♦ = *Attachment*
■ = *Standing Item*

BOARD MEETING

Tuesday, February 6, 2018
12:30 pm – 1:45 pm
Kelowna Health & Community Services Centre
505 Doyle Avenue
Kelowna
5th Floor Boardroom

Board Members:
Doug Cochrane, Chair
Joyce Beddow
Patricia Dooley
Spring Hawes
Diane Jules
Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:
Chris Mazurkewich, President & CEO (Ex Officio)
Debra Brinkman, Board Resource Officer (Recorder)

Guests:
Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP Clinical Support Services & Chief Information Officer
Dr. Michael Ertel, VP Medicine & Quality
Anne-Marie Visockas, VP Health Systems Planning, MHSU & Residential Services
Jenn Goodwin, VP Communications and Public Engagement
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:
Rae Samson, Health Services Administrator Practice, Quality and Substance Use Services
Karin Goodison, Medical Health Officer
Dr. Devin Harris, Chief of Staff, Kelowna General Hospital
Demetrios Karogiannis, Manager, Emergency Services Kelowna General Hospital

(R) Regrets (T) Teleconference (V) Videoconference

A G E N D A

ITEM	RESPONSIBLE PERSON	TIME	ATT

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	**Call to Order**			
1.1	Acknowledgement of First Nations and Traditional Territory	Board Chair	12:30 pm 4 min	■
1.2	Declaration of Conflict of Interest	Board Chair	12:34 pm 1 min	
1.3	Approval of Agenda	Board Chair	12:35 pm 2 min	■ ♦
2.0	**Presentations – from the Public**			
	None			
3.0	**Presentations – for Information**			
3.1	Addiction Services Continuum to Meet Population Needs	Rae Samson Karin Goodison	12:37 pm 20 min	♦
3.2	Emergency Physician Triage Pilot	Dr. Mike Ertel Dr. Devon Harris Demetrios Karogiannis	12:57 pm 20 min	♦
4.0	**For Approval**			
4.1	Minutes – December 5, 2017 Board Meeting	All	1:17 pm 2 min	■ ♦
5.0	**Follow Up Actions from Previous Meeting**			
5.1	Action items – December 5, 2017 Board meeting	Board Chair	1:19 pm 1 min	■ ♦
6.0	**Committee Reports (Recommendations may be brought forward)**			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	1:20 pm 5 min	■ ♦
6.2	Audit & Finance Committee	Director Rounsville	1:25 pm 3 min	■
6.3	Quality Committee	Director Stewart	1:28 pm 3 min	■
6.4	Governance & Human Resources Committee	Director Dooley	1:31 pm 3 min	■
6.5	Strategic Priorities Committee (no report)			■
6.6	Stakeholders Relations Committee	Board Chair	1:34 pm 1 min	■ ♦
7.0	**Reports**			

ITEM		RESPONSIBLE PERSON	TIME	ATT
7.1	President & CEO Report	Chris Mazurkewich	1:35 am 5 min	■ ♦
7.2	Chair Report	Doug Cochrane	1:40 am 5 min	■
8.0	**Correspondence**			
8.1	Board Correspondence			♦
9.0	**Discussion Items**			
	None			
10.0	**Information Items**			
	None			
11.0	**New Business**			
	None			
12.0	**Future Agenda Items**			
13.0	**Next Meeting:** Tuesday, April 17, 2018			
14.0	**Adjournment**			

Interior Health
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Information Brief
For Board of Directors
Version: 1.1 (Jan-2018)

EXECUTIVE SUMMARY

Title	Presentation on Addiction Services Continuum - February 2018 IH Public Board Meeting
Purpose	To inform the Board of Directors in regards to the Interior Health Addictions Services Continuum.
Top Risks	1. (Other) Interior Health Board requires background and context regarding clinical programs in order to support appropriate allocation of resources within a strategic context.
Lead	Dr. Karen Goodison, MHO Aboriginal Health and Substance Use Services Rae Samson, Administrator Practice, Quality and Substance Use Services
Sponsor	Anne-Marie Visockas, VP, Health System Planning, MHSU and Residential Services

RECOMMENDATION

That the Interior Health Board of Directors receives the attached PowerPoint presentation to be shared at the February 6, 2018 IH Public Board meeting.

BACKGROUND

Previous presentations have been provided to the IH Board in order to help ensure information was shared about the work underway to address the opioid overdose crisis in the Interior. The presentations have focused primarily on the epidemiology related to overdose rates and rates of death. Additionally, the board has been informed about the strategic interventions developed by the health authority to respond to this public health emergency, including harm reduction services such as supervised consumption.

In follow up to the early presentations, a request was made in December 2017 that the Mental Health and Substance Use program provide a presentation on addiction services within the region. This should include the provision of information on innovative programs and partnerships.

DISCUSSION

The board will be informed regarding the broader addiction service continuum from a theoretical level and how that continuum has been interpreted to meet the population needs of the Interior Region. This presentation will highlight the need for strong community partnerships in addition to a comprehensive range of programming offered across primary, secondary and tertiary care and the essential elements of care related to effective patient transition across the tiers of service. This is also an opportunity to situate the current opioid response within the overarching addiction system of care, and to demonstrate how partnerships can provide opportunities for innovation.

In order to reflect the importance of co-leadership and to represent the cross-portfolio responsibility for substance use, Population Health and MHSU will present jointly.

EVALUATION

N/A

ALTERNATIVES

N/A

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Anne-Marie Visockas VP, Health System Planning, MHSU and Residential Services	January 4, 2018	January 5, 2018	Consultation

David Harrhy, Executive Director Mental Health & Substance Use	January 19, 2018	January 19, 2018	Endorsement

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Rae Samson, Administrator Practice, Quality and Substance Use	January 8, 2018
Assessment of communication requirements	N/A	N/A
Presentation to Strategy and Risk Management Council	N/A	N/A
Presentation to SET	Anne-Marie Visockas VP, Health System Planning, MHSU and Residential Services	January 15, 2018
Presentation to the Board	Rae Samson, Health Service Administrator Practice, Quality and Substance Use Dr. Karin Goodison, Medical Health Officer Aboriginal Health and Substance Use Services	February 6, 2018

ENCLOSURES

Appendix A: Addiction Service Continuum to Meet Population Needs February 2018

REFERENCES

N/A

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

Addiction Service Continuum to Meet Population Needs

February 6, 2018

Dr. Karin Goodison
Medical Health Officer
Substance Use Services and Aboriginal Health

Rae Samson
Administrator
Practice, Quality and Substance Use Services

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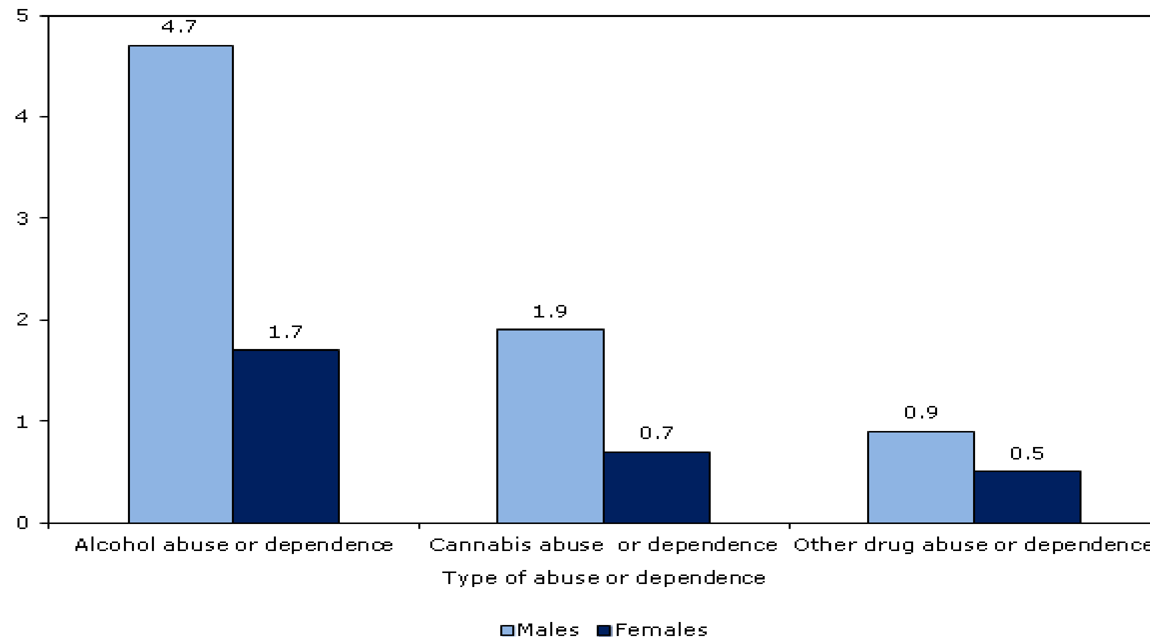
Why is this Topic Important?



