

## EXECUTIVE SUMMARY

<b>Title</b>	Interior Health (IH) Public Health Emergency Overdose (OD) Response Update
<b>Purpose</b>	To provide an update on OD response progress to date with a focus on Aboriginal populations.
<b>Top Risks</b>	<ol style="list-style-type: none"><li>1. (Patient) OD deaths continue to rise with the largest numbers occurring in the Kamloops, Vernon and Central Okanagan areas</li><li>2. (Financial) Ongoing short- and long-term health care costs related to managing OD recoveries</li><li>3. (Other) IH interventions might not reduce OD deaths</li></ol>
<b>Lead</b>	Karen Bloemink, Executive Director, Hospitals and Communities Integrated Services (East)
<b>Sponsor</b>	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer

## RECOMMENDATION

That the Board accepts this brief for information only.

## BACKGROUND

Fatal and non-fatal OD events from illicit drug use continue to occur at an alarming rate across BC's Interior region. The most recent report from the BC Coroner Service (January 18 2017) provides data regarding fatal OD deaths for all of 2016. In IH there were 156 OD deaths over the course of 2016, an increase of 147% over the 56 deaths in 2015, for an overall rate of 21.0 / 100,000. This is consistent with the province and other health authorities. Of note, November and December were particularly bad with a doubling of IH numbers (19 then 29 respectively) reflecting a similar upward bump in Vancouver Coastal Health (VHC) and Fraser Health Authority (FHA) between October and November. Although Kamloops and Kelowna have the highest numbers (40 and 48 respectively), we are now seeing an increase in both fatal and non-fatal OD events in our smaller cities and a wider distribution into our rural areas.

The OD crisis continues to disproportionately impact our aboriginal communities, whose residents make up 20% of the fatal and non-fatal OD events. In response to some questions about the proportion of Aboriginal Self-Identified (ASI) individuals presenting with an OD, the Public Health Epidemiology Surveillance Unit (PH-ESU) undertook a detailed comparison of Aboriginal Self-Identified (ASI) vs. non-ASI ODs (fatal and non-fatal) which highlighted some interesting trends. ASI individuals impacted by OD were more likely to be female, unemployed, and using drugs in public spaces. Other differences such as younger age and residing in IH West are explained by both demographic and geographic differences in ASI versus non-ASI populations residing in the IH region.

## DISCUSSION

### OD Response:

IH continues to operate under an Emergency Management Structure (EMS), with three major operational arms: (1) Take Home Naloxone (THN) distribution from all of our acute and community access points; (2) Overdose Prevention Services (ODPS) per Ministerial Order under the BC Emergency Health Services Act; and (3) Substance Use (SU) treatment for those residents at highest risk of an OD event. Early evaluation indicators demonstrate significant success in our implementation efforts to date: (1) we are distributing (or refilling) more THN kits to substance users, friends, families, and support agencies each month (a 400% increase over 2015); (2) we have implemented drop-in, residential, fixed-site, and outreach ODPS in both Kelowna and Kamloops with plans for expansion into Vernon and Penticton; and (3) more persons who use substances have engaged with outpatient and inpatient treatment programs including Opiate Agonist Therapy (OAT).

Due to the geographic distribution of OD events in both Kamloops and Kelowna and fixed site leasing barriers, we are moving ahead with two IH owned and operated mobile ODPS. The mobile units are expected to be operational by the end of March 2017. Through the implementation and evaluation of mobile services, we will be well positioned to implement mobile Supervised Consumption Services (SCS) once exemptions are received from

Health Canada under the federal Controlled Drugs and Substances Act. Our communications team, in collaboration with government communications, publically announced our plans to apply for these exemptions on January 13 2017. Further stakeholder engagement will continue over the weeks and months to come.

Aboriginal Health:

The Aboriginal health section of the EMS has initiating steps to share the results of the ASI analysis with our First Nations partners. Additionally, an information sharing agreement is nearing completion to allow OD data to flow between our PH-ESU and First Nations Health Authority (FNHA) epidemiologists on a regular basis. Our hope is to determine the significance of identified trends and tailor our interventions to better meet the needs of our Aboriginal communities.

In order to meet IH THN training requests from our Aboriginal partners, an Aboriginal Harm Reduction Coordinator was created and is now working closely with FNHA and individual Nations. Consultation with our Aboriginal stakeholders regarding SCS was well received, and sets the groundwork for further local Nation engagement.

**EVALUATION**

Outcomes will continue to be reported to SET (monthly) and the Board (bi-monthly); an annual progress report will be provided beginning in May 2018.

**ALTERNATIVES**

n/a

**CONSULTATION**

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Todd Mastel	January 5, 2017	January 5, 2017	Consultation
EOC Section Leads	January 5, 2017	January 5, 2017	Information
Gillian Frosst, Epidemiologist	January 5, 2017	January 5, 2017	Consultation
Dr. Silvina Mema, MHO	January 5, 2017	January 5, 2017	Consultation

**TIMELINES**

Milestone	Lead	Date of Completion
Decision brief written	Roger Parsonage, Director PH	January 3, 2017
Assessment of communication requirements	Lesley Coates, CO	ongoing
Presentation to SRMC	n/a	n/a
Presentation to SET	Karen Bloemink, ED HCIS East	January 16, 2017
Presentation to the Board	Dr. Trevor Corneil, VP PH & CMHO	February 7, 2017

**ENCLOSURES**

Presentation\_BOARD\_OD PH Emergency Update 6 Feb 2017\_final

**REFERENCES**

<https://www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/PHEmergency.aspx>

**APPROVAL OF RECOMMENDATIONS**

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Name for Approval / Endorsement                      Signature                      Date

# Overdose Public Health Emergency Interior Health Update

Trevor Corneil, MD FCFP FRCPC  
VP Population Health & Chief Medical Health Officer

February 7, 2017 v1.0 IH Board



**Interior Health**  
*Every person matters*

# April 14, 2016 – Public Health Emergency



# Overview

- \* Epidemiology of Overdoses
- \* Overdose Prevention and Response:
  - \* Incident Management Team
  - \* Media Campaign and Prevention
  - \* Take Home Naloxone Expansion
  - \* Substance Use Treatment
  - \* Supervised Consumption Services

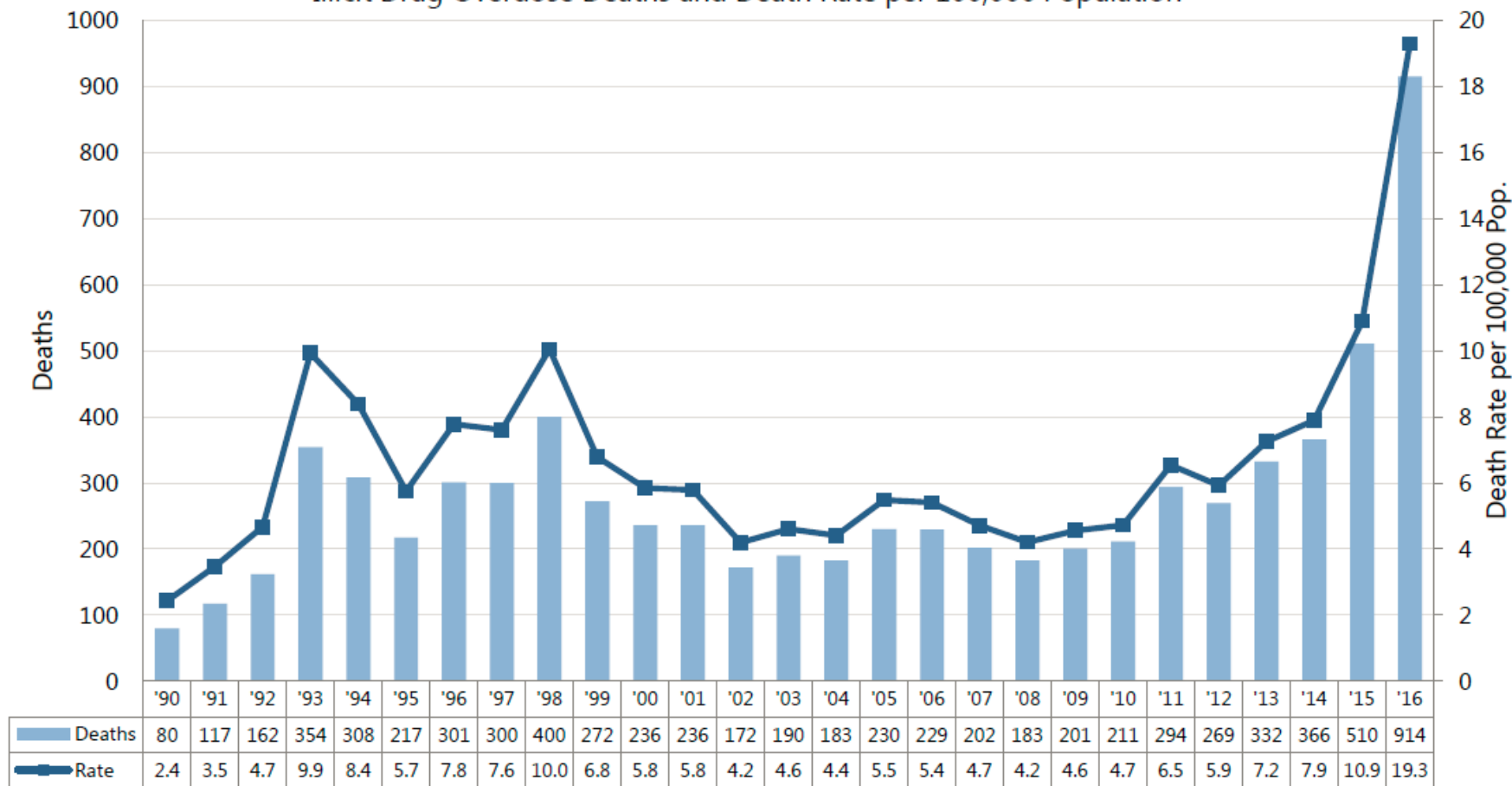


# EPIDEMIOLOGY OF OVERDOSE (OD) EVENTS

February 7 2017

# OD Death Epidemiology in BC

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population<sup>[4]</sup>



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2016.

