

## BOARD OF DIRECTORS REGULAR MEETING

### AGENDA

February 25, 2020 – 2:00 – 3:10 pm

1<sup>st</sup> Floor Conference Rooms, Kelowna CHSC – 505 Doyle Avenue

#### Board Members

Doug Cochrane, Chair  
Karen Hamling  
Spring Hawes  
Diane Jules  
Selena Lawrie  
Allan Louis  
Dennis Rounsville  
Cindy Stewart  
Tammy Tugnum

#### Resource Staff

Susan Brown, President & CEO (Ex Officio)  
Karen Bloemink, VP Clinical Operations IH North  
Dr. Mike Ertel, VP Medicine & Quality  
Jenn Goodwin, VP Communications & Culture  
Mal Griffin, VP Human Resources  
Norma Janssen, VP Clinical support Services & CIO  
Dr. Shallen Letwin, VP Clinical Operations IH South  
Donna Lommer, VP Support Services & CFO  
Anne-Marie Visockas, VP Planning & Research  
Givonna De Bruin, Corporate Director, Internal Audit  
Carmen Gudljek, Board Resource Officer (recorder)

#### Guests/Presenters

Dr. Aleksander Tkach, Vascular Neurology, KGH & Medical Director for Services and EVT  
Cory Bendall, Network Director, IH Stroke Services  
Jaymi Chernoff, Interim Executive Director, KGH  
Brad Anderson, Corporate Director, Aboriginal Health

| TIME        | ITEM  | LEAD PRESENTER                       | ACTION     | ATT<br>◆ |
|-------------|---|--------------------------------------|------------|----------|
|             | <b>1.0 CALL TO ORDER</b>  |                                      |            |          |
| 2:00 - 2:05 | 1.1 Acknowledgement of Traditional Territories<br><i>The Board Quality Committee would like to recognize and acknowledge that we are meeting on the traditional territory of the "Syilx" Okanagan Interior Salish Nation.</i> | Chair Cochrane                       |            |          |
|             | 1.2 Declaration of Conflict of Interest   |                                      | Discussion |          |
|             | 1.3 Approval of Agenda  |                                      | Decision   | ◆        |
|             | 1.4 Approval of Consent Agenda  |                                      | Decision   | ◆        |
|             | <b>2.0 NEW BUSINESS</b>   |                                      |            |          |
| 2:05 – 2:25 | 2.1 Interior Health Stroke Network  | Dr. Aleksander Tkach<br>Cory Bendall | Discussion | ◆        |
| 2:25 – 2:35 | 2.2 Aboriginal Health Annual Report   | Brad Anderson                        | Discussion | ◆        |
|             | <b>3.0 STANDING REPORTS</b>   |                                      |            |          |
| 2:35 – 2:40 | 3.1 President & CEO Report  | Susan Brown                          | Discussion | ◆        |
| 2:40 – 2:45 | 3.2 Board Chair Report  | Chair Cochrane                       | Discussion |          |
|             | <b>4.0 COMMITTEE REPORTS</b>  |                                      |            |          |
| 2:45 – 2:50 | 4.1 Stakeholder Relations Committee   | Chair Cochrane                       | Discussion | ◆        |
| 2:50 – 2:55 | 4.2 Quality Committee   | Director Stewart                     | Discussion |          |
| 2:55 – 3:00 | 4.3 Governance & Human Resources Committee  | Director Tugnum                      | Discussion |          |
| 3:00 – 3:05 | 4.4 Audit & Finance Committee   | Director Rounsville                  | Discussion |          |
| 3:05 – 3:10 | 4.5 Strategic Priorities Committee  | Director Jules                       | Discussion |          |
|             | <b>5.0 ADJOURNMENT: 3:10 pm</b><br><b>NEXT MEETING: April 21, 2020</b>  |                                      |            |          |

**CONSENT AGENDA** (Item 1.4)  
**Board of Directors - Regular Meeting**  
**February 25, 2020**

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**MOTION**

**THAT** the Board of Directors approve the Consent Agenda of February 25, 2020 as presented to include approval of the following:

**Item 1.3.1: Minutes**

- Board Regular Meeting Minutes October 1, 2019

# IH Stroke Network

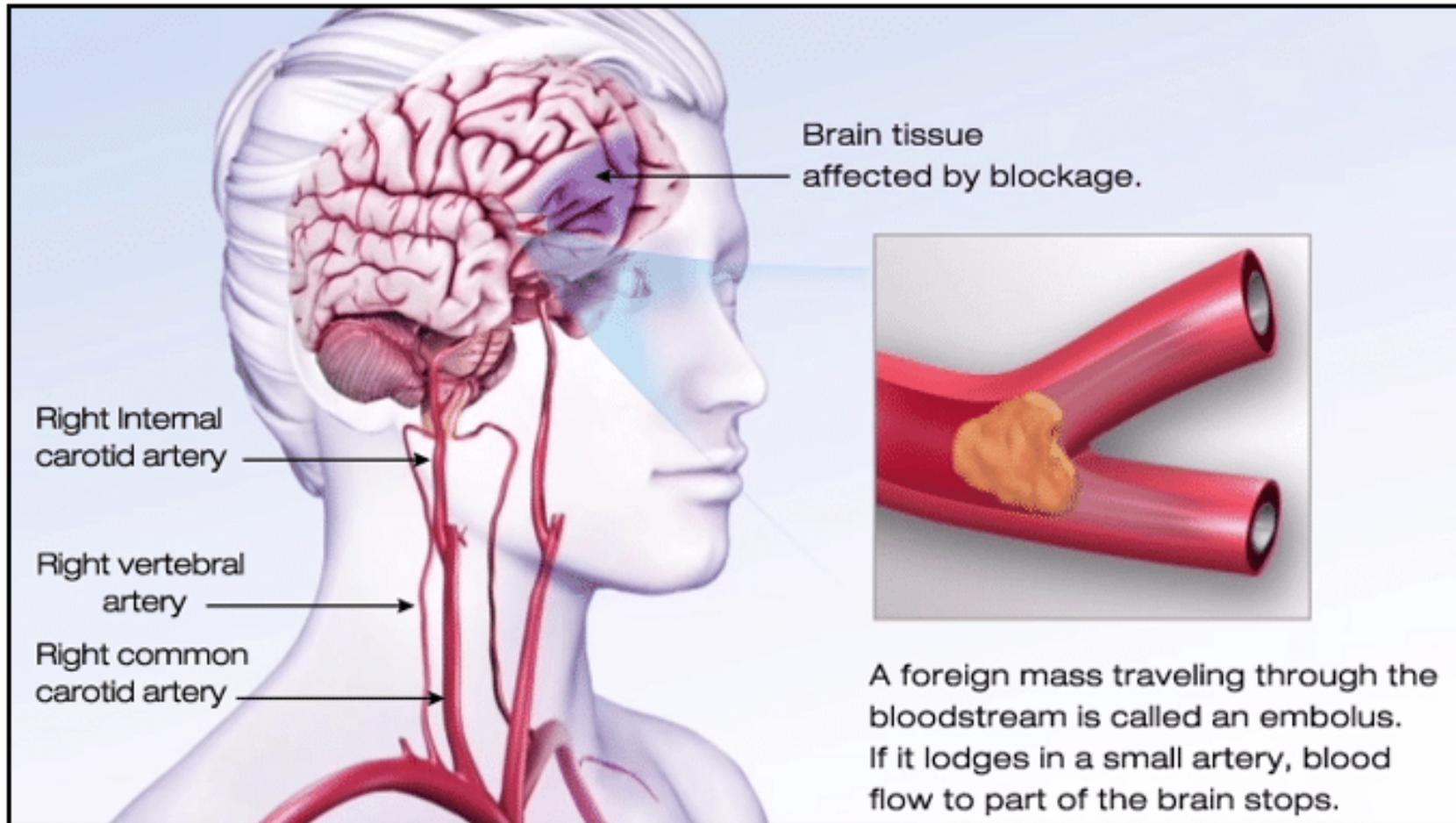
Interior Health Board Meeting  
February 25<sup>th</sup>, 2020



**Interior Health**  
*Every person matters*

Interior Health would like to acknowledge the ancestral, traditional, and unceded territory of the Sylix Nation on which we are presenting today.

# What is a stroke?



# The Impact of Stroke

- \* Stroke is a leading cause of long term of disability world wide
- \* About 62,000 Canadians have a stroke each year
  - \* ~400,000 are living with disability as a result
- \* Total cost estimated at 3.6 Billion dollars a year in Canada
- \* About 1.9 million brain cells die each minute
- \* Rapid return of blood flow to the brain reduces disability
- \* 80-90% of stroke are preventable



