



BOARD MEETING

Tuesday, June 19, 2018 – 2:15 pm to 3:40 pm

**1st Floor Boardroom – Kelowna Community Health and Services Centre
505 Doyle Avenue, Kelowna**

Board Members:

Doug Cochrane, Chair
Joyce Beddow
Patricia Dooley
Spring Hawes
Diane Jules
Selena Lawrie
Dennis Rounsville (R)
Cindy Stewart
Tammy Tugnum

Resource Staff:

Chris Mazurkewich, President & CEO (Ex Officio)
Carmen Gudljek, Board Resource Officer (Recorder)

Guests:

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

Presenters:

Roger Parsonage, (interim) Executive Director, MHSU
Shelagh Turner, Executive Director, Canadian Mental Health Association, Kelowna
Aaron Miller, Corporate Director Population Health
Heather Deegan, Director Healthy Communities

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

A G E N D A

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	Call to Order			
1.1	Acknowledgement of First Nations and Traditional Territory	Chair Cochrane	2:15 pm 4 min	■
1.2	Declaration of Conflict of Interest	Chair Cochrane	2:19 pm 1 min	■
1.3	Approval of Agenda	Chair Cochrane	2:20 pm 2 min	■◆

1.4	Approval of Minutes – April 17, 2018	Chair Cochrane	2:22 pm 2 min	■ ◆
1.5	Follow Up from Previous Meeting	Chair Cochrane	2:24 pm 1 min	■ ◆
2.0	Presentations (from the public)			
	None			
3.0	Presentations for Information			
3.1	Integrated Youth Services Initiative (Foundry Kelowna)	Roger Parsonage Shelagh Turner	2:25 pm 20 min	◆
3.2	Healthy Communities – Engaging with Governments to Create Healthier Community Environments	Aaron Miller Heather Deegan	2:45 pm 15 mins	◆
4.0	Items for Approval			
	None			
5.0	Committee Reports (Recommendations may be brought forward)			
5.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	3:00 pm 5 min	■ ◆
5.2	Audit & Finance Committee	Chair Cochrane	3:05 pm 5 min	■
5.3	Quality Committee	Director Stewart	3:10 pm 5 min	■
5.4	Governance & Human Resources Committee	Director Dooley	3:15 pm 5 min	■
5.5	Strategic Priorities Committee	Director Jules	3:20 pm 5 min	■
5.6	Stakeholders Relations Committee	Chair Cochrane	3:25 pm 5 min	■ ◆
6.0	Reports			
6.1	President & CEO Report	Chris Mazurkewich	3:30 pm 5 min	■ ◆
6.2	Chair Report	Board Chair	3:35 pm 5 min	■
7.0	Items for Discussion			
	None			

8.0	Items for Information	
	None	
9.0	Correspondence	
9.1	Board Correspondence	■ ◆
10.0	Future Agenda Items	
11.0	Next Meeting: Tuesday, October 2, 2018	
12.0	Adjournment – 3:40	



DRAFT MINUTES OF APRIL 17, 2018

REGULAR BOARD MEETING

12:25 pm – 1:50 pm

5th Floor Boardroom – 505 Doyle Avenue

Board Members:

Dr. Doug Cochrane, Chair
Joyce Beddow
Patricia Dooley
Spring Hawes (R)
Diane Jules
Dr. Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:

Chris Mazurkewich, President & Chief Executive Officer (Ex Officio)
Carmen Gudljek, Board Resource Officer

Guests:

Susan Brown, VP & COO, Hospitals & Communities
Dr. Mike Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications & Public Engagement
Mal Griffin, VP Human Resources
Donna Lommer, VP Support Services & CFO
Norma Malanowich, VP, Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP, Health System Planning, MHSU, Residential Services
Givonna De Bruin, Corporate Director, Internal Audit
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee
Dr. Sue Pollock, Chief Medical Health Officer

Presenters:

Dr. Barbara Campling, Head of Medical Oncology, BC Cancer Agency
Dr. Michael Humer, Interior Health Thoracic Surgery Group
Dr. Douglas Kingsford, Executive Medical Director & Chief Medical Information Officer

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

1.0 CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed staff and visitors to the meeting.

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

Director Jules moved, Director Rounsville seconded

Motion: 18-03 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approved the regular agenda as presented.

2.0 PRESENTATIONS FROM THE PUBLIC

None

3.0 PRESENTATIONS FOR INFORMATION

3.1 Thoracic Surgery – Telemedicine Program

Dr. Michael Humer and Dr. Barbara Campling presented. Highlights of the presentation included:

- Overview of the role of telemedicine in providing thoracic oncology care to remote areas of BC.
- The Interior Health Thoracic Surgery Group (IHTSG) has been providing a telemedicine program for patients in the Interior and North regions of BC since 2003.

-
- Between 2003 and 2015 the IHTSG conducted 15,073 telemedicine appointments from 63 different geographic regions. This service saved patients from travelling 11.5 million kilometres.
 - In 2003 the number of patient encounters was 21 with a steady progression over the years to 1800 encounters in 2017.
 - Research show that telemedicine dramatically improves access to quality medical care in small and rural BC communities, while saving time, money and travel risk for patients.
 - Telemedicine makes specialized care available to all patients by overcoming impediment to access, i.e. distance.
 - The Telethoracic Patient Satisfaction questionnaire revealed a high satisfaction rate with the program
 - The work of IHTSG has been published in the BC Medical Journal.

The presenters answered questions from the Board.

Dr. Humer acknowledged Chris Mazurkewich, President & CEO, as a leader in moving the telemedicine program forward at Interior Health.

The Board commended Dr. Humer and Dr. Campling, and their teams, for their dedication and work with this program.

3.2 A Digital Wave is Coming. How Do We Prepare?

Chris Mazurkewich and Dr. Douglas Kingsford presented. Highlights of the presentation included:

- Computers, data mining and predictive analytics will outperform humans in many aspects of healthcare in the future.
- Highly specialized work is most vulnerable to automation.
- Automated learning systems will drive updated algorithms and care plans from huge data volumes.
- Robots already exist.
- Patient disrupters include patients having electronic access to their medical records. In some countries, patients already have electronic access to their medical records.
- Opportunities and risks include new health entities, new health technologies, and new business models.

