Saluting a Health Care Hero

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A true quality mindset
Sparking conversations
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If you have story ideas for future issues, please email: IHcommunications@interiorhealth.ca

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In this issue of @IH, CEO Susan Brown shares her perspective on the important role of partnership in health care – and why it’s essential to the work we do.

@IH: Tell us about the shift you’ve seen over the past few years when it comes to partnership.

Susan: I think it’s safe to say that working in partnership is the new normal in health care. Our health system today is much more integrated than in the past, and involves a wide variety of partners. There are a few key reasons for this – advances in technology allow us to easily connect and work more effectively together; patients are asking for better coordination for a better experience; and there are limited resources within the system, so collaboration is a must.

We’ve also seen a shift from transactional, contractual partnerships to more authentic partnerships, which take time and commitment. These are the kinds of partnership that drive change and system transformation.

@IH: What are our greatest opportunities related to building effective partnerships?

Susan: The benefits and opportunities are undeniable. Partnerships inspire innovation; we often have partners come to the table with creative ideas and different experiences to draw upon. They also drive efficiency because they challenge “how we do things” and identify ways we can improve, including helping us to build our own capacity. We learn from partners, and benefit from their strength and skills when they contribute to service delivery.

In addition, partnerships help us learn more about our communities. The local connections our partners have, and the feedback they hear, helps us better understand the needs and perspectives of patients and families – as well as helping us to reach more people, including new and different groups. This means we improve our ability to share information and ultimately increase trust in who we are and what we do.

@IH: And, on the flip side, what are some of the biggest challenges?

Susan: In terms of the challenges, IH is a large organization, often larger than partners at the community level. This sometimes means we aren’t as quick and nimble as our partners would like. Related to this, we have many services, programs, and departments; so our partners may have relationships with multiple IH contacts, which can be complicated. That’s why it’s essential to ensure we are all connected and sharing information internally.

In addition, there are some initiatives Interior Health is a part of provincially, and outcomes we are expected to fulfill – we need to be transparent about what is non-negotiable, what can and cannot be changed as we work together.

@IH: What advice do you have for IH leaders and staff who work with other organizations and need to build strong and successful partnerships?

Susan: Trust has to be the foundation for partnership. And once you’re in partnership, you share control over the outcome, so you need to trust that you’ll both continue to move in the same direction – toward that shared vision – despite any bumps along the way.

Building trust within partnership is based on individual relationships and the resilience of those relationships in the face of challenges. It’s about working together to address barriers and realize success. Listening and learning is also key.

To sum it up, when working with partners: be clear about purpose and expected outcomes; be open and honest about limitations or challenges from the IH perspective – don’t assume our partners know our world; be open to different perspectives, ask for feedback; and be sure to share information back to your teams at IH.

Finally, when we achieve milestones together, we are able to celebrate together, and recognize our partners for their contributions and commitment. These are the opportunities to build and strengthen our relationships going forward.
TAKE CONTROL OF YOUR HEALTH

INDIVIDUALS
Improve your mental wellness.
Get inspired and share your inspiration!

PEOPLE LEADERS
Encourage your team to identify and reflect on their own and each other’s strengths.

COMMITTEES
Create spaces where staff can share inspiration.
Building psychological health & wellness
Sudden and, oftentimes, overwhelming feelings of loss and tragedy have come in the wake of the opioid public health emergency. For many Interior Health Mental Health and Substance Use (MHSU) teams, they are coping with the death of multiple clients due to overdose.

“Travelling across the IH region and speaking to MHSU teams, it is very apparent that these unexpected, tragic events are having a significant impact on the mental health of our staff,” says Amanda Lavigne, Substance Use Practice Lead. “When critical issues like this happen, leaders need to know how to respond and debrief the event; as well as have meaningful team engagement to help everyone move forward.”

However, Amanda noticed that the resources for leaders to provide consistent crisis-management response and build strong foundations of resiliency were limited and hard to find.

In partnership with a multi-stakeholder working group, Amanda embarked on the Building Team Resiliency Toolkit project.