Stroke : Time lost is brain lost



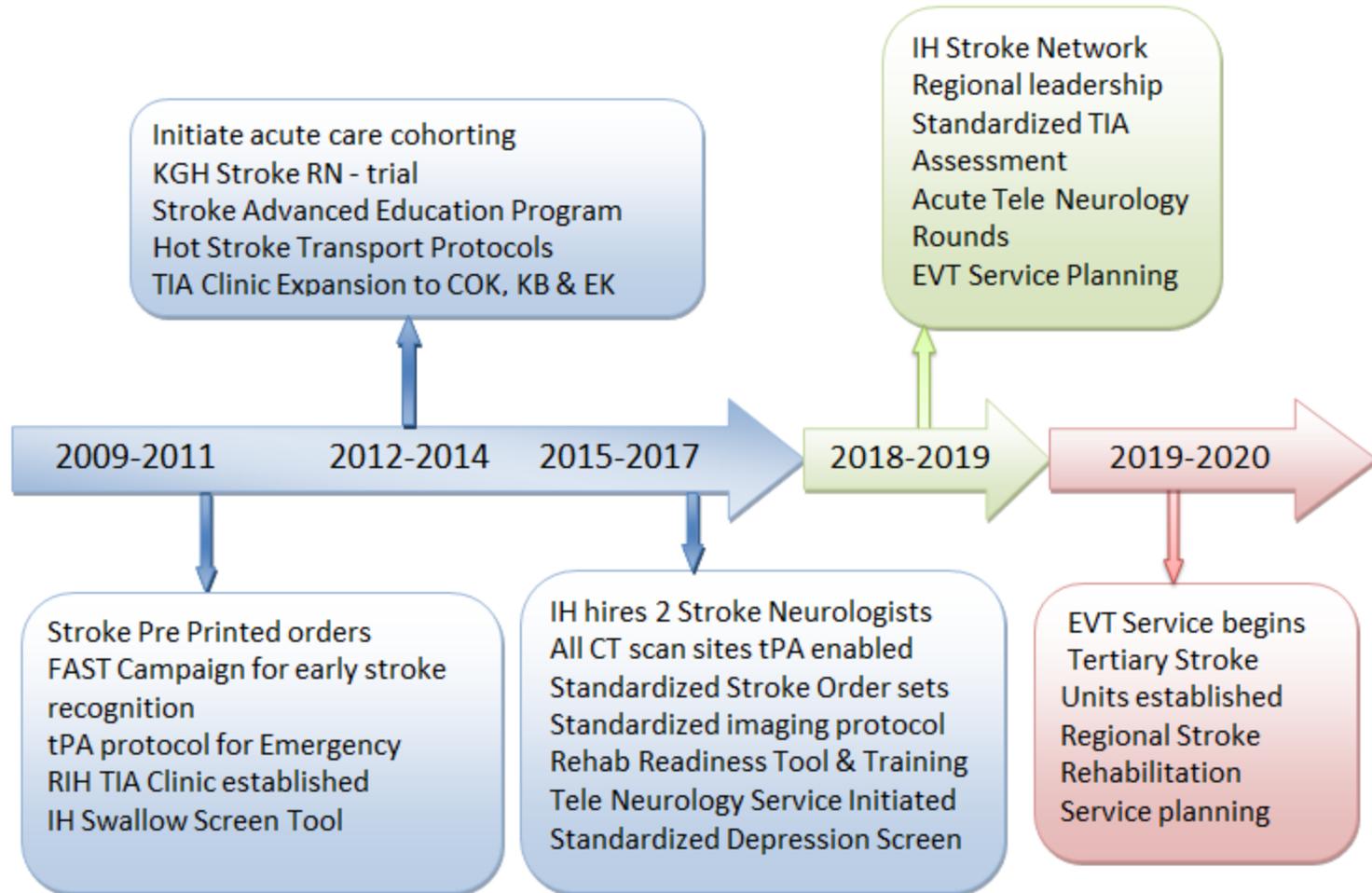
*Every person matters*

# What is the Stroke Network?

- \* The Stroke Network establishes an operational leadership structure in both hospital & community across IH that leads initiatives involving:
  - \* Prevention – diagnostics, intervention, education (providers and public)
  - \* Urgent Care – Prehospital, Thrombolysis and Thrombectomy
  - \* Hospital Care - Telehealth
  - \* Rehabilitation – Recovery
  - \* Community Reintegration – risk management
  - \* Research – how can we do better?



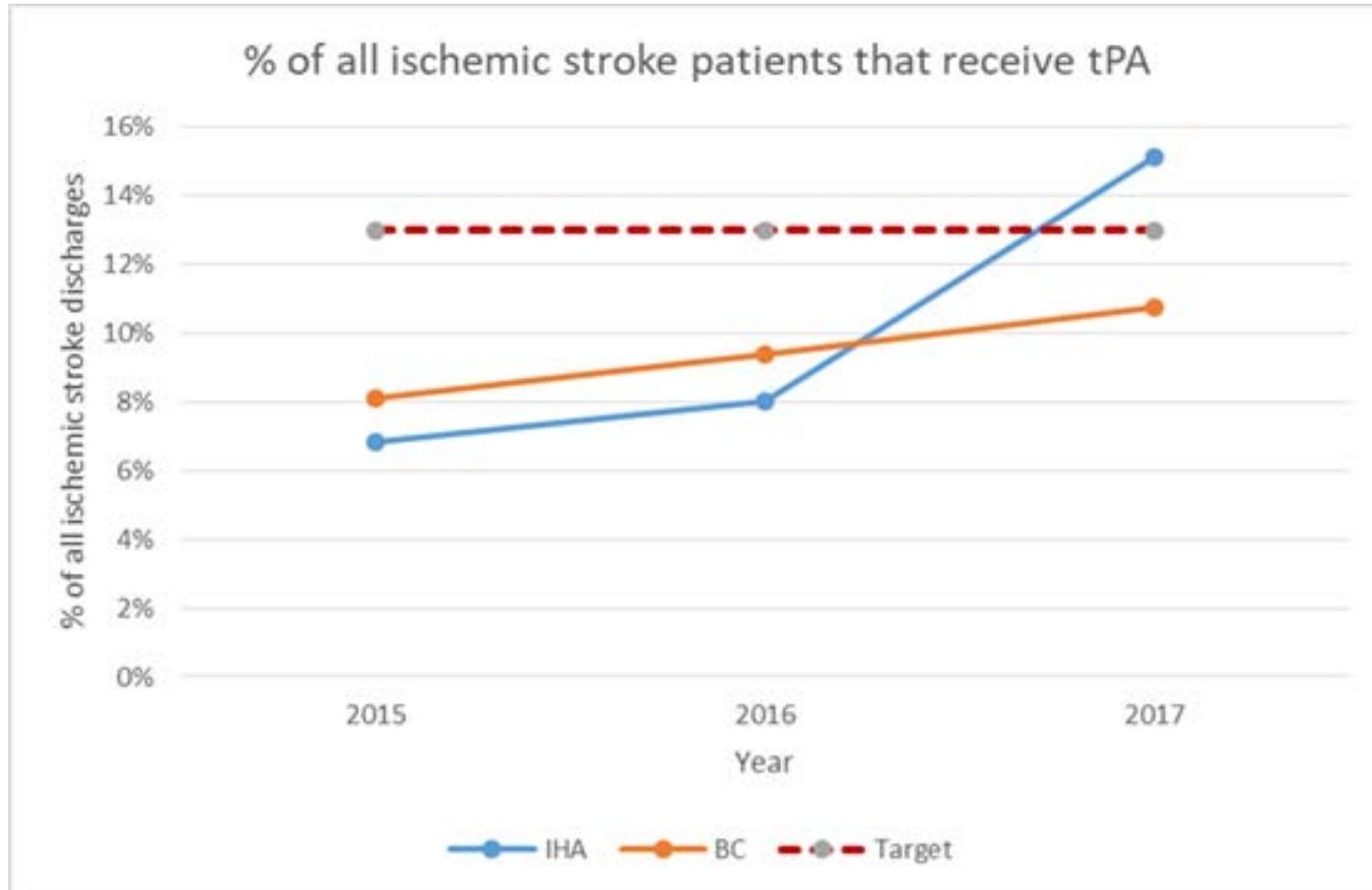
# Stroke Network – Work to Date



# Clot Busting Drug: Tissue Plasminogen Activator (tPA)

- \* Activates the body's ability to breakdown clots
- \* Almost two times more likely to go home if given in the first hour from onset of symptoms
- \* Requires fast imaging and expert consultation
- \* Coordination of patient awareness, access to imaging (hospital bypass to imaging centre), neurology, and post tPA care
- \* Example of rural site care: Cariboo Memorial Hospital - Williams lake

# How Are We Doing?



# Stroke Patient Example

- \* 72-year-old woman was found down on the ground by her family with no movement on the left side of her body, garbled speech, and seemed confused...
- \* Paramedic quick assessment, rapid transport to Kelowna General Hospital via ambulance, with a hospital pre-alert of an incoming patient
- \* Stroke team met her at the door, started IV-tPA and coordinated care with the Interventional Radiologists for Endovascular Thrombectomy (EVT)
- \* Total time from paramedic initial assessment, to opening the artery to return blood flow to the blocked part of her brain was 60 minutes.



## Endovascular Thrombectomy (EVT)

Number needed to treat to avoid death or disability is 3.

Patient outcomes depend on a high level of coordination between Neurology and Interventional Radiology as well as critical care management prior, during, and post procedure.

### EVT Procedure Overview



# Next Steps for Stroke Care in IH

- \* The Stroke Network will continue to improve the coordination of stroke care and standardize stroke best practice, changing the lives for our patients and their families wherever they live in IH.
- \* Recruitment of specialists, expansion of stroke unit care, and tele neurology for rural access to specialist care.
- \* The Stroke Network will focus on building therapeutic and research connections provincially, nationally, and internationally.

# Thank You

Dr. Aleksander Tkach – Vascular Neurology KGH,  
Medical Director for Stroke Services and EVT:  
[Aleksander.Tkach@interiorhealth.ca](mailto:Aleksander.Tkach@interiorhealth.ca)

Cory Bendall – Network Director, IH Stroke Services:  
[Cory.Bendall@interiorhealth.ca](mailto:Cory.Bendall@interiorhealth.ca)



Interior Health  
*Every person matters*



# Aboriginal Health Annual Report 2019

Brad Anderson, Corporate Director Aboriginal Health

**T:** (250) 320-5551 **E:** [Bradley.Anderson@interiorhealth.ca](mailto:Bradley.Anderson@interiorhealth.ca)



# Executive Summary

On behalf of the Aboriginal Health program, and in collaboration with teams across Interior Health (IH), I am pleased to present our Aboriginal Health Annual Report for 2019.

Over the last year, IH made notable strides in advancing Aboriginal health and wellness goals throughout the Interior region. This report celebrates many of these accomplishments and highlights key partnerships, as we enter the final months of our current IH Aboriginal Health and Wellness Strategy (AHWS) 2015-2019[1]. The Aboriginal Health program is in the final stages of engagement with Nation partners and IH leadership teams as we seek to rejuvenate and refresh the IH AHWS for another five years.

The Aboriginal landscape has changed significantly over the past five years. Both the federal and provincial governments have accepted the Truth and Reconciliation Commission of Canada’s Calls to Action, and committed to implementing the United Nations Declaration on the Rights of Indigenous Peoples. On Nov. 28, 2019, British Columbia became the first jurisdiction in Canada to enshrine the Declaration into law. The Government of Canada also completed a national inquiry into Missing and Murdered Indigenous Women and Girls, to address the disproportionately high levels of violence faced by Indigenous women.