The presenters answered questions from the Board.

4.0 FOR APPROVAL

4.1 Approval – Minutes

Director Jules moved, Director Lawrie seconded

Motion: 18-04 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the February 6, 2018 Board Meeting as presented.

5.0 FOLLOW UP ACTIONS FROM PREVIOUS MEETING

There were no actions for review.

6.0 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 February 9 and March 9, 2018. Highlights included:

- Endorsement of pre-printed orders for Cardiac Implantable Electronic Devices.
- Endorsement of a revision to the policy for Locum & Short Term Vacancy.
- The detailed Pharmacy & Therapeutics Report was received.
- The Medical Health Officers - Child Health Report was received.

Chair Cochrane moved, Director Lawrie seconded

Motion: 18-05 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves that the current term for HAMAC Chair, Dr. Glenn Fedor be extended by one month until June 30, 2018.

Director Beddow moved, Director Rounsville seconded

Motion: 18-06 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves that the current term for HAMAC Vice-Chair, Dr. Anneline Du Preez be extended by one month until June 30, 2018.

6.2 Audit and Finance Committee

Director Rounsville noted there were no recommendations at this time. The Committee met on April 16, highlights included:

- The Financial Summary of Period 12 was reviewed. Financial results are in line with anticipated financial forecasts.
- An update on the status of major capital planning projects was received. As well, the Committee received updates on the MRI projects in Vernon and Cranbrook, the Kootenay Boundary Regional Hospital Emergency Department, the Strathcona Building in Kelowna, and the Patient Care Towers at Penticton Regional and Royal Inland Hospitals.

6.3 Quality Committee

Director Stewart noted there were no recommendations at this time. The Committee met on April 16, highlights included:

- A Patient Voices Network presentation was received from a patient.
- The Committee received the 2017 Annual Laboratory Quality Report and the 2016 & 2017 Annual Anatomical Pathology Quality Assurance Report.

6.4 Governance & Human Resources Committee

Director Dooley noted that there were no recommendations at this time. The Committee met on April 17, highlights included:

- The Committee received two annual reports: the Employee and Labour Relations Annual Report, and the Human Resource Operations and Recruitment Annual Report.
- John Bevanda, Corporate Director, Workplace Health and Safety, and Labour and Employee Relations, was recognized for his leadership in mitigating violence in the workplace.

6.5 Strategic Priorities Committee

No meeting was held.

6.6 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information with edits noted to the March 1 and March 13 entries.

7.0 REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information. Chris Mazurkewich answered questions from the Directors.

Action Item: Director Rounsville requested further information on the update in the report on the new drug checking services for Fentanyl. Dr. Pollock will follow up.

7.2 Chair Report

The Chair indicated that the Board has received the 2018 Mandate letter from the Ministry of Health.

8.0 CORRESPONDENCE

Board correspondence was received as information.

9.0 DISCUSSION ITEMS

None

10.0 INFORMATION ITEMS

None

11.0 NEW BUSINESS

None

12.0 FUTURE AGENDA ITEMS

None

13.0 NEXT MEETING

Tuesday, June 19, 2018 in Kelowna, BC

14.0 ADJOURNMENT

There being no further business, the meeting adjourned at 1:50 pm.

Doug Cochrane, Board Chair

Chris Mazurkewich, President & CEO



Interior Health

ACTION ITEMS REGULAR BOARD MEETING

April 17, 2018

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
President & CEO Report – Drug Checking Service	Provide further update on the new drug checking service for Fentanyl.	Dr. Trevor Corneil	Update to be provided in June Report.

EXECUTIVE SUMMARY

Title	Integrated Youth Services Initiative (Foundry)
Purpose	To update the Board on Foundry.
Top Risks	<ol style="list-style-type: none">1. (Patient) Foundry Kelowna may demonstrate that youth with moderate to severe mental illness are not adequately being served.2. (Financial) Interior Health may be asked to provide additional funding beyond what the Ministry of Health has earmarked for Foundry.3. (Patient) Mental Health and Substance Use Services for youth are complex with multiple Ministries and organizations being responsible for service delivery, making the system difficult to navigate and potentially leaving gaps in care.
Lead	Roger Parsonage, (Interim) Executive Director, Mental Health & Substance Use
Sponsor	Anne-Marie Visockas, Vice President, Health System Planning, Mental Health & Substance Use and Recreation Services

RECOMMENDATION

That the Board of Directors accepts this brief for information only.

BACKGROUND

Foundry opened its doors in Kelowna in September 2017. It is a branded service based on the well-established Australian “Head-Space” model and meant to be highly visible within the community, offering rapid access to youth services such as primary care, mental health, addictions support, social services, and youth and family peer supports. Foundry enables a single point of entry to access existing mental health and substance use (MHSU) services for youth. The focus is a low barrier, short term model of MHSU care for youth, young adults and their families with mild to moderate MHSU concerns (Foundry 2018a). To ensure that centres are inclusive and culturally safe, Foundry works with the First Nations Health Authority and local Indigenous community organizations (Foundry, 2018c). Ultimately, Foundry is working to be a “province-wide network of integrated health and social services centres” for youth ages 12-24 (Foundry 2018d).

The project is jointly funded by the Ministry of Health (MoH) and the Ministry of Children and Family Development (MCFD) with contributions from five foundations. In Kelowna, the MoH funding for Foundry flows through Interior Health (IH). “Each Foundry centre is operated by a lead agency that brings together local partners, service providers, young people and caregivers”(Foundry, 2018d). Kelowna Foundry is hosted by the Canadian Mental Health Association (CMHA) Kelowna in partnership with IH and has 25 community partners that all work together to address the health care needs of youth and their families. These 25 community partners contributed \$1.5 million of in-kind services since Foundry Kelowna opened (Foundry 2018b). Although Foundry is locally operated, it works under the guidance and support of Foundry Central (hosted by Providence Health Care).