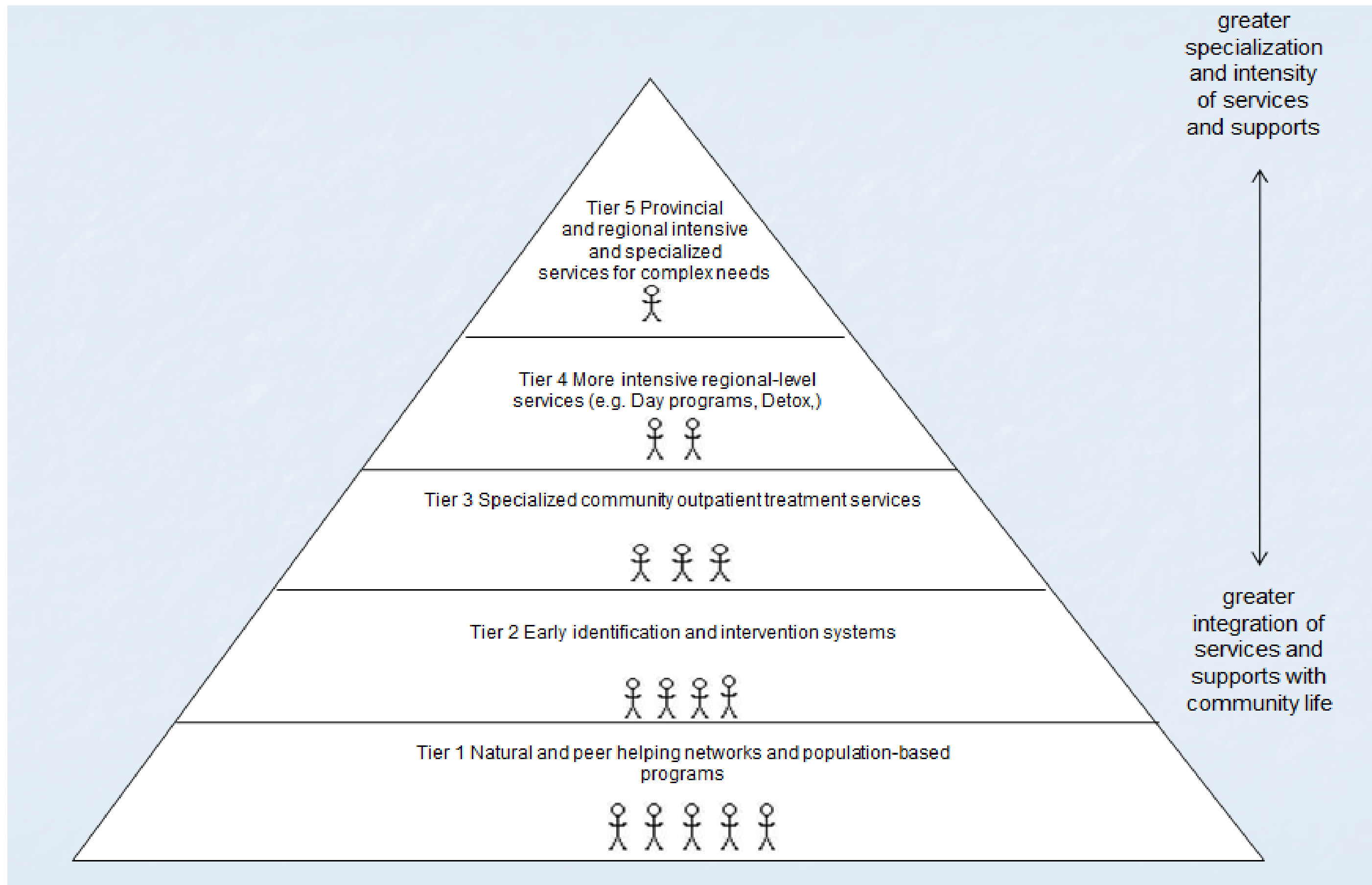
Three pillars approach to MHSU

- Wellness
  - Inclusion (reduce stigma) and early support

- Access
  - Easy to find and access services

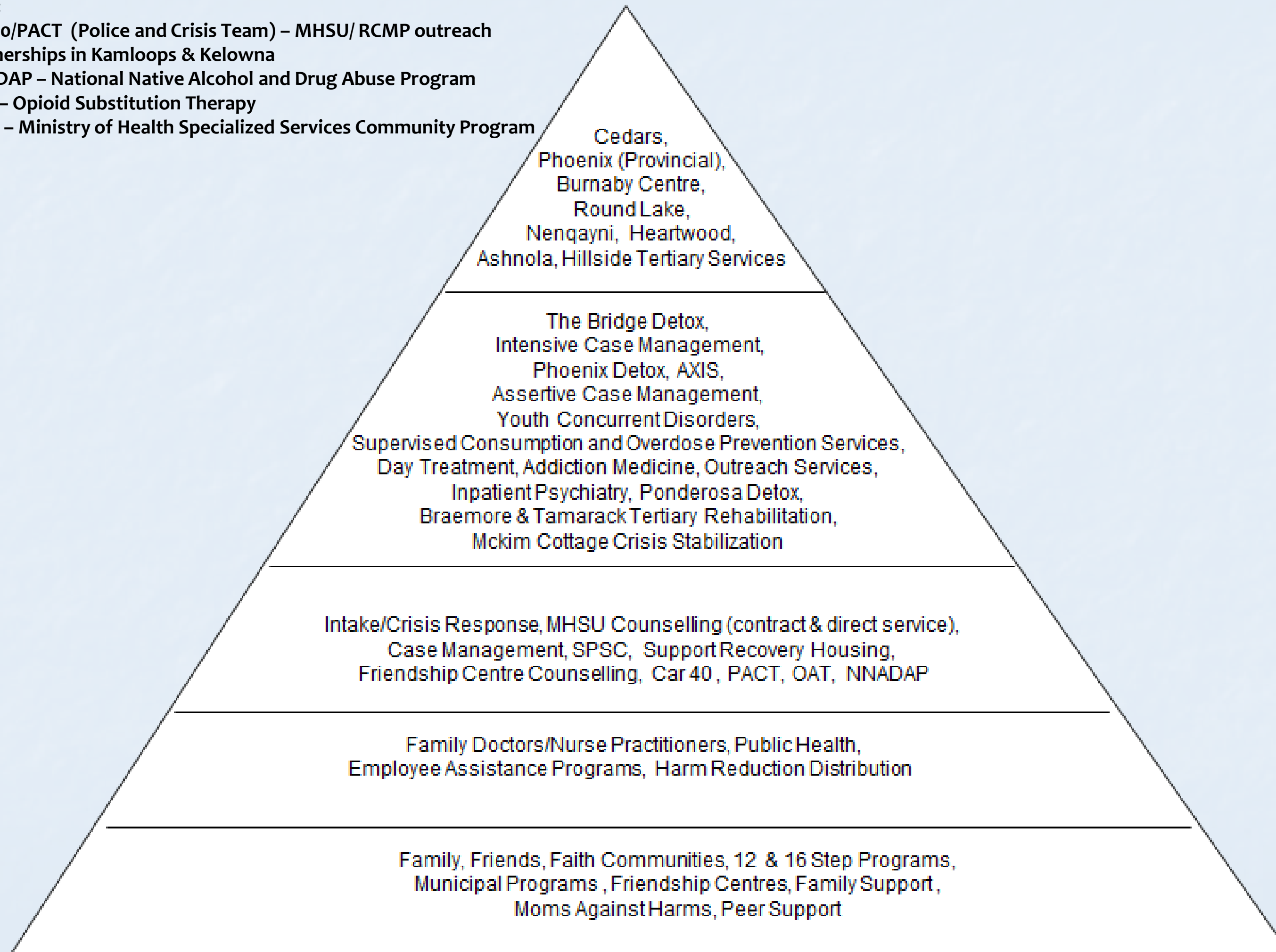
- Partnerships
  - Integrated across health and community systems

Addiction Service Continuum



IH Addiction Service Continuum

Glossary:
- Car 40/PACT (Police and Crisis Team) – MHSU/ RCMP outreach partnerships in Kamloops & Kelowna
- NAADAP – National Native Alcohol and Drug Abuse Program
- OAT – Opioid Substitution Therapy
- SPSC – Ministry of Health Specialized Services Community Program



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Innovations

Connections	• Prototyping 7 day/week service in RIH Emergency Department
MHSU/RCMP	• Car 40 & PACT
Drug Checking	• Working with BCCSU to implement testing across 6 communities

Resources

- BCCSU – British Columbia Centre on Substance Use
- Canadian Centre on Substance Use and Addiction
- Canadian Institute for Substance Use Research

Information Brief

For Board of Directors

Version: 1.3 (Nov-2017)

EXECUTIVE SUMMARY

Title Kelowna General Hospital Emergency Department Physician at Triage

Purpose To provide information about the Emergency Department (ED) Physician at Triage (PAT) trial at Kelowna General Hospital (KGH)

Top Risks

1. (Patient) ED overcrowding will compromise the patient care experience if there are long wait times to see a physician.
2. (Financial) Delays in physician initial assessment (PIA) lead to prolonged ED length of stay and subsequent overall hospital length of stay (LOS).
3. (Patient) KGH will continue to experience challenges meeting Ministry of Health ED wait time and patient satisfaction targets.

Lead Andrew Hughes, Health Services Administrator, KGH
John Cabral, Health Services Director, KGH
Dr. Devin Harris, Chief of Staff, KGH
Dr. Nick Balfour, Emergency Department Head, KGH

Sponsor Dr. Mike Ertel, VP Medicine and Quality

RECOMMENDATION

That the Board of Directors accept this brief for information.