*Partnership and a path toward reconciliation*

The work and achievements described in this report have been informed by IH’s collaboration with Aboriginal partners through our Letters of Understanding, Partnership Accord, Cultural Safety Declaration, and the strategic priorities of both IH and the British Columbia Ministry of Health. As we move forward, we

will continue our efforts in partnership, focused on advancing IH’s Aboriginal Health and Wellness Strategy.

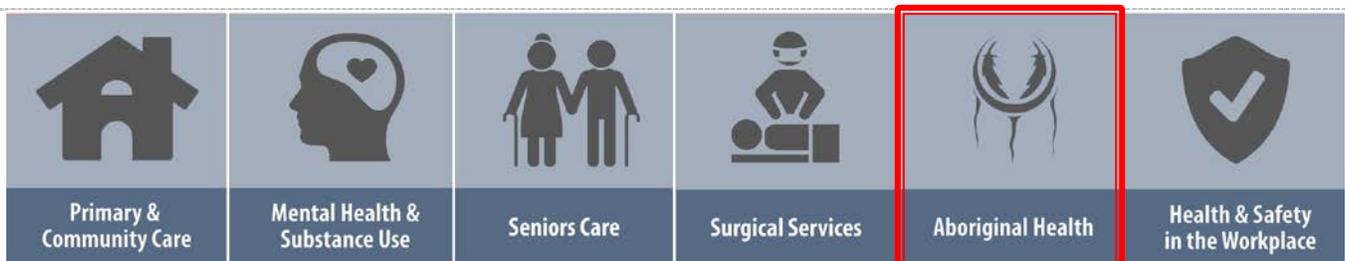
While IH has made important commitments throughout all areas of the organization, we acknowledge that we are in the infancy of our journey to create a more culturally safe and effective health system. We recognize our progress to date is a direct result of continued engagement and collaboration with Aboriginal partners.

I am excited for the year ahead as we chart a renewed course that supports reconciliation and transformative change.

Sincerely,

*Brad Anderson*

Brad Anderson, Corporate Director Aboriginal Health



# Improve Mental Wellness

## Acknowledging & Celebrating Success

### Interior Voices Podcast

In January 2019, IH's Aboriginal Health and Wellness Communications working group launched the "Interior Voices" podcast. The bi-weekly podcast uses story and conversation to explore the intersection of wellness and culture in the workplace, our everyday lives, and patient care.



Throughout 2019, a new episode was released every week, for a total of 24 episodes, which focused on topics such as: how to give a traditional territory acknowledgement; the impact of the opioid crisis on Aboriginal communities; why language in the workplace matters; and how organizations can support Aboriginal events. The hosts interview guests from across IH, highlighting allies and champions of health equity and reconciliation, as well as members of the Aboriginal Health and Aboriginal Mental Wellness teams.

The [Interior Voices podcast](#) is available publicly through iTunes and has creatively opened a space for dialogue with staff and partners.

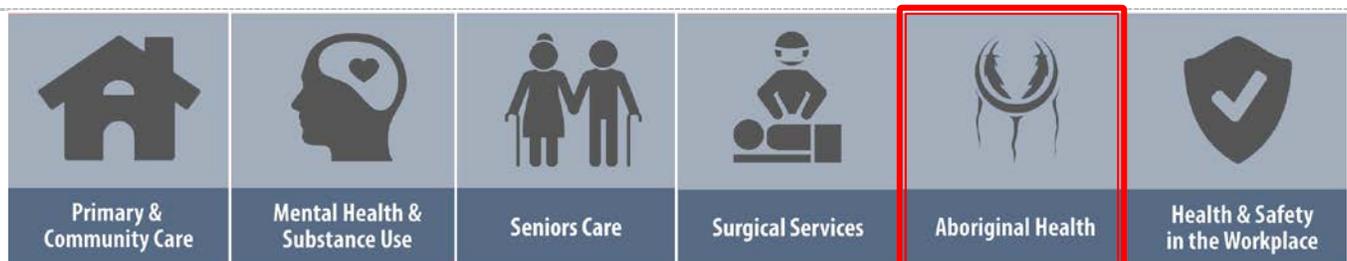
### Orange Shirt Day

Orange Shirt Day was created to commemorate the residential school experience, to witness and honour the healing journey of the survivors and their families, and to commit to the ongoing process of reconciliation. Each year on Sept. 30, the day provides opportunities to create meaningful discussion about the effects of residential schools and recognition that survivors and those affected by inter-generational trauma matter.

Hundreds of IH staff [2], alongside Aboriginal partners across the Interior, proudly organized events and wore orange to support survivors, remember those who were lost to residential schools, and come together in the spirit of reconciliation.



Kelowna Community Health & Services Centre staff acknowledging Orange Shirt Day.



## Strategic Focus

### Aboriginal Mental Wellness Plan

#### Background

Mental wellness is one of four key pillars outlined in the IH AHWS 2015-2019 and continues to be a high priority for the BC health system as a whole.

The IH Aboriginal Mental Wellness Plan outlines a clear path to strengthen access to Mental Health and Substance Use (MHSU) programs and services for Aboriginal peoples within the Interior region. It outlines specific outcomes that IH will achieve through continued engagement and partnership. Five focus areas form the foundation to achieving meaningful transformation:

1. Develop and Enhance Family and Community Based Prevention, Promotion, Awareness and Self-care Supports
2. Participate in Meaningful Engagement
3. Build Culturally Safe, Trauma-Informed IH MHSU Services
4. Increase Equitable Access, Improve Transitions and Reduce Barriers
5. Apply a Continuous Quality Improvement Lens

#### Challenges/Issues

Aboriginal partners in the Interior have also consistently identified mental health and wellness as a top priority. Barriers and limitations continue to exist within our health system, including inadequate access to appropriate, trauma-informed, culturally safe mental health services.

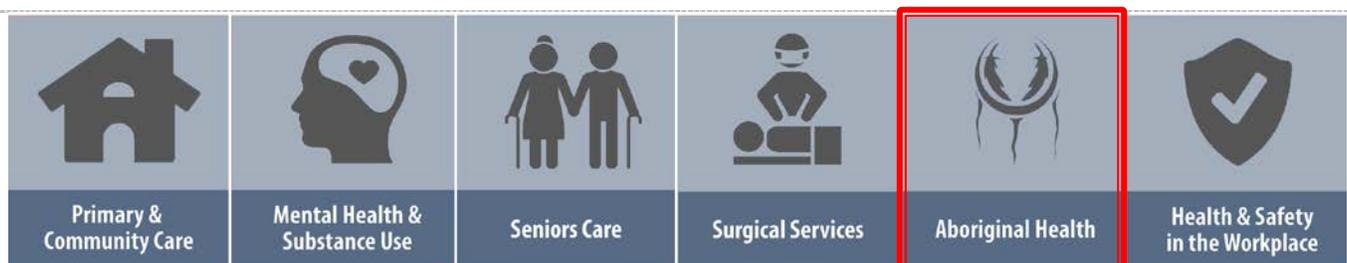
The most common reason for hospitalization of self-identified Aboriginal peoples within IH hospitals is mental diseases and disorders, in comparison to the circulatory system for the general population. Improving access to culturally safe, trauma-informed community mental health supports and services for Aboriginal peoples is a key strategy to reduce hospital admissions and provide the right care, in the right setting, at the right time.

#### Actions taken

The Aboriginal Mental Wellness team, with leadership and guidance from the IH MHSU Network, developed project charters to move the plan forward in collaboration with Aboriginal partners.

#### 1. Develop and Enhance Family and Community Based Prevention, Promotion, Awareness and Self-care Supports

The team has developed and distributed culturally appropriate documentation on clinical pathways to substance use treatments beds, and published an Opioid Agonist Treatment (OAT) Resource Guide with an interactive Google map [3] that identifies OAT clinics.



A Community of Practice newsletter has been developed to support Aboriginal communities and IH staff access educational opportunities and information related to reducing stigma, healthy living, and self-care. The newsletter is issued monthly and distributed to more than 300 members.

## 2. Participate in Meaningful Engagement

Letters of Understanding (LOUs) form the foundation of our relationships with Aboriginal partners in the Interior region, so we have developed clear communication pathways between IH MHSU and LOU Joint Committees to support these partnerships.

With the rise in social media use, a collaboration with IH's Communications department has resulted in the IH Facebook album "*Implementing the IH Aboriginal Mental Wellness Plan*" [4] where the team photo-documents their work throughout the region. The "Interior Voices" podcast (highlighted above) is another example of cross-portfolio collaboration.

## 3. Build Culturally Safe, Trauma-informed IH MHSU Services

The team has developed a framework to support MHSU managers and staff in identifying opportunities that enhance the environment for Aboriginal clients. For example, in partnership with the Secwepemc Nation, the Lansdowne Downtown Health Centre in Kamloops welcomes clients and guests with signage acknowledging the Traditional Territory. Local Métis Nation partners were also engaged in creating a more welcoming environment.

## 4. Increase Equitable Access, Improve Transitions and Reduce Barriers

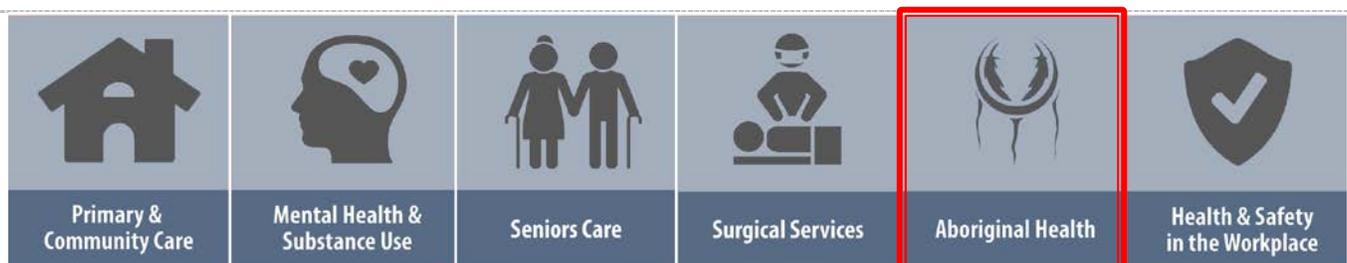
The pilot project ECHO (Extension of Community Health Outcomes) was implemented within the Cariboo Chilcotin using a hub-and-spoke model to determine MHSU needs in rural and remote communities impacted by wildfires. Project goals included: increasing access to evidence-based MHSU care; building capacity in rural, remote and fire-affected areas; and increasing rural primary care knowledge and capacity to manage MHSU disorders by developing a virtual learning community. Through ECHO training, care providers in First Nation communities are better equipped to provide culturally safe care and enable clients to remain connected to their cultural community, receiving care that is respectful and reflective of their values, beliefs, and worldview.