“Our goal was to give leaders, managers, and staff a tangible set of tools to use for huddles and team meetings; as well as provide exercises to encourage team wellness,” explains Amanda.

The working group collected and collated a number of resources from within IH and from partner agencies into one, easy-to-navigate location on the InsideNet.

“It was an incredible example of engagement and collaboration,” says Amanda. “Our working group included MHSU front-line staff and managers; Workplace Health and Safety; Human Resources; BC Centre on Substance Use; and the provincial Mobile Response Team.”

While there are a number of tools and resources available in the Building Team Resiliency Toolkit, Amanda highlights the Workplace Wellness Initiative Monthly Schedule as an excellent tool to promote ongoing engagement and wellness within teams.

“The calendar provides three options of wellness exercises per month, ranging from broad to deep-dive discussions,” describes Amanda. “However, we know that the state of a team ebbs and flows, so we created options for leaders to determine which exercise will be most relevant for their team, given a present situation or state of mind.”

The new toolkit started as a wellness initiative in response to the overdose crisis, but has developed into a set of resources applicable to all employees and aligns with IH’s focus on a psychologically healthy workplace.

A Psychologically Healthy and Safe Workplace

“Physical safety is always at the forefront of our minds, but attention towards psychological and mental safety is just as important,” says John Bevanda, Corporate Director, Workplace Health and Safety. “Psychological safety is unique in that it’s not tangible, making it difficult to see and respond to. This is why focused work is underway to develop and sustain a psychologically healthy and safe workplace.”

Using the national Standard for Psychological Health and Safety in the Workplace as a guide, IH commits to promoting the psychological health of employees; preventing psychological harm due to workplace factors; and fostering an environment that supports employee mental health.

The Standard outlines how to implement a psychological health and safety management system and identifies 13 organizational factors that impact organizational health and the health of individual employees.

Work first started in 2016 with a gap analysis that identified areas where IH meets the 13 organizational factors and areas in which to improve. In 2018, a Psychological Health and Safety Working Group was formed to guide work identified from the gap analysis and develop a new policy, Psychological Health and Safety in the Workplace. The Worklife Pulse Survey Action Plan also outlines actions that will contribute to a healthier and safer workplace.

“The policy will formalize our commitment to the mental health and safety of our employees, as well as outline employee responsibilities to practice mental safety in their day-to-day work life,” says John. “Just starting the conversation on mental health helps us to be more proactive; gives us a better chance to help prevent workplace stress; and improves the overall quality of care we provide to our patients and clients.”

Continued on p. 8.
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Wellness in Action

We are seeing examples of mental health and wellness projects and exercises, large and small, every day at IH. Here are a few recent highlights:

• A Kelowna General Hospital staff wellness gathering in June recognized that health-care professionals can be faced with events that create trauma, fatigue, and grief. The event acknowledged KGH staff for their hard work and encouraged ways to improve psychological well-being.

• The smile board in 100 Mile House promotes a happy and positive workplace for the Employee Relations team in IH West.

• The Your Voices Matter Committee at Penticton Regional Hospital bridges the gap between administrators and front-line staff through open feedback, continuous listening, and sharing appreciative comments to build a more positive and inclusive workplace for everyone.

• The Building Team Resiliency Toolkit includes staff education resources; leadership resources; and responding to critical events resources. For ideas on wellness initiatives, check out the Workplace Wellness Initiatives Monthly Schedule. Email Amanda with questions, feedback, or additional resources to include.

For more employee wellness resources, check out the Employee Wellness & Psychological Health web page on InsideNet.
A new toolkit from MHSU helps teams build resiliency and cope with critical events.
It all began with a passion for midwifery.

From there, Donna Gibbons would go on to become one of the top midwives in Edmonton and then pursue a career as a nurse practitioner in rural B.C., where she is wholeheartedly dedicated to best meeting the needs of all her patients – from conception to end of life.