DISCUSSION

Foundry is currently open and fully operational in Kelowna with another Foundry planned to open in Penticton by Fall 2018. Foundry Penticton will be hosted by Penticton & District Community Resources Society in partnership with IH. IH is on-site at the Foundry and works in partnership to deliver integrated care using the Foundry stepped care model with IH offering IH services. Foundry and IH staff are working together to implement this model locally and to determine how this model may impact any IH practices. Foundry Penticton will work under the same service model. MCFD is also a provincial partner and responsible for delivering mental health services to children and youth ages 0-18 and, although not permanently located on-site, does provide intake services at Foundry Kelowna one half day per week. Further understanding needs to be developed between Foundry, MCFD and IH in relation to accountability, responsibility, liability, and on-site contributions. In some areas it is clear where responsibility lies, in others there is some ambiguity especially in areas of service delivery, training, monitoring, and progress tracking.

Foundry Kelowna has made a difference to families. Over 1000 individual youth have accessed services at Foundry Kelowna. 65% of these youth accessed services for the first time and 27.5% reported that without Foundry Kelowna they would not have gotten help (Foundry, 2018c). The most common request at Foundry is for mental health services; however, youth typically access multiple services (Foundry 2018c). Foundry is providing support to both youth and their families with 60% of youth being accompanied by a family member or a caregiver (Foundry, 2018b).

EVALUATION

N/A

ALTERNATIVES

N/A

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Sandra Robertson, Manager, MHSU	April 17, 2018	May 7, 2018	Consultation
Dr. David Smith, Medical Director, Child & Adolescent Mental Health	May 22, 2018	May 24, 2018	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Information brief written	Jennifer Gillen, Project Lead, Child and Youth Initiatives, MHSU	May 18, 2018
Assessment of communication requirements	N/A	<date>
Presentation to Strategy and Risk Management Council	N/A	<date>
Presentation to SET	Anne-Marie Visockas, VP, HMR	June 4, 2018
Presentation to the Board	Shelagh Turner, Executive Director, CMHA Kelowna Roger Parsonage, (Interim) Executive Director, MHSU	June 19, 2018

ENCLOSURES

Presentation: Foundry Kelowna for IHA Board.

REFERENCES

Foundry. (2018a). Background – Foundry. Retrieved from <https://foundrybc.ca/who-we-are/background/>

Foundry. (2018b). Foundry Kelowna – Six Month Progress Report.

Foundry. (2018c). Foundry Overview.

Foundry. (2018d). Who we are – Foundry. Retrieved from <https://foundrybc.ca/who-we-are/>

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date



AN INNOVATION IN YOUTH HEALTH

SHELAGH TURNER - EXECUTIVE DIRECTOR, CMHA KELOWNA

MIKE GAWLIUK – DIRECTOR OF SERVICE DELIVERY AND PROGRAM INNOVATION, CMHA KELOWNA

June 5, 2018



IT STARTED WITH AN IDEA

- Convergence of like thinking people around the province
- Desire to move upstream and focus on prevention/early intervention
- Too many services to navigate and lack of coordination
- Youth transitioning out of the youth system and falling through the cracks
- Inefficient use of resources

Vision

**FOUNDRY KELOWNA
WILL TRANSFORM
HOW YOUTH AND
YOUNG ADULTS &
FAMILIES ACCESS
HEALTH AND SOCIAL
SERVICES WITHIN BC.**



IMPLEMENTATION TASKS/CHALLENGES

- ✓ Understanding the costs
- ✓ Make sure there is funding available...
- ✓ Build and maintain partnerships
- ✓ Assessing community readiness
- ✓ Change the way people think and systems function
- ✓ Establish a suitable space
- ✓ Create a relevant program/service
- ✓ Manage provincial and local (and internal) stakeholders
- ✓ Build in Sustainability



WHAT FOUNDRY KELOWNA COST

Confirmed Funding: Foundry Central & Partners

- \$600K capital
- \$500K annualized operational funding via IHA

Funding Needed

- Total Cost to build \$1.5mill
- Projected total cost to operate minimum \$850K annually
- Fundraising Campaign \$2 million

TRANSFORMATIONAL PARTNERSHIPS

Not alone
fundraising
campaign
to support our
most vulnerable
Youth.