BACKGROUND

At KGH, a five (5) day LEAN Rapid Process Improvement Workshop (RPIW) was conducted from December 5-9, 2016 to mitigate ED overcrowding associated with prolonged patient wait times, overall patient dissatisfaction, decreased physician productivity, and increased ambulance diversion. During this RPIW healthcare providers were given an opportunity to address a number of these issues within the KGH ED triage area. One main recommendation was to improve time to physician initial assessment (PIA). As a result, the site trialed a Physician at Triage (PAT) proof of concept to determine if this would alleviate some of the concerns noted above.

At KGH, a PAT was trialed on April to September long weekends during peak hours (10:00-22:00). The key goals of the PAT process included:

- Reduced Physician Initial Assessment (PIA) times
- Decrease in British Columbia Ambulance Service (BCAS) offload delays
- Reduced wait times and ED lengths of stay
- Decrease in time to inpatient bed
- Decrease number of patients left without being seen
- Increase care provider satisfaction
- Increase patient satisfaction

DISCUSSION

The PAT process provided a solution for the KGH ED to prevent and manage department overcrowding. During the four-weekend trial, the PAT allowed the ED to effectively address patient input, throughput and discharges, thus providing a more optimized patient experience. All 7 key goals the PAT strategy set out to impact have been improved (see Figure 1).

Figure 1. ED Metrics Impacted by Physician at Triage (PAT) Implementation (May-Sept. 2017)

ED Metric	Average		% Change
	2017-18 Fiscal Periods 1-6	PAT Trial Weekends	
Median wait time to Physician Initial Assessment:			
· CTAS Level 2 (min)	66.0 min	24.5 min	↓ 63.0%
· CTAS Level 3 (min)	92.0 min	32.0 min	↓ 65.0%
· CTAS Level 4 (min)	70.0 min	29.0 min	↓ 59.0%
· CTAS Level 5 (min)	65.0 min	18.0 min	↓ 70.0%
BC Ambulance Service (BCAS) ED Delays			
· Average # of ED delays per day	2.3	1.4	↓ 39.0%
· Average cost per day of ED delays ($)	$284	$173	↓ $111
ED Length of Stay (LOS):			
· Non-admitted visits	3.2 hrs	2.9 hrs	↓ 9.0%
· Admitted patients transferred to an inpatient unit	13.0 hrs	11.0 hrs	↓ 15.0%
· Admitted visits DDFE (direct discharge from emergency)	23.8 hrs	21.4 hrs	↓ 10.0%
· All visits	4.8 hrs	4.1 hrs	↓ 15.0%
Admission Rate (All Visits) (%)	15.8%	14.2%	↓ 1.6%
Decrease in time to inpatient bed			
Time from Triage to Admission (hrs)	4.4 hrs	4.3 hrs	↓ 2.0%
% of admitted ED patients receiving an IP bed w/in 10hrs of triage	57.1%	71.0%	↑ 14.0%
Left Without Being Seen (LWBS) Rate (%)	2.3%	1.7%	↓ 0.6%
Unanticipated Opportunities			
% of ED visits requiring Core Lab Tests	46.2%	45.0%	↓ 1.2%
# of diagnostic imaging exams per 100 ED visits	No discernable trend		

Reduced Physician Initial Assessment (PIA) times

During the PAT trial weekends, the KGH emergency department saw a significant improvement in time to PIA. All CTAS combined saw 64% average reduction. This means that higher acuity patients are spending less time in the waiting room or in BCAS holding and getting the care they need faster.

Decrease in British Columbia Ambulance Service (BCAS) offload delays

At Period 6 2017/18, the KGH ED experienced an average of 2.3 BCAS ED delays each day. During trial weekends, average daily BCAS ED delays were 1.4 (a reduction of 39%). This equated to a cost savings of approximately $111 dollars per day. If implemented and sustained the total cost savings per year would be approximately $40,515.

Reduced wait times and ED lengths of stay

The improved operational efficiencies gained through the implementation of the PAT process have resulted in decreased length of stay (LOS) for all patients presenting to the ED. Non-admitted visits had a reduced LOS of 18 minutes (9% improvement), admitted patients transferred to an inpatient unit were in the ED 2 hours less (15% improvement), while admitted visits directly discharged from Emergency also reduced by 2.4 hours average (10% improvement). In total, all patients had a reduced LOS of 42 minutes, a marked 15% improvement than the average from Periods 1-6. By multiplying the reduced LOS by the number of overall discharged patients on average during the period from Period 1 to 6, the KGH ED could have saved approximately 9,975 minutes per day. Using an average LOS of 246 minutes yields an additional 40.5 patients per day that could have been seen. This results in an increased virtual capacity to accommodate about 14,783 additional patients annually.

Decrease in time to inpatient bed

At Period 6 2017/18, the average time from triage to admit was 4.4 hours. During PAT trial weekends the average time to admission was 4.3 hours, a slight improvement of 2%. However, the percentage of admitted patients receiving an Inpatient bed within 10 hours of triage increased from 57.1% during period 1-6 to 71% during PAT weekends, a positive increase of 14%.

Decrease number of patient left without being seen
A decrease was observed in the KGH rate of patients left without being seen (LWBS). From periods 1-6 an average of 2.4% of patients left without being seen compared to just 1.7% during the PAT trial weekends. This decrease reflects less overcrowding in the ED and higher patient satisfaction to remain in the ED and receive care.

Increase care provider satisfaction
Post PAT survey results demonstrated increased provider engagement and satisfaction. Providers subjectively found the work more enjoyable and less stressful. They received less patient and family complaints and enjoyed working in collaboration with the ED physician.

Increase patient satisfaction
No patient satisfaction survey was conducted at the close of this trial period. However, patients went out of their way to comment that they received high quality patient centered care at the KGH ED.

Unanticipated Opportunities
Finally, there are opportunities for future studies, as this first trial does not address all of the potential benefits of Physician at Triage. For example, its direct effect on patient outcomes or impact on radiology or laboratory studies were not addressed and could be the focus of further studies.

Next Steps
The benefits of the PAT translate to increased operational efficiency and productivity, which ultimately improve the quality and safety of ED practice. By using the PAT model, all ED patients are evaluated by a physician quickly, higher acuity patients are admitted faster and fewer patients are leaving before being evaluated by a physician. The improved efficiency could result in increased capacity, which translates to the ability to see more patients in the ED. As population in the Interior of BC increases there are opportunities to implement a PAT on a more permanent basis.

EVALUATION

If the PAT proof of concept is approved for further study, trial, or implementation, the 7 key goals will continue to be evaluated.

- Reduced Physician Initial Assessment (PIA) times
- Decrease in British Columbia Ambulance Service (BCAS) offload delays
- Reduced wait times and ED lengths of stay
- Decrease in time to inpatient bed
- Decrease number of patient left without being seen
- Increase care provider satisfaction
- Increase patient satisfaction

ALTERNATIVES

The alternatives to having a designated Physician at Triage:
1. Maintain the status quo.
2. Add an additional nurse and/or unit clerk resource in triage.

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Andrew Hughes, Health Service Administrator, KGH	November 3, 2017	November 6, 2017	Consultation/Information
John Cabral, Health Services Director, KGH Emergency/Ambulatory Care	November 3, 2017	November 6, 2017	Consultation/Information
Jarnail Dail, Project Manager—Tertiary Services, KGH	November 3, 2017	November 6, 2017	Information
Justine Pakosh, Health Information Analyst	November 3, 2017	November 6, 2017	Information
Dr. Devin Harris, Chief of Staff, KGH	November 3, 2017	November 6, 2017	Consultation/Information
Dr. Nick Balfour, Emergency Department Head,	November 3, 2017	November 6, 2017	Consultation/Information

KGH			
Sharon Cook, Executive Director, IH Central	November 6, 2017		Consultation
Demetrios Karogiannis, Manager, Emergency Services, KGH	November 6, 2017		Consultation/Information
Reed Scott, Quality Improvement Consultant, KGH	November 6, 2017		Consultation/Information

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Jarnail Dail, Project Manager – Tertiary Services Jorge Angel-Mira, Project Manager – Tertiary Services	November 3, 2017
Decision brief reviewed	Andrew Hughes, Health Services Administrator, KGH John Cabral, Health Services Director, KGH Dr. Devin Harris, Chief of Staff, KGH Dr. Nick Balfour, Emergency Department Head, KGH	November 6, 2017
Presentation to SET	Dr. Mike Ertel, VP Medicine & Quality	January 15, 2018
Presentation to the Board	Dr. Mike Ertel, VP Medicine & Quality	February 6, 2018

ENCLOSURES

PowerPoint Presentation titled “KGH Physician at Triage Trial 2017”