For this commitment to providing exceptional health care, Donna was named the 2019 Health Care Hero for Interior Health (IH). She received her Gold Apple award at the BC Health Care Awards held in June.

Donna’s journey into health care began in Ontario where she was a linguistics and computer science student at the University of Toronto. She was invited to the home birth of one of her friends and she was awestruck by the midwife that attended.

"After seeing that, I knew I wanted to be a midwife," Donna says. "It was calling to me – I just had to. That’s all there was to it. Up to that point I had no idea about midwifery. I had read a few books, but it became a passion at that point."

Upon completing her degree at U of T and deciding to make a career out of midwifery, Donna relocated to Edmonton and began searching out others in the profession that were living in the area. She returned to school to pursue a nursing degree and eventually secured a position as a midwife’s apprentice.

Her career blossomed and over the next 25 years, Donna attended 2200 births and became known as one of the top three midwives in Edmonton.

"After being at that many births, I was seeing that a number of really talented young women were coming into the field and I was starting to need a bit more," says Donna. "It came about that the high-risk prenatal clinic in Edmonton needed a nurse practitioner to coordinate the care of women who had challenging pregnancies; and also to do the initial triage of referrals coming in."

Donna remembers her time working in high-risk clinic fondly even though the work was highly emotional at times.

"It was amazingly rich work and there were so many talented and caring people there," she recalls.

At the same time, Donna’s mother was aging and she found herself providing care her mother – and a host of her mother’s friends. It was then that she discovered she wanted to provide care from conception through to end of life.
"I thought, ‘I should do this!’ I like caring for people all the way along,” says Donna. “And so I asked a physician in one of the primary care networks to hire me as an NP.”

While working in Edmonton, Donna and her family would often vacation in the Slocan Valley and she always thought about how nice it would be to live there. So, when the opportunity to work in New Denver presented itself, she promptly applied for and secured a job there.

“It’s magic to be able to live in a place like this,” says Donna enthusiastically. “I have never regretted the decision and have always felt at home here.”

The work wasn’t easy; Donna says there was a steep learning curve in the early days.

“The scope of practice is far wider here than what I was used to in Edmonton. We are pretty isolated in these little communities. It means that it’s on us to provide really good health care. It’s been wonderfully challenging to be able to take care of people at the level I can here.”


It was this dedication that led Claire Peyton, a patient of Donna’s, to nominate her for the Health Care Hero Award.

“Donna really takes the time with each patient,” says Claire. “When you come in here, you never feel rushed.”

Donna’s colleagues also speak highly of her. Andy Smith, an RN at Slocan Health Care Centre says that what makes Donna special is how much she really cares about her patients.

“She goes the extra mile, she doesn’t leave a stone unturned, and she always works to find the best care for somebody that meets their needs.”

Donna says she was honoured to receive the award – especially because it came from her patients.

“I was really deeply touched,” she says with obvious emotion in her voice. “It was a surprise, because you don’t expect these awards to come to our little teeny communities. What an honour to have the work we do recognized. It shows that we can provide excellent care in a rural community.”

Donna is quick to note that none of this work can be done in isolation.

“It requires a team. From housekeeping and maintenance, admin, pharmacists, nurses, care aides in long-term care, the physicians, and my NP colleagues who are always willing to provide advice. It’s a big team and I couldn’t do it without them. These are my colleagues and my friends.”

Looking ahead, Donna says she has no plans to leave her current home.

“I’m in paradise here,” she says laughing. “And, I have all these great patients who trust me enough to help them with their health care. It’s pretty amazing. My patients teach me a lot and it is such a privilege to work here.”

By making mobilization a part of patients’ daily routines at 100 Mile District General Hospital, IH’s Mobility: Back to Basics project has seen great success and was recognized with an Award of Merit for Excellence in Person-Centred Care at this year’s BC Health Care Awards.

With a goal to improve quality of care by reducing length of stay and related complications, the project aimed to increase mobility for hospital patients.

The project team, led by Natalie Kulyk and Teressa Allwood, looked to accomplish their goal by incorporate specific mobility plans into care plans, which were discussed daily at huddles and rounds with all team members.