Data are preliminary and subject to change.

February 7 2017

# OD Deaths in IH

## Illicit Drug Overdose Deaths by Health Authority, 2007-2016<sup>[3,5]</sup>

HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Interior	35	22	35	37	38	31	54	47	63	156
Fraser	57	65	58	86	115	104	106	126	208	301
Vancouver Coastal	64	47	69	52	81	72	95	117	154	253
Vancouver Island	35	43	33	23	44	44	58	55	60	155
Northern	11	6	6	13	16	18	19	21	25	49
BC	202	183	201	211	294	269	332	366	510	914

## Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2007-2016<sup>[3-5]</sup>

HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Interior	5.0	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	21.0
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.3	7.3	11.9	17.0
Vancouver Coastal	6.0	4.4	6.3	4.7	7.3	6.4	8.4	10.2	13.3	21.7
Vancouver Island	4.8	5.9	4.5	3.1	5.9	5.9	7.7	7.2	7.8	20.0
Northern	3.9	2.1	2.1	4.6	5.7	6.4	6.7	7.4	8.9	17.3
BC	4.7	4.2	4.6	4.7	6.5	5.9	7.2	7.9	10.9	19.3

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2016.

Data are preliminary and subject to change.

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# What We Know About Fatal ODs in IH

## Illicit drug overdose deaths in 2016 (N=156)

- \* ~80% occurred among males
- \* ~65% occurred among males aged 19-44 years
- \* ~85% occurred inside (e.g., housing, facility, public building)
- \* ~30% involved injection drug use

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2016.  
Data are preliminary and subject to change.

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# What We Know About Fatal ODs in IH

## Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2016\* [3]

Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Vancouver	59	38	60	42	69	65	80	99	134	215
Surrey	22	20	23	32	42	44	36	43	76	108
Victoria	19	29	13	13	17	17	25	20	18	66
Kelowna	6	2	5	9	14	8	12	12	19	48
Kamloops	11	7	7	10	2	5	8	7	7	40
Abbotsford	3	4	4	10	16	7	10	7	27	37
Burnaby	9	12	8	9	10	10	13	11	16	36
Langley	3	5	2	3	9	5	10	10	10	30
Nanaimo	2	2	6	4	8	6	20	16	19	29
Maple Ridge	5	2	6	4	4	5	10	14	29	27
Prince George	5	2	4	1	6	10	7	10	12	17
Vernon	3	1	4	6	7	1	11	6	8	13
Other Township	55	59	59	68	90	86	90	111	135	248
Total	202	183	201	211	294	269	332	366	510	914

\*sorted by 2016 totals

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2016.

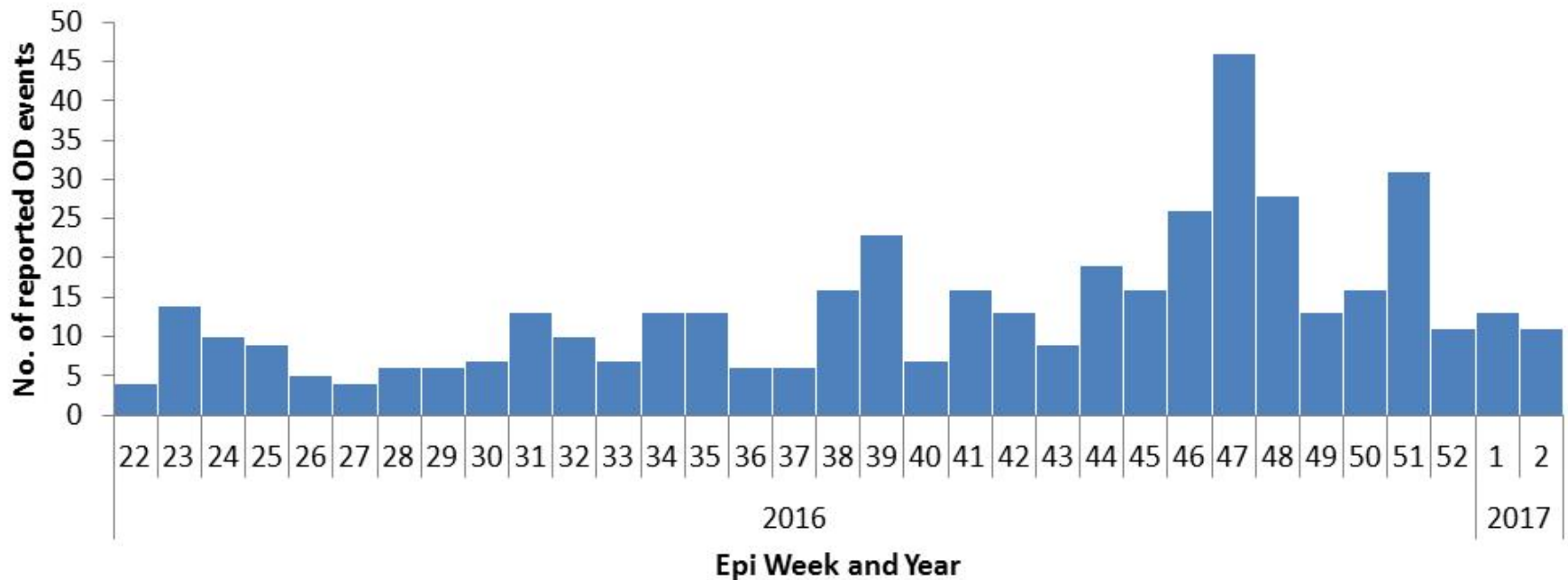
Data are preliminary and subject to change.

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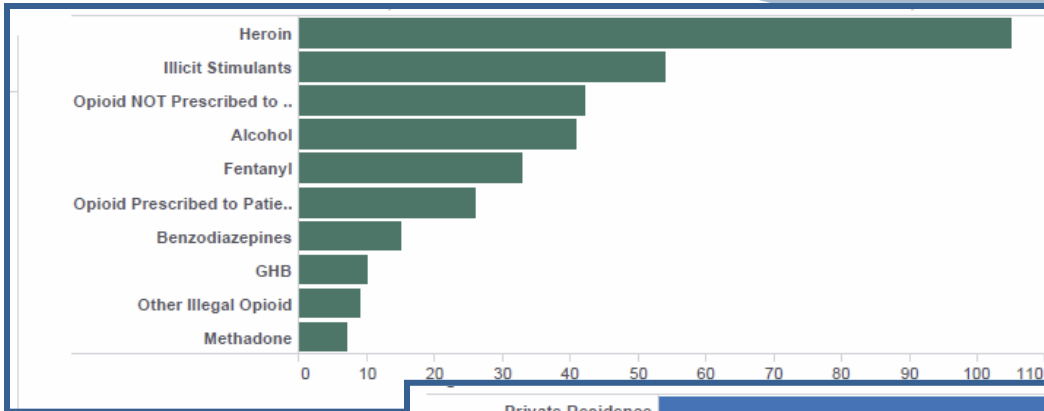
# What We Know About Non-Fatal ODs in IH

**Suspected opioid ODs reported by IH EDs, Jun 1 2016 to Jan 14 2017**

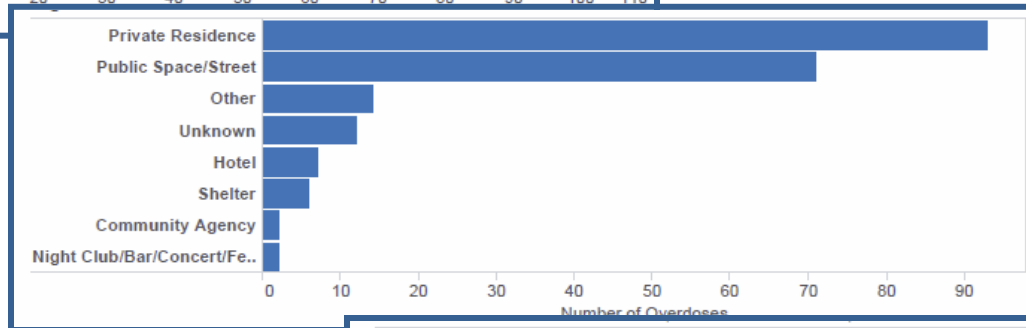


Interior Health. Enhanced Opioid Overdose Surveillance in Emergency Departments.  
Data are preliminary and subject to change.

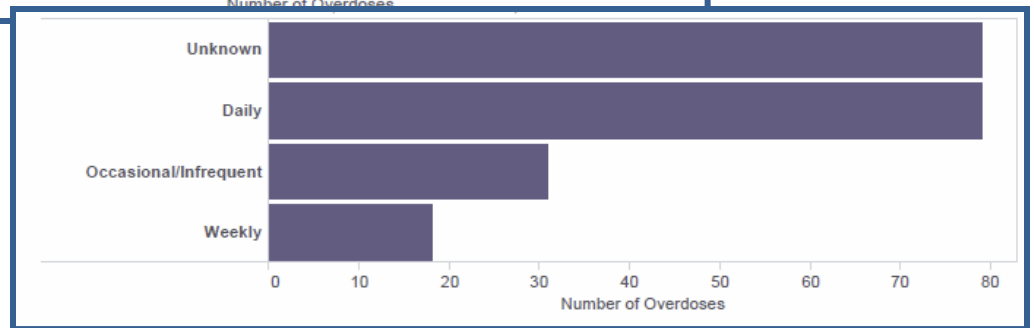
# What We Know About Non-Fatal ODs in IH



Substance



Location



Frequency

Interior Health. Enhanced Opioid Overdose Surveillance in Emergency Departments. Data are preliminary and subject to change.