**CMHA Kelowna
& KGH
Foundation**



LEAD AGENCY PARTNER DEVELOPMENT

Adult Psychiatry

ARC Programs

BC Housing

BCSS

Brain Trust Canada

The Bridge Youth and Family Services

Central Okanagan Community Food Bank

Central Okanagan Division of Family Practice

Central Okanagan Public Schools

CYMHSU Collaborative

Interior Health Authority

Kelowna Community Resources

Kelowna Youth and Family Services

Living Positive Resource Centre
Work BC

Ministry of Children and Family
Development

Ministry of Social Development and
Poverty Reduction

Okanagan Boys and Girls Clubs

Options for Sexual Health

Pediatricians

Reach Out Youth Counselling

Stepping Stones Counselling Group

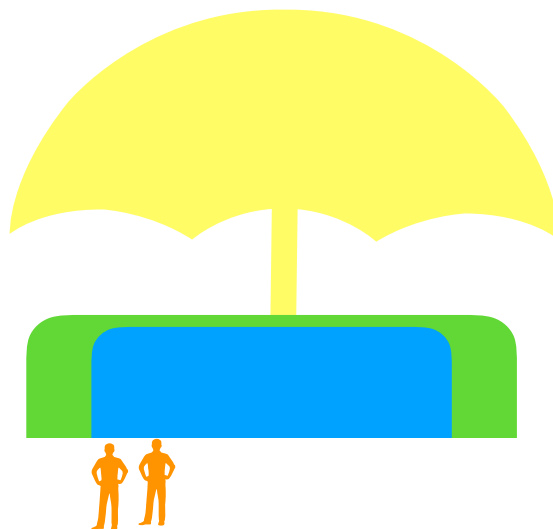
UBC Okanagan

Westbank First Nation

YMCA Okanagan

Youth Psychiatry

HOW WE ARE ORGANIZED



FOUNDRY KELOWNA CORE SERVICES

Service Delivery

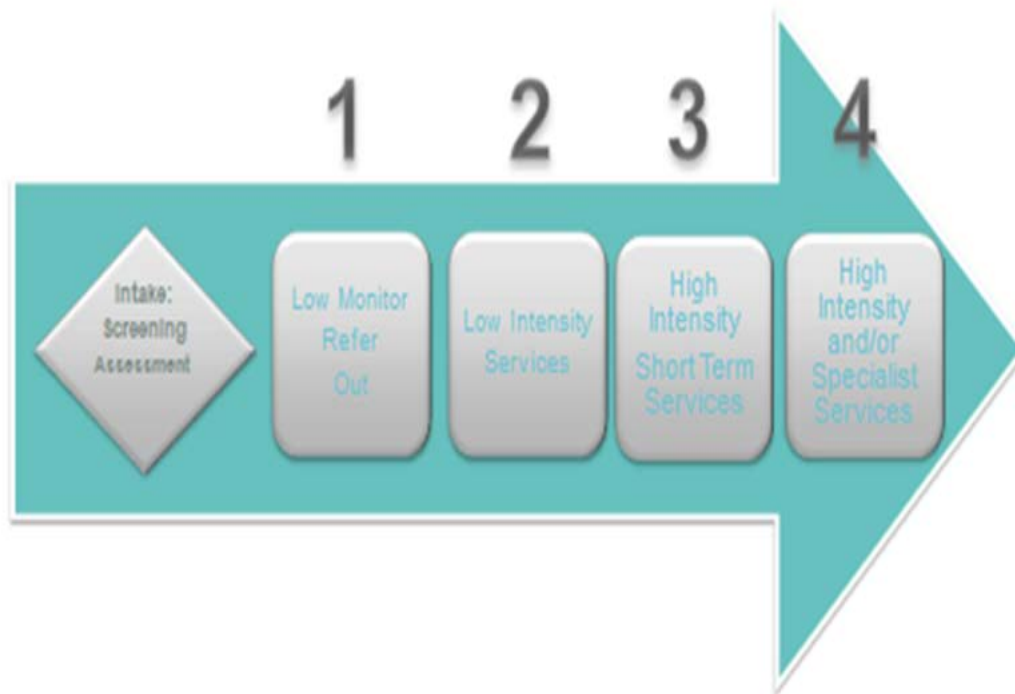
- Walk-In Services: 5 days per week (2-5pm)
- Programming on-site: 7 days per week
- Combination of One on One and Group Programming

Core Services

- Primary Care
- Brief/Walk-In Counselling
- Access to Psychiatry and other specialized MH Services (e.g. EPI)
- Substance Use Supports
- Family Support: Family Navigation, Take a Break Support Group, Trans-Parent
- Social Services: Housing Support, Employment Services, Income Supports, Food Security
- Peer Support
- Recreational Programming: Yoga, Running Club

THE FOUNDRY PROGRAM

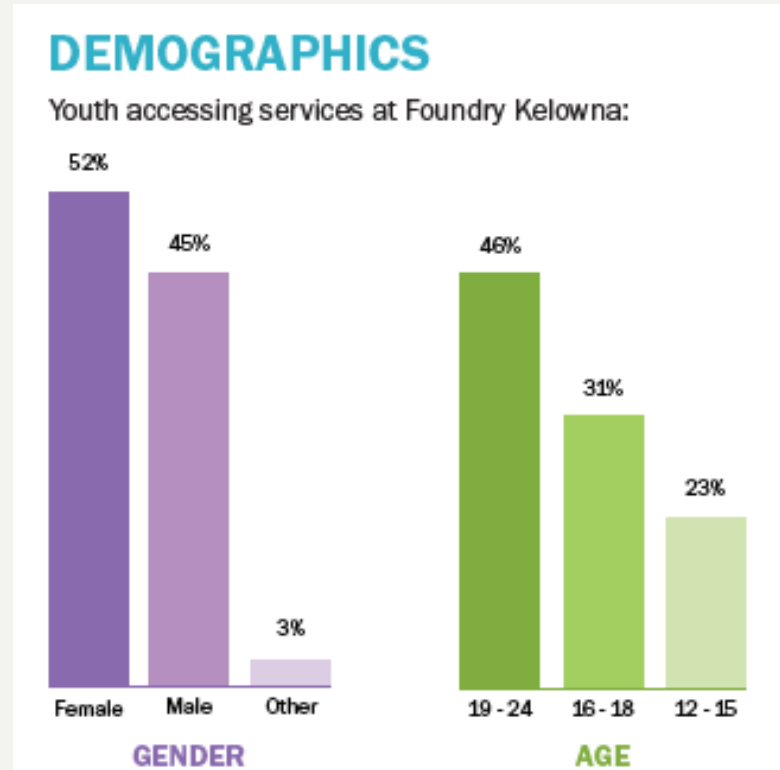
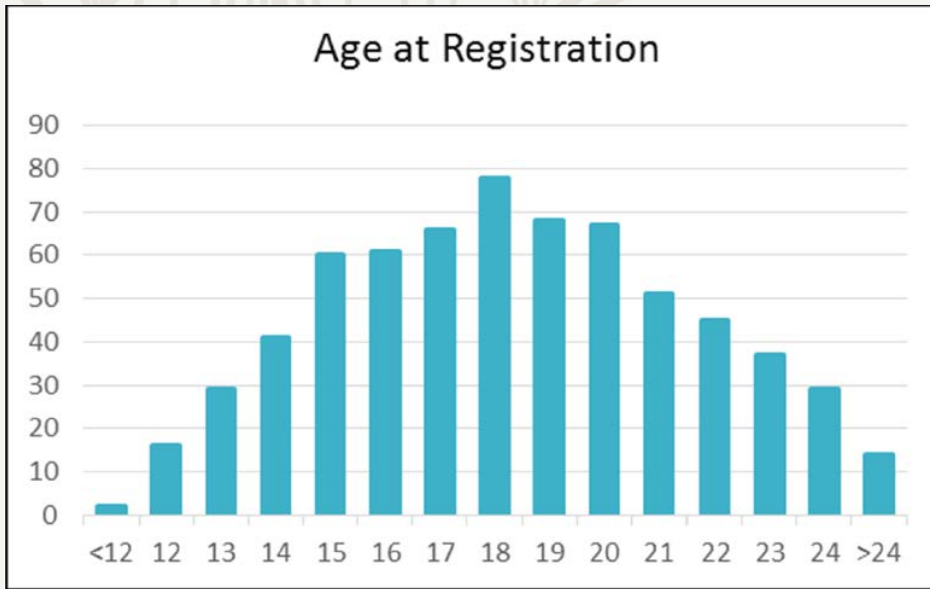
Stepped Care is a system of delivering and monitoring treatments, so that the most effective yet least resource intensive treatment is delivered to clients first; only '**stepping up**' to intensive/specialist services as clinically required.



