molds in the event that they would be needed again. Now with digital files of their molds, physical storage is no longer necessary.

These stored files also make it easier to request additional funding for a device through PharmaCare’s Prosthetic Program. Particularly for new prosthetic patients, the shape of the limb will change with atrophy of the muscles. Staff can demonstrate these changes to PharmaCare through comparison of ‘before’ and ‘after’ digital molds.

The technology is already making a difference for patients. David Joyce is thrilled with his new orthotics. David has degenerative spinal disease that cannot be repaired through surgery. He arrives at his appointment on his motorized cart, then walks steadily with the aid of a cane to the exam room to meet with his certified orthotist, Shannon Christie.

"Without any orthotics support, I could only stand long enough to peel a potato," says David. "With it, I can stand for a lot longer."

Yet the issue with his old, cast-molded orthotics design is that it would eventually slip down and become crushed under the pressure of his upper body weight. Not so with the new design, which he has now worn for six weeks. Shannon asks him if the fit is good.

"Better than good – it’s excellent," says David with a wide grin. “No rubbing or red marks at all and it’s half the weight. I could twirl it on my finger.”

Shannon explains that the exceptional design is a function of the scanning technology.

“The scanner took 327 photos in the span of five minutes. Before this technology, we took manual measurements.”

"It was like a carpenter coming at you," says David with a chuckle. "Now it’s a deluxe carpenter."
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On Demand HIV testing NOW AVAILABLE across the Interior
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Mental Health and Substance Use (MHSU) leads Amanda Lavigne and Bruce Lange set out to examine harm reduction services in our rural communities.

Rural resilience & resourcefulness

HELPING TO REDUCE HARM
Nine days. Fourteen communities. Thirty-one programs and care teams.

Between August and October this year, Mental Health and Substance Use (MHSU) leads Amanda Lavigne and Bruce Lange set out from Kelowna on three whirlwind road trips that took them to every corner of IH.

Their goals were to develop a deeper understanding of the unique harm reduction needs of those living in a rural setting, to learn more about successful collaborations occurring in those communities, and to see where inequitable access or gaps in service may exist.

But it was during a snow storm on the highway outside of Fernie that things really became crystal clear.

"It is a good thing we like each other," Amanda laughs. "We were stuck on the side of the highway for three hours. It reminded us that these are the types of challenges our clinicians face when they are trying to reach clients across a vast area to provide service. It also highlighted the challenges their clients have with accessing treatment services. The places we were visiting are the farthest removed from residential treatment, for example."

Besides being struck by how difficult transportation could be, Amanda and Bruce came away from the trip with a greater appreciation of the communities’ resourcefulness.

"These communities have been so creative and collaborative in their response to the overdose crisis, despite a lack of formal resources. Even though they do not have official Community Action Teams, they have really banded together," Amanda says.

In Kimberley, for example, they have a harm reduction action team with membership from local RCMP, municipality, and cross-portfolio clinical teams. In Midway, one MHSU clinician based in the small community health centre supports a large geographical area. Castlegar, Trail, and Grand Forks serve as a triad of communities that work well together to support the Midway clinician and any gaps in services across the area.

Amanda and Bruce witnessed incredible leadership among Aboriginal communities during their tour. For example the Ktunaxa Nation operates the new Mary Basil House for withdrawal management, which just opened in September 2018. They are developing an interesting peer program where members deliver naloxone kits to popular "party" areas. The Ktunaxa Nation also has operated the successful Operation Street Angel program in Cranbrook since 2010, which has been recognized for the help it offers homeless and marginalized people.

Partnerships are absolutely integral for service delivery in rural areas.

"It is easy to get caught up in what is going on in our four largest communities, but this trip really highlighted the great work that happens around the region," Bruce says. "We have exceptional people working in our programs, and great relationships with our community partners."

For example, in Nelson, ANKORS (AIDS Network Kootenay Outreach and Support Society) provides harm reduction information and supplies to the entire Kootenay Boundary region. In Merritt, the DARP (Daily Addictions Recovery Program) offers a local treatment program in collaboration with its partner ASK Wellness to support the communities of Merritt, Lillooet, and Ashcroft. "They are a great support for chronic and complex substance use patients within their communities," says Amanda.

Following the road trip, Amanda and Bruce’s next step is to review their observations for equity and consistency.

"We saw such a range in signage for harm reduction services at the various sites. We really want to ensure there is consistent signage that is easily recognizable to clients. We are also working to connect programs to IH harm reduction coordinators – they are the best avenue for people to access services. At the end of the day, our goal is to make sure there is equitable access in all of our communities."

