PQI improves Patient Care

Celebrating the PRH Tower
Growing safety culture at IH
Making connections
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In this issue of @IH, CEO Susan Brown shares her perspective on the important work underway within Mental Health and Substance Use – where our goal is increased early intervention and timely access to the right supports and services.

@IH: Mental Health and Substance Use (MHSU) is one of our key strategies in IH. Why is this an area of focus?

Susan: Mental health affects all of us. By age 40, about 50 per cent of our population will have experienced a mental illness personally. And many of us are also impacted through people we know, people we love, colleagues – everybody has a connection to it, in some way.

Along with mental health challenges, we have the overdose crisis in B.C., which is a significant focus of our work on substance use. In addition, many people with substance use disorders also have mental illness and vice versa, so it’s essential that our work in these areas goes hand in hand.

@IH: How is our work in MHSU different from IH’s other key strategies?

Susan: When we talk about MHSU, it is across all health services. People with mental illness and substance use disorders present in our hospitals, in our community clinics, in long-term care – every aspect of the care continuum is involved. That means regardless of our worksite, we all need to be ready and understand how to provide effective care for people when they need it.

We know mental health and substance use disorders are often invisible, and are experienced by people of all demographics. Often, people who live with mental illness or addiction will speak about feeling afraid to tell others about their situations, because they’re concerned about the stigma that comes with it. I am so proud of our teams who find ways to provide safe, accessible service options.

There is not a one-size-fits-all solution for MHSU. However, as more and more people share their stories and experiences, whether as a client, family member, or provider, we can help others know it is okay to ask for help.

@IH: Primary and community care transformation is a big focus for IH as well. What is the connection between primary care and MHSU?

Susan: Key to our work in primary care is connecting patients to the right services early in their journey, through family doctors and nurse practitioners, and the entire primary care team. This includes connecting patients to the right mental health services – early, easily, and in the community as much as possible.

Our MHSU initiatives are occurring in close partnership with Primary and Community Care Transformation (PCCT). In fact, they are a large part of the transformative vision to redevelop services and move our system to a new place that delivers a seamless, integrated system of care – a system focused on what a population of a geographic area requires. Community-based MHSU services provide specialized support and care for clients in addition to the care they receive from their family doctor or nurse practitioner.

Some of our most important work in MHSU and PCCT is to improve the way people access our services and to improve quality of transitions, from hospital back to community for example. This means our system has to be really well connected, and built on a strong foundation of team-based care.

@IH: Given that most of us will be impacted by mental health and substance use at some point in our lives, through our work in IH and personally, what can we do proactively?

Susan: We need to be responsive and understand how to support each other. Having open and honest conversation is a starting point, as is taking care of our own mental wellness and using resiliency strategies.

There is a close connection to another of our key strategies here – building a healthier, safer IH – and particularly the actions we’re taking to improve psychological health and safety in the workplace. We are creating an environment where we make it safe for people to talk about what they are experiencing – our patients and clients, as well as our colleagues. This is important work, and we all can contribute to make a positive impact.

Susan Brown

IN CONVERSATION, WITH

L-R: MHSU client Andrew Leeking; Minister of Mental Health & Addictions Judy Darcy; Health Service Administrator Danielle Cameron; Board Director Spring Hawes; CEO Susan Brown; and Okanagan Elder Grouse Barnes share in the Feb. 8 announcement to expand Kelowna’s Opioid Agonist Treatment (OAT) Clinic.
TAKE CONTROL OF YOUR HEALTH

INDIVIDUALS
Learn and practice mindfulness with your family – check out these resources to help!

PEOPLE LEADERS
Encourage your employees to take their allotted vacation time

COMMITTEES
Start a Game Reaction
An innovative idea is ensuring safety is top of mind, every day, for the housekeeping team at Kelowna General Hospital.

More than 3,000 employees and medical staff rotate in and out of shifts each day at KGH. Of those, 125 are housekeeping staff.