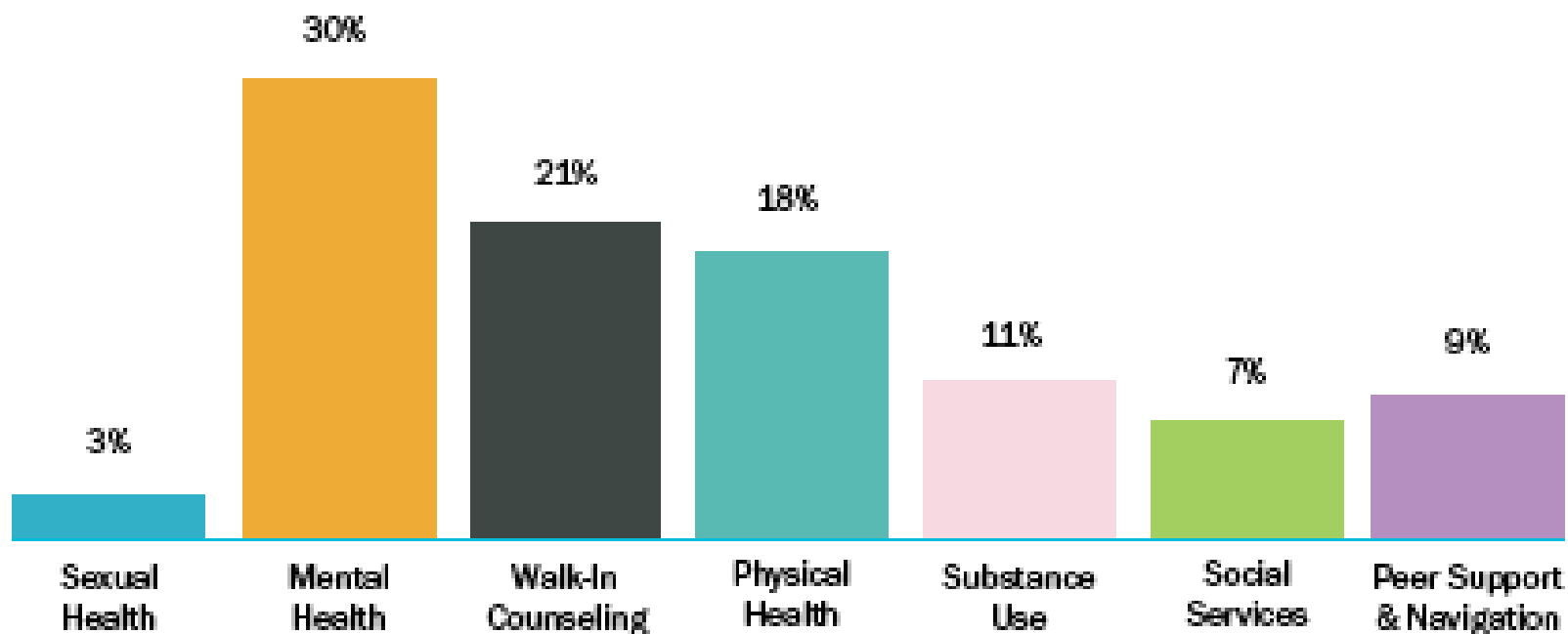
THE NUMBERS TO DATE

Over 1000 young people have been served at Foundry Kelowna

Over 3000 appointments have occurred



WHY ARE YOUNG PEOPLE COMING TO FOUNDRY?



WHAT'S NEXT?

- Additional funding for clinical support
- Mobile Foundry
- Peer & Family Support

EXECUTIVE SUMMARY

Title	Healthy Communities Program (HCP): Engaging with Local Governments to Create Healthier Community Environments
Purpose	To explore with the IH Board of Directors it's interest in supporting the HCP.
Top Risks	<ol style="list-style-type: none">1. (Patient) Lack of access to the full suite of HCP services, grants, and partnerships for communities that are not engaged.2. (Patient) Inability to engage local residents in activities that promote wellness and improve health outcomes.3. (Other) Inability to meet Ministry of Health (MOH) targets for community engagement.
Lead	Heather Deegan, Director, Healthy Communities
Sponsor	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer

RECOMMENDATION

That the Board receives this brief for discussion, considering the following question:

1. What advice can Board members provide that will allow IH to better engage and support stakeholder partnerships at a local and/or regional level?

BACKGROUND

BC's *Guiding Framework for Public Health (2017)* [1] is the key policy document for the public health system in BC. The Framework's long-term goals and targets are intended to drive system-wide action to improve health outcomes for BC residents. The companion document, *Healthy Families BC Policy Framework (2014)* [2], sets the foundation for effective, evidence-based approaches based on seven intervention streams. These streams are: Healthy Eating, Physical Activity, Tobacco Control, Healthy Early Childhood Development, Positive Mental Health, a Culture of Moderation for Alcohol Use, and Injury Prevention. Finally, a third document *Healthy Built Environment Linkages Toolkit (2018)* [3], supports local communities to implement these streams through the five physical features of a healthy built environment. These features include: Healthy Neighbourhood Design, Healthy Housing, Healthy Transportation Networks, Healthy Food Systems and Healthy Natural Environments. The Toolkit enables the health sector and community planners to make connections by providing a common language to identify and achieve common goals.