Working together, the team has now ensured that mobilization is a part of daily routines and patients who may have previously been restrained are now able to walk independently or with assistance.

In addition, the morale and sense of teamwork has improved among staff who now share a sense of pride in their achievements and keep each other accountable for continuing to keep patients out of bed.

The Mobility: Back to Basics project was also recognized with an IH Quality Award in late 2018 and the work is starting to spread to care teams across our network of IH hospitals.
LOOK AHEAD
AND START THINKING ABOUT YOUR 2020 VACATION PLANS

InsideNet > Vacation
Orthopedic surgeon Dr. Mike Hjelkrem has helped lead the fight against surgical site infections (SSI) at KBRH.

L-R: Maintenance staff Kevin Flanagan, Kristy Blomquist, Lloyd Gevatkow, and Luc Senechal maintain and monitor air flow and filtration systems, which are key to OR air quality.

L-R: OR staff Melissa Zeboroff, Carolyn Fulton, Donna Dekleine, and Carly Paolone prepare for nasal photodisinfection therapy.

L-R: Angela Colwell, Michelle Burton, Dawn Shannon and Dr. Ron Cameron scrub up for surgery.

Lennox Embree receives nasal photodisinfection therapy before his surgery earlier this year.

L-R: Medical devices enter the MDR soiled and exit the MDR cleaned and sterilized thanks to MDR team members Leah Beattie, Erin Stevens, Justine Thomas, and MDR Lead Catherine Ellison.
It’s not an exact translation from the Hippocratic Oath, yet “first, do no harm” is an edict all physicians know.

Orthopedic surgeon Dr. Mike Hjelkrem was certainly guided by it when he noticed a slight uptick in surgical site infections for hip and knee replacement patients at Kootenay Boundary Regional Hospital (KBRH) in late 2017. He then made the decision to temporarily halt hip and knee replacement surgery. His four fellow orthopedic surgeons at the hospital quickly followed suit.

“We looked at our numbers and said ‘we need to regroup’,” explains Dr. Hjelkrem.

Surgical site infections can have devastating consequences for patients. They are at risk of requiring further surgeries, including revision joint replacement. In addition to the personal cost to the patient, the financial impacts to the health-care system in Canada are estimated at $25,000 per infection.

In Dr. Hjelkrem’s words there was no “smoking gun” that could explain the increase in infections. Microbes can exploit any weak link in the long and complex chain along the surgical journey – pre-, inter- and post-operatively. Thus, a working group was struck, led by Dr. Hjelkrem, Health Service Administrator Jane Cusden, and OR Manager Cindy Ferguson. The team developed a set of quality improvement criteria and consulted broadly with specialists both within and outside of Interior Health.

“We contacted UBC, which is a world leader in infection prevention,” says Dr. Hjelkrem. “We also talked to the cleaners, the engineers, the nurses, the student nurses and the med students, and the people in the OR. They all brought ideas.”

Continued on p. 16.
Air quality was a key criterion, particularly given the increase in wildfires and the resulting smoke in recent years. The KBRH team upgraded the ventilation system for the OR with high-efficiency particulate absorbing, or HEPA, filters. Plus, they instituted a robust system to maintain and monitor OR temperature, pressure, and humidity.

Further efforts to keep the environment sterile were made with the addition of a Medical Device Reprocessing (MDR) coordinator and a night cleaner, as well as a dedicated ward for orthopedic patients post-operatively to reduce cross-contamination from other surgical patients.

In addition to taking a hard look at the structures and processes within KBRH, they also looked at patients themselves.

"Patient optimization is a trending word in medicine now," says Dr. Hjelkrem. "There are several factors we consider that can increase risk of infection, such as a higher body mass index, diabetes, anemia, and smoking."

With support from the Specialist Services Committee of the Doctors of BC and the Ministry of Health, surgical teams are taking a more vigorous, collaborative approach – with patients at the centre – to prepare them for surgery.