“In December, our housekeeping department was flagged as having the highest injury rates at Interior Health,” says Jackie Marsh, Manager of Housekeeping Services at KGH.

“In January, we began work with Rick Taylor, our Workplace Health and Safety Advisor, to develop an action plan to reduce injuries.”

One of the actions was to increase the frequency their safety huddles from once a week to every day, twice a day, so both morning and afternoon housekeepers would benefit.

Jackie thought to herself, “Oh my, how am I going to do this?”

At first the task seemed daunting, but then Jackie and her team came up with the idea to use Vocera, an electronic device worn on collars and lanyards of staff that can broadcast messages.

“Our housekeeping supervisors brainstormed a list of safety tips to share over Vocera, reaching all housekeeping staff at once – it was very well received,” says Jackie.
Kootenay Boundary (Trail) hospitals. Further examination of injury rates at these sites narrowed the focus to 17 departments. A team of IH Workplace Health and Safety (WHS) advisors visited each department, reviewed injury data, engaged in safety questionnaires, observed the teams in action, and developed go-forward action plans.

“The statistics we shared were used to help staff and managers understand the days and times when most of the injuries were occurring,” says Ryan Robinson, Project Manager, Workplace Health and Safety. “Our WHS advisors looked at the department’s work-flows, identified any missing procedures and documentation, and identified barriers and hazards to safe work practices.”

Once feedback was collected from all five sites and 17 departments, a total of 385 action items were identified for teams and managers.

“One identified action item is daily safety huddles and KGH Housekeeping is an excellent, creative example of using Vocera to have a safety huddle with a large group of staff,” says Ryan. “For many teams, just having conversations helps to build the culture of safety and improve safety.”

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**Safety in Action**

At Kootenay Boundary Regional Hospital in Trail, Acute Health Service Administrator Jane Cusden says the WHS advisor visit helped to raise the profile about safety and address safety gaps at their site.

"With the help of our LEAN management team, each unit has developed a vision board that highlights safety awareness, health and wellness tips, and injury impacts to budget."

Other safety improvements at KBRH include a renovated pediatric room to make it safer for children with mental health issues; a proactive and productive Joint Occupational Health and Safety Committee, modelling great collaboration; and greater awareness of the importance of violence prevention risk assessments.

Jane also promotes the culture of safety during her walk-abouts.

"I visit the departments and ask staff, ‘what have you done today to make yourself safe?’"

Since implementing the identified action items, KBRH injury claims have decreased.

"I don’t think there is one specific thing that accounts for the reduction in our injury rates," says Jane. "It is an accumulation of raising the profile of safety, staff feeling more comfortable talking about safety, and making safety part of everything that we do, every day."

After WHS advisors toured the Mental Health and Substance Unit at Royal Inland Hospital in Kamloops, gaps were found in safety procedures involving potentially aggressive patients. Working with WHS Advisor Richard Gerow, the clinical practice educators and patient care coordinators identified the safety gaps and made the required changes to further enhance safety on the unit.

“When it was highlighted that our numbers were high for both violence and MSIs (musculoskeletal) related injuries, our team wanted to impact those numbers by creating better processes,” says Cindy Golbeck, Acute and Pediatric Psychiatry Manager. “Our new shift-to-shift safety huddle not only creates a heightened safety culture, but helps sustain it long term. We are pleased that our rate of injury events is lowering.”

The team has improved their 48-hour incident investigation timelines, developed a safety action plan, and are fully engaged as a team about safety.

At Vernon Jubilee, the team on 2 West says consistent and thorough safety huddles has provided an opportunity to voice and discuss any safety concerns. They are also focusing on violence prevention training and musculoskeletal injury prevention.

“We are helping staff to be more comfortable and familiar with potentially violent situations and placing more emphasis on slings, mechanical lifts, mobility plans for our patients, and the Job Observation Safe Patient Handling tool,” says Megan Cox, Manager, 2 East/West at VJH.

"Overall, this has been a great opportunity to bring awareness to staff and patient safety, as well as to the process of reporting, investigating, and patient care.”