## 5. Apply a Continuous Quality Improvement Lens

With support from IH Health System Evaluation, a working group has been established with participation of First Nations, Métis, and Aboriginal partners, and patients and families, to identify strength-based performance monitoring indicators with a focus on mental wellness. These measures will provide IH with a baseline understanding of Aboriginal mental wellness needs in areas of acute, community, primary and post care, as well as support program planning and service delivery discussions.

### Results/Impacts/Outcomes

A newly established quarterly update from MHSU for Aboriginal partners has filled a gap in communication and supports a more timely response to address Aboriginal partners concerns and challenges in accessing IH MHSU services.



The MHSU Network and the Aboriginal Wellness team have also partnered to create new and enhanced resources (e.g., MHSU brochures). They are more visually inclusive of Aboriginal clients and grounded in navigation of services to support an increased understanding of IH programs available for Aboriginal peoples.

Participation of the team at LOU joint committees has resulted in improved communication between MHSU operational staff, the IH Aboriginal Health Program, and Aboriginal partners.

### Next steps

Project planning for the next phase of the Aboriginal Mental Wellness Plan will begin in early 2020. It is anticipated that project charters will be endorsed by MHSU leadership in spring 2020, and will include:

- Implementing the AMW Evaluation Strategy
- Developing of additional pathways into MHSU programs/services
- Enhancing the Aboriginal Mental Wellness Community of Practice
- Completing mapping of annual, open Aboriginal community events for IH staff to participate where possible

## Ensure Meaningful Participation

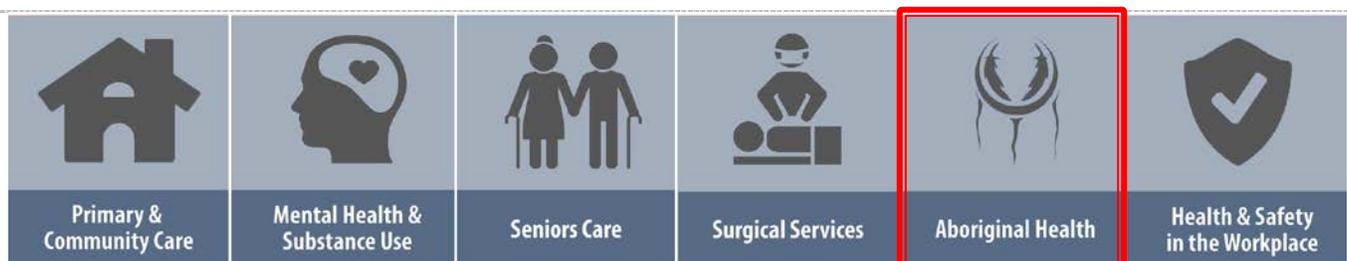
### Acknowledging & Celebrating Success

#### Re-signing Partnership Accord

The seven Interior region First Nations and IH committed to work together to improve Aboriginal health outcomes and ensure cultural safety across the health system by endorsing the rejuvenation of the Interior region Partnership Accord through 2024. The re-signing of the Partnership Accord signifies IH's commitment to provide Aboriginal people with equitable access to quality and culturally safe care that meets the needs of patients and families. Leaders from the Nlaka'pamux, Däkelh Dené, Secwepemc, Tsilhqot'in, St'at'imc, Ktunaxa and Syilx Nations joined IH's Board Chair and President & CEO for the signing ceremony.



IH President & CEO Susan Brown and IH Board Chair Doug Cochrane re-signing the Partnership Accord with Interior region First Nation representatives.



## Re-signing Letters of Understanding (LOUs)

IH re-signed LOUs with the Ktunaxa and Nlaka'pamux Nations in 2019. The Ktunaxa Nation was the first Nation to sign an LOU in 2008 and the re-signing marked the 10<sup>th</sup> anniversary of formal partnership with IH. LOUs are the foundation of our commitment to engage with First Nation and Métis partners to advance our co-developed objectives to improve health outcomes for Aboriginal peoples in the Interior. Alongside the Aboriginal Health team, community and hospital administrators and local managers have shown strong support and leadership at all IH-Nation LOU joint committees. LOUs are a commitment to shared decision-making with Nation partners.

## Renewed Commitment to Métis Nation British Columbia

In partnership with Métis Nation British Columbia (MNBC), a formal engagement framework was endorsed by the IH Senior Executive Team and Board aimed at further developing our relationship with the Nation and its 16 Interior region Métis Chartered Communities. Commitments include: IH sponsored semi-annual leadership knowledge exchange conferences; ongoing quarterly LOU joint committee meetings; and Board (or equivalent) meetings with Métis leadership that best supports collaborative dialogue.



A key initiative in the renewal of the IH's 2020-2024 Aboriginal Health & Wellness Strategy and key Ministry bilateral mandate is the development of an engagement framework in partnership with the Métis Nation.

## Strategic Focus

### Primary and Community Care Transformation: Partnerships

#### Background

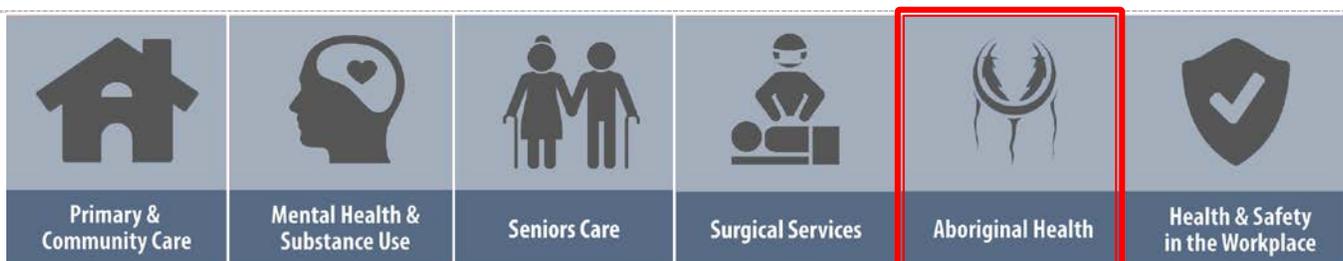
Interior Health is part of a province-wide initiative that aims to make significant strides in enhancing the health-care system to make it easier for patients to get the right care, at the right time, in the right place. B.C.'s Ministry of Health has laid out a plan to transform the health-care system, which focuses on the establishment of Patient Medical Homes, Primary Care Networks, Specialized Community Services Programs, Urgent and Primary Care Centres, and Community Health Centres.

In 2019, the Interior's first Primary Care Network began serving clients in the South Okanagan.



Westbank First Nation Elder Cal Lindley welcomed guests to the territory and offered an opening prayer at the official opening of the Urgent and Primary Care Centre in Kelowna.

The second Urgent and Primary Care Centre for IH opened in Kelowna on Dec. 30, 2019, following on the success of the first in Kamloops in 2018. Its development included engagement with Westbank First Nation, Kelowna Métis Community



Services, and the Ki-Low-Na Friendship Society. Additionally, a third Urgent and Primary Care Centre opened in Vernon in November 2019, with Aboriginal partner engagement in that community and surrounding area.

### Challenges/Issues

As primary care transformation projects are announced throughout the Interior region, it is essential we continue to engage and involve Aboriginal partners in the planning and service design of these services.

### Actions taken

Extensive engagement with Aboriginal partners in the South Okanagan has occurred in all aspects of the Primary Care Network planning and implementation, to ensure its service plan is culturally safe and include services that are Nation-led, accessible, and appropriate for the Aboriginal population.

The IH Aboriginal Health program contributed to the development of a provincial resource that supports engagement with Aboriginal partners in the planning process and tools to work toward the cultural safety attribute – *Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Networks*.



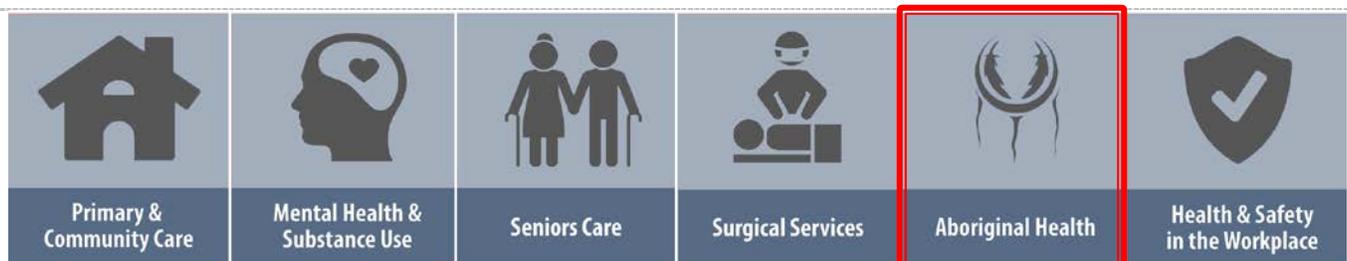
Lynn Kruger, Penticton Indian Band Health Director, opening the South Okanagan Primary Care Network Letter of Intent Signing with a smudging ceremony.

### Results / Impacts / Outcomes

We are supporting one of Interior Health’s overarching goals – Improving Health and Wellness – by involving First Nation and Aboriginal partners in planning for primary care transformation and working to plan and deliver culturally sensitive health-care services in partnership.