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# OD PREVENTION AND RESPONSE

February 7 2017

# Media Campaign



**FIND OUT HOW YOU CAN SAVE A LIFE**

**CARRY A NALOXONE KIT** **CALL 911** **#STOPOVERDOSE**

**LESLIE MCBAIN**  
Lost a child to overdose  
Harm reduction advocate


**WATCH HER STORY >**

...a larger substance abuse problem.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...

 ALCOHOL	 MARIJUANA	 COCAINE	 Rx OPIOID PAINKILLERS
are <b>2x</b>	are <b>3x</b>	are <b>15x</b>	are <b>40x</b>

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

# Take Home Naloxone Distribution



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# Substance Use Treatment



- \* Case Follow-up and Urgent Referral



- \* Inpatient and Outpatient



- \* Detoxification (medical and non-medical)

- \* Opioid Agonist Therapy (Suboxone, Methadone)



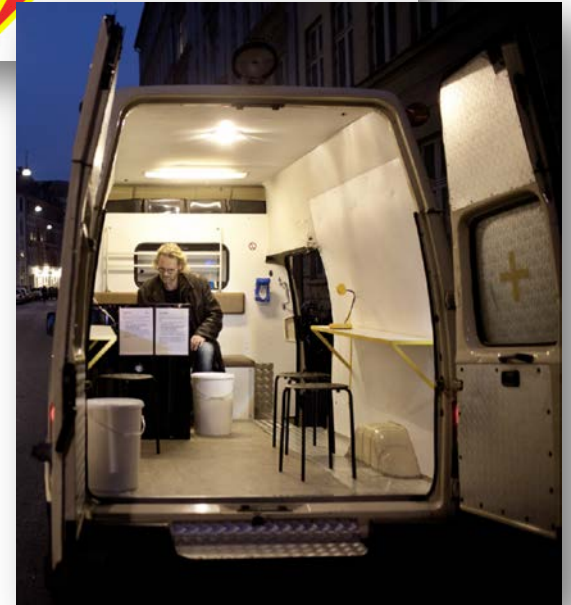
- \* Counselling Services

- \* Intensive Case Management





# OD Prevention Services



# Next Steps

- \* Strengthening Stakeholder Engagement
- \* Move from Reactive to Proactive Response
- \* Determine Causality and Directionality
- \* Upstream Promotion and Prevention Strategies
- \* Ongoing Public Education and Awareness
- \* Other .....



QUESTIONS?

## EXECUTIVE SUMMARY

<b>Title</b>	MyHealthPortal Update
<b>Purpose</b>	To provide the Board with information on the rollout of MyHealthPortal across Interior Health (IH), physician engagement and plans for future development.
<b>Top Risks</b>	<ol style="list-style-type: none"><li>1. (Patient) – patient/citizens who cannot visit one of the acute sites, health centres or clinics to complete the identification step are currently not able to enrol in MyHealthPortal.</li><li>2. (Patient) – patient electronic records are incomplete as MyHealthPortal currently contains just a small number of the potentially available health records i.e. diagnostic imaging reports. Additional health records are being added under the guidance of a Clinical Advisory Group (CAG).</li><li>3. (Patient) – patient’s priorities for additional content may not be available in the short term due to constraints of the current system functionality.</li></ol>
<b>Lead</b>	David Sookaveiff, Director Clinical Informatics, Community & Enterprise Systems
<b>Sponsors</b>	Norma Malanowich, Vice President & Chief Information Officer (VP & CIO) Dr. Douglas Kingsford, Chief Medical Information Officer

## RECOMMENDATION

That the Board receives this brief and attached presentation for information.

## BACKGROUND

Delivering healthcare that is patient-centred is a strategic imperative for the province of BC. In support of this objective, Interior Health “MyHealthPortal” provides patients/citizens with secure access to their personal health information, including lab results, diagnostic imaging reports, visit history, allergies and scheduled appointments. It also provides them with the opportunity to request an update to their address and phone number information.

The project is being executed on two fronts:

1. The rollout of current scope across communities and their surrounding areas
2. The addition of more content under the guidance of a Clinical Advisory Group (CAG) throughout the duration of the project

## DISCUSSION

### Rollout of Current Content

The current content for each patient enrolled in MyHealthPortal is:

- Lab and Microbiology results – immediately available once these tests are resultated;
- Diagnostic Imaging reports (not the images) – X-rays, CT scans, ultrasound scans - available 7 days after the report is signed-off by the radiologist;
- Scheduled Appointments, including patient preps and instructions (for appointments booked using the Community-Wide Scheduling application);
- Visit History;
- Allergies;
- Home Medications & Conditions – Only SOGH and RIH ED (Advanced Clinicals);
- Personal Profile Demographic information - name, [address](#), birthdate, age, [marital status](#), [religion](#), [phone](#), [email](#), [mother’s maiden name](#), primary care physician;
- Personal Profile Contact information - next of kin ([name](#), [address](#), [phone](#), [relationship](#)) - person to notify ([name](#), [address](#), [phone](#), [relationship](#)).

*(The patient can submit an update to the fields in blue)*

MyHealthPortal is being rolled out by geographic region to ensure site and physician engagement activities have been completed for the area immediately before the on-site enrolment. It also allows the communication and advertising activities to be executed to maximize patient awareness of the MyHealthPortal opportunity and features. The rollout schedule includes on-site and remote enrolment ability at all acute facilities, plus remote enrolment ability at those health centres and clinics where patients are registered for Lab and DI procedures.

There are currently over 4,500 patients enrolled, in the cities and surrounding areas of Salmon Arm, Revelstoke, Williams Lake, 100 Mile House, Ashcroft, Lilloet, Merritt, Clearwater and Kamloops.

The enrolment uptake to-date ranges between Kamloops at 1.57% and 100 Mile house at 12.15% of the adult population.

## **Awareness and Communication**

A Communication Plan has been developed to ensure awareness is built up in each of the communities as the roll-out of MyHealthPortal proceeds. The communication objectives are:

1. To communicate the locations and times for on-site enrolment, together with the documents required for identification
2. To encourage enrolment by informing people of the benefits of accessing their health records online
3. To ensure physicians are informed and engaged
4. To identify physician leads in each community to facilitate two-way communication between the project and community physicians
5. To ensure the community's physicians and health-care providers are aware of the portal and know where to direct patients for more information and how to enrol.

Activities before the rollout in each community include but are not limited to:

- public service announcements (PSAs);
- mayoral communications;
- newspaper advertisements;
- radio coverage;
- posters and brochures for physician offices, pharmacies, community centres;
- Facebook and Twitter feeds;
- Information to the appropriate division of family practice.

## **The Addition of More Content**

A Patient Voices Advisory Group is in the process of being assembled from a cross-section of the population demographic range. They will provide input and priorities for future functionality, provide guidance on evaluation collection tools and provide feedback on the ease of use and enrolment processes from a patient perspective.

A Clinical Advisory Group (CAG) has been formed to provide input into changes or further development of MyHealthPortal. Examples include, but are not limited to:

- adding content to the portal (e.g. various report types)
- adding functionality to the portal (e.g. appointment requests)
- making changes or adding rules to the portal (e.g. delaying publication of specific results)

The CAG will provide input into and feedback on processes associated with accessing MyHealthPortal. They will consider if/how changes may impact:

- clinical workflow
- internal processes
- patient safety
- quality of care

and suggest strategies to address any impacts.

## **EVALUATION**

An Evaluation Plan has been developed and will include the measurement of outcomes and feedback from providers and patients.

## **ALTERNATIVES**

n/a

## CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
<business support lead> n/a	<date>	<date>	<type>
<name & position of stakeholder> n/a	<date>	<date>	<type>
<name & position of stakeholder> n/a	<date>	<date>	<type>
<name & position of stakeholder> n/a	<date>	<date>	<type>

## TIMELINES

Milestone	Lead	Date of Completion
Information brief written	David Sookaveiff, Director Clinical Informatics, Community & Enterprise Systems	December 30, 2016
Assessment of communication requirements	n/a	<date>
Presentation to Strategy and Risk Management Council	n/a	<date>
Presentation to SET	Norma Malanowich, VP & CIO	January 16, 2017
Presentation to the Board	David Sookaveiff, Director Clinical Informatics, Community & Enterprise Systems Norma Malanowich, VP & CIO	February 7, 2017

## ENCLOSURES

Appendix A – Enrolment Statistics

## REFERENCES

n/a

## APPROVAL OF RECOMMENDATIONS

n/a

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Name for Approval / Endorsement

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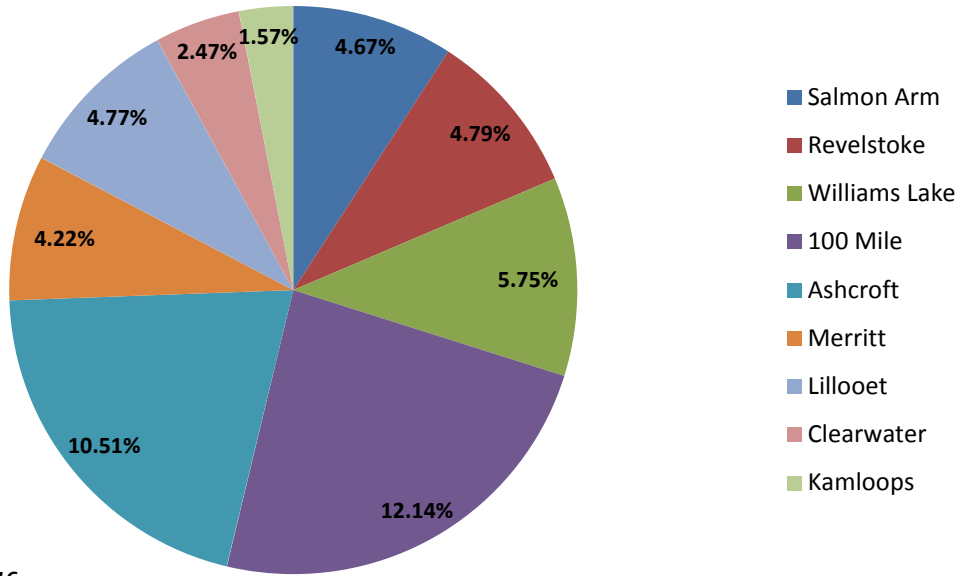
Signature