"We will be advocating about the unique needs of the rural communities and keeping this perspective front and centre in future service planning."

For more information about harm reduction services in IH, contact: harmreduction.coordinator@interiorhealth.ca.
An Interview with Nettie Stupnikoff, Secretary-Treasurer/Director
Castlegar & District Hospital Foundation

Tell us about the focus of your Foundation and why what you do is important.

Working with the Castlegar community and surrounding Areas I & J, the Castlegar & District Hospital Foundation raises funds for equipment and services which continue to enhance wellness, patient care, and residential care at the Castlegar & District Community Health Centre and Talarico Place. We may be small in size, but we’re big in our dedication to supporting health care.

Do you have any favourite fundraising campaigns?
The annual Light Up Campaign is an extremely important one for the Foundation. It takes place every winter, with its kick-off on Pledge Day held the first Friday in December. The Castlegar Hospital Foundation is grateful to people in our community for their generosity, as well as to EZ Rock Kootenays and all supporters. Donations to Light Up help with purchases of much needed technology and equipment, and help fund other areas of greatest need at the Castlegar Health Centre and/or Talarico Place. We invite you to contact us or stop by the lobby of the Castlegar Health Centre for Pledge Day, on Dec. 7 this year.

What’s one of your Foundation’s proudest moments?
Last year, with everyone’s generosity, including that of our donors, entertainers and supporters from within and around the community, the Castlegar and District Hospital Foundation completed its obligation to fund $40,000 of the medications room project at the Castlegar Community Health Centre. This upgrade to the emergency department provided a dedicated space for the safe administration and storage of medications for the ED.

Is there a particular donation over the years that stands out?
A couple of years ago, one outstanding contribution to the community allowed acquisitions for the Lab and for Home Health. The Pochi-100i Automated Hematology Analyzer is used extensively in the lab, greatly decreasing wait times for patients and allowing physicians to provide reliable and timely diagnosis and treatment. It’s been especially beneficial to oncology and immunocompromised patients who may struggle with travel, providing their physicians with timely results for chemotherapy treatment.

As well, the Activ.A.C. Wound Therapy System has proved to be extremely helpful in healing wounds, so helpful in fact, that an additional two units were requested and supplied thanks to the community’s generosity in subsequent years. Clients have attested to the wound therapy systems increasing comfort and shortening healing time tremendously. The Foundation is pleased to hear about positive results from patients, and looks forward to continued community involvement enabling support for health care in Castlegar.

Any parting words?
Remember, your donations boomerang back to you!
Affiliations with hospital auxiliaries:

The Castlegar and District Hospital Foundation is fortunate to have an honoured partner, the Castlegar and District Hospital Auxiliary Society, working alongside it to help move health care forward for those of Castlegar and areas I & J.

Dedicated volunteers of the CDHAS give of themselves tirelessly.

Special appreciation goes to our partner, The Castlegar & District Hospital Auxiliary Society. Without their support, the Foundation would not be able to achieve its goals.

$472k
Donations to IH since 2006

$31.5k
Donations to IH in 2018/19

1987
Year Foundation incorporated
Where we live & work

Submitted by: Kayla Smith
Cranbrook
Submitted by: Brenna Baker

Kelowna
Submitted by: Amanda Hope

100 Mile House
Submitted by: Maxine Dillabough
Visit Facebook to see more of the faces in IH.
The Forgotten Ones

Métis Nation British Columbia’s Ministry of Youth directed ‘The Forgotten Ones - Voices of the Métis in BC’ to capture the spirit and resiliency of our citizens; while focusing on the importance of Métis culture, inclusion, government acknowledgement, and community.

YouTube.ca > The Forgotten Ones

Know Thy Nuts

The Movember Foundation is the leading global organization committed to changing the face of men’s health.

YouTube.ca > Know Thy Nuts

Your Rights under BC’s Mental Health Act

An introduction to your rights as an involuntary patient under British Columbia’s Mental Health Act.

YouTube.ca > BC Mental Health Rights
As our region’s population continues to grow, patients from across the interior of BC are travelling to Kelowna General Hospital for medical care. Sadly, all too often, families incur expenses never anticipated and have no place to stay. But JoeAnna’s House will change everything for these families. It will provide a much needed home away from home, keeping families together when they need it most.

Located in Kelowna, serving families from across BC. We are truly better together. Coming 2019.