The next round of Top 5 sites, which include long-term care, have been identified. WHS advisors will meet with the staff, talk about safety, and develop strategies and actions to reduce their injury rates.

Ryan says that sites and departments not yet included in the Top 5 initiative are not forgotten.

“Our long-term plan is to develop a Top 5 summary report and lessons learned document to share with portfolios across IH,” says Ryan. “It’s encouraging to see the day-to-day actions that everyone is doing to build our safety culture – from front-line workers all the way up to our CEO.”
Steps to report a workplace incident

1. Seek first aid, as required.
2. Notify your manager or supervisor.
3. Report to the Workplace Health Call Centre
   1-866-922-9464
A

BBY was good company for Lynda Ward, at a time she needed it most.

BBY isn’t a person, though. It’s actually reminiscent of a radio from a bygone era, around which families would gather and listen to a show or a sports broadcast. In her childhood, Lynda may well have listened to such a radio. It’s probably one of the reasons why she was so attracted to it at Hillside Psychiatric Centre in Kamloops, where she was living with dementia as a consequence of Alzheimer’s disease before her passing in February.

But BBY has other interesting features that also appealed to Lynda: a touchscreen, a steering wheel, switches and dials, and a faux cat.

“BBY is kind of neat,” says Cliff Ward, Lynda’s husband, who witnessed the difference BBY made for her and others with similar illnesses. “She paid more attention to it than anything else she tried for fun. She liked the cat and sat right down.”

BBY is an interactive technology for individuals living with dementia. The technology, created by Canadian company Ambient Activity Technologies (AAT), uses software to integrate touch, sight, and sound experiences in a wall-mounted terminal.
“Our goal is to provide easily accessible, meaningful activity for inpatients.

“Hillside Centre is the first hospital environment in the world to integrate ABBY technology,” says Marc Kanik, Managing Director at AAT.

“It was incredible to see how the patients responded to ABBY,” says Sarah Farmer, Manager at Hillside Centre. “Some patients who showed little interest in their environment immediately began stroking the cat, ‘driving,’ and watching pictures on the screen, or listening to old songs on the radio.

“It’s amazing how little things can trigger happy, nostalgic memories in these patients.”

AAT even created custom content based on Kamloops and the surrounding region, such as video of driving the streets of Kamloops and the Shuswap Road. Hillside staff provided their favourite pictures of the area, which were also integrated into ABBY’s activities.

Dr. Carol Ward, a geriatric psychiatrist at Hillside Centre and a Clinical Assistant Professor at the University of British Columbia, is thrilled to pilot this innovative technology in Hillside’s 12-bed geriatric psychiatry specialty unit.

“Our goal is to provide easily accessible, meaningful activity for inpatients,” says Dr. Ward. “We are also evaluating the impact of ABBY on staff’s ability to help patients engage in pleasurable and easy-to-access activity. ABBY has been a great addition to our unit.”

Dr. Ward views ABBY as a continually evolving technology. “We would love to take this initiative to the next level which would be to individualize ABBY content that is person specific,” she says.

Lynda Ward, a patient at Hillside Centre, and husband Cliff Ward, spent time with ABBY.
Kamloops resident Roy John (name changed to protect privacy) had fallen through a lot of cracks in his lifetime.

Severe alcohol use disorder and medical complications from self-neglect, homelessness, and poor nutrition compounded to the point that in just seven months, he had 18 emergency department visits and several hospital stays.

Multiple attempts to connect him to additional supports to address his substance misuse had been unsuccessful. However, an in-hospital Substance Use Connections Team worked tirelessly to develop a relationship with Roy. They built a rapport with him and continued to advocate and offer help — and finally one day, he accepted.

"Today this gentleman lives in stable, supported housing. His nutrition has improved, he has access to medical care in the community, and he has not presented at the hospital in five months," says Practice Lead Amanda Lavigne.

“We believe that the success of this patient experience was because he was ‘connected’ with a program, rather than being referred to a program.”