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Date

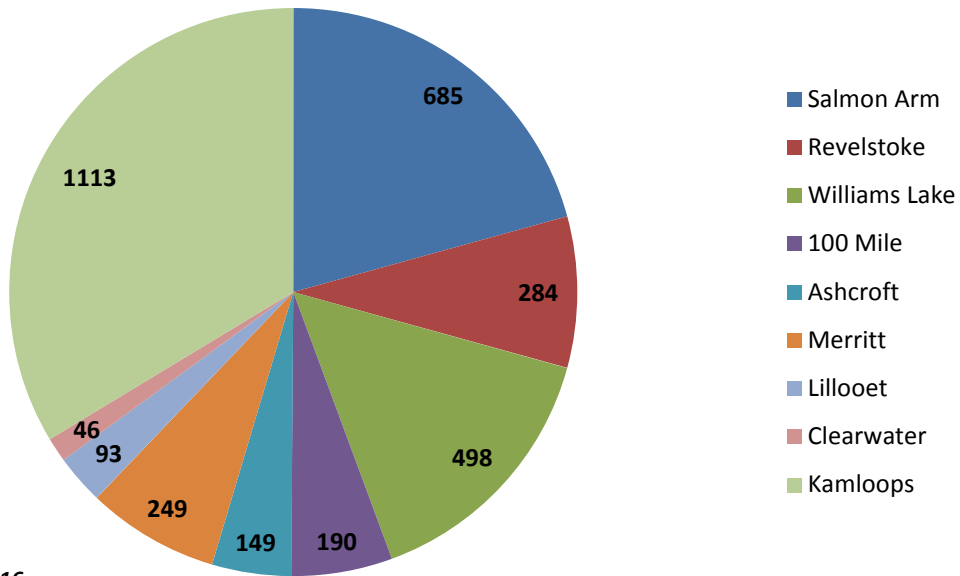
Appendix A – Enrolment Statistics

**MyHealthPortal Enrolled Patients  
by Major City as % of Adult Population**



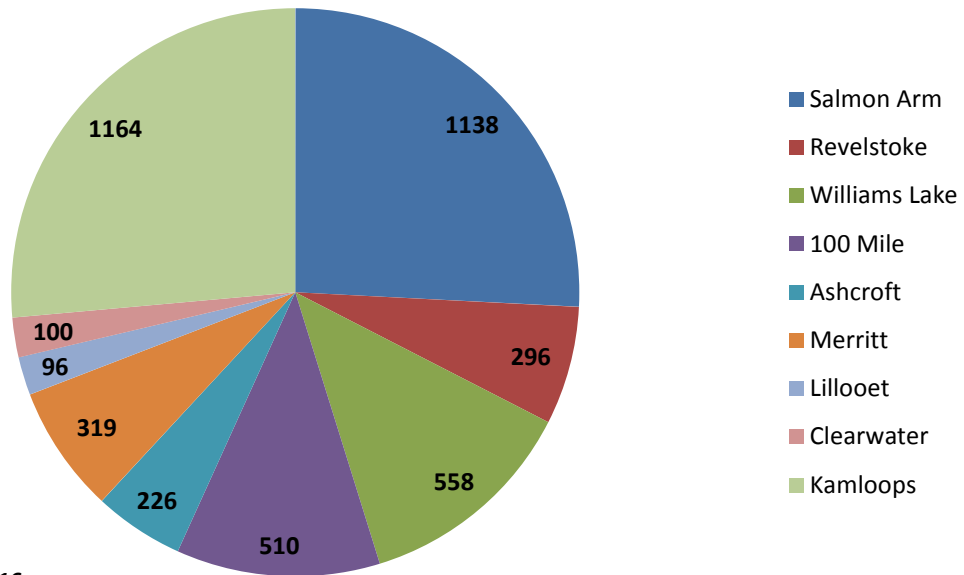
As of 28-12-2016

**MyHealthPortal Enrolled Patients  
by Major City**



As of 28-12-2016

## MyHealthPortal Enrolled Patients by City & Surrounding Areas



As of 28-12-2016





Patient Portal Interior Health  
Board Meeting  
February 7<sup>th</sup> 2017

*Web-based secure access to your Personal Health Record*



Interior Health  
*Every person matters*

David Sookaveiff ([david.sookaveiff@interiorhealth.ca](mailto:david.sookaveiff@interiorhealth.ca))

# MyHealthPortal

- \* Patient-Centred Care
- \* What is MyHealthPortal?
- \* Rollout of Current Content
- \* Public Engagement
- \* Adding More Content

# BC Patient-Centred Care Framework

Incorporates:

- \* Self management
- \* Shared and informed decision-making
- \* An enhanced experience of health care
- \* Improved information and understanding
- \* The advancement of prevention and health promotion activities

**“A Culture Shift”** – move away from the physician being the gatekeeper of a patient’s information

Home > Your Health > MyHealthPortal

<b>Your Health</b>	
Infants & Children (0-6 years)	
Children & Youth	
Adult & Seniors	
Aboriginal Health	
Find a Condition or Disease	
<b>MyHealthPortal</b>	
Enrolled User Login	
Contact and Support	
Assault, Violence, Abuse and Neglect	
Having a Baby	
Health Library	
Healthy Living in your Community	
Immunization	
Injury Prevention	
Living Well	
Medications and You	
Primary Health Care	
School Health	
Sexual Health	



# MyHealthPortal

A A  

## Take an active role in your health

MyHealthPortal is an on-line tool that provides patients secure 24-hour access to their personal health information from a home computer or smartphone.

Users of MyHealthPortal will have the ability to:

- Access lab reports, diagnostic imaging (such as x-ray, CT and ultrasound) reports and visit history
- Update address, phone number and contact information
- View certain appointment details and instructions

Find the [next in-person enrolment in your area](#).

We will have two options for enrolment: in-person, and our [remote enrolment](#).

Please check back to see the dates and times of when we will be in your area.

## Tips and resources

- [What is MyHealthPortal? \(video\)](#)
- [User Brochure](#)
- [Frequently Asked Questions](#)
- [Password Best Practices](#)
- [How to Share My Account](#)
- [Privacy and Security](#)
- [Terms and Conditions](#)

[Request to enrol](#)

[Enrolled user login](#)

\* You may experience service disruptions Dec. 8 from 5-6PM for system maintenance.

### MyHealthPortal support

**1-844-870-4756**

Mon-Fri: 7am – 5pm (PST)

[Contact us by email](#)

# What does MyHealthPortal include?

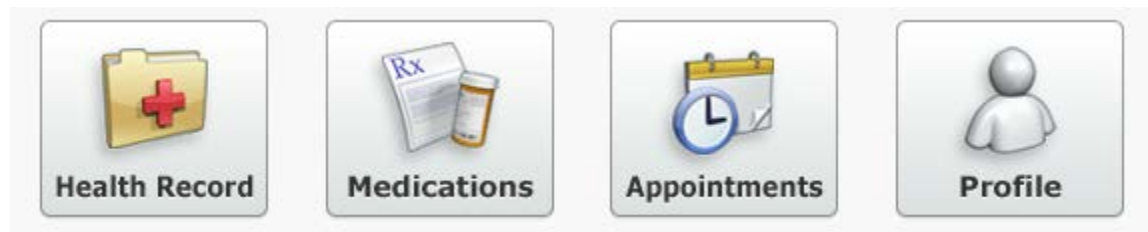


## View:

- \* Lab Results (IH Labs)
- \* Diagnostic Imaging Reports
- \* Scheduled Appointments
- \* Visit History
- \* Allergies



## Update Personal Profile and Contacts



# What does MyHealthPortal include?



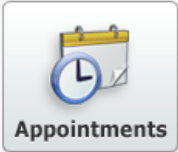
**Pamela**




**Health Record**



**Medications**



**Appointments**



**Profile**

**What's New Within the Last 7 Days**

You have new Appointment activity.

**Links:**

- [Interior Health Home](#)
- [BC Ministry of Health](#)
- [Nurse Line \(HealthLinkBC\)](#)
- [Find a Physician](#)

**Upcoming Appointments**

Mon, 04 Apr 2016	1:00 pm	Chest	KGHR-Diagnostic Imaging Main
Wed, 13 Apr 2016	1:15 pm	Arthrogram Elbow	SLH-Diagnostic Imaging
Wed, 20 Apr 2016	12:30 pm	Echo 2D Only	SLH-Diagnostic Imaging

[Contact Us](#) | [Preferences](#) | [Terms & Conditions](#)

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# What does MyHealthPortal include?