Dr. Hjelkrem has given talks to GPs in local communities, from Nakusp to Grand Forks to Nelson, about how they can help optimize patients. Patients are engaged, too. One patient recently approached Dr. Hjelkrem to ask him if he would perform the surgery if she lost an agreed upon amount of weight.

Moreover, the majority of surgical site infections result from bacteria that patients carry themselves. Many of these bacteria live in the warm, moist environment of our nasal passages. Patients are normally given a topical antibiotic ointment to apply for five days before their surgery, though compliance can be low.

The team landed on an innovative alternative: nasal photodisinfection therapy. KBRH has begun a two-year quality initiative pilot to assess this technology.

Prior to surgery, the nurse swirls an applicator with a photosensitizing solution in the patient’s nostrils. The nurse then inserts illuminators and activates a laser that zaps dead the microbes. The laser doesn’t harm the patient’s tissues or result in increased bacterial resistance.

KBRH is the second hospital in Canada, after Vancouver General Hospital, to introduce this technology. It was first used at KBRH in January 2019 on Lennox Embree, a long time resident of Trail.

“The procedure was simple and obviously effective,” says Lennox, who experienced no complications. “Since my surgery, I’ve been able to travel to Haida Gwaii. And I picked huckleberries for four days straight. I would like to compliment all the KBRH staff – they are top notch.”

To gather high-quality clinical data on patients like Lennox, KBRH has implemented a National Surgical Quality Improvement Program (NSQIP). Through NSQIP, data on the patient’s health is collected pre-op, intra-op, and up to 30 days post-op. NSQIP is also in place at two other Interior Health sites: Royal Inland Hospital (RIH) and Penticton Regional Hospital (PRH).

“The data tells us whether we need to do further improvement,” says Cindy Ferguson, OR Manager. "Or, it will tell us we’re spot on."

The first NSQIP report is now in the process of being reviewed. However, current KBRH data reveals an extremely positive trend. The infection rate for hip and knee replacements has dropped from 2.5 per cent in late 2017 to 0.4 per cent in January 2019. Since then it has continued to drop, and is estimated at 0.2 per cent as of August 2019.

All these steps have also impacted the hospital infection rate as a whole. According to Dr. Hjelkrem, the infection rate is down an astounding 50 per cent.

But KBRH is not done. Staff and physicians, energized by the culture of openness, are committed to continuous improvement.

“This has been a great evolution for staff to feel comfortable and be heard if they have a concern,” says Jane. "A true quality mindset is now built into day to day work in the OR."

“Everybody’s voice matters,” says Dr. Hjelkrem. “We are excited and engaged.”
Join us for Health Care Donor Month this September

It matters to every patient across Canada. Because it’s something we can do today to help others wake up healthier tomorrow.

Join Canada’s Lifeline. Book now at blood.ca

In partnership with:

Interior Health
Every person matters
Vaccines can be a contentious topic – and, with so many opinions on immunization, it can be a challenge to engage the public in a meaningful way and share accurate information.

Kim Bucek, a Public Health Nurse in the Central Okanagan, says that the recent provincial Measles Immunization Catch-up Program really helped to open up conversations about vaccines. And, one of the most remarkable outcomes of the campaign was that many of the questions came from kids – some as young as seven years old.

“All of the nurses feel that, in the end, the kids were amazing. They were curious, and they were asking great questions. It was great to see them taking a stance for their health and their bodies.”

Adds Tyana McLean, a Public Health Nurse in Invermere: “I had one high-school aged student who came to us to ask for more information on vaccines, so that they could educate themselves and make an informed decision. It was great to see kids like this taking an active interest in their health and I was really impressed by that.”
Impact of the Catch-up Campaign

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<th>Doses provided to school aged children (K to 12)</th>
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That overall awareness about vaccines and why they are important – vital, even – was one of the biggest successes of the catch-up program that rolled out earlier this spring.

The mission was simple: to protect children ages five to 18 from getting measles. Once considered a rarity, measles outbreaks were beginning to appear in the Lower Mainland, the U.S., and even around the world.

