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Interior Health
Every person matters
As one year draws to a close and another approaches, it’s the perfect time to pause and look back at what we’ve accomplished as well as to the possibilities ahead. From my perspective as Board Chair, Interior Health has much to be proud of from 2018 and much to look forward to in 2019.

IH has a number of key strategies: primary and community care transformation, mental health and substance use, seniors care, Aboriginal health, surgical access, and health and safety in the workplace. Among the most transformational of these are developments in the redesign of primary and community care. Patient-centred access to team-based care for everyday health concerns is foundational for the sustained well-being of our region’s population. Yet the process of transformation is as important as the product. I am gratified to see the ongoing collaboration of physicians, IH staff, communities, and First Nations. Together, they are co-creating primary care to meet their needs.

Progress has also been made towards improving cultural safety and humility. In response to the Truth and Reconciliation Commission’s (TRC) Calls to Action, our Aboriginal cultural safety educators have created programs to provide cultural competency training for all health-care professionals. To date, nearly 3,000 staff have completed the online course. Along with my colleagues on the Board, I participated in the two-part Aboriginal cultural safety education sessions. I found myself humbled by how much I learned about the impacts of colonization and by how much I still need to learn – and unlearn.

Aboriginal cultural safety is a journey that extends beyond education and training. As a health authority, we are working on numerous initiatives, including sacred spaces, a more representative workforce, acknowledgement of traditional Aboriginal territories, and innovative approaches to building relationships, including a nursing exchange initiative, which is profiled in this December issue of the @IH magazine.

Among other high priority work in our health-care system, the opioid overdose public health emergency continues. We know from recent BC Coroners Service reports that across the province in 2018, the deaths continue. This is a heartfelt tragedy that we’re not able to stop at this time; but we can do everything in our power to keep people safe and to provide effective treatment when the time is right for those in need.

Eighty-six per cent of illicit drug overdose deaths occurred inside, mostly in private residences, and mostly among males. However, the total profile of those dying includes young and old, male and female. The fact that no deaths have occurred at supervised consumption or drug overdose prevention sites speaks to the effectiveness of these services. Interior Health’s Mobile Supervised Consumption Service (MSCS) in Kelowna and Kamloops has had more than 40,000 visits since the spring of 2017. We are undoubtedly saving lives and helping people find paths to recovery.

Yet these services are not reaching all those at risk of using contaminated drugs, particularly those using behind closed doors. For them, stigma may be the biggest barrier to seeking treatment. We all have a role to play in eliminating stigma. Addiction is an illness, and the individuals suffering from it are best supported when they are treated with respect and offered care. At the same time, we can also empathize with health providers on the frontline witnessing the repeated tragedy of overdose deaths. Extending kindness and compassion to ourselves, to our colleagues, and to the patients and families we serve can go a long way towards healing the pain that is both a cause and consequence of this crisis. A moving story on stigma in the workplace also appears in this issue.

On behalf of the Board, I would like to thank the entire IH team for your dedication to providing the highest quality care each and every day. I would also like to acknowledge the efforts and commitment of my fellow Board Directors.

Lastly, as 2018 draws to a close, the message of kindness bears repeating – every person matters. I sincerely wish you and yours a happy and healthy holiday season and all the very best for the new year.
When Kamloops resident Linda Evert, 54, was diagnosed with cancer, her priority was clear. "My goal has always been quality of life over quantity of life," she says.

Diagnosed in January 2018, Linda has fought a good fight and says her care all along has been "awesome."

"They took care of me quickly. I had surgery, but it didn't work so the cancer came back. I have tried two treatments that just made me feel worse."

Linda is now receiving comfort-focused care. When her family physician had questions about increasing Linda's pain medication, a palliative physician was available for consultation. Together, the health-care team discussed her care needs as a group during the Kamloops Whole Community Palliative Rounds, with her identified goals of care being top of mind.

As Karen Peterson, Clinical Practice Educator for Palliative Care in IH West, explains: "It takes a team."

“All people deserve to have palliative care and we can provide the very best palliative care in a team environment. To do that we need to come together and communicate and work from each other's strengths. Everyone has something to offer and we learn a lot from shared stories and experiences."

Under the leadership of the IH Regional Palliative Care Team, Karen was instrumental in starting the Kamloops Whole Community Palliative Rounds in 2017. Things started slowly, she says. They met at the Kamloops Hospice Society’s Marjorie Willoughby Snowden Hospice House initially, and tried a few different approaches before landing on the current process.