It is a subtle difference but the concept of true connection underpins the Substance Use Connections Team, now entering its second year in Kamloops, Vernon, Kelowna, and Penticton hospitals.

Interior Health is committed to enhancing care for substance use patients, particularly in the wake of the overdose crisis. Overdose Response funds were provided to establish the Substance Use Connections Teams in the four communities with highest overdose rates in the spring of 2018. Additional funds are being provided this year to expand the service. In Kelowna, the program includes a team lead, two nurses, and a social program officer.

An important part of this work is ensuring individuals are connected to appropriate supports when they present to hospitals.
The Substance Use Connections Teams assertively engage with substance use clients within 72 hours of a referral, and they remain connected to clients until those individuals are successfully linked to appropriate addictions care. They work closely with community service providers and with the rest of the care team in the hospital, including nursing staff and physicians.

"Everyone really works collaboratively to get the patient the service they need," says Kelowna Substance Use Connections Team Lead Susan Dodds. "They work to ensure they are getting appropriate support and to ensure there is a smooth transition to care in the community."

Susan says from March 1 to April 10 the team received 266 referrals.

"It is a lot, and while some don’t want supports, it’s good that they have that opportunity and have someone to check in on them and advocate for them." Those patients who present with overdose are a priority. Clients who are using opioids in the community, and are admitted to hospital (for whatever reason), often go into withdrawal and are then at a higher risk of overdose upon discharge.

“It is important that we have a team here who is able to check in with these individuals. We can work with the care team to have their Opioid Agonist Therapy continued or even started. To have people started on OAT, leaving the hospital with a methadone or suboxone prescription, is huge,” says Kelowna Mental Health and Substance Use Medical Lead Nadine Rigby. “We need to work towards accepting substance use and not judging or punishing it. It much safer for everyone if the substance use is not a secret occurring behind a bathroom door or outdoors. We would much rather people are invited to be honest.”

“It means fewer people fall through the cracks.”
Get Prepared

Know the hazards
Make a plan
Build a kit

Be ready to manage and cope with an emergency or natural disaster.

Visit PREPARED BC to get started!
Many Aboriginal people are not accessing needed health services due to experiences of racism and stereotyping in the health system, to the detriment of their own health.

The physician community is integral to improving health outcomes. This video series celebrates physician “champions” of Aboriginal cultural safety within Interior Health. In each interview, IH physicians provide practical, impactful, and actionable ideas and advice for meaningfully integrating Aboriginal cultural safety into health practice.

Cultural safety is about standing up against racism against Aboriginal peoples in the health system. It is about being an ally. Culturally safe health practice is one of the ways to achieve transformative change and close the health gaps that many Aboriginal peoples currently experience.

Interior Health is dedicated to promoting the health and wellness of Aboriginal peoples and communities in the Interior region. A key component of this is providing culturally safe health-care services.

“Cultural safety starts with me, it starts with you.”
David E. Kampe Tower Grand Opening
IN MEMORIAM

It is with great sadness that we learned of the passing of Mr. David E. Kampe on May 8, 2019. He was a true leader and a friend to Interior Health.

Mr. Kampe’s contributions to health care, and specifically the Penticton Regional Hospital (PRH), will have a tremendous impact in Penticton and the entire South Okanagan for years to come. We shared his excitement at the official opening of the David E. Kampe Tower in April, named in recognition of his significant contributions to PRH. As patients and families have seen the new building for the first time over the past few weeks, their words of appreciation are a tribute to Mr. Kampe’s incredible legacy of generosity.

Mr. Kampe was known by many IH staff and physicians, and the kindness he showed in each interaction left a remarkable impression on everyone.

On behalf of Interior Health, we extend our sincere condolences to his family and friends.

Thank you, Mr. Kampe.
Patient Gary Gierlichs presents Dr. Tim Bell with a pickleball paddle as a thank you for getting him active again.

New approaches to hip replacements
QUICKER RECOVERY FOR PATIENTS
It was clear – Gary Gierlichs needed a new hip.