## Pamela's Health Record

Select an item below or a button to the right to view more information on the topic. Select Health Summary to view, print or download a summary of your electronic health record at Interior Health. [Learn More](#)

### Allergies

morphine

Penicillins

### Medications

furosemide TAB

insulin aspart VIAL

lisinopril TAB \*\*NF-see TI

morphine TAB

simvastatin TAB \*\*NF-see TI

### Conditions

Backache

Eye infection

Foot pain

[Contact Us](#)



**Health Summary**



**Visit History**



**Results**



**Medications**



**Allergies & Conditions**



**Reports**

# Feedback from Salmon Arm (Pilot)



**608** people enrolled in the initial pilot to access MyHealthPortal

*“I have not noticed any increase in workload”*

*“I have not had any inquiries from patients about DI reports”*

*“I have not received any red flags from the other RADs”*

Dr. Kevin Beckner - Radiologist

Age	Percent of Total
90-99	0.7%
80-89	4.8%
70-79	22.5%
60-69	28.4%
50-59	20.2%
40-49	11.2%
30-39	9.2%
20-29	2.8%

*“I have received feedback from 10 physicians in Salmon Arm and there were no negative impacts mentioned – all positive responses”*

*“There have been no unnecessary visits to physician offices or the emergency department based on patients accessing their information on the portal”*

*“Not many people had the chance to sign-up and are asking when they will be able to have access to the portal”*

Dr. Juliann Aitchison – Family Physician



# Feedback from Kamloops



***“I have spent a bit of time with the new portal and I think there are certain important things it accomplishes. The portal gives patients some element of control when it comes to reviewing their lab and diagnostic imaging results. This means that the patient no longer has to book an appointment with their family doctor’s office specifically to review results. This capability is important today as many patients don’t have a family doctor. The portal also helps to reduce the overall review and response time, improving access to care.”***

*Dr. Simon Treissman, Chief of Staff, Royal Inland Hospital*

# Patient Feedback



***“I have been notified and have reviewed my health information & test results. This information has been very enlightening for me”***

***“Thank you for this service and the opportunity to make changes based on my profile. I look forward to seeing my numbers improve, hopefully without the need for medications! With appreciation for a positive program”***

# MyHealthPortal Rollout



FROM	TO	FACILITY	CITY
<b>2016</b>			
13 June	24 June	Shuswap Lake Hospital	Salmon Arm
19 Sept	30 Sept	Queen Victoria Hospital	Revelstoke
18 Oct	27 Oct	Cariboo Memorial Hospital	Williams Lake
25 Oct	27 Oct	One Hundred Mile District Hospital	100 Mile House
31 Oct	4 Nov	Ashcroft Community Hospital	Ashcroft
31 Oct	4 Nov	Nicola Valley Hospital	Merritt
7 Nov	10 Nov	Lillooet Hospital	Lillooet
7 Nov	10 Nov	Dr. Helmcken Memorial Hospital	Clearwater
21 Nov	9 Dec	Royal Inland Hospital	Kamloops
<b>2017</b>			
9 Jan	20 Jan	Vernon Jubilee Hospital	Vernon
6 Feb	24 Feb	Kelowna General Hospital	Kelowna
13 Mar	17 Mar	Princeton General Hospital	Princeton
13 Mar	17 Mar	South Okanagan General Hospital	Oliver
27 Mar	7 April	Penticton Regional Hospital	Penticton
24 April	28 April	Kootenay Lake Hospital	Nelson
24 April	28 April	Boundary Hospital	Grand Forks
1 May	5 May	Slocan Community Health Centre	New Denver
1 May	5 May	Arrow Lakes Hospital	Nakusp
9 May	11 May	Victorian Community Health Centre	Kaslo
16 May	25 May	Kootenay Boundary Regional Hospital	Trail
6 June	8 June	Creston Valley Hospital	Creston
6 June	8 June	Elk Valley Hospital	Fernie
13 June	15 June	Invermere & District Hospital	Invermere
13 June	15 June	Golden & District Hospital	Golden
27 June	6 July	East Kootenay Regional Hospital	Cranbrook

On-Site Enrolment  
Remote Enrolment  
Proxy Access

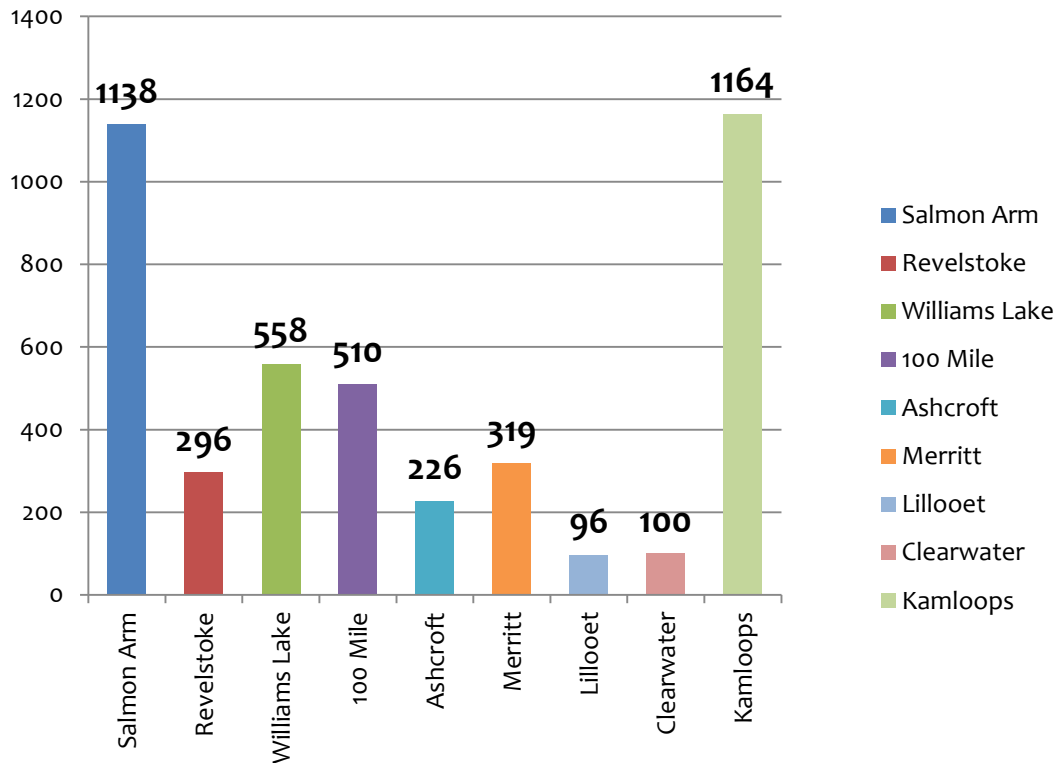
4,500  
enrolments



# MyHealthPortal Rollout

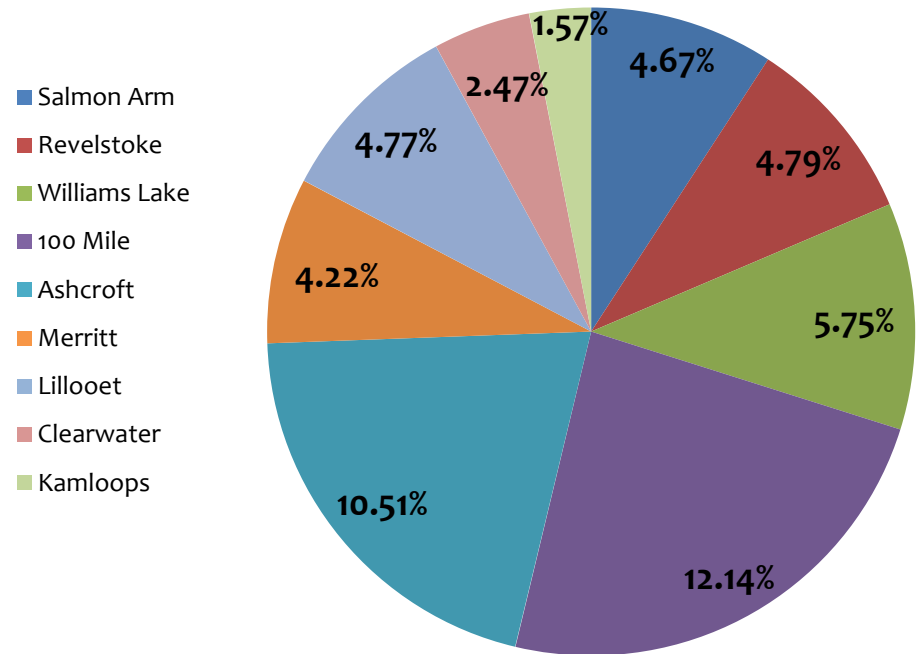


## MyHealthPortal Enrolled Patients by City & Surrounding Areas



As of 28-12-2016


## MyHealthPortal Enrolled Patients by Major City as % of Adult Population



# MyHealthPortal Communications



**MyHealthPortal**



**Revelstoke**  
Queen Victoria Hospital  
Sept. 19-30

Enrol for **secure access** to your Interior Health lab results, diagnostic reports, and hospital appointment information from your computer or smartphone.

Monday 12pm - 3:30pm  
Tuesday 8:30am-3:30pm  
Wednesday 8:30am-3:30pm  
Thursday 8:30am-3:30pm  
Friday 8:30am-12pm


To register you must be 16 years and older. Please bring your photo ID and Care Card.

1-844-870-4756 @myhealthportal@interiorhealth.ca www.interiorhealth.ca/MyHealthPortal

facebook

**MyHealthPortal**

Secure online access to your Interior Health patient record from your computer or smartphone, anytime, anywhere.



**Be informed!**  
Access your lab results, diagnostic imaging reports, such as X-ray, CT and ultrasound scans, and visit history.

**Be engaged!**  
Keep your contact information up to date. View appointments and patient instructions.

myhealthportal@interiorhealth.ca  
1-844-870-4756



**REVELSTOKE REVIEW**

Wednesday, January 10, 2018 Vol. 55R No. 03 REVELSTOKE B.C.



# Public Engagement



## Public Engagement

- \* Communicate the locations and times for on-site enrolment
- \* Inform people of the benefits of accessing their health records online
- \* Ensure the community's physicians and health-care providers know where to direct their patients for more information

## For each implementation

- \* Public Service announcements (PSAs)
- \* Mayoral communications
- \* Newspaper advertisements
- \* Radio coverage
- \* Facebook and Twitter feeds
- \* Posters and Brochures for physician offices, pharmacies, community centres
- \* Information to the appropriate division of family practice



View your lab results, diagnostic imaging reports (such as X-ray, CT and ultrasound scans), upcoming appointments, and recent visit history.