"Now we meet every Wednesday morning in the boardroom of the Kamloops Home Health office. I send out a calendar invitation to all participants to join palliative rounds if they have questions or concerns about a palliative patient," she says. “We have representation from surrounding rural communities; hospital transition liaisons; Trinity hospice beds at Overlander; Kamloops Home Health, including allied health professionals and nursing; a local pharmacist; a spiritual care advisor; renal and cancer clinics; and community partners, such
as Willoughby Snowden Hospice. Our partners are really embracing the concept of the 'Circle of Care.'* We have had great engagement from the whole inter-professional team in Kamloops and from our rural communities."

Karen hosts a weekly WebEx meeting for the round and uses the OneNote palliative notebook that participants access in live time through an F-drive link. This is where participants capture their palliative client/family concerns any time prior to rounds, so they can provide a brief, structured report on the Wednesday morning.

"The process is flexible and adaptable and has allowed us to focus on active comfort care aimed at improving the person’s quality of life based on their needs. Within the team, improved communication means input and support from multiple disciplines of health-care providers, which translates to enhanced quality care for our palliative clients,” says Karen.

Wednesday mornings, the facilitator asks participants to introduce themselves, quickly reviews previous action items, advises who the palliative physician on call is for the week, and then invites solution-focused discussion to address the issues or concerns brought forward by the team.

"This system seems to be working well and we continue to make improvements. It is searchable, so if a client had a pain issue in the past, and they are having a pain issue again, it is easy to find their background.”

"Providing appropriate palliative care is a priority. To support the team, we try to reserve 10 to 15 minutes at the end of the meeting for education and discussion. This has been well received and is evolving as we try to choose topics relevant to our needs.”

Guidelines around Whole Community Palliative Rounds have been developed by the IH Regional Palliative Care Team. A population-based, whole community approach has been a pillar of the IH Palliative Program, which is being implemented across the health authority.

Whole Community Palliative Rounds are occurring in Penticton, Kelowna, Oliver/Osoyoos, Trail, and Nelson, each using standardized processes with membership tailored to best suit their local teams and community partners.

In Penticton, a pilot is underway that incorporates nurses from surrounding First Nations communities to attend the weekly Whole Community Palliative Rounds, resulting in cultural learning opportunities and sharing knowledge to support Indigenous people.

Community paramedics are also important partners and attend Whole Community Palliative Rounds in rural communities, as they support palliative individuals in their homes in more remote areas.

Similar rounds are in development in Cranbrook, Creston, Vernon, Merritt, and Revelstoke.

As a patient, Linda says it is great to have a team of people supporting you who are familiar with your goals and your care plan.

"Someone has been with me throughout the whole process, and everyone knows what is going on,” she says.

For more information visit the Whole Community Palliative Rounds Guidelines* under Clinical Care Resources on the InsideNet.

*Link only accessible within the IH network.

Clinical Practice Educator Karen Peterson values the team approach to palliative care.
HAZARD AHEAD!

Reduce your slips and falls this winter by wearing the right outdoor footwear and using caution when entering and exiting your building.
Residential Care Services is changing its name to Long-term Care Services
An impressive 2,439 employees and partnering physicians celebrated long-term service with Interior Health in 2018 – a remarkable commitment to our organization.

1,720 employees and 172 partnering physicians celebrated 10, 15, and 20 years of service. And, for the 481 employees and 66 partnering physicians who celebrated 25, 30, 35, 40, 45, and 55 years of service, long-term service banquets were hosted in each IH region. The events provided opportunities for celebration, recognition, and storytelling.

**Patient stories ...**

This year, patient partners were invited to the award ceremonies to share their stories of care and the impact on them and their families.

Thank you to patients Cyndi Sand Eveland, Kootenay Boundary; Megan Wood, South Okanagan; Trish Kelley, Thompson Cariboo Shuswap; Cornelis (Cor) Zandbergen, North Okanagan; and Sherry Dyck, Central Okanagan for your courage in sharing your personal experiences within our health-care system.

Also, a special thanks to Jacquelyne Foidart from the Patient Voices Network (PVN) who helped to coordinate patient attendance.

Many award recipients also shared their special stories, which made the events even more memorable – thank you.

