

**Board of Directors Regular Meeting**

Wednesday December 10, 2025 – 5:00 to 5:45pm

Virtual via Livestream

**Board Members**

Dr. Robert Halpenny, Chair  
 Joyce Adjei  
 Thomas Friedman  
 Mike Gerrand  
 Karen Hamling  
 Allan Louis  
 Bonnie Pearson  
 Willie Sellars

**Resource Staff**

Sylvia Weir, President & CEO  
 Susan Dolinski, VP, People & Engagement  
 Nicole Elliot, CFO  
 Brent Kruschel, VP, Health Technology & Clinical Services  
 Dr. Mark Masterson, VP, Medicine  
 Dr. Glenn McRae, VP, Quality & Professional Practice  
 Dr. Sue Pollock, Chief Medical Health Officer  
 Diane Shendruk, VP, Clinical Operations  
 Lorne Sisley, VP, Infrastructure & Support Services  
 Leslie Varley, VP, Indigenous Partnerships  
 Jeremy Stubbington, Board Liaison (Recorder)

**Guests**

Richard Harding, Chief Operating Officer, IH North  
  
 Dr. Wessel Joubert, Executive Medical Director, Emergency Department Stabilization

Item		Discussion
<b>1.0</b>	<b>CALL TO ORDER</b>	The meeting was called to order at 5:04 pm
1.1	Territorial Acknowledgement	The Board of Directors acknowledged the seven traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, syilx, and Tšilhqot’in Nations, where we live, learn, collaborate, and work together.
1.2	Declaration of Conflict of Interest	No conflicts of interest were declared.
1.3	Approval of Agenda	Moved and seconded: <b>THAT the Board of Directors approve the agenda of December 10, 2025, as presented.</b> <p style="text-align: right;">- Carried unanimously</p>
<b>2.0</b>	<b>NEW BUSINESS</b>	
2.1	Rural Emergency Department Sustainability & Virtual Care (LINK-ED)	<p>The purpose of this item is to provide the Board with an update on the hybrid emergency model of care to be implemented at four select rural Emergency Departments.</p> <p>Interior Health (IH) is launching a new virtual care pilot project at Arrow Lakes Hospital in Nakusp, Dr. Helmcken Memorial Hospital in Clearwater, Lillooet and District Hospital in Lillooet and Princeton General Hospital in Princeton.</p> <p>The model was developed following a jurisdictional scan of other virtual care emergency models used throughout Canada. The model is unique in having an in-person provider at one site that is virtually supporting the other three sites. The three sites being provided virtual support all have an on-call physician in the community that can be called in if a patient presents with higher level care needs. This allows physicians to consolidate multiple lower volume sites into one high impact shift, this not only</p>



		<p>improves physician quality of life but allows these full-service rural physicians to maintain their clinics as well.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>- It was asked if there will be an evaluation of this pilot that will include patient and provider experience metrics?             <ul style="list-style-type: none"> <li>o The Interior Health evaluation team has been engaged to design an evaluation of this project as it progresses. In addition to the evaluation, a community of practice has been built which allows for feedback from the providers and staff working in the program directly to management.</li> </ul> </li> <li>- It was asked how we are raising awareness of this project in the communities that are affected?             <ul style="list-style-type: none"> <li>o The project has been through a significant period of thoughtful engagement led by our IH communications team. This approach started with open conversations with front line and municipal partners and is committed to staying in contact with them to ensure that we are meeting the needs of their communities. Through the engagement phase a patient partner was also included to help enforce our understanding of the patient journey within this project.</li> </ul> </li> <li>- It was asked if the nurses working in these emergency departments require any additional training?             <ul style="list-style-type: none"> <li>o The nurses working in these departments do receive training on the technology that is being used. The nurses working in emergency departments already have additional skills and training so the use of a virtual provider and making the decision on when they need to call the on-call in community physician is something that is well within their scope of practice and their normal workflow in a rural emergency department.</li> </ul> </li> <li>- It was asked if there are plans for expansion of this project.             <ul style="list-style-type: none"> <li>o We are taking a safety and quality focused approach, with the goal of having the four initial sites fully up and running on the system within three months. Any expansion will depend on the evaluation, and if there are other communities with appropriate sites for this model. The four initial sites were chosen based on volumes and we need to understand the types of volume this model can support before expanding further.</li> </ul> </li> </ul>
<p><b>3.0 STANDING REPORTS</b></p>		
<p>3.1</p>	<p>President &amp; CEO</p>	<p>Sylvia Weir provided an update that included:</p> <ul style="list-style-type: none"> <li>- Emergency department service interruptions are difficult for the communities that are experiencing them, as well as the staff. Interior Health has been making a focussed effort to mitigate these service interruptions wherever possible and that has led to a 40% reduction in emergency room service interruptions this year. This is a testament to the managers and staff working tirelessly in the background to keep services open.</li> <li>- Obstetrics and maternity services have been disrupted recently, in Kamloops and many other impacted communities. This is a priority for Interior Health and has led to the launch of a new Maternal, Newborn,</li> </ul>