Our HCP works with local governments to facilitate their engagement in health-focused interventions and the creation of healthy built environments. The MOH requires that all health authorities and local governments establish formal Partnership Agreements and then jointly develop Healthy Living Strategic Plans (HLSP) [Appendix A]. Once the HLSPs are developed, communities have access to grants made available by the MOH through the BC Healthy Communities Society and other non-government agencies. These grants support the implementation of activities that promote the health and wellbeing of community residents. The MOH has also recently encouraged health authorities to consider First Nations communities and Aboriginal populations in their efforts to create healthier community environments.

DISCUSSION

While the Partnership Agreement is voluntary for local governments, each health authority HCP is evaluated by the MOH based on the percentage of municipalities that have achieved a HLSP (BC target for 2017/18 was 55%). In IH, there are 34 out of 60 (57%) municipalities with an HLSP as of Q4 2017/18. In addition, the HCP is actively engaged with 3 regional districts, 2 unincorporated communities, and 1 First Nation community (pilot) [Appendix B].

Some local governments are actively working with IH, but others will not sign a Partnership Agreement for reasons of capacity, perceived misalignment, and local political factors. Unfortunately, without a Partnership Agreement, it is not possible for IH and a local government to develop a formal HSLP, and as such communities

cannot access the full suite of MOH and HCP services, grants, and broader partnership supports. The attached slide presentation highlights communities with varying degrees of engagement with IH [Appendix C]. Presently, there is an opportunity to explore new models that have been successful elsewhere (urban, rural and Aboriginal) and collaborate with the MOH and other health authorities to identify more robust indicators.

EVALUATION

Ongoing monitoring will occur through the HLSP indicator on the Board of Directors Dashboard.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Jana Bradshaw, Business Consultant	May 1, 2018	June 1, 2018	Consultation
Dr. Sue Pollock, MHO	May 1, 2018	May 18, 2018	Consultation
Bradley Anderson, Corporate Director, Aboriginal Health	May 1, 2018	May 7, 2018	Consultation
Roger Parsonage, Interim Executive Director, Mental Health & Substance Use	May 1, 2018	May 4, 2018	Consultation
Cheryl Whittleton, Health Service Administrator, Kootenay Boundary	May 1, 2018	May 8, 2018	Consultation
Julian Mallinson, Population Health Specialist	May 1, 2018	May 8, 2018	Consultation
Gillian Frosst, Manager, Epidemiology	May 1, 2018	May 15, 2018	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Discussion brief written	Heather Deegan, Director, Healthy Communities	April 26, 2018
Assessment of communication requirements	n/a	n/a
Presentation to Strategy and Risk Management Council	n/a	n/a
Presentation to SET	Heather Deegan, Director, Healthy Communities Aaron Miller, Corporate Director Population Health	May 28, 2018
Presentation to the Board	Heather Deegan, Director, Healthy Communities Aaron Miller, Corporate Director Population Health	June 19, 2018

ENCLOSURES

Appendix A. Healthy Living Strategic Plan Template.

Appendix B. Extract from Interior Health Q4 Report for MOH to March 31, 2018.

Appendix C. Healthy Communities - Engaging with Local Governments to Create Healthier Community Environments (PowerPoint presentation).

REFERENCES

[1] BC's Guiding Framework for Public Health (2017).
<https://www.health.gov.bc.ca/library/publications/year/2017/BC-guiding-framework-for-public-health-2017-update.pdf>

[2] Healthy Families BC Policy Framework.
<https://www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf>

[3] Healthy Built Environment Linkages Toolkit (2018).
http://www.bccdc.ca/pop-public-health/Documents/HBE_linkages_toolkit_2018.pdf

[3] Healthy Built Environment Linkages Toolkit (2018).
http://www.bccdc.ca/pop-public-health/Documents/HBE_linkages_toolkit_2018.pdf

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date
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Appendix A

Healthy Living Strategic Plan

Health Authority	<u>{insert HA name}</u>
Community	<u>{insert community name}</u>
Date Original Plan Was Initiated	<u>{insert fiscal year date e.g. Fiscal 2012/13}</u>
Term of Current Plan	<u>{insert current plan duration in fiscal years}</u> e.g. (Fiscal 2016/17 – Fiscal 2018/19)

This plan builds on the partnership agreement between the health authority and the local government(s) and documents the parties' joint planning and collaborative work on agreed upon priority actions. It focuses on upstream prevention. It will include the intervention streams and the priority populations across the life course identified in the Healthy Families BC Policy Framework, and the healthy built environment linkages.

This dynamic plan captures the key joint health authority and local government healthy community activities, and focuses on long-term outcomes and will be updated as required and reviewed at least once every three years.

PARTNERSHIP AGREEMENT

Partnership Agreement Description(s)	Type ¹	Term, in years
e.g. Partnering for Healthier Communities Committee Terms of Reference {insert partnership agreement description and attach a copy of the agreement}	e.g. TOR	e.g. Ongoing

Focused Intervention Streams:

{check ✓ all that applies}

Healthy Families BC Policy Framework Intervention Streams			
<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Tobacco Control	<input type="checkbox"/> Injury Prevention
<input type="checkbox"/> Positive Mental Health	<input type="checkbox"/> Culture of Moderation for Alcohol Use	<input type="checkbox"/> Healthy Early Childhood Development	<input type="checkbox"/> Other:
Population Groups Across the Life Course			
<input type="checkbox"/> Early Years	<input type="checkbox"/> Children	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult
<input type="checkbox"/> Older Adults	<input type="checkbox"/> General Population		
Priority population(s) of focus, if any: (e.g. people with disability, Aboriginal or First Nations, low income)			

¹ MOU, Terms of Reference, Community Agreement, Council Resolution, Partnership or Collaboration Agreement, or Charter



{HA logo}

Healthy Built Environment Linkages

- Neighbourhood Design
 Housing
- Transportation Networks
- Natural Environments
- Food Systems

HEALTHY LIVING STRATEGIC PLAN ACTIONS

Description	Population Groups	Fiscal Year Time Frame (e.g. 2016-2018 ²)
Example: Complete the development of a Master Trails Plan, mapping existing trails, and engage with the public on the implementation process of the recommendations found in the Master Trails Plan.	General Population	2016-2017
{delete this action if not needed} Identify healthy community priorities as indicated in the healthy authority/local government partnership agreement	General Population	2016-2018

² Fiscal year timeframe 2016-2018 refers to the period between Apr 2016 and March 2018



{HA logo}

Appendix B

Interior Health Q4 Report for MOH to March 31, 2018

No contact to date

Contact but work not advanced

Working with Local Government indicators

Local governments health authorities have made connections¹ with (C), have new partnership agreements¹ (P) and/or Healthy Living Strategic Plans¹ (H).