**More acknowledgements ...**

Thank you to all the volunteers who helped co-ordinate the celebrations and the behind-the-scene details. Also, to the Human Resources staff who gave their time to assist with each event.

Lastly, a heartfelt appreciation to the many family and friends who supported the hard work of these employees over the years and the time they have dedicated to patient care in our communities.

Please visit the Recognition section of InsideNet to see the full list of recipients for 2018. Photos will also be posted by the end of December.

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Dr. Sheik Hosenbocus was joined by his wife to celebrate 25 years in psychiatry at Royal Inland Hospital.

Diane Crawford (L), Food Services, and Seone Fuller, RN, both celebrate 25 years at South Okanagan General Hospital in Osoyoos.

Laurel Craft (L), with guest, celebrates 25 years in Switchboard & Patient Registration at East Kootenay Regional Hospital in Cranbrook.
I can’t tell you how proud I am to see so many staff and physicians celebrating anniversaries of service in health care. To each person who is celebrating a milestone this year, it is clear that you are passionate about what you do for patients and clients in our region — and that’s what keeps you coming to work every day. Thank you for the difference you have made in the lives of so many — and for making every person matters not just a tagline, but a way of life.”

- Susan Brown, IH President & CEO
Emergency Department Nurse Kim Ramier’s day begins with a two-and-a-half hour drive from Williams Lake to the Tsilhqot’in community of Xeni Gwet’in in the Nemaiah Valley. The land’s beauty takes Kim’s breath away: rivers wind through pine forests; wild horses graze in golden meadows; vast Chilko Lake extends north-south beneath a belt of snow-capped mountains.

Yet for all its beauty, the land presents challenges to members of remote First Nations communities seeking care. This is the reason for Kim’s trip: to learn the communities’ perspective and bring this knowledge back to the emergency department. She is one of a handful of nurses who has volunteered for a new nurse exchange program.

The idea for the exchange was first suggested by Connie Jasper, Health Director for Tsilhqot’in Nation, a member of the region’s Cultural Safety Committee. Connie envisioned the nurses spending a day shadowing a First Nations nurse on the job after first completing the Cultural Safety Education course.

“The best learning experiences happen in the communities themselves,” says Connie. “Interior Health was immediately supportive of the idea.”

Kim’s learning experience begins right away. Accompanying her on the drive are Tsilhqot’in National Government staff, including a social worker traveling for a home visit to prepare equipment and support for the return of an elder with a leg amputation.

Upon her arrival in Xeni Gwet’in, Kim meets Wanda Charleyboy, a Community Health Nurse with the Tsilhqot’in Nation. Wanda gives Kim a tour of the community centre and the health clinic for the majority of the morning, and she is warmly welcomed by clerical staff, community members, and Chief Lulua. The two nurses then work together to triage patients. At one point, a man enters the clinic with a minor head injury sustained from a falling window.

“I was glad to have Kim help attend to the patient,” says Wanda. “She has a calming presence and is confident yet humble in her approach.”

Kim likewise praises Wanda for sharing her knowledge of the culture and circumstances of people in the community.

"Wanda enlightened me on the cultural history of the community and the personal experiences she has had with providing care through the veil of fear which still exists for many individuals due to residential school exposure,” says Kim.

Kim is also surprised by how much Wanda accomplishes with the clinic’s limited supplies and resources. For example, the clinic still uses paper charts. However, Wanda looks forward to the First Nations Meditech Access Project (FN MAP) expanding to the Xeni Gwet’in community.
“Meditech will be so beneficial for us,” says Wanda. “Without it, if a community member is discharged from an Interior Health hospital on the weekend, on Monday I am operating blind. With Meditech, I can access their electronic medical chart and know the discharge plan.”

In the afternoon, Wanda and Kim depart from the clinic to visit homes in the community.

“I had the privilege of being accepted into two homes, one of which had no running water,” says Kim. “It was a wonderful cultural experience and quite an honour to be welcomed into the individual’s home to assess for equipment needs. I can only imagine how invasive it is to have strangers walk through your home and tell you what you need to provide care for your loved one.”

“Yet many of the people in the community, especially the elders, don’t want to be a bother to anyone,” says Wanda, explaining their perspective. “They don’t want to complain.”

Wanda describes how even as a nurse who advocates for patients, she once took the same stoic attitude. That is, until she had appendicitis.