REFERENCES

N/A

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

KGH Physician at Triage Trial 2017

Dr. Mike Ertel

VP Medicine and Quality

Interior Health Authority

Interior Health
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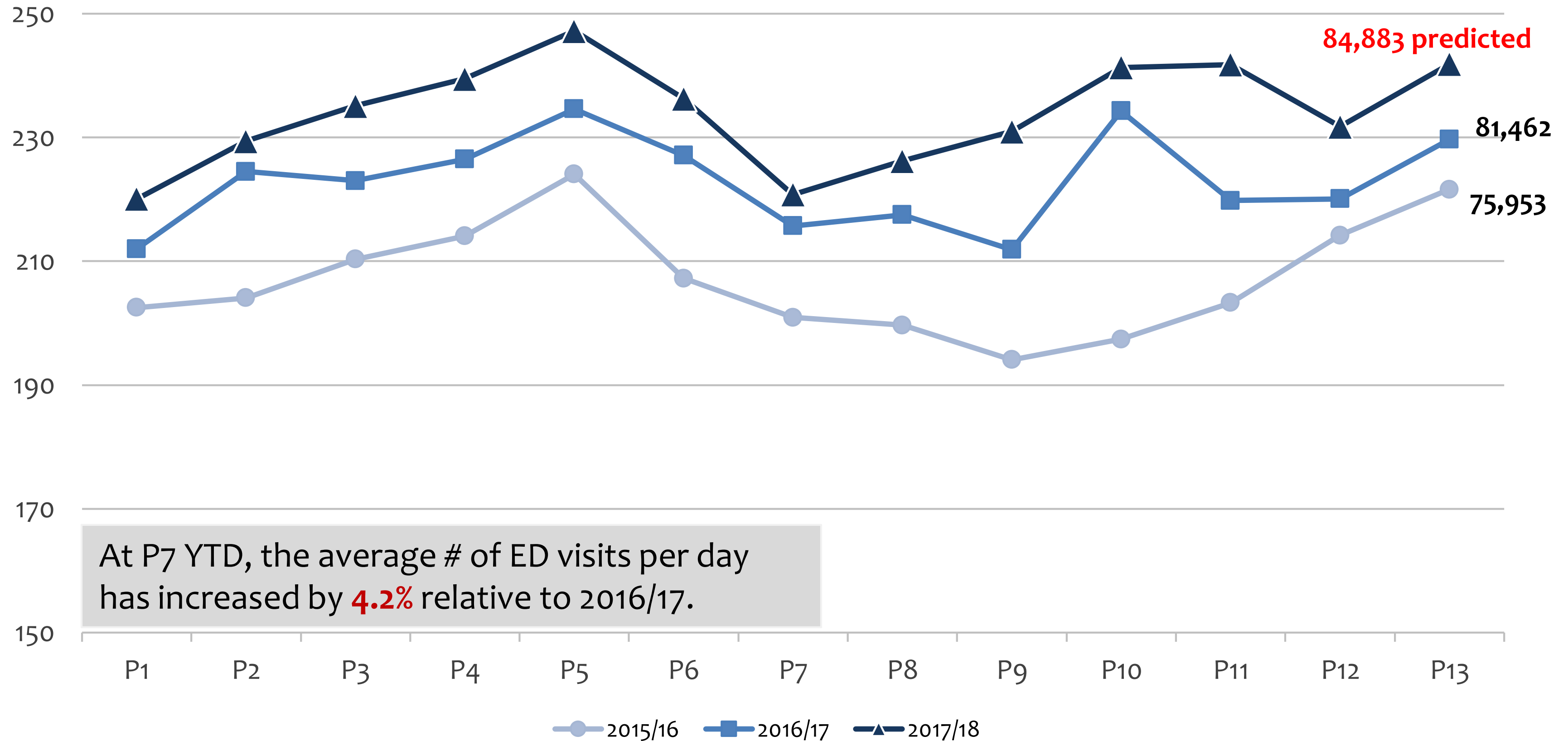
ED Visits per Day



	16/17	17/18	% Change
Average # of ED visits/day	223.3	232.6	+4.2%
Average # of admits/day	35.9	37.2	+3.6%

Concept

- KGH trialed a quality improvement proof of concept to address increasing patient volumes , improve Emergency Department patient flow, and time to care. The ED Team implemented a physician /nurse in Triage collaborative during the May-September long weekends.

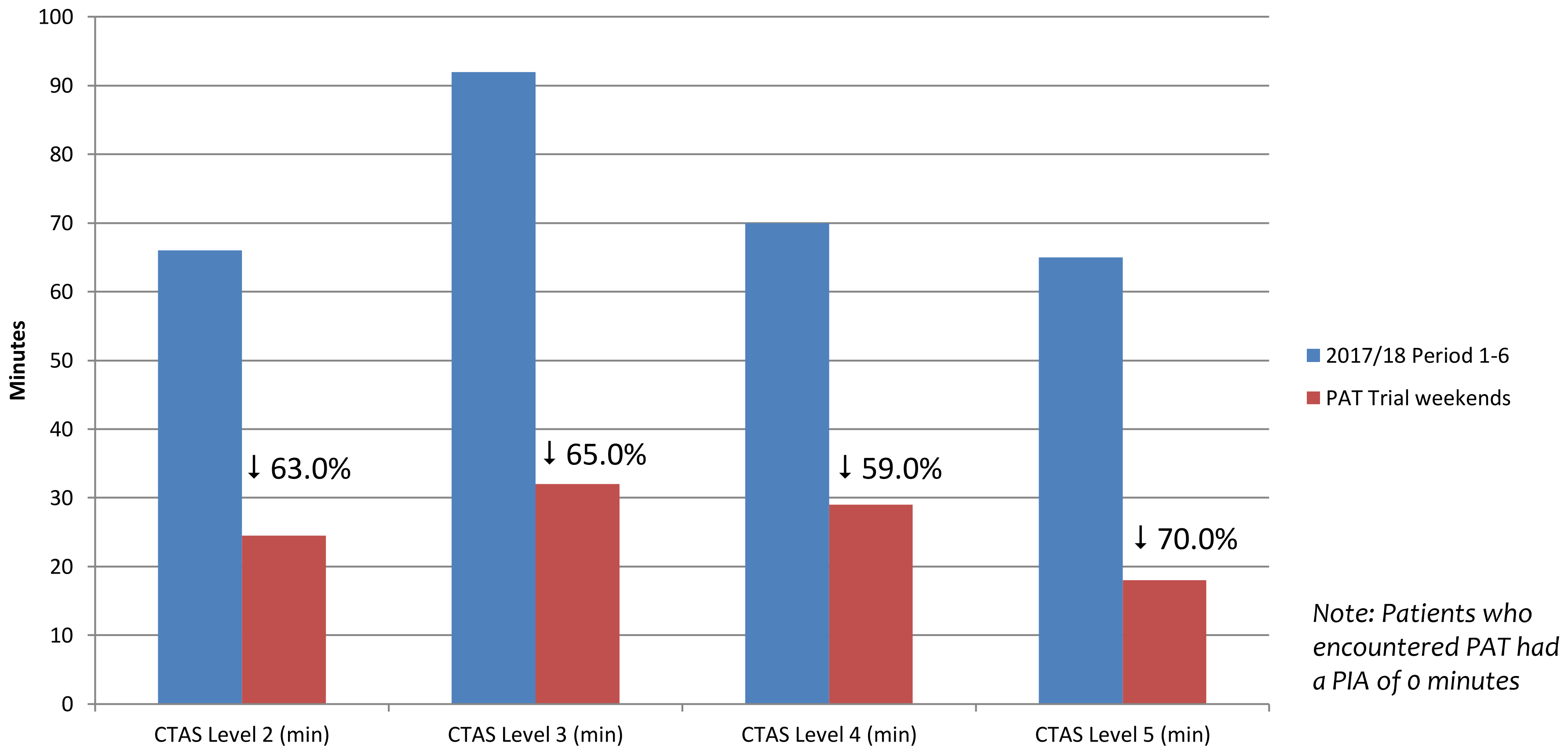
How Is the Physician at Triage (PAT) Process Different than Standard Triage?

- The PAT is an innovative triage process
- The PAT is flexible and adjusts its focus or use to meet fluctuating demands of the rest of the department
- The PAT uses ongoing communication and needs assessment collaboration between ED MDs, triage RN , ED Charge Nurse , Unit Clerk and the entire PAT team
- The PAT has the ability to treat any acuity of patient arriving to ED based on department needs, including those requiring IV medications, inpatient admissions and even stroke codes. However, it primarily functions as a quick-care hybrid unit within the ED