- Existing local governments with connections, partnership agreements and/or Healthy Living Strategic Plans with health authorities are shaded in Green (■).
- Indicate which local government your health authority has made connections with (C), has a new partnership agreement with (P) and/or Healthy Living Strategic Plans with (H) in this Quarter with an (X) next to the community name.

Interior Health															
	C	P	H		C	P	H		C	P	H		C	P	H
100 Mile House	■			Fernie	■	■	■	Lumby	■	■	■	Rosland	■	■	X
Armstrong	■	■	■	Fruitvale	■	■		Lytton	■			Salmo	■	■	
Ashcroft	■	■		Golden	■			Merritt	■	■	■	Salmon Arm	■	■	■
Barriere	■	■		Grand Forks	■	■		Midway				Sicamous	■	■	■
Cache Creek	■	X	X	Greenwood				Montrose				Silverton			
Canal Flats	■			Invermere	■			Nakusp				Slocan	■		
Castlegar	■			Jumbo				Nelson	■	■	■	Spallumcheen	■		
Chase	■	■	■	Kamloops	■	■	■	New Denver	■			Sparwood	■	■	■
Clearwater	■	■	■	Kaslo	■	■	■	Oliver	■	■	■	Summerland	■	■	■
Clinton	■			Kelowna	■	■	■	Osoyoos	■	■	■	Sun Peaks	■		
Coldstream	■	■	■	Keremeos	■	■	■	Peachland	■	■	X	Trail	■	■	■
Cranbrook	■	■	■	Kimberley	■	■	■	Penticton	■	■	■	Vernon	■	■	■
Creston	■	■	■	Lake Country	■	■	■	Princeton	■	■	■	Warfield	X		
Elkford	■	■	■	Lillooet	■			Radium Hot Springs	■			West Kelowna	■		
Enderby	■	■	■	Logan Lake	■	■	■	Revelstoke	■	■	■	Williams Lake	■	■	■
Total Local Governments: 60 (current Partnership Agreements 37; current Healthy Living Strategic Plans 34) Total Regional Districts: 10 (current Partnership Agreements 3; current Healthy Living Strategic Plans 2) Total Unincorporated Communities: 64 (current Partnership Agreements 2; current Healthy Living Strategic Plans 2) Total First Nations Communities: 54 (current pilot project with Ulkatcho First Nation / Anahim Lake) <i>Note: Jumbo Glacier Resort Municipality – currently no people live within the jurisdiction of this resort municipality</i>															

Healthy Communities

Engaging with Local Governments to Create Healthier Community Environments

Heather Deegan
Director, Healthy Communities



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Revelstoke – Fully Engaged



- * Current HLSP initiatives
 - * OCP update
 - * Revelstoke Trails Strategy
 - * Food Security Strategy
 - * Community Greenhouse Feasibility Strategy
 - * Updated Clean Air Bylaw

Princeton – Past Engagement



- * Previous HLSP Initiatives
 - * Community scan and priority setting (2014)
 - * Smoke Free Bylaw adopted (2014)
 - * Princeton Health Care Steering Committee (2015)

100 Mile House – Not Engaged

- * Current situation
 - * No Partnership Agreement or HLSP
 - * Previous / current engagement attempts
 - * Significant vulnerabilities / SDOH challenges
 - * High impact of 2017 wildfires



For Discussion

- I. What advice can Board members provide that will allow IH to better engage and support stakeholder partnerships at a local and/or regional level?



SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC Date: April 20, 2018

1. MOTIONS PASSED
Motion: That HAMAC endorses the six (6) outbreak algorithms, as presented, with the Infection and Prevention Control (IPAC) report – <i>carried unanimously</i> .
2. DECISIONS
None.
3. ACTIONS
None.
4. PRESENTATIONS TO HAMAC
<u>EK Referrals for Life and Limb Threatened Organ (LLTO) Patients – Brent Hobbs, N. Kienitz, T. Ring</u> Discussion regarding current challenges faced with referral of LLTO patients.
<u>Violence Prevention Training for Physicians - H. Hundal</u> Discussion regarding current state of Provincial working group.
<u>Kootenay Boundary Regional Hospital Orthopedic Surgical Site Infection (SSI) Review – K. Bloemink, J. Cusden, Dr. R. Cameron, M. Lowery</u> Presentation regarding recently completed SSI report, target implementation of recommendations for May 2018.
<u>Accreditation 2019 – J. Chan, M. Schmidt</u> Presentation regarding work currently underway for Accreditation 2019 cycle.
<u>Infection and Prevention Control (IPAC) Report – B. Wang</u> Received regular IPAC report for information.
<u>Patient Portal – D. Kingsford, P. Garcia</u> Update provided regarding implementation/roll out of Patient Portal project.
<u>BC College of Family Physicians, College Coin – M. Ertef</u> Recognition of Interior Health physician, Dr. Anneline Du Preez, as an outstanding physician, teacher and role model.

HAMAC Date: May 18, 2018

1. MOTIONS PASSED
Motion: That HAMAC endorse the Pharmacy & Therapeutics Executive Summary of April 13, 2018, as presented – <i>carried unanimously</i> .
Motion: That HAMAC endorse the Patient Portal staged implementation plan, as presented – <i>carried unanimously</i> .
2. DECISIONS
None.
3. ACTIONS
I. Petterson to forward targeted communication to all department heads re: moxifloxacin.



SUMMARY REPORT FROM HAMAC TO THE BOARD

4. PRESENTATIONS TO HAMAC

KGH: Hospital Standardized Mortality (HSMR) Ratio – N. Helgason

Presentation received regarding plans for improvement within Cardiac Services in relation to HSMR data collected.