### Next steps

The Primary and Community Care Planning team, community administrators, and the Aboriginal Health team in IH have committed to working in partnership with First Nations and Métis communities and Aboriginal organizations to create this change in the Interior region. Continued collaboration with Aboriginal partners across the region will be crucial in supporting transformative primary care work.



# Improving Health Equity

## Acknowledging & Celebrating Success

### Aboriginal Health & Wellness Strategy (AHWS): Refresh 2020-2024

The Aboriginal Health program is in the process of refreshing the current Aboriginal Health and Wellness Strategy for Interior Health, in collaboration with Aboriginal partners and leaders throughout IH, with a goal to describe the vision for 2020-2024. This is a guiding document for IH's 20,000 staff, who are committed to providing high-quality, safe, and effective health services to Aboriginal populations, including those living on-and-off reserve.

Ongoing and dedicated engagement with each of the seven First Nations and Métis Nation BC informs the key areas of focus and initiatives within the strategy. As part of our commitment to support cross organizational accountability to improve Aboriginal health outcomes, each of IH's senior leadership teams has contributed to developing key strategies that will be pursued in collaboration with Aboriginal partners. The strategy is in alignment with 2019/20 bilateral expectations related to Aboriginal health and priorities identified through IH-Nation LOUs and the Interior region Partnership Accord.

Pending support of the refreshed strategy by First Nation (via Partnership Accord Leadership Table) and Métis Nation BC (via LOU) partners, the Aboriginal Health Program will seek internal approval through the Senior Executive Team and IH Board in early 2020.

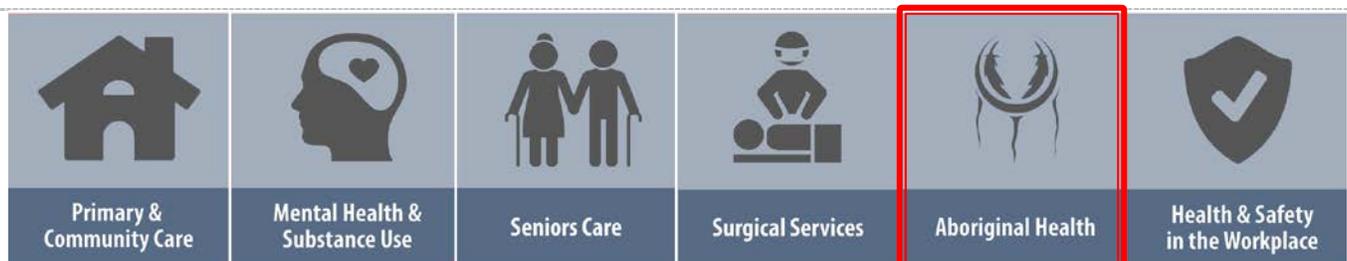
### Forest to Fork Traditional Foods Pilot Project

More than calories and sustenance, food is a reflection of culture and traditions, and is source of cultural identity. As such, food is part of the cultural fabric and holistic view of health and wellbeing with foods being considered good medicine.

The Forest to Fork pilot project is the result of a partnership between the Tsilhqot'in Nation and IH Support Services to turn attention to prevention and health promotion activities, as increasing access to traditional diets is part of the journey to wellness. Tsilhqot'in Knowledge Keepers and IH Food Services staff at Deni House (long-term care facility) in Williams Lake jointly develop traditional food menu options and offer a traditional meal option one day per week for all residents and staff to enjoy. Program expansion will be considered, pending an evaluation of the pilot.



The larger goal of the Forest to Fork initiative is to partner with Nation hunters to harvest game meat within their Traditional Territories in a sustainable, food safe, and holistic manner, which can then be served within IH facilities. Current legislation in regulated facilities prohibits non-inspected meats to be served to the public. Game meats currently served as part of the pilot project are from an approved supplier who sources meat from across the globe. Work is underway to with partners to find solutions to help achieve this goal.



## First Nation Elder Care Nursing Enhancement

A focus on delivering care closer to home is at the heart of a joint investment between Interior Health and the First Nations Health Authority first announced in 2017. The goal of this funding partnership is to provide nursing enhancement to improve access to culturally safe, holistic and quality health-care services for Elders living in community, including those living with chronic conditions. It aligns with IH’s shifting focus on the development of community resources to support individuals in remaining in their homes longer, and renewed systems of care to improve access and service quality across rural and remote communities for cultural safety.

In 2019, the First Nations Elder Care Enhancement was implemented and resulted in the top up of existing positions and the creation of some new positions for local First Nation communities. It included the contribution of annualized funding equivalent to 30 long-term care beds for First Nations Elder Care to support medically complex and frail elders to remain closer to home.

These investments represent an innovative approach to service delivery, and highlight the evolving relationship with Nations as shared decision makers.

## Strategic Focus

### Accreditation: Aboriginal Population

#### Background

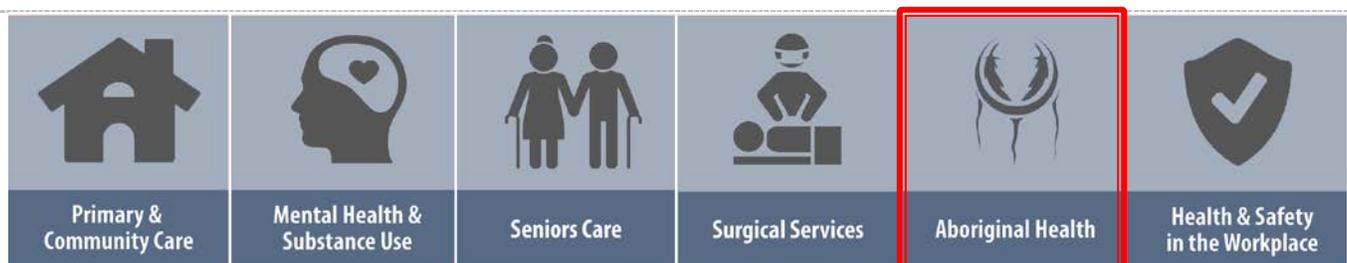
Accreditation Canada’s QMentum program is a nationally recognized evaluation process used to assess how health-care organizations meet national standards for quality and safety of patient care. During on-site visits, Accreditation Canada surveyors assess how well IH integrates accreditation standards and organizational practices for quality and patient safety into our work and clinical practice. By participating in accreditation, our organization is able to demonstrate service delivery excellence and identify opportunities for ongoing improvement.

#### Challenges/Issues

The application of Accreditation Canada’s Population Health and Wellness standards to Aboriginal Health for the 2019 sequential survey is unique in Canada. These standards are meant to be applied to a priority population identified by the organization, which could be condition-specific (i.e. mental health or cancer), or age-specific (i.e. children and youth or seniors). It should be noted that these standards are general in nature and are not solely designed to assess services to Aboriginal populations.

#### Actions taken

The Aboriginal Health program, with support from content experts across IH, prepared for the October 2019 “Leadership Discussion Group” where surveyors led an interview as part of assessing the Population Health and Wellness standards. The IH Aboriginal Patient Navigator (APN) program was presented to Accreditation Canada surveyors (as a featured initiative within Aboriginal Health) and to complement the on-site visit.



First Nation and Métis Nation partners throughout the region participated in focus groups with the surveyors to ensure partner experiences in collaborating with IH was incorporated in the accreditation process. Their input is essential as we continue to work toward the “nothing for us, without us” principle adopted by Nation partners.

### Results/Impacts/Outcomes

Following Accreditation Canada’s on-site visit, IH received preliminary results that highlighted strengths and opportunities for Aboriginal Health. Strengths were listed as: the Aboriginal Health team, organizational commitment and recognition, and relationship building. Opportunities for improvement include:

- Dedicating resources to services and programs for Aboriginal people
- Seeking input from Aboriginal people in the Interior to identify service needs
- Setting measurable and specific goals and objectives for services for Aboriginal people
- Working with primary care providers, partners, and other organizations to integrate information systems

Accreditation of the Population Health and Wellness standards for Aboriginal Health serves as an independent assessment of our progress toward improving health outcomes for Aboriginal peoples within the Interior region.

### Next steps

Accreditation results help IH leadership understand how to make better use of resources, increase efficiency, enhance quality and safety, and reduce risk. The criteria still to be met will act as guidelines for improvement work moving forward, and IH will make increased efforts to improve upon and address these areas of focus. Accreditation results will be shared with Nation partners at Partnership Accord Leadership Table and LOU joint committees.

## Advancing Cultural Competency

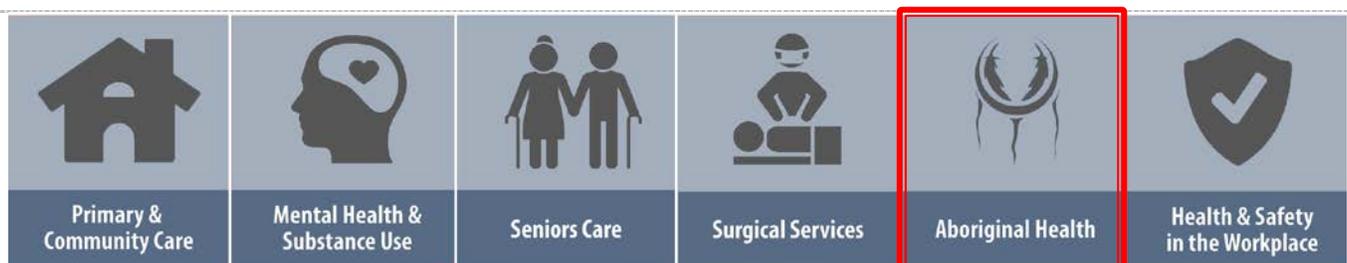
### Acknowledging & Celebrating Success

#### Aboriginal Patient Navigators Program

The IH Aboriginal Patient Navigator (APN) Program celebrated its tenth year anniversary in January 2019. To mark this special occasion, the work of three APNs who have been with the program since its establishment was recognized in the Winter 2019 edition of the @IH magazine[5]. An animated video and updated brochure were also created to improve community awareness of this important service.



Screenshot of the animated APN video.