Looking back to early 2018, Gary recalls that he was deteriorating “pretty fast” and was finding the situation especially challenging because it was impacting his active lifestyle.

“Little things like putting my socks on or putting my leg into the car were agony,” he explains.

Not to mention how he was missing his pickle ball and e-bike routine.

Fast forward to April 2018, when Dr. Tim Bell and his surgical team at Penticton Regional Hospital came to the rescue with a hip replacement approach that was relatively new to Interior Health. Termed the Direct Anterior Approach, this surgery accesses the hip joint from the front rather than the side or the back of the patient’s leg.

Through this entry point, the surgeon does not need to cut through muscle and tendon. This is known as muscle-sparing surgery. As a result, patients like Gary experience less pain and are up and moving sooner, often on the same day as the surgery.

“This surgery changed my life – I can’t say enough about it,” raves Gary.

“Dr. Bell told me I could play pickleball at seven and a half weeks after my surgery,” says Gary. “And I did—very gingerly, of course. Then, this past winter I went to Mexico and played pickleball three or four times a week and rode my e-bike 60 to 70 kilometres a day.”

For Dr. Bell, these outcomes are gratifying.

“What’s most enjoyable for me is seeing patients accomplish tasks after their surgery that they’ve been unable to do because of debilitating pain,” says Dr. Bell, who has now performed over 150 of these surgeries. “For the individual to be off pain medications and to be happy is very rewarding.”

The Direct Anterior Approach for hip replacement also adopts many of the elements of Enhanced Recovery After Surgery (ERAS). ERAS is an evidence-based approach that seeks to minimize the stress of surgery and return the individual to regular activity sooner. ERAS has been implemented across Interior Health for colorectal surgeries, and implemented for other surgeries variously at certain sites.

“Direct Anterior Approach already incorporates many of the ERAS elements,” says Andrea Lindsay, Project Manager, Site Surgical Initiatives, at Penticton Regional Hospital. “These include utilizing a multi-modal approach to pain management rather than administering solely narcotics, and mobilizing the patient within a few hours after the operation.”

The idea is to maintain the patient’s normal physiology. Drinking clear fluids close to the time of surgery provides the body with the fuel needed to maintain normal metabolism. Balancing the administration of narcotic and non-narcotic pain medications helps reduce or prevent nausea and delirium. And having the patient up and moving helps reduce the risk of muscle loss and the development of blood clots.

“If patients and their families are informed and prepared, they experience less anxiety and have a better overall surgical experience,” says Andrea.

Lifestyle changes, for example, include improving diet to reduce anemia risk, reducing smoking to reduce pneumonia risk, and strengthening the upper body in order to get in and out of a chair more easily. Enlisting family help may include arranging for someone to pick up prescriptions or simply walk the dog.

“These preparations are known to reduce post-operative complications and patients’ length of stay in hospital,” says Andrea.

However, Andrea is quick to point out that a hip replacement is major surgery. No matter the type of approach used, patients will experience some degree of pain.

“Nevertheless, we know that in most instances, home is the best place for the patient to recover,” says Andrea. “And thus far, in 2019, 72 per cent of the Direct Anterior Approach hip replacement patients at Penticton Regional Hospital have been up walking within four hours of their surgery and 48 per cent of them are discharged home on their surgical day.”
Physician Quality Improvement (PQI) is a provincial initiative established in each health authority that provides physicians with quality improvement education, tools, and coaching that empowers them to take the lead on developing their project ideas. At Interior Health, we are providing physicians with meaningful opportunities to partner in the design, implementation, and evaluation of their projects.

Kelowna General Hospital (KGH) Emergency Department Director Dr. James Reid and Kootenay Boundary Regional Hospital (KBRH) ED Physician Dr. Jeff Hussey recently engaged with the Information Management Information Technology (IMIT) team at IH in two separate technology-related improvement initiatives. Both projects resulted in great successes using PharmaNet Integration – a province-wide data system that allows a patient’s medication history to be downloaded directly to patients’ electronic charts within the IH Meditech database.