		<p>Child &amp; Youth program. This program has already begun engaging with Medical and Nursing Staff to look at how we can create a model of care for this patient population that provides predictability, and ease of access.</p> <ul style="list-style-type: none"> <li>- The Interior Health, Health Technology portfolio has been advocating for Robotics for some time, and recently robotic assisted surgery has been rolled out at Kelowna General Hospital. Our teams are excited about this advancement and are now looking at other potential sites to roll out this new technology.</li> <li>- The Hospital at Home program, that started in Kelowna, is nearing it's 1-year milestone. This program allows for patients to receive hospital level care in their own homes.</li> <li>- The IH Senior Executive Team is prioritizing engagement and have undertaken some recent engagement actions:             <ul style="list-style-type: none"> <li>o Recently released the 5<sup>th</sup> annual In Plain Sight Report Response, highlighting actions taken in the organization to address indigenous specific racism. We are still on this journey and are committed to addressing this as a priority.</li> <li>o Recently hosted the first virtual Medical Staff Engagement Forum and are continuing to seek vehicles for communicating information effectively with our Medical Staff.</li> </ul> </li> </ul>
<p>3.2</p>	<p>Board Chair Report</p>	<p>Chair Halpenny provided an update that included:</p> <ul style="list-style-type: none"> <li>- Indigenous Patient Care Quality Report             <ul style="list-style-type: none"> <li>o The Interior Health Indigenous Patient Care Quality Office aims to encourage more Indigenous clients to voice their concerns and works to ensure those concerns are addressed through culturally respectful and safe resolution processes.</li> <li>o At Interior Health we aim to support healing and relational accountability, such as through the restorative approach circle, which is a process grounded in patient safety, healing, and cultural protocols. Participants in the circle include IH staff, the patient, and patient supporters.</li> <li>o An evaluation of IH's Indigenous Patient Care Quality Office services was conducted from October 2024 to March 2025. It focused on the Indigenous patient experience accessing PCQO Indigenous services and considered when and how people were using resources. Results were encouraging, with most patients and families expressing satisfaction, positive changes, and a willingness to recommend the PCQO process.</li> </ul> </li> <li>- Emergency Services Network Quality Update             <ul style="list-style-type: none"> <li>o In collaboration with the Canadian Mental Health Association of BC, and the University of British Columbia Okanagan, a project was put together with the aim to improve the care of patients presenting to the emergency department who are affected by thoughts or actions related to suicide. This project has helped increase awareness and use of suicide screening in Emergency Departments across the region.</li> <li>o An Alcohol Use Disorder Project undertaken by the network was listed as one of the top seven quality improvement projects nationally by the Canadian Association of Emergency Physicians (CAEP). The approach includes a clinician workflow to be applied to as many patients as possible who enter the</li> </ul> </li> </ul>

		<p>ED, starting with a screening process and, depending on the individual’s responses, different interventions.</p> <ul style="list-style-type: none"> <li>○ The Sexual Assault Forensic Examination (SAFE) Project has been implemented by the network in all 29 Emergency Departments throughout Interior Health. This project also won the Program Top Poster award for teleSAFE at the Nation Emergency Nurses Association Conference.</li> </ul> <p>- Indigenous Recruitment and Employee Experience Report</p> <ul style="list-style-type: none"> <li>○ In partnership with the Indigenous Partnerships portfolio Human Resources has launched a refreshed Indigenous Careers page on the Interior Health website (Indigenous Recruitment   Careers   IH). This site contains updated documents and resources to support Indigenous job seekers, as well as showcase Indigenous-specific employment opportunities with Interior Health.</li> <li>○ The work undertaken by Interior Health in this space is tied into the provincial Health Human Resources Strategy as well as the provincial Indigenous Recruitment and Retention Strategy which was co-developed by all of the BC Health Authorities.</li> <li>○ There has been an increase in Indigenous workforce representation at Interior Health, which sat at 4.2% of the workforce in 2018 and is now up to 7.0% in 2025. There has also been an increase in Indigenous leadership representation, which was at 2.9% in 2018 and is up to 4.6% in 2025.</li> </ul> <p>- Workplace Health &amp; Safety Report</p> <ul style="list-style-type: none"> <li>○ At Interior Health we are committed to fostering a strong culture of safety where every team member feels empowered to speak up about concerns in the moment.</li> <li>○ Interior Health is committed to improving Violence Prevention in the workplace with the introduction of a Violence Prevention Steering Committee. As well, Interior Health is dedicated to improved psychological health and safety for staff, which includes increasing awareness of the various avenues to report concerns including racism and antisemitism along with the introduction of new dedicated psychological health and safety resources for staff.</li> </ul>
<p><b>4.0 ADJOURNMENT</b></p>		
<p>As there were no further questions, a motion to adjourn was made at 5:56 PM</p> <p>Moved and seconded:  <b>That the Board of Directors meeting of December 10, 2025, be adjourned.</b> - Carried unanimously</p>		
<p><b>The next meeting will take place on April 15, 2026</b></p>		