Key Goals

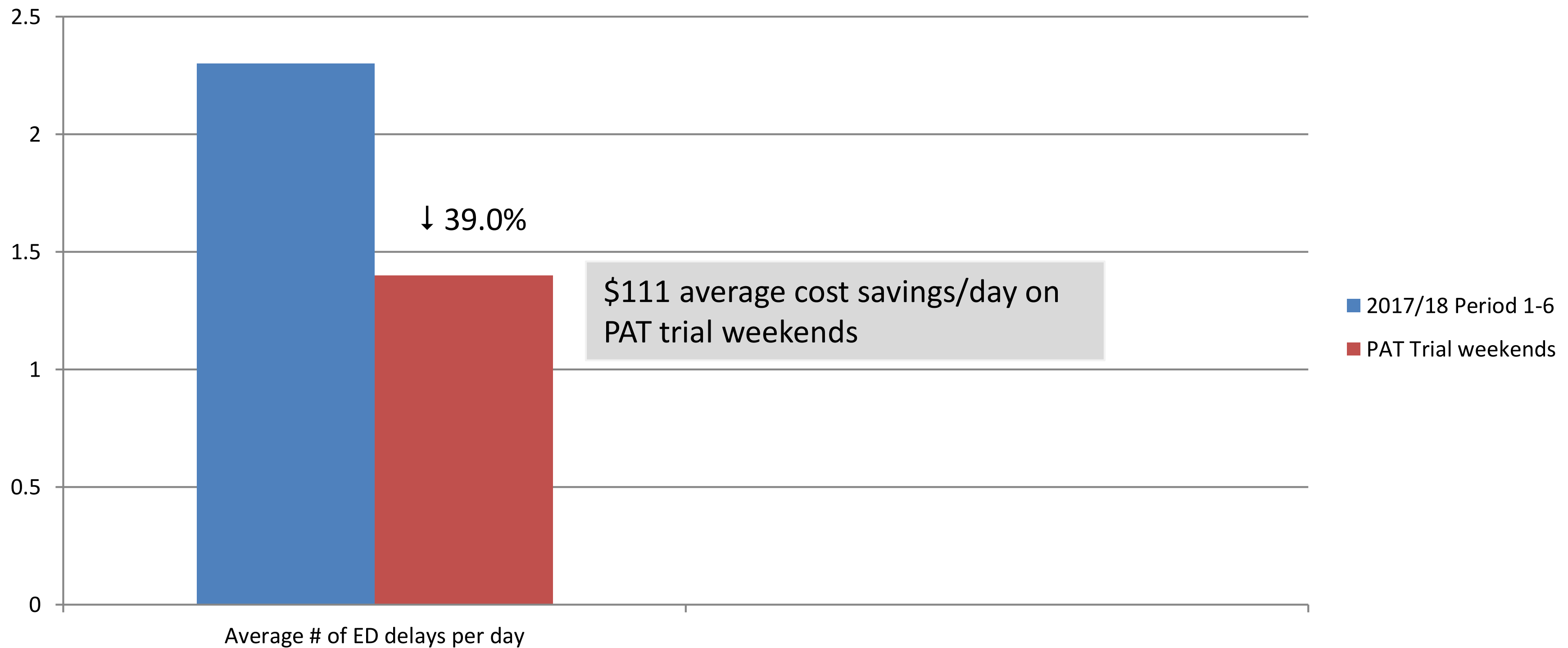
- Reduced Physician Initial Assessment (PIA) times
- Decrease in BCAS offload delays
- Reduced wait times and ED length of stay
- Decrease in time to inpatient bed
- Decrease number of patients leaving without being seen
- Increase care provider satisfaction
- Increased patient satisfaction

Reduced Physician Initial Assessment Time



Note: Patients who encountered PAT had a PIA of 0 minutes

Decrease in BCAS offload delays



Patient Satisfaction

"I visited Kelowna arriving July 1 2017-the night of my arrival symptoms lingering from a sinus infection exacerbated to bilateral ear fullness and right ear ache with serous sang drainage. Being an ER nurse from AB I was reluctant to go to ER with my ailment but being the long weekend 3 walk in clinics I checked were closed. When I arrived 4-5 people were in line ahead of me. I was triaged swiftly and professionally and an ER doc working at triage examined me, I made a chart, got my prescription and teaching and was on my way- less than 30 mins! Thank you Kelowna ER-now that is patient centered care!"

Trial Weekend Summary

ED Metric	Average 2017-18 Fiscal Periods 1-6	Average PAT Trial Weekends	% Change
Median wait time to Physician Initial Assessment:			
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Unanticipated Opportunities			
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# of diagnostic imaging exams per 100 ED visits	No discernable trend		

Thank you.

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DRAFT MINUTES OF DECEMBER 5, 2017
REGULAR BOARD MEETING
9:00 am – 10:25 am
5th Floor Boardroom – 505 Doyle Avenue

Board Members:

Dr. Doug Cochrane, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
Dr. Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:

Chris Mazurkewich, President & Chief Executive Officer (Ex Officio)
Debra Brinkman, Board Resource Officer (Recorder)

Guests:

Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP, Clinical Support Services & Chief Information Officer
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Anne-Marie Visockas, VP, Health System Planning, MHSU, Residential Services
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:

Cheryl Whittleton, Health Service Administrator, Kootenay Boundary
Nancy Kotani, Chief Transformation Officer and CPI Project Lead, BCEHS
Karen Reader, Community Paramedic
Dorothy Herbert, Coordinator, Research Ethics Board
Glenn McRae, Chief Nursing Officer/Professional Practice Lead
Patty Garrett, Director, Risk Management

(R) Regrets (T) Teleconference (V) Videoconference

1. CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed Board Directors, staff and visitors. Chair Cochrane asked the Directors to declare any new conflicts of interests. No conflict of interest where declared.

1.1 Acknowledgement of the First Nations and their Territory

Chair Cochrane respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory. Director Jules offered a pray of thanks.

1.2 Approval of Agenda

The Board accepted the agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

3.1 BC Emergency Health Services – Community Paramedicine Initiative Update

Cheryl Whittleton, Health Service Administrator, Kootenay Boundary, Nancy Kotani, Chief Transformation Officer and Community Paramedicine Initiative (CPI) Project Lead, BC Emergency Health Services (BCEHS), and Karen Reader, Community Paramedic, provided a presentation outlining the new Community Paramedicine Initiative.

The program was established to provide British Columbians in rural and remote communities with better access to primary health care and a more stabilized paramedic presence for emergency response. The program is a partnership with the Ministry of Health, the regional health authorities, BC Emergency Health Services, and the First Nations Health Authority. The program involves 76 communities in the North, Interior, Coastal, Island and Fraser Health authorities. The Regional Health Authorities were involved in community selection and Interior communities are involved in both the prototype and wider provincial roll-out. Community Paramedics are employees of BCEHS and will work in collaboration with other community care clinicians.

The population profile of those served by this initiative is older people living on their own with chronic conditions. They are referred to this program by their doctor or other primary health care provider at no cost to the patient. A number of unique patients in Interior Health communities who are diagnosed with COPD, heart failure and Diabetes have received or are receiving care from Community Paramedics.

Interior Health has 2 of 9 Community Paramedicine prototype communities, Princeton and Creston and have had Community Paramedics working in these communities since October 2016. Phase 1 communities include Alexis Creek, Anahim Lake, Blue River, Edgewood, Elkford, Field, Golden, Greenwood, Kaslo, Keremeos, Midway, Nakusp, New Denver, Riondel, Salmo, Sparwood, Winlaw were up and running in May 2017. Phase 2 communities followed in October 2017, they include Clearwater, Clinton, Fruitvale, Gold Bridge, Lillooet, Logan Lake, Lumby, Lytton, Revelstoke, Rossland, Seton Portage, Sicamous. Additional communities are scheduled to come on board by June 2018 pending final government endorsement.

Community Paramedics are available to support 911calls when appropriate and early data shows they are reducing the number of 911 calls by providing intervention to “familiar faces”. The initiative has also partnered with Interior Health’s home health monitoring program and recently joined Interior Health staff to receive palliative care education.

An active Advisory Committee is currently evaluating the program by requesting feedback from the employees and administering a BCEHS patient survey.

Directors asked questions of the guests and thanked them for their commitment to this unique potentially transformational, health care services initiative.

3.2 Research Ethics Board Annual Report

Dorothy Herbert, Coordinator for the Research Ethics Board provided an overview of the work of the Research Ethics Board for the 2016/17 fiscal year. She began by providing a review of the Research Ethics Board mandate, its membership and function.

The majority of research initiated in Interior Health is locally driven, with 47 of the 81 studies initiated by Interior Health or University of BC Okanagan. Interior Health is also a generous supporter of student research, with 39 of the 81 new studies being led by students. Many of these projects are supported in-kind by Interior Health, in return for receiving targeted information about Interior Health’s programs, services, patients or residents. In this respect, Interior Health lives up to its commitment to the Academic Health Sciences Network, a provincial organization committed to achieving better health for British Columbians through the integration of clinical care, education and research. The Research Ethics Board currently maintains oversight of 170 active

research studies, a jump of 60% in the past 3 years. For the second consecutive year, the Research Ethics Board received an above-average number of research ethics applications for review.

The Ministry of Health Physician Engagement strategy is currently having an impact on Research Ethics at Interior Health, and the number of physician engagement initiatives that the Research Ethics Board and the Research Ethics Office have supported will again be reported next year.

Directors asked questions and thanked the guests.

APPROVAL

4.1 Board Policy 3.11 – Risk Management Revision

Patty Garrett, Director, Risk Management reported that in 2015 Interior Health's Internal Auditor completed an Enterprise Risk Management maturity assessment. The final report included a number of recommendations with one recommendation directed to the Board of Directors. The recommendation requested to enhance Board Policy 3.11 – Risk Management to further define the CEO and Senior Executive Team roles to include responsibility for:

- providing direction and oversight to ensure key risks are addressed;
- assigning 'owners' to each risk who will manage and monitor the risk treatment strategies; and
- implementing and maintaining effective enterprise risk management programs in VP portfolios.

As a result of this recommendation the revisions have been made to Board Policy 3.11 – Risk Management as presented.

Director Cannon moved, Director Tugnum seconded:

Motion: 17-27 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the revisions to Board Policy 3.11Risk Management.

Approval – Minutes

Director Lawrie moved, Director Rounsville seconded:

Motion: 17-28 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the October 3, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

There were no actions for review.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Report of the Health Authority Medical Advisory Committee meetings that took place on October 13 and November 17, 2017.