Great Address:





# MyHealthPortal Future Content



## Clinical Advisory Group

- \* Clinical workflow
- \* Internal processes
- \* Patient safety
- \* Quality of care



## Patient Voices Advisory Group

- \* Patient priorities
- \* Ease of use
- \* Feedback



# Possible Future Content



## Clinical Advisory Group

- \* Access for children
- \* Self enrolment
- \* Discharge reports
- \* Cardiology reports
- \* Consults
- \* Request appointments
- \* Book appointments
- \* Private lab results

## Patient Voices Advisory Group





# MyHealthPortal Support



- \* Patient / Citizen Support:  
I-800- Number (1-844-870-4756)  
Direct Email [myhealthportal@interiorhealth.ca](mailto:myhealthportal@interiorhealth.ca)
  
- \* Support Hours: (Mon – Fri 7-5)  
MyHealthPortal accessed from main Interior Health Public Website
  
- \* Technical Questions
  - \* Password Reset, Enrollment, How do I?
  
- \* Clinical Questions
  - \* Refer to Family Physician or Ordering Physician



**MINUTES OF December 6, 2016  
REGULAR BOARD MEETING**

9:00 am – 10:45 am

5<sup>th</sup> Floor Boardroom – 505 Doyle Avenue

**Board Members:**

Erwin Malzer, Chair  
Ken Burrows  
Debra Cannon  
Patricia Dooley  
Diane Jules (T)  
John O'Fee  
Findlay (Frank) Quinn (R)  
Dennis Rounsville  
Tammy Tugnum  
Renee Wasylyk

**Resource Staff:**

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

**Guests:**

Jamie Braman, VP Communications & Public Engagement  
Susan Brown, VP & COO, Hospitals & Communities  
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer  
Mal Griffin, VP Human Resources & Organizational Development  
Donna Lommer, VP Support Services & CFO  
Norma Malanowich, VP & Chief Information Officer  
Dr. Alan Stewart, VP Medicine & Quality (R)  
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (V)  
Givonna De Bruin, Corporate Director, Internal Audit

**Presenters:**

Jason Giesbrecht, Executive Director, Primary & Community Care Transformation  
Karen Bloemink, Executive Director, Hospitals and Communities, IH East  
Gillian Frosst, Epidemiologist  
Julie Steffler, Community Health Facilitator

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

**I. CALL TO ORDER**

Chair Malzer called the meeting to order and welcomed Board Directors, staff and visitors.

**I.1 Acknowledgement of the First Nations and their Territory**

Chair Malzer respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory.

Darcy Doberstein, Mary McCullough, Ko'waintco Michel & Brad Anderson opened the meeting recognizing Chair Erwin Malzer for the tremendous support and leadership he has provided as a member of the Partnership Accord Leadership Team. Chair Malzer was moved by the acknowledgement and was honored to receive the gift of an exquisite traditional blanket. He thanked the representatives for their warm wishes and the genuine working relationships that have been established during his time on the Board.

**I.2 Approval of Agenda**

Director Wasylyk moved. Director Rounsville seconded:

Motion: 16-21 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the agenda as presented.

**2. PRESENTATIONS FROM THE PUBLIC**

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None

### 3. PRESENTATIONS FOR INFORMATION

#### 3.1 Kootenay Boundary – Divisions of Family Practice

CEO, Chris Mazurkewich highlighted the exceptional work that has been done by the Kootenay Boundary Divisions of Family Practice. An Annual Report was produced and distributed to the Board. A video demonstrating the work they've implemented was presented. Chair Malzer noted that this group is leading the way as a result of committed local physician leadership. The Board will be acknowledging this work with a letter of appreciation. All Board Directors were very impressed with the work that's been accomplished to date and encouraged other health service areas to learn and model the work of the Kootenay Boundary physicians. An update will be provided on further growth and activities throughout the health authority at the February 2017 meeting.

#### Overdose Prevention and Response Update

Dr. Trevor Corneil, Gillian Frosst & Julie Steffler provided an update on the Overdose Public Health Emergency. Dr. Corneil reported that the overdose statistics continue to climb in British Columbia. Data continues to be collected and analyzed assisting the Interior Health Overdose Response Committee in developing a response strategy. Take home Naloxone kits continue to be the most successful source of intervention with over 1,500 kits being distributed across the region. Supervised consumption services are being explored as an option for early intervention and as a step towards offering therapeutic services. Interior Health is completing a lengthy application in accordance with Health Canada's Bill C-2 for approval to open a supervised consumption sites.

Directors asked questions regarding the distribution of Naloxone kits, the types of education and engagement taking place, and the progress of establishing supervised consumption sites. Dr. Corneil did report that within the last 2 weeks the province is requesting all health authorities intensify their response activities as the crisis continues to escalate. Updates will continue to be provided to the Board while the public health emergency is in effect.

#### APPROVAL

#### 4.1 Approval – Minutes

Director Wasyluk moved, Director Rounsville seconded:

Motion: 16-22 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the October 4, 2016 Board Meeting, as presented.

### 4. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

None

### 5. COMMITTEE REPORTS

#### 6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor reported on the Summary Report of the Health Authority Medical Advisory Committee meeting with the following highlights:

- Delirium pre-printed orders were approved by HAMAC which will support safe prescribing.
- Nurse practitioners, with appropriate additional training, now have the ability to prescribe controlled drugs and substances.
- Physicians are committed to taking a leadership role in ensuring the compliance of the violence prevention training.

- 
- MyHealthPortal roll out is continuing with additional information populating the portal. Physicians are taking an active role in determining what data will be included.

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 Board's approval of the following motions:

Director Rounsville moved, Director O'Fee seconded:

Motion: 16-23 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the 2017/18 Capital Budget of \$58.209 million subject to confirmation of funding sources (where applicable) which includes an allocation of \$10 million from Interior Health (IH) available equity. Approval to proceed with planning projects is subject to MOH approval and IH planning capacity.

Director Rounsville moved, Director Wasyluk seconded:

Motion: 16-24 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the Prioritized Listing of Major Planned Capital Projects for submission to MOH for planning purposes.

Director Rounsville reported that:

- IMIT security, reliability and recovery planning was reviewed. Threats are ever increasing and steps are in place to ensure data is safe.
- IMIT capital budget of \$14 million does not fully address the identified need to implement the IMIT clinical information systems strategy. The committee recognizes that additional funding is required to meet the IMIT 2014 plan.
- The period 7 financial summary was received as information.
- A laundry services update was reviewed. IH is tracking all laundry employees and identifying staffing opportunities available as per the terms of the collective agreement.

6.3 Quality Committee

Director Burrows requested the Board's approval of the following motions:

Director Burrows moved, Director Dooley seconded:

Motion: 16-25 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Quality Committee recommend to the Board Governance & Human Resources Committee to review the revised Board Quality Committee Terms of Reference.

Director Burrows reported that:

- The follow up audit was presented with respect to compliance to the Mental Health Act. Work will continue, with HAMAC assistance, to move compliance forward.
- Quality Risk and Accreditation Strategic Plan was reviewed.
- A Patient Voices Network speaker joined the meeting to share his recent health care experience. One area of concern was the lack of discharge instructions. Susan Brown noted that work has been done to deploy a discharge toolkit for patients and will ensure the family is involved.

6.4 Governance & Human Resources Committee

Director Dooley requested the Board's approval of the following motions:

Director Dooley moved, Director Tugnum seconded:

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Motion: 16-26 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Governance & Human Resources Terms of Reference.

Director Dooley moved, Director Tugnum seconded:

Motion: 16-27 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Effectiveness Evaluation Process and Survey Instruments.

Director Dooley moved, Director Burrows seconded:

Motion: 16-28 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Terms of Reference for the Board Audit and Finance Committee.

Director Dooley reported that:

- Discussions took place regarding the Board evaluation process and it was noted that the Accreditation Canada survey asks what influence Board members have in new member selection. The committee recommended review of current appointments and tenures at a future in camera meeting.
- The Transformation Innovation & Change Annual Report was reviewed.
- Future agenda items will include staffing forecasts for large capital projects and board education opportunities.

#### 6.5 Strategic Priorities Committee

Director Wasylyk advised that there are no motions requiring approval by the Board.

Director Wasylyk reported:

- The Region-Wide Coordinated Emergency Preparedness Plan was received. Director Wasylyk was impressed with the training approach provided.
- Enterprise Risk Management Maturity Assessment Audit Plan update was reviewed.

#### 6.6 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

The Board was interested in knowing when IH community liaisons present to city councils or Chambers of Commerce. Jamie Braman will provide details when available.

### 6. REPORTS

#### 7.1 President and CEO Report

The President and CEO Report was received as information.

Director Dooley was interested in the growth in Nurse Practitioners and requested feedback on their acceptance in the communities they serve. Susan Brown noted that acceptance varies among communities and is confident that as the service matures the value of their contribution will be further realized.

#### 7.2 Chair Report

Chair Malzer stated he has mixed emotions as he completes his last board meeting as a member of the Interior Health Board of Directors. He wishes the current Board and IH the best of luck in the future and was proud to be a Board member. Director Burrows thanked Chair Malzer for his leadership and dedication to health care not only within Interior Health but throughout the province.

### 7. CORRESPONDENCE

None

### 8. DISCUSSION ITEMS

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None

## 9. INFORMATION ITEMS

9.1 The Community Engagement Highlights Report was received as information.

## 10. NEW BUSINESS

None

## 11. FUTURE AGENDA ITEMS

- Update on MyHealthPortal roll out schedule
- Update on Electronic Medical Record (EMR) project at Royal Inland Hospital
- Update on the Transcatheter Aortic Valve Implantation (TAVI) and ElectroPhysiology (EP) at Kelowna General Hospital decision when approved.