In March 2019, APNs came together from across the Interior region for a two-day gathering that encompassed team building, cultural safety education, and strategic planning to identify areas where the program could grow and expand or be strengthened, and areas that would benefit from quality improvement. In the summer of 2019, the program expanded and a second casual APN was hired at Royal Inland Hospital in Kamloops and a part-time APN position was established at the Shuswap Lake General Hospital in Salmon Arm. The program continues to support Aboriginal patients and their families in navigating the health-care system and accessing culturally safe, appropriate care.

## Aboriginal Cultural Safety Videos

A graphic storyboard titled “Cultural Safety in Practice – How to be an Ally” [6] was developed and launched on the IH YouTube Channel. The video provides practical advice for IH staff on how to integrate cultural safety into their practice.

Seven IH physicians were interviewed about their journeys toward cultural safety and why it is important to physician practice. The series of short videos [7] celebrates physician champions for cultural safety at IH.



From L to R, Cultural Safety Knowledge Coordinator, Chris Macklin with VP & Chief Medical Health Officer, Dr. Trevor Corneil.

## Welcoming Places & Spaces

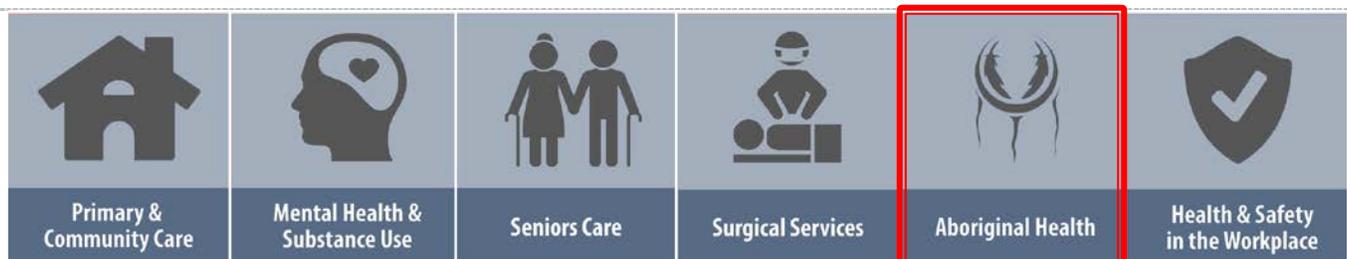
Welcoming and safe environments are integral to patients and families accessing culturally safe care and are a priority for IH and Aboriginal partners. A ceremony at Penticton Regional Hospital unveiled the *Purifying Sculpture*, a six-foot metallic sculpture depicting a large abalone shell (‘smudge bowl’), accompanying a bundle of sweetgrass and a seven-foot-long feather. These items are used in ‘smudging’ – a traditional ritual to remove negativity and bless an object, place, or person. The ceremony recognized the long-term relationship and continuous efforts made between Penticton Indian Band (member community of the Syilx Nation) and hospital leadership to address local issues, improve access, and reduce barriers for Aboriginal people visiting the hospital.

Many examples of collaboration between Aboriginal partners and IH staff and facilities to improve the cultural safety of our spaces occurred throughout the region in 2019, including:

- Sacred Space Deni House – Cariboo Memorial Hospital [8]
- Butterfly Room – Royal Inland Hospital Emergency Room [9]
- Lytton Art Initiative – St. Bartholomew’s Health Centre [10]
- Kakawaqanmituk – Elk Valley and Sparwood Health Centers [11]
- Eagle Feather – Penticton Regional Hospital [12]
- Emergency Department – Nicola Valley Hospital [13]



Penticton Regional Hospital: Purifying Sculpture



## Strategic Focus

### Journey to Aboriginal Cultural Safety Plan: 2020-2024

#### Background

The provision of culturally safe health services has been proven to enhance the quality of the health-care encounter for First Nations, Inuit, and Métis peoples, leading to increased service utilization and improved health outcomes. IH is committed to working with Aboriginal partners and allies to create health environments and practices which are safe and welcoming for all Aboriginal peoples, their families and communities. The new IH Journey to Aboriginal Cultural Safety (ACS) Plan 2020-2024 will provide a roadmap for achieving this vision.

Through the plan, the Aboriginal Health team will continue to offer a comprehensive array of education opportunities, based on educational priority levels of IH staff. These opportunities include four introductory online modules and a two-part, instructor-led series for high-priority groups.

#### Challenges/Issues

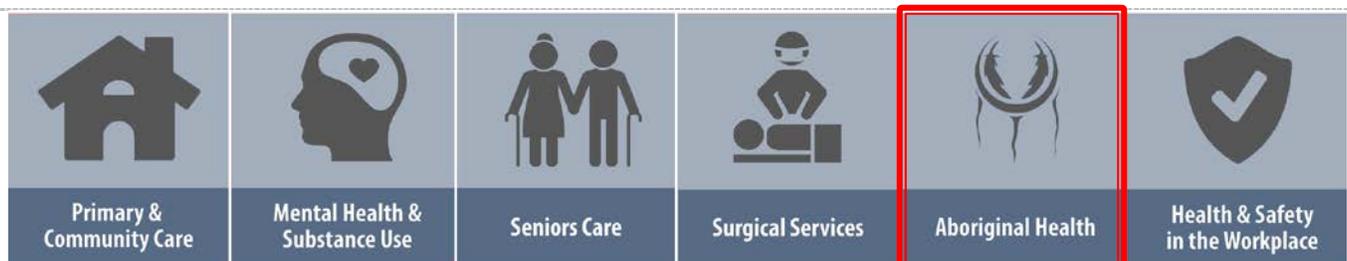
Providing targeted Aboriginal Cultural Safety training to a workforce of over 20,000 employees within IH is a substantial endeavor that requires significant strategic planning and engagement. While compliance for mandatory, job-ready online modules remains high, there are challenges related to the delivery of in-person, instructor-led training for high-priority staffing. Competing IH education requirements, current educator capacity, and extensive travel throughout the large Interior region are all important issues for consideration. Supportive leadership and engaging in cross-portfolio collaboration with Aboriginal partners is integral for the success of the plan moving forward.

#### Actions taken

To address these challenges, a draft Aboriginal Cultural Safety Education Plan 2020-2024 has been developed that will outline the number of yearly in-person education sessions our current compliment of ACS educators is able to deliver. Through consultation with key IH leaders, education requirements for different staffing groups will be re-prioritized to ensure ongoing relevance to job roles and responsibilities.

In April 2019, the four ACS online modules became mandatory components for all staff as part of the IH job ready requirements. As of October 2019, over 18,000 staff have completed the mandatory modules, representing an almost 90 per cent compliance rate. Continued focus is needed to ensure that priority groups are reached with instructor-led training sessions, and staff also complete the San'yas Indigenous Cultural Safety Training offered through the Provincial Health Services Authority.

The Journey to ACS Plan 2020-2024 has been drafted collaboratively with members of the Journey to ACS team, the Aboriginal Health program, and ACS program Elder-Advisors. In November 2019, the plan was presented to a newly-formed IH ACS advisory committee (comprised of representatives from the seven Interior First Nations and the Métis Nation of BC) for feedback, guidance and wisdom.





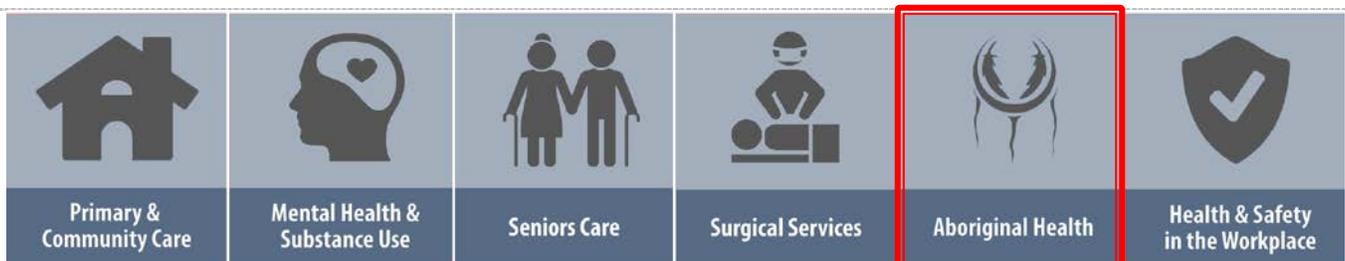
## Conclusion

With much humility, IH has made meaningful strides forward over the past year toward our Aboriginal Health and Wellness Strategy goals. We fully acknowledge and recognize that any progress that has been made is a direct result of continued and ongoing engagement with all seven Interior region First Nations, the Métis Nation British Columbia, and the dedicated effort of leaders across all leadership portfolios who support the advancement of Aboriginal-specific initiatives.

Nation partners have recognized that our relationships have improved since the initial signing of agreements with IH, including LOUs and the Partnership Accord. As relationships have evolved to become meaningful partnerships, the expectations for collaboration and shared decision-making from Aboriginal partners have increased. We continue to see IH leaders throughout the organization, and across the Interior region, prioritize and support the advancing of key initiatives in collaboration with Aboriginal partners. The IH cross-organizational accountability commitment for Aboriginal Health is gaining momentum and, with the provincial government enshrining the United Nations Declaration on the Rights of Indigenous Peoples into law, it is essential that IH continues to champion change alongside Aboriginal partners.

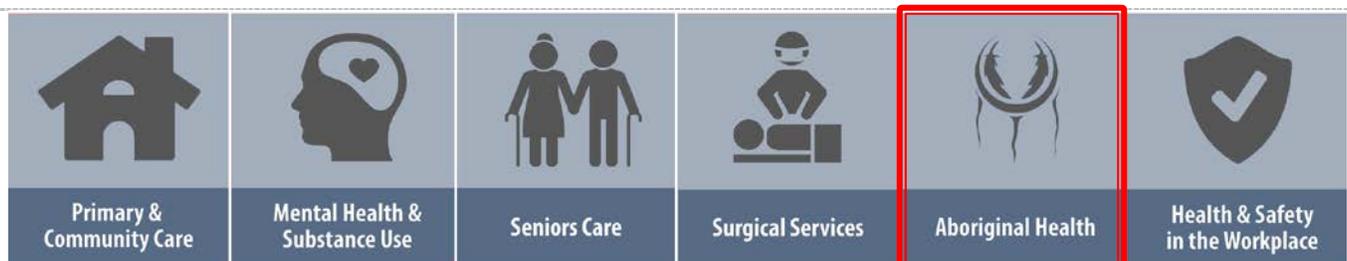
As we seek to rejuvenate and renew the IH Aboriginal Health and Wellness Strategy 2020-2024, we are optimistic about our journey forward in collaboration with Aboriginal partners to increase the cultural safety of our services and improve health outcomes for all Aboriginal peoples.