Dr. Reid’s PQI project at KGH recognized a potential gap with the paper-based system being used to flag certain test results in the emergency department. He noted that because the physician who orders tests may not be the same as the one interpreting those results, the process was not only cumbersome, but also posed a risk to patient safety.

Dr. Hussey’s PQI project at KBRH focused on the Best Possible Medication History (BPMH), which provides a ‘snapshot’ of a patient’s actual medication use. The project aims to involve the patient by encouraging them to provide the information while they wait to be seen in the emergency department.
“To be successful we needed to be able to print the BPMH at the point of registration in the ED,” says Dr. Hussey, adding that the previous process just wasn’t feasible without negatively impacting resources. He also flagged barriers in offering a patient-friendly version of the form.

Meanwhile, an IMIT project that addressed Dr. Reid and Hussey’s needs was already in progress. PharmaNet Integration was identified as a potential solution to overcome each physician’s challenges and enable a successful outcome.

“With PharmaNet, we are now able to instantly determine whether a patient has been prescribed an appropriate antibiotic,” says Dr. Reid, adding that response time has been improved to within half a day on average of an abnormal result being reported. “This is an exponential improvement from our previous process.”

Dr. Reid highlights that PharmaNet Integration has been valuable overall to the emergency department and his projects, most notably with how test results are handled as well as saving time and paper.

For Dr. Hussey, PharmaNet provides users the ability to view a patient’s medication history in the IH Meditech database, as well as print the BPMH form at the point of registration to the emergency department.

“PharmaNet Integration offers significant efficiencies in the ED, not only in time saved, but, more importantly, getting the medication list on the chart sooner,” he explains. “It also allows the development of a more patient-friendly version of their medication list, paving the way for the rest of IH.”

The success of these collaborations is a big win for IMIT as well, as the team was able to get valuable input on the process and usability of their programs both in-development and ongoing. This has enhanced IMIT solutions by developing and enhancing relationships with its key external stakeholders.

“Involving IMIT colleagues early on in the improvement ideas offered additional insights, opportunities, and perspectives that may have otherwise gone unexplored,” says Divya Katoch, Quality Improvement Consultant. “When we learned about this opportunity, it was obvious that PharmaNet Integration was a potential solution to overcome current challenges and enable a successful outcome.”

“Neither physician would have been able to do this on his own,” says Dr. Devin Harris, Executive Medical Director, Quality and Patient Safety. “What they were able to do is to start with a clinical need, identify and form a team, come to shared ideas to improve, test these ideas and adapt, then implement. Most remarkably, these rapid improvement cycles were very fast.”

Dr. Harris describes how that the collaboration between the physicians and IMIT has had a direct impact on patient care and confidence.

“The continuity and timeliness of patient care has improved as a consequence of these projects,” says Dr. Harris. “This has led to improved patient engagement and outcomes. “I recently had a patient express appreciation at being contacted directly regarding their test results and, in addition, a follow up phone call to another patient resulted in identifying further symptoms requiring an immediate return to ED. It is outcomes like this that highlight the impact that PQI projects are to ensuring the best quality of health-care delivery within IH.”

From top: Dr. Jeff Hussey and members of his PQI project team at KBRH — Sonja Janischewski (RN), Kelly Daxon (RN) and Barry Rossiter (Patient Care Coordinator).
We need to start obesity prevention right at birth. This was the message Dr. Ilona Hale received from public health nurses at the Kimberley Health Centre. It was the starting point of their research study.

“We began digging into the existing literature,” says Dr. Hale. “Factors contributing to obesity – behavioral, neuroendocrine, and epigenetic changes – may have their origin in the first year of life resulting in a weight set point that is difficult to reverse once established. The public health nurses recognized this.”

A significant public health challenge, obesity contributes to between 48,000 and 66,000 deaths annually in Canada. Although most research focuses on adults and school-aged children, up to 38 per cent of preschool children across the country are overweight.