“Although I was in pain, I was in a hurry to leave Williams Lake to get back home and didn’t want to bother emergency staff,” says Wanda. “Luckily, I hit a pothole on the road and the shooting pain made me realize I needed care. I turned back and went to the hospital to discover I had appendicitis. If I had continued back to my community, the outcome may have been bad.”

The lessons of geography and culture are not lost on Kim.

“I was shocked at how remote the area is and how important the land is,” says Kim. “I am always amazed at how small the communities are out west and admire the close-knit connection between members.”

Yet, Kim humbly admits she has much more to learn.

“There are six communities under the Tšilhqot’inn National Government, and I realize I have had very little education on the culture,” says Kim. “The residential school history has been covered but not enough education on the cultural aspect to provide holistic care. Nevertheless, I have shared my new knowledge with colleagues and feel more confident in my ability to provide culturally safe care with every cultural encounter I have.”

In addition to Kim, five other Emergency Department nurses from Cariboo Memorial Hospital (CMH) have now visited First Nations communities. All have found the experience invaluable to their nursing practice. In the next year, they will reverse roles and host the First Nations nurses at CMH. From Wanda and Kim’s perspectives, the exchange has potential to expand even further to include other health providers.
Stigma. It’s a word we hear a lot in the overdose crisis conversation.

That’s because shame and fear of judgement is the number one barrier people with substance use disorders cite for not seeking help. And if you thought health-care providers are somehow immune and don’t carry prejudices, you would be wrong.

Like most health-care workers, RN Shari* has dedicated her life to caring for people. Having spent years in critical care, she has seen the results of teen drinking, drug use, and overdose. But she never thought it would happen to her family.

“I was so convinced in my mind that it could never be me,” the IH nurse says.

Her son had never had an easy time. He was dogged by health issues, struggled in school, and was labelled a “trouble-maker” from an early age. Still, he was an active kid who loved sports and had many friends.

“Then he had a car accident, and slowly drifted into drug use. Then he drifted in and out of the house. Then he was in and out of jail,” Shari says.

Finally, one warm summer evening after 10 months of abstaining from drugs, he overdosed while his family slept, thinking he was safe because he was with them at home.

“He’d been doing so well. I guess he wanted to celebrate and just do a bit. But it was a lethal dose of fentanyl.”

After the loss of her son, it took Shari a while to get back to work. She was acutely aware of the attitudes of those working at her side and words that stung like salt in a wound.

“We see overdoses every day, and you hear all kinds of comments. We had a young kid that had overdosed and the woman beside me was saying ‘what a waste of money – their parents should be given the bill because it’s their screw up.’ Those comments are everywhere. Even from the nicest people. It’s so removed from them, they have no concept that it could happen to them, too.”

Her experience was echoed in the findings of Interior Health’s recent UseSafe campaign.

To better understand the experience of those at highest risk of overdose, IH reached out to people who use opioid drugs alone, as well
as their loved ones and service providers. The campaign included a combination of focus groups, online surveys, and one-on-one interviews.

The number one theme identified by researchers was that stigma and judgement are killing people because they are a barrier for people to access services.

The June 2018 UseSafe Engagement Findings Report states people “believe they have more to lose by disclosing their drug use than seeking help.”

“We know people using alone are at highest risk of overdose death,” says Dr. Silvina Mema. “These are people who hide and use alone.

"On my first day in a new family practice, my preceptor asked me to take a history from a patient who had listed their reason for visit as a sore throat. I stood in the hallway and made a mental checklist of questions to ask and observations to make. Have they had any sick contacts? Does their voice sound hoarse?

When I opened the door and asked the patient if they could tell me what brought them in today, they responded as expected: ‘My throat is sore.’ When I asked what they thought might be causing the pain, they unwrapped a scarf from their neck and stated, ‘I think it’s because the noose didn’t work.’ At that point they started crying.

They had tried to come in before. They had recognized their pain and wanted to reach out for help, but they were unable to out of fear that their physician would not believe the pain if they could not see it.

*Names changed to protect privacy.

We know people using alone are at highest risk of overdose death. They are afraid to seek help because of the stigma around drug use.”

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Work to address stigma among the public and health-care providers continues at a provincial and local level.

Hilary Drake is a medical student at UBC. She assisted with the UseSafe research campaign and wrote about stigma in a recent Canadian Medical Association Journal blog.

“We need more conversations. We need to change the way we address stigma. We need to make health care more accessible.”