Through meaningful partnerships, we will make lasting progress.



## References

- [1] [IH Aboriginal Health & Wellness Strategy 2015-2019](#)
- [2] [Orange Shirt Day 2019](#)
- [3] [OAT Clinic Locations Map](#)
- [4] [IH Facebook Album “ Implementing the IH Aboriginal Mental Wellness Plan”](#)
- [5] [APNs Celebrate 10 Years](#)
- [6] [Graphic Storyboard “Cultural Safety in Practice – How to be an Ally”](#)
- [7] [Physician Cultural Safety Videos](#)
- [8] [Sacred Space Deni House](#) – Cariboo Memorial Hospital
- [9] [Butterfly Room](#) – Royal Inland Hospital Emergency Room
- [10] [Lytton Art Initiative](#) – St. Bartholomew’s Health Centre
- [11] [Kakawaqanmituk](#) – Elk Valley and Sparwood Health Centres
- [12] [Eagle Feather](#) – Penticton Regional Hospital
- [13] [Emergency Department](#) – Nicola Valley Hospital



# Aboriginal Health Annual Report 2019



Presented by:  
Brad Anderson,  
Corporate Director,  
Aboriginal Health

February 2020



**Interior Health**  
Every person matters

Interior Health would like to acknowledge the ancestral, traditional, and unceded territory of the Syilx Nation on which we are presenting today.

# Improving Mental Wellness

## Aboriginal Mental Wellness (AMW) Plan

- \* Key priority for all Aboriginal partners and IH
- \* A dedicated AMW Team lead the development of the Plan
- \* AMW staff embedded in Nation governance structures



# Ensuring Meaningful Participation

## Primary & Community Care Transformation (PCCT): Partnerships

- \* Right care, at the right time, in the right place
- \* Aboriginal partners are involved in all aspects of PCCT planning
- \* Improve Cultural Safety



# Improve Health Equity



## Accreditation: Aboriginal Population

- \* Evaluation process to assess how IH meets national standards
- \* Aboriginal partners participated in discussion groups
  - **Strengths:** organizational commitment, relationship building
  - **Opportunities:** dedicating resources, setting measurable goals

# Advance Cultural Competency & Safety

## Journey to Aboriginal Cultural Safety Plan: 2020-2024

- \* Truth & Reconciliation Commission (TRC) Calls to Action
- \* 90% (18,000+) staff completed 4 online learning modules
- \* Cultural Safety extends beyond staff training



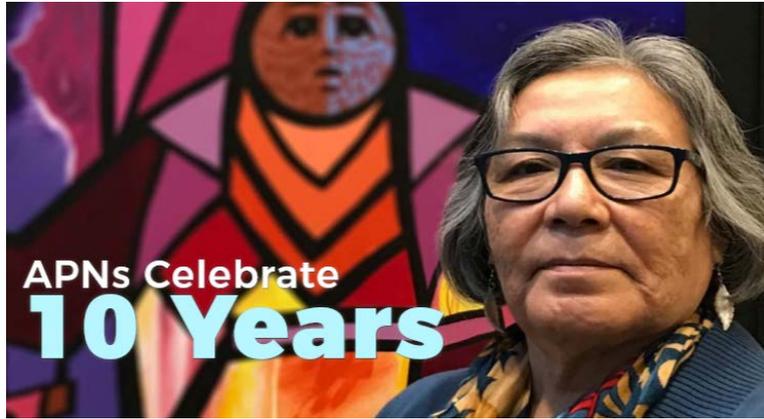
# IH Aboriginal Health & Wellness Strategy

2020-2024



1. Commitment to Cultural Safety & Humility
2. Strengthening Partnerships & Shared Decision Making
3. Person, Family, Community Wellness
4. Health Equity through Shared Accountability

# Champions of Change





Interior Health  
*Every person matters*



## **PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD**

**FEBRUARY 2020**

# Highlights: November 2019-January 2020

## Urgent and Primary Care Centres: Kelowna, Vernon

Health Minister Adrian Dix was in Kelowna on Jan. 9 for the official opening of the Kelowna Urgent and Primary Care Centre (UPCC). The Kelowna UPCC is a partnership between the Ministry of Health, IH, the Central Okanagan Division of Family Practice and the Doctors of BC. Interior Health also worked with the Westbank First Nation, patient partners and the Central Okanagan Regional Hospital District to launch the UPCC. A team of health-care workers, including doctors, nurses, social workers and medical office staff provide care through the UPCC, and help connect people without a family doctor or nurse practitioner to a primary care provider.

In the first three months since opening, there have been more than 1,200 visits to the Vernon UPCC. The Vernon site is the 13th UPCC announced provincially in the B.C. government's primary care strategy, and launched team-based urgent and primary care services to the community in October 2019. Currently operating from a temporary location, the UPCC will move to its permanent home this spring.

## JoeAnna's House now open to patients, families

After two years of planning and construction, JoeAnna's House in Kelowna opened its doors in late November. Operated by the Kelowna General Hospital Foundation, JoeAnna's House provides a home for up to 20 families to stay at any given time to be close to their loved ones while in care at Kelowna.



## MyHealthPortal – more IH patients register for online access

Fourteen communities across IH were part of a 21-day roadshow by the IH's MyHealthPortal team that wrapped up in November. The team met with patients and families at several sites, promoting and registering new users on the online patient portal. The project team is developing a ChatBOT to offer an additional option for customer service to our clients, and hope to be rolling out the BOT in coming months. The total number of patients enrolled as of end of January is over 88,300.

*"Having the same health-care information as my doctor allows me to ask informed questions and share in the decision-making. In the past, only clinicians had access to this type of information; but I think it's past time we move towards a system where patients and care providers are seen as equal, valued and respected partners in care,"* says Diane, patient partner and Estamont resident.

[Read story](#)



*As a patient partner with the Patient Voices Network, Diane Edlund provides a valuable perspective to health organizations on how they can improve the quality of care in B.C.*

*Cover photo: Brent Hobbs, Network Director, Patient Transportation Services, was awarded an Excellence in Nursing Leadership Award at the NNPBC's 2019 Nursing Awards of Excellence banquet in December.*

## IH Goal #1: Improve health and wellness

### Immunity for your Community – Flu Campaign

Interior Health invited everyone in the region to support “Immunity for your Community” in this year’s public flu campaign. Reaching more than 226,605 people through social and traditional media, the campaign included [a series of short videos](#) which also played in Cineplex theatres before feature movies over the Christmas period. The campaign appears to have had an impact - more flu shots were administered by Public Health this year (39,968) compared to last (32,153), an approximately 20 per cent increase.



### Vaping public awareness campaign / social and traditional media

IH is working with other stakeholders to raise awareness among teens and their parents about the harmful impacts associated with vaping. Tobacco enforcement officer Emelia Gaszity presented at a forum in Vernon organized by local schools in January, noting that the percentage of youth who have vaped is highest in B.C. in the interior region. Over the past few months, IH has used social media to share messages focused on myth-busting assumptions about vaping as a less-harmful alternative to smoking. Engagement (shares) of these posts has been higher than average, with 50-70 people re-posting IH messaging to their own pages.

### Take Home Drug Checking Program Expansion

IH is moving forward with updates to the Take Home Drug Checking program across the region. Beginning in January, seven locations in IH are offering clients Fentanyl Test Strips (FTS) they can take home, making it easier for them to test their drugs for fentanyl. Previously, drugs could only be tested in health facilities where the service was established. This program is the result of collaborative research between IH, Vancouver Coastal Health and the B.C. Centre for Disease Control (BCCDC) during the spring and summer of 2019.

### St’at’imc Nation Letter of Understanding (LOU) Resigned

Leaders from St’at’imc Nation and Interior Health met in Lillooet Nov. 18 to renew their shared commitment to improving health outcomes in Aboriginal communities. CEO Susan Brown and Board Chair Dr. Doug Cochrane signed the LOU on behalf of IH. “As we prepare to re-sign our Letter of Understanding, I am reminded of the significance of the relationships we are building with each other,” said Dr. Cochrane. “These relationships are based on mutual respect – on humility, honesty, and dignity. Working together, we are improving the health of our communities.” The previous LOU between IH and all six Northern St’at’imc Nation communities was signed in March 2014.



Back row, L-R, Susan Brown and Doug Cochrane. Front row, L-R, Chief Randy James, Tsal’alh; Chief Susan James, Xwisten; and Chief Colleen Jacob, Xaxli’p.

## Strategic Goal #2: Deliver high quality care

### Training through simulation at Kelowna General Hospital (KGH)

KGH physicians and staff completed the first multi-phase simulation training at the hospital where real-life emergency situations are put to health care teams, to allow them opportunity to 'practice' their response together. Multi-phase simulations (SIM) start in one section of the hospital and finish in another. As part of the SIM, a 'patient' started out in the emergency department, presenting with stroke-like symptoms. The team went through the process of this person moving to the radiology department for a treatment called endovascular therapy (EVT), where the blood clot causing their stroke is removed using a clot retrieval device.

### Aboriginal Health

IH's Aboriginal Patient Navigators (APNs) were featured in a [CBC Radio: Unreserved](#) story Dec. 19 about how Indigenous culture is transforming health care. The story featured the APNs at Royal Inland Hospital (RIH), who serve as a bridge between Aboriginal patients and their

health care providers. Also at RIH, teams have worked with partner First Nations and developed an Aboriginal Discharge Toolkit to provide relevant information to clinicians when discharging or transferring patients back to rural and remote communities. Implementation of the toolkit will begin in February.