Dr. Hale and her research team initially wanted to teach parents something new and different about obesity prevention for infants. But they soon realized that they needed to take a step back and first ask, what are parents’ perspectives on existing messages? They launched their first study: Parents’ perception of obesity prevention during infancy.

In Cranbrook, they interviewed parents of infants and presented them examples of traditional messages, such as prohibiting screen time and sugary drinks.

“Interestingly, parents told us that the standard messages to ‘don’t do this’ and ‘don’t do that’ are not realistic,” says Dr. Hale.

The Canadian Pediatric Society, for example, recommends zero screen time for children under two. Dr. Hale thinks the recommendation is a good one, but acknowledges parents’ reactions to this message.

“It makes them feel guilty,” says Dr. Hale. “We realized that we needed to find better ways to share important health messages that don’t increase parents’ stress.”

Parents did agree that starting early with prevention is a good idea. They also desired clear and consistent messages, keeping in mind that messages do change over time. For example, as of 2019, the Canada Food Guide no longer recommends fruit juice, which along with other sugary drinks is known to be the single greatest contributor of sugar in our diets.

Parents were, however, keen to learn about a new approach to feeding your kids, called “responsive feeding.”

“The traditional message to your kids is to eat your vegetables,” says Dr. Hale. “On the other hand, responsive feeding, which can start from birth, means parents pay attention to children’s cues, such as when they’re full. You don’t keep airplane spoon-feeding them. When they’re full, they’re full.”

Parents decide what, when, and where to feed: for example, providing primarily healthy food at the kitchen table at regular, scheduled meal times. The children decide how much they will eat, and if they will eat at all. This approach to feeding, called Division of Responsibility, has been promoted by the Dietitians of Canada and the B.C. Ministry of Health. Through her research, Dr. Hale found that, indeed, parents liked this approach for its structure and flexibility.
“What we learned is that this message is worth pursuing,” says Dr. Hale. “So we’re in the midst of a pilot study now with an intervention group and a control group. And what we learn will be the basis for a much larger study.”

The intervention group receives information and resources through face-to-face interaction with the public health nurses, handouts, a sippy cup and a bib with the message “trust my tummy”, and monthly text messages and emails with links to videos. Parents can choose what resources they prefer.

In a year the researchers will have collected their data on whether these messages have led parents to change their children’s behaviors. Then, in their later study, they will have a large enough sample size to determine measurable effects of their approach on the height and weight of the children. However, Dr. Hale cautioned that health-care providers must be wary of incessant measurement of children.

“Parents told us this can make them anxious,” says Dr. Hale. “They think either my baby’s too fat or my baby’s too skinny, and I must be failing as a parent. This has reinforced what I’ve heard in the office on many occasions. We’ve now started other research studies looking at that whole question.”

Clearly, Dr. Hale has found her research niche. Yet she quickly points out that collaboration and support are key.

“I am totally convinced that this trans-disciplinary approach to research is the way to go,” says Dr. Hale. “Doctors, nurses, and dietitians approach problems from different perspectives. And the patients are the most important people to have in the room.”

“The Interior Health Research Department has also been invaluable. I’m a relatively new researcher. They have always been there to answer questions and review proposals and manuscripts.”

Dr. Hale and the public health nurses have learned a lot already, particularly from the parents.

“I love using the messaging from the Division of Responsibility in Feeding,” says Raegen Knight, Public Health Nurse. “Parents report back to us that they have integrated the ideas into their routines, that mealtimes become easier, and they feel confident that their babies and children are getting what they need, while learning to have a healthy relationship with food.”
10 SUMMER SAFETY TIPS

Keep hydrated — drink plenty of H₂O.

Eat garden-fresh fruits and veggies.

Save your skin — take care in the sun.

Stay close to small swimmers — arm’s reach, at least.

Project your brain — wear your helmet.

Be boat smart — life jackets save lives.

Be BBQ safe — don’t mix raw and cooked food.

Beat the bugs — use repellent and light clothing.