In late fall 2018, the Ministry of Health tasked B.C.’s health authorities with planning a program that would deliver measles immunizations to unvaccinated youth through a school catch-up campaign. In Interior Health, the timing was right – IH’s Infectious Diseases and Emergency Response Steering Committee had already been hard at work reviewing measles prevention and control processes. It was their early work that positioned IH to be able to seamlessly respond to the launch of the provincial program.

From April to June 2019, IH offered Measles, Mumps Rubella (MRR) immunization clinics in approximately 400 schools across the region for students in Grades 1-12. The immunizations were also made available in public-health units, community health centres, mobile community clinics in select regions, and through pharmacists.

“It was a huge undertaking,” says Lori Hiscoe, co-chair of the steering committee and Corporate Director of Population Health Services. “The collaboration and willingness of people to jump in and help with the response – even if it was outside of their scope of work – was instrumental in the success of the campaign.”

Kim and Tyana say there were many steps to address in order to roll out such a large campaign. A big key to getting it off the ground was the collaborative work they did with the schools themselves to share information with parents and to facilitate the clinics. Teachers were open to working around things like field trips, which are a big component of May and June class schedules.

Kim was particularly impressed with how school administrations worked hard to keep the process “low-key” and confidential.

“They were mindful in keeping it respectful and, as a result, there was no negative fallout,” she says, adding there was a tremendous amount of detail in the
preparation for campaign launch. “Everything from teasing out who needed the vaccine to gathering and preparing the actual supplies, to printing out personalized consent forms and sending out individuals letters to a large number of students. In one school alone in Kelowna, there were 600 students identified as needing immunizations.”

A key support for staff themselves was the Immunization Program’s preparation of a Q&A document of questions they expected to receive during the immunization campaign.

Kristiina Smith, Regional Knowledge Coordinator for the Immunization Program, says her team kept up-to-date with the questions that were emerging from the field and then ensured they were in the Q&A – which meant the document served as an evolving resource.

Through the campaign, immunization rates increased across IH. But the real achievement, explains Issy Aguiar, Manager, CD Prevention & Immunization, is that it helped open up conversations in the community about immunization. The next step will be to build on the momentum the campaign has generated and further increase immunization rates in IH.

“Overall, the response to the campaign has been excellent,” says Issy. “In addition to increased immunization rates, we are seeing more interest from and more conversations with parents about immunizations for measles and other diseases.”

“That was the big take-home for us,” adds Kim. “People asking for more information.”

Read more about the Measles Immunization Catch-Up Program on our public website. 📜
Reach out to others or call free, confidential support and crisis lines available 24/7

1-800-588-8717 KUU-US Indigenous Line
1-888-353-2273 Interior BC Crisis Line
1-888-562-1214 Northern BC Crisis Line

Tips for coping with natural disaster stress

Smoke, evacuations, loss, worry—BC’s floods and wildfires affect us all. If you are feeling stressed or anxious, you are not alone. Here are some things you can do:

**PREPARE**
Having a clear emergency plan and kit ready for your family, pets and livestock can ease your mind and allow you to focus on other needs.

**TAKE CARE**
Stress takes a toll on our physical and mental health. Eating well, exercising and getting enough sleep lowers stress and helps us cope.

**ASK FOR HELP**
Talking helps. Whether it’s with family, friends, a doctor or counsellor. Crisis lines are available to listen and help anytime—not just during a crisis.

**HELP OTHERS**
Reach out to the vulnerable. Assisting others can help us regain a sense of purpose and community as we confront challenges together.

for more tips and resources, visit [gov.bc.ca/NaturalDisasterHealth](http://gov.bc.ca/NaturalDisasterHealth)

Information provided by the Canadian Mental Health Association in partnership with the Province of BC, First Nations Health Authority, Interior Health, Northern Health and Provincial Health Services Authority.
Are you connected with IH?

Photos, news, health alerts & more!