Highlights included:

- HAMAC endorsed symptom management guidelines for palliative care.
- A new team site for medical leadership has been established to help manage physician affairs within Interior Health for new medical leaders.
- Infection control planning and development of learning modules is underway.
- Expectations around physician work and performance as it relates to community mental health and substance use were discussed.

Dr. Fedor noted that his term as HAMAC Chair will expire on May 26, 2018.

6.1.1 HAMAC Recommendation(s) for Action / Discussion / Information

- There were no recommendations from HAMAC at this time.

6.2 Audit and Finance Committee

Director Rounsville requested the Boards approval for the following motion:

Director Rounsville moved, Director Dooley seconded:

Motion: 17- 29 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the 2018/19 Capital Budget of $75 million subject to confirmation of funding sources (where applicable), which includes an allocation of $10.6 million from Interior Health equity.

Director Stewart moved, Director Jules seconded:

Motion: 17- 30 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the Prioritized Listing of Major Planned Capital Projects for submission to the Ministry of Health.

Director Rounsville reported:

- Period 7 Financial summary results show an overall surplus of $4.4 million. Many acute sector volumes and community volumes have shown decreases from the previous year. Sick and overtime trends continue to cause concern.
- Major capital planning projects are on target
- IMIT's Vision 2020 will be refreshed for next year to ensure the IMIT Tactical Plan reflects the needs of Interior Health as it continues to evolve.
- The Committee recognized the value of the MyHealth Portal which has been very well received by patients.
- The Office of the Auditor General presented their Interior Health internal audit plan highlighting the changing standards related to Asset Retirement Obligations.

6.3 Quality Committee

Director Cannon noted there were no recommendations at this time.

Director Cannon reported:

- Lab Annual Report was received. Two areas of risk include difficulty recruiting technical staff and aging capital equipment.

6.3 Governance & Human Resources Committee

Director Dooley requested the Boards approval for the following motions.

Director Rounsville moved, Director Cannon seconded:

Motion 17- 31 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Audit & Finance Committee Terms of Reference.

Director Burrows moved, Director Cannon seconded:

Motion 17- 32 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Quality Committee Terms of Reference.

Director Jules moved, Director Tugnum seconded:

Motion 17- 33 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Strategic Priorities Committee Terms of Reference.

Director Burrows moved, Director Rounsville seconded:

Motion 17- 34 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the updates to Board Policy 6.1- Board of Directors as presented.

Director Rounsville moved, Director Stewart seconded:

Motion 17- 35 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the updates to Board Policy 6.2- Committee Chairs and Memberships, with the addition of the appointment of the Board Strategic Priorities Chair.

Director Dooley reported:

- The Annual Report from Transformation Innovation and Change was received.
- Mid-year Board expenditures and compensation was received as information.

6.4 Strategic Priorities Committee

Chair Cochrane introduced the new Board Strategic Committee Chair - Director Jules.
There was nothing to report at this time.

6.5 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

7. REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information.

Highlights included:

- Interior Health staff received commendation letters from the BC Premier for their involvement at Mount Polley and the Cariboo wildfire response.
- Media release was issued regarding the review of surgical processes at Kootenay Boundary Regional Hospital due to surgical site infections in elective total joint replacement surgeries.

Chris Mazurkewich answered questions from the Directors.

7.2 Chair Report

The Chair provided a summary of his activities since the October Board meeting. Highlights included:

- The first CEO/Board Chair site tours to East Kootenay and West Kootenay Boundary communities revealed an impressive amount of independence and resilience from the smaller communities that were visited. Many leading examples of physicians working collaboratively with the health authority.
- Attended an exciting topping off ceremony at Penticton Regional Hospital with Director Burrows. Mr. David E. Kampe, of whom the new patient care tower is named, was in attendance along with local First Nations representatives.
- Participated in the Physician Administrator Co-Leadership Training Session. One presentation of note provided a very interesting perspective of how physicians were impacted and provided leadership and clinical services during the recent Cariboo wildfires.

- The Interior Region Nation Caucus meeting spoke of similar themes around wildfire disaster management and cultural sensitivity. Director Jules, who was also in attendance, noted the significant improvement in the relationship with Interior Health over the last couple years and found it very evident at the meeting. A re-signing of the Secwepemc Letter of Understanding ceremony followed the caucus meeting. Chris Mazurkewich noted that a commendation letter was received from four First Nations chief related to Interior Health's wildfire response.
- Partnership Accord Leadership Table meeting focused on community health planning and response to the wildfires.

8. CORRESPONDENCE

Board correspondence was received as information.

9. DISCUSSION ITEMS

None

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, February 6, 2018 – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:20 am

Doug Cochrane, Board Chair

Chris Mazurkewich, President & CEO

Interior Health

ACTION ITEMS
REGULAR BOARD MEETING

February 6, 2018

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC Date: December 15, 2017

1. MOTIONS PASSED

Motion: That HAMAC moves to accept the thirteen (13) key recommendations for Transcription Services, as presented – *carried, with 1 abstention*.

Motion: That HAMAC receives the Infection Prevention & Control and Antimicrobial Stewardship report – *carried unanimously.*

Motion: HAMAC moves to accept draft Patient Portal recommendations, as presented – *carried unanimously*

2. DECISIONS

None.

3. ACTIONS

None.

4. PRESENTATIONS TO HAMAC

IH Quality Improvement (QI) - *Dr. M. Ertel*
Dr. Ertel's presentation was recently given to VPs of Medicine at October PMSEC meeting. Presentation included examples of QI projects currently underway at KGH.

2017 Health Authority Engagement Survey – *R. Hulyk*
Robert Hulyk with Doctors of BC gave overview of 2017 Health Authority Engagement Survey. Discussion of future surveys planned as well as survey findings and what they really mean.

Cardiac Surgical Site Infections (SSI) – *Dr. B. Wang*
Detailed presentation on the LEAN improvements made to address SSI issue. SSI team is pleased to report decrease in incidence rate as a result of implementing LEAN findings.

Infection Prevention & Control (IPAC) Report – *Dr. B. Wang*
Most recent IPAC report submitted for information.

HAMAC Date: January 12, 2018

1. MOTIONS PASSED

Motion: That HAMAC receives the MEDITECH 6.x Preventative Maintenance brief for discussion and considers the following question as guidance: "Does the proposed communication plan address the needs of physicians?"

2. DECISIONS

None.

3. ACTIONS

None.

4. PRESENTATIONS TO HAMAC

MEDITECH 6.x Preventative Maintenance – *M. Braidwood, A. Brunton*

Seeking physician feedback regarding how best to communication upcoming downtime planned for MEDITECH 6.x maintenance.

Interior Health

Stakeholders Committee
REPORT TO THE BOARD
— February 2018 —

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

November 2017

November 28-29, 2017	CEO/Board Site Visits – Chase, Salmon Arm, Enderby, Armstrong – Director Cannon, Director Jules

December 2017

December 1, 2017	CEO/Board Site Visits – Vernon – Director Stewart, Director Cannon
December 1, 2017	Chair to Chair Meeting – Chair Cochrane
December 7, 2017	Guest Speaker at CEO Leadership Link Call – Chair Cochrane
December 15, 2017	HAMAC – Chair Cochrane

January 2018

January 11, 2018	Research Ethics Board Meeting – Director Tugnum
January 12, 2018	Arrow Lakes Hospital Ministry Announcement Event – Director Dooley
January 12, 2018	HAMAC – Chair Cochrane
January 17, 2018	The Hamlets – Vernon Opening Ceremony – Director Stewart

PRESIDENT & CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD
FEBRUARY 2018

Highlights (December - January)

Minister of Mental Health and Addictions visits Kelowna
Shortly after her first visit to Interior Health in Kamloops, Minister Judy Darcy returned in December to meet with clients, frontline staff and Mental Health and Substance Use (MHSU) leaders in Kelowna. While here, the Minister for MHSU also attended a lunch roundtable discussion, which included representatives from IH and the City of Kelowna as well as other health-care agencies and partners involved in the overdose response locally.

Aboriginal Recovery Beds in Thompson Cariboo
Interior Health (IH), in partnership with the Esk'etemc First Nation and the First Nations Health Authority (FNHA), announced plans for six new Aboriginal supportive recovery beds in the brand new Alkali Lake Wellness Centre, to enhance mental health and substance use (MHSU) services for Aboriginal residents of the Thompson Cariboo region. The six Aboriginal supportive recovery beds will be housed in the brand new Alkali Lake Wellness Centre, named the Letwilc ren Semec or "Heal My Spirit" Centre which celebrated its grand opening December 18. The centre will offer a variety of services designed to help provide assessment, treatment, and community outreach for clients with mental health and substance use concerns. The centre is also the first net-zero ready energy building to be built on First Nations land in Canada.

IH Goal #1: Improve Health and Wellness

HIV and Hepatitis C Toolkit
Patient partners and more than 10 community agencies have joined with Interior Health to create the first HIV and Hepatitis C Support Toolkit, which will be launched publicly in early 2018. The toolkit is designed to provide practical guidance and tools to assist community-based organizations to provide peer support to individuals recently diagnosed with a blood borne infection, such as HIV or Hepatitis C. IH initiated the project with the Canadian Mental Health Association – Kelowna branch, based on feedback and requests from patients.