Play safe — wear the right gear.
TIME TO TALK TICKS
7 TIPS TO PREVENT TICK BITES

1. Use cleared trails.
2. Cover up exposed skin.
3. Wear light colours.
4. Use insect repellent.
5. Check clothing and scalp.
6. Have a shower.
7. Check your pets.
An interview with Bryna Idler, Executive Director, Kootenay Lake Hospital Foundation

Tell us about the focus of your Foundation and why what you do is important.
Kootenay Lake Hospital Foundation was established in 1991 to provide priority medical equipment for Kootenay Lake Hospital. The Foundation is governed by 13 volunteer directors who work tirelessly to help carry out our mandate.

Do you have any favourite fundraising campaigns?
In 2009 the Foundation embarked on a $1.5 million campaign to purchase a CT scanner for our hospital. This was by far the largest campaign the Foundation has ever undertaken. The entire community got behind this campaign, from the City of Nelson donating land to build a house, to kids donating their birthday money, to the individual who donated a $125,000 car which was raffled off by a local service club. There are really too many examples to mention. The funds were raised in 18 months, which is amazing for an area of this size. The CT scanner campaign was, to date, the highlight of my 23 years with the Foundation.

Is there a particular donation over the years that stands out?
All of our donations are appreciated and we value every individual, business, and service club that takes the time to drop in to the office or put a cheque in the mail. One particular donation from last year really stands out. Six years ago Paige Purcell was the youngest person to have a CT scan at Kootenay Lake Hospital. The scan revealed the presence of a brain tumor and Paige was immediately airlifted to BC Children’s Hospital. Paige and her mom Andrea choose to give back by returning recyclables and donating the money to a charity every year on her birthday. To date they have donated almost $50,000 to various charities. This year, nine-year-old Paige chose to donate $2,525 to Kootenay Lake Hospital. The moment was even more poignant because the cheque was presented on the anniversary of the day her life was saved by that CT scan.

Any parting words?
I am constantly impressed and amazed at the support we receive from this community. The people in Nelson and area are committed to their hospital, and understand the need to make sure we have the state-of-the-art medical equipment necessary to provide the best possible care for them and their loved ones.
Andrea and Paige Purcell (left) present a cheque to Executive Director Bryna Idler.

Favourite Foundation video:

Check out the Starry Nights fundraiser on YouTube.

Donations to IH since 1991

$5.98m

1991

Year Foundation founded

Donations to IH in 2017/18

$272k

YouTube.ca > KLH Foundation Golf Event 2018
Where we live & work

Kamloops
Submitted by: Jennifer Farough
Trail
Submitted by: Kayla Smith

Kelowna
Submitted by: Jenalee Perepolkin

Granbrook
Submitted by: Marian Kabotoff
Visit Facebook to see more of the faces in IH.
Cooking with a Dietitian

Registered Dietitian Marissa Alexander shares three easy recipes featuring black beans for healthy summer meals.

Facebook > Interior Health > Cooking with Dietician

How to be an Ally

Being self-reflexive and self-aware of our own implicit biases within health-care encounters is important to health outcomes.

Youtube > Interior Health > How to be an Ally

Burning Bright

The Burning Bright candle display travelled to Kelowna, Vernon, and Kamloops in April with 645 candles to represent lives lost in the Interior region since April 2016.

Facebook > Interior Health > Burning Bright
5TH ANNUAL

Charity Open Golf Tournament

Saturday, August 24, 2019
Registration deadline is July 12.

Event includes:
• 18 holes of golf – scramble format
• Lunch & gourmet dinner
• 3 hole-in-one opportunities for a new vehicle and 1 hole-in-one opportunity for $25,000 cash
• Prizes and gifts

$250 per golfer
join as a single or a foursome

$50
dinner & auction only

To register:
250-803-4546
fiona.harris@interiorhealth.ca
cheryl.peterson@interiorhealth.ca

Net proceeds from the golf tournament will go to support the purchase of an echocardiography machine for Shuswap Lake General Hospital.