## 12. NEXT MEETING

Tuesday, **February 7, 2017** – 9:00 a.m. – Kelowna, BC

## 13. ADJOURNMENT

There being no further business, the meeting adjourned at 10:44 am

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Erwin Malzer, Board Chair

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Chris Mazurkewich, President & CEO



# Interior Health

## **ACTION ITEMS REGULAR BOARD MEETING**

Feb 7, 2017

<b>ITEM</b>	<b>ACTION</b>	<b>RESPONSIBLE PERSON(S)</b>	<b>DEADLINE</b>
MyHealthPortal	Provide an update on the MyHealthPortal initiative	Norma Malanowich	February 2017
Royal Inland Hospital – Emergency Department Electronic Medical Record	Provide an update on the progress of the Royal Inland Hospital Emergency Department Electronic Medical Record project	Norma Malanowich	Upon completion of project evaluation



## SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: December 9, 2016

### 1. MOTIONS PASSED

**Motion: That HAMAC endorse the Pharmacy & Therapeutics Executive Summary of October 14, 2016 – carried unanimously.**

### 2. DECISIONS

### 3. ACTIONS

**Action: That as the physician lead for violence prevention training, P. Yakimov bring together a working group with the objective of achieving 70% physician compliance for those working in high risk areas to meet the requirements of the WorkSafe BC corporate order.**

### 4. PRESENTATIONS TO HAMAC

Lab Services Annual Report and 2016 Q1 Anatomic Pathology Report (M. Moss, M. Woods)

The first Lab Services Annual Report was shared with HAMAC as well as the 2016 Q1 Anatomic Pathology Report. The advantages of having these reports were appreciated.

Violence Prevention Training (S. Campbell, E. Harmat-Caspers, J. Bevanda)

The Corporate Order from WorkSafe BC was highlighted and discussion ensued on the impacts to the physicians practicing in Interior Health facilities.





## SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: January 13, 2017

### 1. MOTIONS PASSED

**Motion: That HAMAC endorses the Information Security, User Identification and Password and Wireless “WiFi” Network policies – carried unanimously.**

### 2. DECISIONS

### 3. ACTIONS

**Action: That P. Yakimov form a working group, requesting assistance from P. Dagg for Mental Health group members.**

**Action: A. Stewart to connect with M. Ertel regarding who to contact for further collaboration in creating study group with JAC.**

### 4. PRESENTATIONS TO HAMAC

New Policies: Information Security, User Identification and Password, and Wireless “WiFi” Network policies (M. Braidwood)  
New policies and rollout plans shared with HAMAC.



## Stakeholders Committee

### REPORT TO THE BOARD

— February 2017 —

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

#### December 2016

November 29	Penticton Regional Hospital Patient Care Tower Liaison Meeting – Director Burrows
December 9	Health Authority Medical Advisory Committee Meeting – Chair Malzer
December 12	Canadian Mental Health Association / Foundry Kelowna Opening Event – Chair Malzer
December 12	Central Okanagan Regional Hospital District Meeting – Chair Malzer
December 12	MLA stakeholder engagement event – Chair Malzer
December 13	Public Sector Board Governance Professional Development Forum – Director O'Fee
December 16	Penticton Regional Hospital Patient Care Tower second crane arrival event – Director Burrows

#### January 2017

January 12	East Kootenay Foundation for Health - MRI Project Campaign Completion Event – Director Rounsville
January 13	Health Authority Medical Advisory Committee Meeting – Chair O'Fee
January 18	Partnership Accord Leadership Team Meeting – Chair O'Fee, Director Jules



**Interior Health**  
*Every person matters*

## **President & CEO REPORT TO THE BOARD February 2017**

### ***Continued Focus on Overdose Emergency Response***

In 2016, British Columbia saw 914 illicit drug overdose deaths, an increase from 510 in the year previous. The number of deaths from illicit drug overdoses in Interior Health increased to 156 in 2016, up from 63 in 2015. At the height of the HIV/AIDS crisis, BC lost approximately one life per day. Two and a half lives were lost per day in 2016 because of illicit drug overdose deaths. This unprecedented situation resulted in a multi-faceted health system response.

Throughout 2016, IH has undertaken a number of actions to attempt to stem the dramatic increase in overdoses and overdose deaths. This includes a significant increase in the availability and distribution of Take Home Naloxone kits, which can reverse the effects of an overdose; and enhanced surveillance to better understand where focussed investments and interventions can be made to support those at risk of overdose.

In December, IH opened three overdose prevention sites – two in Kamloops and one in Kelowna. Unlike supervised consumption services, which offer a range of prevention, harm reduction, and other health services such as addictions care; the purpose of overdose prevention sites is to increase the likelihood trained staff are able to intervene with naloxone and breathing support when an overdose occurs, and prevent catastrophic brain injury and death.

On January 13<sup>th</sup>, IH announced that it will submit an application to Health Canada for mobile supervised consumption services to operate in both Kamloops and Kelowna. The decision to submit an application was based on the outcome of meetings with key stakeholders, public feedback, data on where overdoses are occurring in the two cities, and operational considerations. The proposed mobile units would allow supervised consumption services, support, and other health-care services to be provided in an outreach model to more than one area of a community. A mobile unit would offer services from a small bus, RV, or van that has been retrofitted with the necessary equipment. The mobile unit would park at pre-determined locations throughout the day.

### ***Integrated Services***

#### **Residential Care Expansion Announced for Nelson**

On January 11<sup>th</sup>, a request for proposals was released to build 43 new residential care beds in Nelson. When complete in the Fall of 2018 the new beds will meet the most recent standards for residential care including private rooms, bright hallways, more intimate dining and recreation areas, and focus on environments that will best support those with complex needs, such as residents with dementia. The 43 beds, along with an additional 243 new residential care beds announced last fall, will help provide a caring and supportive environment for residents who can

no longer live independently. As part of our cultural commitment to enhance cultural safety and provide culturally appropriate care in all service areas, IH will require proponents to develop a plan that includes engagement of local communities, including First Nations during development of the new beds.

### **New Support Recovery Beds taking clients in East Kootenay**

In partnership with the Ktunaxa Nation and East Kootenay Addiction Services Society, IH announced in December that clients were being admitted to new support recovery beds in Cranbrook. The eight support recovery beds are the first of their kind in the East Kootenay and provide clients a safe and supportive setting while they await residential treatment, return from residential treatment, or transition to a more stable lifestyle. These beds are part of IH's Spring 2016 commitment to open 73 new substance use treatment beds by March 2017.

### **Medical Assistance in Dying Update**

Results disclosed by the BC Coroner's Service showed that there were 188 medically assisted deaths in British Columbia in 2016. The number of assisted deaths was the highest in Vancouver Island Health Authority's jurisdiction with 77, followed by Vancouver Coastal Health at 58, Fraser Health at 24, Interior Health 23, and Northern Health with 6. Interior Health has a Care Coordination team that manages and coordinates all provisions of medical assistance in dying within IH and ensures provincial protocols and processes are followed to meet legislative requirements.

### **New Palliative Unit at Overlander**

Health Minister Terry Lake, Minister Todd Stone, and Secwepemc leaders joined with the Kamloops Hospice Society and IH to tour the four-bed hospice unit currently under development at the Overlander residential care facility on Kamloops' North Shore that will open in February. To support access and utilization of the unit, the Provincial Government provided the Society with a grant of \$120,000. Over the next three years, 33 new acute and 18 community hospice beds will increase the availability of end of life care across IH.

### **Kelowna General Hospital Mammography Unit Renovation**

Thanks to \$800,000 in funding from the Screening Mammography Program of BC, new digital imaging equipment was purchased, and the unit was renovated to be more welcoming and comfortable for patients. The tall ceilings, open space, and use of digital TVs displaying calming and therapeutic imagery create a more comfortable and calming space in which patients receive care. Being able to reduce a patient's stress and/or anxiety, even just a small amount, is a huge benefit for not only the patient but for IH staff members as well.

### **Patient Portal Continues to Expand**

After completing implementation of secure online access to personal health information for residents in the Thompson, Cariboo and Shuswap, MyHealthPortal registration has now moved to hospitals in the Okanagan. Over 11 days in January, IH staff held registration sessions in Vernon for residents to sign up to access their health information via their smart phone, table or computer. Features include the ability to view IH lab results, diagnostic imaging reports, certain upcoming appointments, recent hospital visit history, and the opportunity to update personal contact information. To-date more than 4,000 individuals have registered with MyHealthPortal. Registration will continue across the Okanagan in the coming weeks, and then move to the Boundary, and West and East Kootenays.

### **Contractor Selected for East Kootenay Regional Hospital Pediatric Redevelopment**

In mid-December, Ledcor Construction Ltd was announced as the general contractor for the development for a new, enhanced pediatric unit that will be located next to the hospital's maternity/neo-natal unit on the second floor – creating a combined Maternal Child Unit. When the unit is operational in Summer 2017 it will meet current pediatric standards, with separate

rooms providing young patients and families with more privacy. Each room will also have a sleeper chair to provide a more comfortable place for parents to stay with their kids. The \$750,000 project is cost shared by Interior Health, on behalf of the Provincial Government, and the Kootenay East Regional Hospital District. The generous support of the Cranbrook Health Care Auxiliary and East Kootenay Foundation for Health helped pave the way for the new pediatric unit. These two organizations' contributions to the ICU Expansion Project allowed for IH and RHD funds to be redirected to this project.

## ***2016/17 Budget***

Given the fiscal challenges IH faces, we need to continuously and closely monitor our performance, and reduce costs wherever possible in order to strive for a balanced budget at year-end. A long-term direction for us, and for health care across the province, is to be more efficient and more sustainable. By becoming more efficient, we find savings that can be reinvested to support a greater focus on prevention and integrated community care in order to provide services where people want, in the community.

## ***Key Performance Measures***

Performance measures are used across IH to benchmark our performance against internally and externally set targets. It allows IH to measure how we are doing against past performance as well as to how we are doing in comparison with like organizations. The measures are reported out to the Board of Directors through the Health Authority's Service Plan, to the Ministry of Health for accountability purposes, as well as to organizations like the Provincial Infection Control Network.