These conversations can start with you. To learn more about using respectful language, visit Toward the Heart or check out the Compassion as a Guiding Action guide from Island Health.

Most importantly – if you need help, contact your local Community Substance Use service.

That was the day that I learned how stigma can kill someone.
We now offer an HIV test to everyone with all blood work

HIV does not discriminate. Neither do we.

One in four people who are living with HIV don’t know it.

Knowing your HIV status is important for your health and health care. People with HIV often have no symptoms for many years. The only way to know for sure is to have the test.
Have a happy & safe holiday
DON’T DRIVE IMPAIRED
An Interview with Steven Hui, Board Chair
Revelstoke District Health Foundation

**Tell us about the focus of your Foundation and why what you do is important.**
Revelstoke is a smaller, isolated community of approximately 7600 residents. We often have to travel to larger centres to see specialists for diagnostics and procedures/treatments. The weather and roads make travelling dangerous at many times of the year. Much of the Health Foundation’s work is focused around the retention or enhancement of a spectrum of local health services. Some examples include providing surgical room time and equipment for visiting surgeons Dr. Chris Parfitt and Dr Kevin Wiseman, as well as the very successful annual health field scholarships to educate local students who return to work in Revelstoke.

**Do you have any favourite fundraising campaigns?**
The annual “Have a Heart” Radiothon occurs every May in collaboration with our local radio station – E-Z Rock. This one-day event engages Revelstoke residents, businesses, and non-profits to help raise funds for medical equipment for Queen Victoria Hospital. In the last decade, the Radiothon has raised $120,000. The silent auction is a favourite with the listeners for some good, friendly bidding on donated items from local businesses. This year’s Radiothon raised $30,000 to purchase dental surgery instruments to allow dentists to work on patients requiring general anesthesia.

**What’s one of your Foundation’s proudest moments?**
The Foundation began it’s most ambitious project — to raise $465,000 to build a much needed helicopter landing pad at our hospital — on November 14, 2016. The Revelstoke community stepped up to the challenge. At the end of November, a staggering $330,000 was donated or committed. The fundraising target was surpassed by March 31, 2017 — in just four and a half months! It was inspiring to be involved in such a community-wide supported project. The construction started in fall 2017 and the helipad was approved by Transport Canada for use in May 2018.

**Is there a particular donation over the years that stands out?**
A couple of winters ago, a young man and his family travelled to Revelstoke from Ontario for a ski vacation. After a day of skiing, he became very uncomfortable and was seen by the on-call physician at Revelstoke’s Queen Victoria Hospital. He was eventually diagnosed with testicular cancer. He has since had surgery and started chemotherapy. The family was very appreciative of the care he received and initiated a fundraising campaign in his honour to benefit the hospitals and institutions that took care and treated him. The Foundation received donations totalling approximately $12,000. The donation was used to purchase a laparoscopic instrument set for emergency appendectomies. The instrument is being used regularly by the local physicians.

**Any parting words?**
The Revelstoke & District Health Foundation benefits regularly by the community’s outpouring of generosity. The Revelstoke community has always had an inspiring spirit of caring for one another and is always finding a solution for our unique challenges.
Affiliations with hospital auxiliaries:

Over the years the Foundation has had an excellent relationship with the Revelstoke Hospital Auxiliary. The two groups have very similar mandates and the Foundation has collaborated with the Hospital Auxiliary to make purchases of equipment for Queen Victoria Hospital. The Revelstoke Hospital Auxiliary made a $50,000 donation towards the Queen Victoria Hospital helipad project in 2016.
Where we live & work

Submitted by: Elaine Padilla
Bringing Joy to My Every Day

MD Corneliu Sanda and RN Rebecca Landreth, of MedStar Franklin Square Medical Center, express gratitude to one another through their working relationship.

YouTube.ca > Bringing Joy to My Every Day

BCEHS Community Paramedicine Kaslo

Community paramedics Leanne Blancher-Handley and Emily Jowle are making a difference in the lives of Kaslo residents every day.

YouTube.ca > BCEHS Community Paramedicine Kaslo

Living with HIV today

In the early 2000s, Vancouver artist Tiko Kerr was living with a highly drug-resistant form of HIV with no remaining treatments options.

YouTube.ca > Living with HIV today
DON'T FORGET YOUR LOCAL HOSPITAL DURING THIS SEASON OF GIVING!