Okanagan Meningococcal Outbreak Response
On December 13, 2017, IH declared an outbreak of meningococcal disease in 15-19 year olds for the Okanagan Health Service Delivery Area. Five cases of invasive meningococcal disease, serogroup W135, have been reported in the Okanagan since June 2017, all among 15-19 year olds. An Incident Command Structure was activated and an extensive immunization strategy targeting all 15-19 year olds (grades 9-12) in the Okanagan was deployed. Vaccine continues to be provided in secondary schools, public health centres, pharmacies and outreach settings. As of January 22, 2018, IH had achieved a

vaccine coverage rate of 62.6%. The outbreak is expected to be declared over in early February, assuming no new activity.

Respiratory Infection (RI) and Gastrointestinal Infection (GI) Outbreak Response
The IH 2017/18 Outbreak Management Response Plan is in place and guiding the response to seasonal illnesses across IH facilities. The response plan was developed by leaders within the Hospitals and Communities, Residential Services, Infection Prevention and Control and Population Health teams in the wake of last year's flu season. The plan provides a framework for operational areas and ensures a systemic response, with a goal of improving safe access and efficient patient flow.

As of January 12, a total of 34 outbreaks had been declared across IH in the previous seven-week period. During the same timeframe last year, there were 51 outbreaks declared. With increased coordination and communication in the response to these outbreaks, we have experienced a reduction in the number of bed days closed in Residential Services from previous years. This is a direct result of the efforts of all the teams who are working diligently to prevent outbreaks from occurring and to control the outbreaks underway.

BC Chronic Disease Dashboard
IH's Population Health team made a significant contribution to the public release of the Chronic Disease Dashboard via the BC Centre for Disease Control website. This interactive dashboard provides summary statistics on a wide variety of non-communicable conditions down to the Health Service Delivery Area level of geography, dating back to 2000/01. This is the first time that the Chronic Disease Registry data compiled by the Ministry of Health has been released to the public.

Strategic Goal #2: Deliver High Quality Care

Palliative Approach in Residential Services
IH physicians and leaders from Residential Services, as well as staff from Quality Improvement joined together for a day in December to advance plans to embed the Palliative Approach in Residential Care (PARC) initiative. The PARC engages the full care team in residential care homes, and focuses on person-centred care strategies for individuals with life-limiting chronic health conditions such as dementia.

SmarTrack Supports Families
Family members of patients at Vernon Jubilee Hospital have a tool that allows them to view where their loved one is in the surgical process, be it pre-operative, in the operating room (OR), out of surgery, or ready for discharge. It's part of the SmarTrack Expansion Project.

SmarTrack is an interactive tool whose real-time nature and dynamic visualization of the ORs provides accurate information to surgical teams. This information reduces the need to print OR slates, make phone or overhead page calls, and keeps OR staff better informed. The same information can be modified for public viewing, providing a confidential visual display that allows family members to see where their loved one is in the surgical process. Patients are identified by initials or an identification number, ensuring patient confidentiality.

BC Ambulance Crews Waiting less at IH Hospitals
A joint effort by staff, physicians, and paramedics in Kamloops, Vernon, and Kelowna has led to a 54% reduction in the number of paramedics waiting in the emergency department for more than 60 minutes in Vernon, with improvements at the other two sites as well. As a result, progress has been made to improve timely access to emergency care and to increase ambulance ability to respond to 911

emergencies. The Offload Delay Guidelines were developed jointly with BC Emergency Health Services and include role descriptions and communication flow for all members of the care team.

Overdose Simulation Training
Mental Health and Substance Use staff received specialized simulation training to prepare them for the types of situations experienced by frontline workers in the overdose crisis. The training was held in the mobile supervised consumption site in Kelowna and was designed to mimic the complex, high-risk and fast-paced situations that occur on the job. The training included an opportunity to debrief and ask questions, which is appreciated by participants.

Strategic Goal #3: Ensure Sustainable Health Care

Improvements announced for Arrow Lakes Hospital
Major improvements are coming to Arrow Lakes Hospital (ALH) in Nakusp. On January 12, Kootenay West MLA Katrine Conroy joined representatives from the West Kootenay Boundary Regional Hospital District (WKBRHD), Interior Health, Arrow Lakes Hospital Foundation, and Arrow Lakes Health Care Auxiliary Society to celebrate the approval of $2.1 million in upgrades to the acute and emergency department spaces at the local hospital. Highlights of the project will include a dedicated triage area; two new trauma bays; renovated patient exam bays with improved privacy; new utility rooms; and an enclosed multi-purpose meeting room near the ED for family consultations or waiting space for family during trauma situations. The scope of the project was determined through an initial planning and assessment phase funded by the WKBRHD, which included direct input from the hospital staff and physicians.

The Hamlets
The Hamlets at Vernon officially opened its doors to more than 100 new residential care clients on January 17. The opening ceremony took place in the new residential care home located in downtown Vernon and included a ribbon cutting event with community members, Interior Health, and H&H Total Care Services Inc. staff members. This event followed a construction announcement at the end of November by Interior Health and H&H Total Care Services Inc. which marked the launch of construction on a 48-bed expansion to The Hamlets at Westsyde, a residential care home located in Kamloops. The new beds will be placed in a second phase on the property and will bring the total capacity to 160 beds (of which 14 are private pay). Construction is now getting underway, with the new beds expected to open in winter 2018-19.

Interior Health Receives Provincial Recognition for Procurement Excellence
Interior Health is among a small group of public sector organizations recognized by the British Columbia Construction Association for excellence in procurement this year, a first for the industry. Procuring construction services in the public sector is a highly specialized practice requiring unique experience, knowledge and skill. With contractors in demand, resources at a premium and timelines tight – now more than ever procurement professionals hold the master key to a successful project delivery. See full news release.

Strategic Goal #4: Cultivate an Engaged Workforce and a Healthy Workplace

IH Staff Member Honoured by BC Patient Safety & Quality Council
Interior Health Patient Care Coordinator Karen Forsberg was nominated for a 2018 BC Patient Safety & Quality Council's annual Quality Awards. These awards celebrate people and projects that made health care better over the last year. Karen, who is a recently retired registered nurse from Kelowna General

Hospital's Peritoneal Dialysis Clinic, was nominated for a Leadership in Quality Award – a recognition that celebrates an individual who demonstrates outstanding leadership in improving the quality of care. The leader may cultivate skill development in others to improve safety and quality of care, inspire colleagues, and/or achieve system-level aims.

More than 15,000 IH Staff Complete Required Biological Hazards Training in Two Months
Despite many ongoing initiatives, staff across Interior Health demonstrated a commitment to a safe workplace as over 15,000 employees were trained on safe biological hazards in just over two months. Additional health and safety training IH-wide in 2017 included violence prevention (over 19,000 employees and 1,400 physicians) and hazards in the home (community services staff).

Recognition and Thank Yous to Staff Involved in Wildfire Response
A final event to honour the employee and physician response in Interior Health to the 2017 wildfires that impacted several communities was held in Kamloops in early December. Due to the large number of staff involved in receiving patients and colleagues from communities where fires forced evacuation, small gifts were provided to staff across several sites in Kamloops and area. The CEO and members of the Senior Executive Team visited sites and thanked staff in person for their dedication and generous responses during the emergency. A luncheon was hosted for those who led the Kamloops response, including external community partners. Similar events were held through the fall in other impacted and involved communities.

Community Engagement

Secwepemc Letter of Understanding (LoU) Re-signing
The Secwepemc Nation re-signed their LoU document November 7, 2017 at the Interior Region Caucus. IH Board Chair, Dr. Doug Cochrane, participated in the signing ceremony along with the Secwepemc Chiefs.

CEO / Board tour:
The CEO and various members of the Senior Executive Team and the Board visited Clearwater, Barriere, Kamloops, Chase, Salmon Arm, Enderby, Armstrong, and Vernon at the end of November, meeting with local management teams and community leaders. Themes from the visit included recruitment and retention of physicians and clinical staff in smaller communities, as well as access to timely lab services and the valuable role of Foundations and Auxiliaries.

Stakeholder Engagement by Community Liaisons:

IH West:

- Local First Nation representatives, physicians, museum representatives, and IH staff participated in a meeting in Lytton in December to discuss a display case at the St. Bartholomew site. Local First Nations would like to see more representation from their community in the artifacts that are in the case. They are working with the museum to ensure this occurs.
- The Acute Health Service Director for Cariboo attended Leaders Moving Forward meeting with the Williams Lake mayor, Cariboo Regional District chair, Thompson Rivers University Dean, and local RCMP Community Liaison.
- The Acute Health Services/Site Manager for Queen Victoria Hospital (QVH) attended the City of Revelstoke's Advisory Committee on Healthcare January 8 to provide an update on helipad project, winter surge planning and to discuss air quality monitoring in the area.

- The Acute Health Services/Site Manager for QVH also joined members of IH's Aboriginal Health team and Aboriginal Patient Navigator at a meeting with the Aboriginal Friendship Society for discussion on Aboriginal Health & Wellness Strategy.
- IH participated in the Emergency Management Committee meeting on January 18 with the City of Revelstoke, fire department, regional district, school district, RCMP, BC Emergency Health Services, BC Hydro, Revelstoke Search and Rescue, Parks Canada, Fortis BC, and Revelstoke Mountain Resort. The committee is working on a risk assessment for Revelstoke and surrounding area.