#weareih  #everypersonmatters
www.interiorhealth.ca
Planning a roadtrip?

Take us along for the ride!

Bi-weekly episodes available on iTunes and InteriorHealth.ca/Interior Voices.
An interview with Carol Ann Taphorn, Chair of the Cariboo Foundation Hospital Trust

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

The focus for our Foundation is to raise funds for state-of-the-art equipment at Cariboo Memorial Hospital (CMH), which ensures the hospital continues to provide the specialized care that is essential to our community.

The hospital is very important to the residents of Williams Lake and, through the generosity of our community members, we are able to make investments that ultimately improve patient care. These kinds of investments also help us to attract good doctors, nurses, technicians, and other hospital employees.

We are especially excited that CMH redevelopment was recently approved and are looking forward to how we can contribute.

Do you have any favourite fundraising campaigns?

They are all favourites, because the community has been behind us all the way – ever since we started our foundation. It never ceases to amaze us how much the community supports us, and we see this as we make a greater profit at our gala each year.

What’s one of the Foundation’s proudest moments?

Every year, after our annual gala, the support and amount of money raised just blows us away, but the proudest I have ever been of our community, was in 2017.

Our whole city was evacuated – along with most of the surrounding area, past 150 Mile House, north to McLeese Lake – because of wildfires most of the summer. Despite those challenges, we had the most successful gala in our history the following November. The support we had from everyone was nothing short of amazing.

Is there a particular donation over the years that stands out in your mind?

It is difficult to pick out one donation as they are all spectacular, but the one that comes to mind is Woodland Jewellers Ltd. Every year they donate a ring or a pendant worth a minimum of $10,000, which is designed and handcrafted by them. It’s a one-of-a-kind piece of jewellery for us to raffle off and we are always sold out.

Any parting words?

There is no way we could do what we do without the help of Ladies Hospital Auxiliary, for smaller items for the hospital, and the Board of the Hough Memorial, whose mandate is to raise money for all things to do with cancer (read more on facing page).

In addition, all the businesses in our city and surrounding areas who are so dedicated to supporting us.
The Hough Memorial Cancer Society was founded in 1972 in the community of Williams Lake. Over the years it has raised over $3-million to support Cariboo Memorial Hospital.

Last year the group saw its best year ever, collecting over $84,000 in donations for the hospital, purchasing a state of the art Endoscopy Tower, a colonovideo scope, and a gastrointestinal video scope.
Where we live & work

Wilson Creek Falls
Submitted by: Dayna Larson
Kelowna
Submitted by: Kristine MacLeod

Kamloops
Submitted by: Lisa Whitman

Golden
Submitted by: Blake Gruszcie
Visit Facebook to see more of the faces in IH.
Meet Katie

Katie explains the services available to patients through the Aboriginal Patient Navigator (APN) program. Katie supports patients and their families, serves as part of their care team, and provides other services to Aboriginal patients such as emotional support, access to spiritual care, smudging, and language translation services.

[YouTube > Interior Health > Meet Katie]

Why PQI?

Learn how IH’s Physician Quality Improvement (PQI) initiative increases physician involvement and enhances the delivery of quality patient care.

[YouTube > Interior Health > Why PQI]

2019 Health Care Hero

Her patients call her a “gifted healer” and a “real-life super-hero” who provides kind, compassionate and personalized care backed up by extensive knowledge, skills and experience.

[YouTube > BCHealthCareAwards > Donna Gibbons]
Tim Hortons and the Castlegar Hospital Foundation...working to support healthcare, one bite at a time!

Buy a smile cookie at Tim Hortons September 16-22 and support CDHF.

Through the generosity of Tim Hortons and its customers in Castlegar, all proceeds from the sale of smile cookies during the week of September 16 -22 will benefit the ER at Castlegar’s Health Centre.

Thank you to the Castlegar Tim Hortons for choosing CDHF as this year’s Smile Cookie campaign recipient.

Castlegar & District Hospital Foundation
“Your donation boomerangs back to you!”