Caution should always be used in comparing data across different institutions or organizations as localized factors not present at other locations may influence outcomes. Caution should also be used when comparing snapshot data of a specific timeframe such as one reporting period against annualized data.

### **Overtime Hours as a Percentage of Worked Hours**

A healthy workforce and workplace are essential elements of providing high quality patient care. The health of a workplace is also a key component of maintaining a cost-efficient system. High rates of overtime may signal the onset of a cycle of staff overwork and fatigue, creating susceptibility to illness that in turn leads to increased sick time or increased turnover. As of the end of the 3<sup>rd</sup> quarter of the 2016/17 fiscal year, overtime hours as a percentage of worked hours is exactly in line with IH's target - no more than 2.78%.

### ***Human Resources***

Difficult to fill position vacancy rates are important indicators of the employment market and are related to overtime costs incurred. IH's vacancy rates for nursing and paramedical professionals continue to remain at less than the established 2% target - 0.25% and 0.40% respectively.

## ***Engagement***

Regional Hospital Districts contribute approximately 40% of the funds required to invest in maintaining existing capital infrastructure and build new infrastructure. Without their tremendous support, we would not have had the success that we have had in revitalizing our networked hospital system, nor undertake our shared journey in expanding our investments in community programs. On December 12<sup>th</sup> then Board Chair Erwin Malzer and I met with the Board of the

Central Okanagan Regional Hospital District to share our medium-term vision for capital investment in the Central Okanagan to assist them with the budget planning.

On December 14<sup>th</sup>, January 12<sup>th</sup>, and January 17<sup>th</sup> I had the opportunity to visit Vernon Jubilee Hospital (VJH). Across these three days, I met with staff and physicians to hear about opportunities for improving quality care, and to witness the great work they do every day on behalf of our patients. I also met with Vernon-Monashee MLA Eric Foster and VJH Foundation Director of Development Sue Beaudry to discuss potential future investments in the hospital, and in the community. On January 17<sup>th</sup> I was able to meet with the Board of the Foundation to outline IH's vision for the next few years – both at the hospital and in the need to enhance and further integrate primary and community care services.

I recently joined the Central Okanagan Economic Development Council Advisory Board and attended meetings in December and January. With a \$2 billion budget and over 20,000 staff and physicians working in our facilities and communities, IH is a significant contributor to the economic strength of our communities. It is important that IH is an active contributor to community health, exploring opportunities to further strengthen the economic wellbeing of the area we serve.

On a quarterly basis, Interior Health and UBC-Okanagan leadership meet to discuss issues of common interest, including expanding opportunities for health professional training and medical research. Our most recent meeting occurred in early January.

Family caregivers have always been an important part of the health and wellbeing of our residents. On January 31<sup>st</sup> I met with Family Caregivers BC Executive Director Barb MacLean to learn more about their organization and begin a dialogue about how we can more effectively engage with family caregivers in the development of our policies and programs.

## ***Recognition***

### **Armstrong/Spallumcheen Health Care Association Donations Surpass \$1 Million**

With a generous donation of \$123,680 to the Vernon Jubilee Hospital Foundation, the total contributions raised by the Association since their formation in 1996 have now passed a total of one million dollars. Funds are raised through the Auxiliary's Bargain Bin Thrift Shop in Armstrong. The Association's 2016 contributions will support the purchase of high definition camera heads and control units for minimally invasive surgery, a tub lift and two sit/stand lifts at Pleasant Valley Manor, two portable overhead lifts for palliative care services, and a music and memory program at Parkview Place, among other important investments.

### **Boundary Mental Health and Substance Use Community Christmas Dinner**

To celebrate the holiday season, IH mental health and substance use staff in the Boundary area hosted a Christmas Dinner for clients and their invited guests. The team volunteered their time to cook up an amazing meal, decorate, transport, and provide a festive evening for 65 people. A competitive dance team from Grand Forks' Dazzle Dance and Fitness provided entertainment for the guests.

### **Volunteer Brings Art of Origami to Psychiatry Patients**

Since 2008 volunteer Rosemary Browne has been helping mental health patients do origami, the ancient Japanese art of paper folding to create shapes. Rosemary lives in Trail and volunteers at KBRH in Acute Psychiatry and Harbour House Tertiary MHSU. Along with Activity Coordinator Tamara Hamilton, she helps patients immerse themselves in the art of folding. The practice is beneficial for these patients, she says, as it works both the left and right side of the brain and requires focus while providing distraction and relaxation.

**Loyal Community Raises over \$9,000 for KGH Neonatal ICU**

To celebrate the 10<sup>th</sup> anniversary of his business Loyal Hair Therapy, owner Loyal Wooldridge and his team hosted “A Decade of Empowerment” at the new Lexus Kelowna dealership to raise funds for purchasing state-of-the-art medical equipment and patient care items for the Neonatal Intensive Care Unit at Kelowna General Hospital. The highlight of the evening’s festivities was when local media celebs Klaudia Van Emmerick and Cheryl Gillespie picked up the clippers and ‘styled the stylists’, leaving Wooldridge and a new addition to the Loyal team, Colin Ford, as bald as babies! Prior to the event, Wooldridge and Ford took to social media to raise donations for the impending head shave. In a generous twist, event attendance was opened up to the entire community, with tickets by donation.

*Chris Mazurkewich  
President & CEO*

### Background

Engaging our stakeholders – elected officials, partner agencies, clients and the public – is key to strengthening relationships and trust with external stakeholders, while increasing awareness of the health-care system and ultimately improving population health.

### Stakeholder Engagement by Portfolio:

- **Support Services & CFO** – The City of Kelowna and Interior Health continue to work together on a Hospital Area Plan near Kelowna General Hospital to guide future redevelopment in the area and address parking and transportation needs. The public was invited to an open house on Nov. 17. Penticton Regional Hospital patient care tower site visit held with MLAs, Mayor, Foundation, and Interior Health staff.
- **Medicine & Quality** – A provincial working group continues to meet to develop Provincial Hand Hygiene guidelines, which includes Interior Health's Corporate Director Infection Prevention Control (ICP) and hand hygiene lead.
- **Human Resources & Organizational Development** – Mental Health Substance Use (MHSU) team members in IH East are developing a partnership with a new MHSU liaison hired by the Cranbrook RCMP; Organizational & Leadership Development is partnering with UBC's Curriculum Manager to support the implementation of an inter-professional Collaborative Learning System.
- **Hospitals & Communities** – Physician engagement sessions have been held in IH East to explore how to evolve primary care in the East Kootenay; tour held in mid-December with NDP Health Critic at Central Okanagan's Seniors Health and Wellness Centre and the new CHSC building.
- **Chief Information Officer & VP** – BC Clinical and Support Services Society and Interior Health continue to work together to try to increase the value of the relationship and service outcomes, including holding collaborative, face-to-face meetings to ensure open dialog on key projects; as of Jan. 12, 5125 people were enrolled in the MyHealthPortal system which allows individuals to access their personal health records, lab and diagnostic imaging results.
- **Population Health & Chief Medical Health Officer** – IH CEO, VP Population Health & CMHO and Corporate Director Aboriginal Health met with the Chief Executive Council of the Okanagan Nation Alliance (ONA) in December to discuss IH engagement on key priorities and ensure it is meaningful to the health leadership of the ONA; several engagement meetings held with stakeholder groups in Kamloops and Kelowna to discuss supervised consumption services (SCS), leading to decision announced on Jan. 13 to apply to Health Canada for an exemption to operate mobile SCS in both communities.

### Stakeholder Engagement by Community Liaisons:

#### IH West:

- Acute Health Services/Site Manager for Revelstoke met with physicians and a multidisciplinary health team in mid-November to discuss the possibility of opening a Seniors Health and Wellness Centre in the community and put a proposal forward; attended a Special Advisory Committee on Health Care meeting Dec. 5 to discuss the City of Revelstoke's Official Community Plan and any linkages from a health perspective; met with Revelstoke District Health Foundation Chair on Jan. 13 to discuss status of helipad fundraising efforts.
- Acute Health Services Administrator for Thompson-Cariboo Rural met with a local recruitment and retention working group in Ashcroft to discuss physician and staff recruitment and retention; presented to Clearwater mayor and council on Jan. 10 to update them on key strategies for Interior Health.

#### IH Central:

- Kelowna General Hospital Health Service Administrator (HSA) set up a meeting for new Emergency Operations Lead and members from Kelowna Fire Department to tour the hospital and build relationships; collaborating with UBC-O 4th year students to assess improvements that can be made to the emergency department to make the environment safer for seniors; met with director and board member from the Canadian Institute for the Blind (CNIB) to discuss creating specific care plans for patients who are visually impaired.
- South Okanagan HSA joined MLA, IH board member, and Okanagan Similkameen Regional Hospital District Chair for a project update on the tower at Penticton Regional Hospital and photo op of second crane erected at the site.



IH East:

- Acute Health Service Director, Kootenay Boundary Regional Hospital attended Connected Communities Meeting with community representatives on Nov. 22; met with Trail City Council on Nov. 28 to provide a health update; provided a health update to Nelson City Council and met with MLA Kootenay West on December 19.

**Stakeholder Engagement by Community Health Facilitators (CHF):**

- IH Central and IH West CHFs continued work with the Supervised Consumption Services project team to facilitate phase 3 of stakeholder engagement, which included facilitating meetings with IH staff, contracted and partner service providers, community stakeholders, people who use drugs, and the general public to gather input on proposed locations. This information was used to inform recommendations put forward to IH's Senior Executive Team.
- IH Central CHF continued to support the City of Kelowna and ongoing phased development of the Kelowna Healthy City Strategy.
- IH East CHF presented to the Village of Salmo council about IH Healthy Communities on Jan. 10.