IH Central:

- The Acute Health Service Administrator for South Okanagan attended the Syilx Indian Band residential school monument unveiling on November 28 and a Giving Back Breakfast on December 15 with the Penticton Indian Band.
- A Penticton Regional Hospital Patient Advisory Committee is moving forward with a finalized Terms of Reference for engaging citizens and gaining feedback on local decisions. Local IH leadership is connected to these efforts.

IH East:

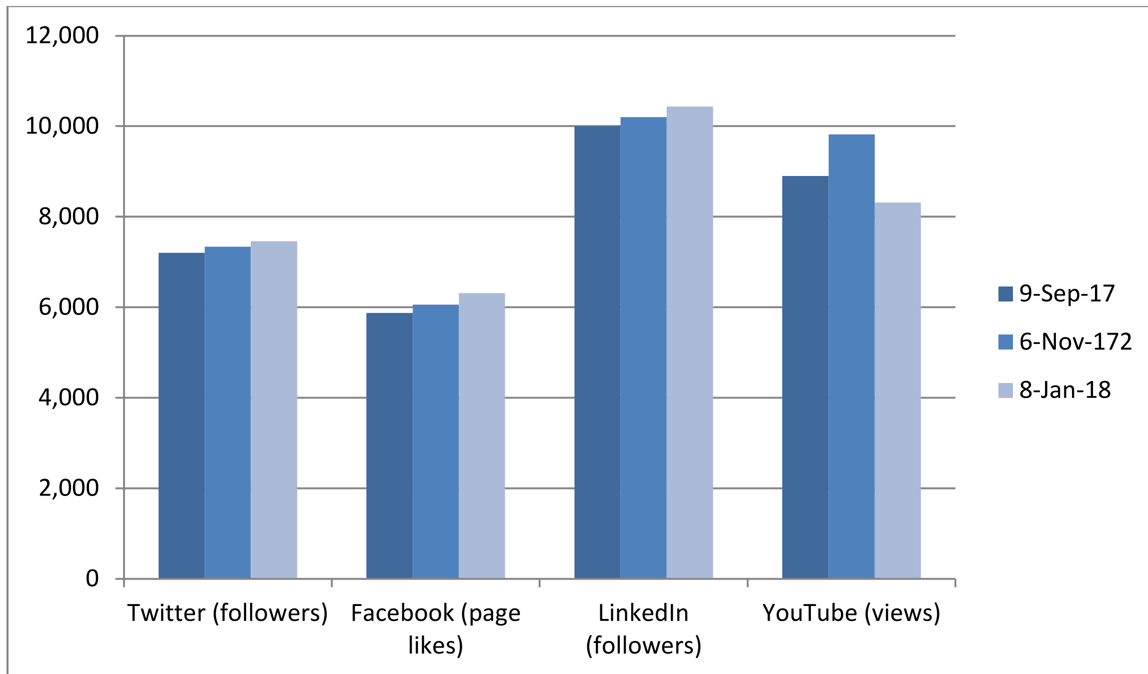
- The Community Health Service Administrator for East Kootenay has been involved in discussions with the local MLA about changes re: cardiac surgery at a Calgary Hospital. Historically, the hospital has served patients from the EK; however recently they have been refused non-urgent surgery. MOH is also aware.
- Community Health Service Administrator for Kootenay Boundary attended a provincial advisory committee meeting on Community Paramedicine initiative November 30; met December 6 with elected officials in New Denver to discuss Slocan Community Health Centre; attended event January 12 in Nakusp to announce Arrow Lakes Hospital emergency department renovation; met with elected officials in Nelson January 17 to announce emergency service reduction at Slocan Community Health Centre in New Denver.
- The Health Service Administrator for Creston/Fernie met with Alberta Health Services palliative program to share learnings; met with First Nations Health Authority and presented on MAiD; attended IH live stream launch in Kelowna of the provincial Symptom Management Guidelines with BC Centre for Palliative Care.

Stakeholder Engagement by Healthy Communities team:

- The Community Health Facilitator for IH East joined representatives from BC Cancer Agency December 14 to present to Rossland council and January 22 to Fruitvale council on the Lower Columbia Healthy Communities Plan.
- Public Health Dietitian Kristi Estergaard and Environmental Health Officer Anita Ely presented to over 200 attendees to kick of public engagement for the City of Penticton's Official Community Plan revision. IH is a member of the City's stakeholder advisory committee.
- Anita Ely presented on November 29 to a group of over 80 people at the Shuswap Regional Trails Roundtable on how trails support active transportation. The event included representation from 3 First Nations communities, regional districts, BC Parks, Ministry of Transportation, and the Thompson Okanagan Tourism Association.
- Meeting on December 18 with representatives from IH, RDNO, and Township of Spallumcheen to discuss the Swan Lake Water Quality Assessment.
- Environmental Health Officer Clare Audet attended a meeting January 9 with the Village of Chase to discuss the development of an Active Transportation Plan for the village and surrounding communities.

- Community Health Facilitator Kady Hunter and Public Health Dietitian Jill Worboys attended a community consultation January 19 in Kelowna on the BC Poverty Reduction Strategy to link poverty and health on behalf of the Healthy Communities Team. Similar community meetings will be held in Kamloops, Williams Lake, Nelson, and Cranbrook.

IH Social Media presence and public engagement



Twitter
IH Twitter followers have grown to 7,456 – an increase of 117 followers since our last report. Tweets with the most impressions were related to the meningococcal outbreak in the Okanagan, Kamloops Blazers visiting RIH, and Digital Health Week in November.

Facebook
The IH Facebook page now has 6,308 “likes,” an increase of 254 likes since our last report. The post generating the most engagement with our followers was related to reaching out to those that are alone over the holidays (848 post clicks; 447 reactions; 4 comments; and 199 shares, with a total reach of over 20,500).Other posts generating engagement include those related to the meningococcal outbreak and GI/RI outbreaks.

Patient Care Quality Review Boards

December 6, 2017

Dr. Doug Cochrane, Chair
Board of Directors
Interior Health Authority,
Corporate Office
505 Doyle Ave
Kelowna BC V1Y 0C5

Dear Dr. Cochrane:

The Patient Care Quality Review Boards are pleased to present their 2016/2017 annual report. The annual report provides statistical information and an overview of the care quality concerns brought forward to the Boards for review. In addition, it illustrates where recommendations by the Boards have made improvements to our health care system for the benefit of all British Columbians.

In 2016/2017, the Boards accepted 73 review requests. The Boards completed 98 reviews and made a total of 84 recommendations to the health authorities in 52 of those cases.

While the recommendations focused on a wide range of topics, some key themes arising from this year's recommendations included: communication within emergency departments, patient transfers, and lost valuables. It is rewarding for the Boards to see their recommendations implemented. Even very small changes can make significant improvements to the patient's experience.

The annual report is also available online at: http://www.patientcarequalityreviewboard.ca/

I trust you will find this information valuable.

Sincerely,

Richard Swift, Q.C.
Senior Chair - Patient Care Quality Review Boards

Enclosure

Patient Care Quality Review Boards
PO Box 9643
Victoria BC V8W 9P1

contact@patientcarequalityreviewboard.ca
Tel: 1-866-952-2448
Fax: (250) 952-2428

October 12, 2017

Honourable Minister Adrian Dix
Ministry of Health
P.O. Box 9050
Stn Prov Govt
Victoria, BC V8W 9E2

Dear Mr. Dix:

Re: 2017 UBCM Convention Meetings – Town of Oliver
- South Okanagan General Hospital (SOGH) Staffing

On behalf of Council, I would like to take the opportunity to thank you for your time at the 2017 UBCM Convention in Vancouver to discuss South Okanagan General Hospital (SOGH) staffing.

This meeting provided Councils from Oliver and the Town of Osoyoos to outline the current and future needs of our communities and the surrounding rural district for SOGH. To achieve meaningful change, our view is that that the following should be addressed:

1. A clear vision for health care service delivery (acute and community) in the immediate South Okanagan.
2. Allocation of appropriate resources to ensure SOGH can continue to meet the demands placed on the facility and its staff.
3. Recruitment and retention of appropriately skilled healthcare professionals to support the local communities' needs.
4. Align incentives for supporting the ER at SOGH to ensure they are equitable with our ER departments in the region (namely Penticton Regional Hospital and Kelowna General Hospital) to improve ability to more broadly attract physicians who live and work in IHA and the Okanagan Valley to support our ER at SOGH.
5. Produce an appropriate Action Plan to achieve stability in HHR recruitment and staffing efforts at SOGH, and have the Action Plan agreed to by all of the earlier identified "healthcare partners".

Oliver and Osoyoos Councils look forward to working with the Province and Interior Health Authority, with full community engagement, in future visioning and planning for SOGH. As you suggested, we will be arranging a meeting with Chris Mazurkewich to address the changes that we feel will ensure the South Okanagan General Hospital will continue to provide a high level of uninterrupted service to the residents and visitors that come to the South Okanagan.

Yours truly,

Ron Hovanes
Mayor

cc Councils (Oliver/Osoyoos)
Chris Mazurkewich, CEO Interior Health

c. M. Ertel
S. Brown

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