### Quality improvement projects in progress

Sixteen leaders from across the health authority are participating in an IH-run Quality Improvement and Patient Safety training program ("QIPS") that provides opportunity for learning and development as participants complete projects. Current work underway includes projects focused on reducing the use of potentially inappropriate antipsychotics in long-term care; reducing no show/cancellation rate at Seniors Health & Wellness Centres; developing a care pathway in acute settings for acquired brain injury; and, facilitating earlier discharges from hospital to community.



Deb Donald (L) with Michelle McFarlane are Aboriginal Patient Navigators at Royal Inland Hospital, Kamloops

## Strategic Goal #3: Ensure sustainable health care

### South Okanagan General Hospital emergency department open to patients

The new Emergency Department at South Okanagan General Hospital opened to patients in January, with a formal celebration and visit by Health Minister Adrian Dix on Jan. 17. The renovations include a new waiting area, triage room, nursing station, and admitting area. The Osoyoos Indian Band Chief and Council attended the opening, along with local Mayors and representation from the South Okanagan Regional Hospital District (RHD). The project cost was \$970,000, with 60 per cent funded by the province, and 40 per cent through the RHD. The South Okanagan Similkameen Medical Foundation, which also attended the event, added an additional contribution of \$280,000.



*Health Minister Adrian Dix and Osoyoos Indian Band elder Sherry Stelkia along gather with a large group of dignitaries to cut the ribbon on the SOGH construction project.*

### New long-term care options in Cranbrook

Seniors in the Cranbrook area now have expanded access to long-term care with the opening of 36 new long-term care units at Golden Life Management's Kootenay Street Village. Residents moved into their new rooms in mid-December. The expansion includes 30 publicly funded long-term care units through IH, and six private, flexible-care units. Kootenay Street Village is a partnership between Golden Life Management, Interior Health, and Columbia Basin Trust.

### "Virtual" walk-through at KBRH as emergency department project continues

In November, Staff at Kootenay Boundary Regional Hospital (KBRH) in Trail used virtual reality to "walk through" a new ambulatory care unit and a bridge that will link KBRH's new emergency and ambulatory care departments to the existing site. The technology helps our Capital Planning leads have conversations with the local health care teams about work-flow and equipment placement during the design phase of the project. The first phase of the emergency department addition at KBRH will be ready for occupancy this summer, followed by the renovation of the existing emergency department space by winter 2020/21.



### Staff, partners tour Royal Inland Hospital (RIH) mock-up rooms

Full-size mock-ups of a number of the rooms in the design for the new Patient Care Tower at RIH — including a single-patient room, an operating room and a birthing room — [were open to tours for hospital staff, physicians and partners](#) in December. The mock-up rooms, constructed in an empty facility in Kamloops, have allowed health care professionals to collaborate using their familiarity and experience with hospital workflows to provide input to the layout and design.

## Strategic Goal #4: Cultivate an engaged workforce and a healthy workplace

### IH leader recognized by Association of Nurses and Nurse Practitioners of B.C. (NNPBC)

Brent Hobbs, Network Director, Patient Transportation Services, [was awarded an Excellence in Nursing Leadership Award](#) at the NNPBC's 2019 Nursing Awards of Excellence banquet in December. Brent became a nurse in 1992 and has been leading health-care teams in B.C. for over a decade. He has been instrumental in the creation and implementation of the High Acuity Response Team (HART) and the Patient Transportation Office at IH, which helped bridge the unmet service-delivery gap experienced by our rural and remote patients.

### Penticton physician receives BC Quality Award

Penticton physician Dr. Jeff Harries received the *Everyday Champion Quality Award* for 2020 from the BC Patient Safety & Quality Council in January. He was recognized for working across IH and beyond to improve the way alcohol use disorder is treated – and for playing a lead role in the development of new recently released provincial guidelines in the treatment of alcohol use disorder.



*Brent is presented the Excellence in Nursing Leadership Award by Sally Thorne, Registered Nurses Council President (L) and Judy Darcy, Minister of Mental Health and Addictions.*

### Williams Lake doctor awarded top marks

Dr. Ghaida Radhi, was awarded the Irwin Bean College of Family Physicians of Canada (CCFP) Examination Award for achieving the highest standing among practice-eligible candidates in the CFPC's Certification Examination in Family Medicine. In layman's terms, that means Dr. Radhi got the highest marks of anyone in Canada in her program, which sees International doctors practice under Canadian doctors, in her case Dr. Glenn Fedor of Williams Lake, in an effort to be certified and work in Canada.

### Launch of News@IH – new site to share IH stories more effectively

IH launched a new public-facing news site on Dec. 15, called [News@IH](#). The site is designed to be visually appealing and to feature beautiful photography, and it is easy to navigate and scan. Stories reflect IH key strategies, topics that are currently relevant or trending in the community, emerging research and health care innovation, and those which celebrate IH's people – including staff, physicians and patients.

# Community Engagement:

## Stakeholder engagement across IH

Interior Health conducts regular engagement with provincial, regional and local partners and stakeholders. Below are just a few examples of campaigns, meetings and events over the past three months.

### Royal Inland Hospital (RIH) – Patient Care Tower blessing by Secwepemc Nation

A blessing by Secwepemc First Nations elders and chiefs at RIH at the end of October included a smudging ceremony, song and prayer. It was attended by the Two Rivers Metis Association, Royal Inland Hospital staff, the RIH Foundation and Thompson Regional Hospital District representatives. Events of the day, which celebrated the new patient care tower, were shared via [Facebook](#), [Twitter](#) and [Instagram](#), as an example of reconciliation and collaboration toward health equity and better outcomes for Aboriginal people.



(Left to right) : Kukpi7 Patrick Harry (Stswecem' Xgat'tem First Nation), Kukpi7 Willie Sellars (T'exelc, Williams Lake Band), Kukpi7 Helen Henderson (Canim Lake Band), Kukpi7 Rosanne Casimir (Tk'emlups te Secwepemc), Kukpi7 Sheri Sellars (Xatsull, Soda Creek First Nation)

### Regional Hospital Districts

IH provided updates and attended the Thompson Regional Hospital District on Nov. 21; Cariboo Chilcotin Regional Hospital District on Jan. 17; West Kootenay Boundary Regional Hospital District on Jan. 22; and Okanagan Similkameen Regional Hospital District on Jan. 23.

### Vision, Mission and Values – focus groups and site visits

Focus groups were held in several communities across IH between Nov. 13 and Dec. 6, as part of IH's review and engagement on Vision, Mission and Values. In addition to staff and physicians, focus groups included participation by municipal leaders, partner organizations, RHDs, volunteers, First Nation communities and patient/public representatives. In each of the nine communities visited, the Communications team staffed a booth in hospital/health centre lobby areas, raising awareness of the engagement and providing support for anyone interested to participate.



Engaged participants at the PRH focus group.

# Community Engagement:

## News and social media presence

| Social Media Follower Counts |          |         |           |
|------------------------------|----------|---------|-----------|
| Date                         | Facebook | Twitter | Instagram |
| Nov. 27, 2019                | 9,239    | 8,400   | 655       |
| Feb. 9, 2020                 | 9,616    | 8,544   | 836       |



### Social Media

Top performing Facebook posts:

- Four of the top five shared posts were related to substance use, overdose, or addiction.
- Three of the top five most commented on posts were related to flu vaccines.
- The top-performing post: [Medical Assistance in Dying \(MAiD\) – federal review](#) – more than 22,000 people reached, 3,400 engagements, 20 comments, and 183 shares.
- The post with the most comments: [I get the flu shot for my baby](#) – 87 comments.
- The most-shared post was an Overdose Alert for the Castlegar area – 2,066 shares.

### News Releases / Public Service Announcements

- November 8:** [Consumer warning regarding A&L Peterson Orchards](#)  
**November 12:** [Third urgent and primary care centre opens in the Interior](#)  
**November 15:** [Overdose Alert: Penticton](#)  
**November 22:** [Access change – Kootenay Boundary Regional Hospital](#)  
**November 29:** [New team-based family medicine clinic opens in Penticton](#)  
**December 9:** [Elkford Emergency Department temporary service change](#)  
**December 10:** [New long-term care options for seniors now open in Cranbrook](#)  
**December 27:** [CMH redevelopment moving forward](#)  
**January 5:** [Elkford Emergency Department temporary service change](#)  
**January 9:** [New urgent and primary care centre officially opens in Kelowna](#)



## **Stakeholder Relations Committee REPORT TO THE BOARD**

**February 2020**

*(October 1, 2019 to January 31, 2020)*

The Committee has participated in the following stakeholder relations activities in support of management led external/internal communication responsibilities and the Boards' goals and objectives.

### **October 2019**

|                 |   |
|-----------------|---|
| October 3       | Research Ethics Board (REB) Meeting – Director Tugnum                             |
| October 9       | Interior Health & Regional Hospital Districts Meeting – Chair Cochrane            |
| October 15 & 16 | Tours of South Okanagan (Penticton, Oliver, Keremeos, Princeton) – Chair Cochrane |
| October 17      | Partnership Accord Leadership Table (PALT) – Chair Cochrane, Director Jules       |
| October 18      | Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane      |
| October 23      | Transforming LINX Residency 1 – Chair Cochrane                                    |

### **November 2019**

|             |   |
|-------------|---|
| November 18 | Northern St'at'imc (Stat-liem) Letter of Understanding (LOU) Resigning in Lillooet – Chair Cochrane |
| November 29 | Health Authorities Chair to Chair Meeting – Chair Cochrane  |

### **December 2019**

|             |   |
|-------------|---|
| December 11 | Chair/CEO Tour North Okanagan (Salmon Arm, Armstrong, Enderby) – Chair Cochrane, Director Louis |
| December 20 | Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane                    |

### **January 2020**

|                 |  |
|-----------------|--|
| January 9       | Urgent Primary Care Centre Opening Event in Kelowna – Chair Cochrane         |
| January 14 & 15 | Gathering Wisdom for a Shared Journey Forum – Chair Cochrane                 |
| January 17      | Health Authority Medical Advisory Committee (HAMAC) Meeting – Chair Cochrane |