Patient Portal Town Hall Meetings Update – D. Kingsford

Staged implementation plan dates shared with HAMAC committee members. Implementation plan includes feedback gathered from stakeholders, as well as managing risks that may be encountered.

EXECUTIVE SUMMARY

Title	Stakeholder Relations Committee Report to the Board
Purpose	To report on stakeholder relations activities of the Board of Directors.
Top Risks	<ol style="list-style-type: none"> (Other) Not submitting a report will result in non-compliance of accountability requirements of the <i>Stakeholder Relations Committee Terms of Reference</i>. (Other) Non-compliance of accountability requirements of the <i>Stakeholder Relations Committee Terms of Reference</i> could result in a lack of public trust and confidence in the Board of Directors.
Lead	Doug Cochrane, Chair Board of Directors
Sponsor	IH Board of Directors

RECOMMENDATION

That the Board of Directors accepts this brief for information only.

BACKGROUND

The purpose of the Stakeholder Relations Committee is to assist the Board of Directors in supporting management led external and internal communications responsibilities, as well as supporting Board specific goals and objectives with respect to stakeholder relations.

The Committee is required to provide a report at each Board meeting through the Board Chair.

DISCUSSION

The Committee participated in a number of stakeholder relations activities in April, May and June, 2018.

EVALUATION

N/A

ALTERNATIVES

That the Stakeholder Relations Committee does not provide a report at each Board meeting which will result in non-compliance of accountability requirements of the Committee's terms of reference.

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Doug Cochrane, Board Chair	June 4, 2018	June 4, 2018	Endorsement
Mal Griffin, VP Human Resources	June 4, 2018	June 4, 2018	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Information brief written	Carmen Gudljek, Board Resource Officer	June 4, 2018
Assessment of communication requirements	N/A	N/A
Presentation to Strategy and Risk Management Council	N/A	N/A
Presentation to SET	N/A	N/A

ENCLOSURES

- Stakeholder Relations Committee June 2018 Report

REFERENCES

- Stakeholder Relations Committee Terms of Reference

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement

Signature

Date



Stakeholders Relations Committee

REPORT TO THE BOARD

— June 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.

April 2018

April 11	Joint IH and Regional Hospital Districts Meeting – Chair Cochrane
April 20	HAMAC (Health Authorities Medical Advisory Committee) Meeting – Chair Cochrane
April 23	Kelowna General Hospital Foundation Board Retreat – Chair Cochrane
April 25	Penticton Regional Hospital Site Tour – Director Stewart
April 27	Health Authorities Chair to Chair Meeting – Chair Cochrane
April 27	Cedar Sage Health and Wellness Clinic Opening – Director Stewart

May 2018

May 1 – 3	Chair/CEO Site Tours Kootenay Boundary area (communities visited: Rock Creek, Nelson, Castlegar, Trail, Grand Forks) – Chair Cochrane and Director Dooley
May 4	Health Authorities Chair to Chair Meeting – Chair Cochrane
May 18	HAMAC (Health Authorities Medical Advisory Committee) Meeting – Chair Cochrane
May 18	Research and Ethic Board Intro meeting with New Chair – Chair Cochrane
May 30	Chairman's Circle Dinner Meeting – Chair Cochrane

June 2018

June 1	PALT (Partnership Accord Leadership Table) Meeting – Chair Cochrane and Director Jules
June 6	Chair/CEO Site Tour Central Okanagan (Kelowna) – Chair Cochrane and Director Hawes
June 7	REB (Research Ethics Board) Meeting – Director Tugnum

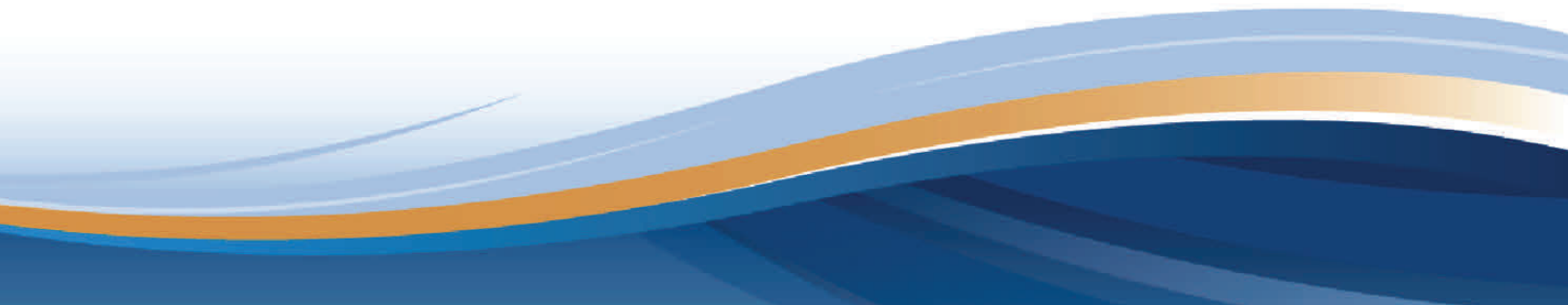


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PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD

JUNE 2018



Highlights

April - June



Opening ceremony for Cedar Sage Health and Wellness Clinic, Kelowna.

IH, Tsilhqot'in extend relationship

Interior Health senior leadership and the chiefs of the Tsilhqot'in First Nation met in Williams Lake on May 9 to re-sign a letter of understanding which establishes a partnership agreement on the advancement of care for Aboriginal populations. "We are a role model for the rest of province," said Diane Jules, who is a director on the IH Board. "It's a government-to-government document regarding First Nations health within our area. It's important because it not only puts in the document health objectives we would like to achieve, but it also makes us measure whether we are gaining ground on our commitment to improve."

Doors open to new wellness clinic for mental health

Patients experiencing mental health and/or substance use challenges have new access to team-based care at IH's Cedar Sage Health and Wellness Clinic, which [opened in Kelowna](#) in April. The service is the result of collaboration between IH, the Central Okanagan Division of Family Practice and local Aboriginal partners, filling a need for health services combined with mental health supports.

UBC - Southern Medical Program (SMP) Report

The Southern Medical Program graduated 35 new doctors in May. The 2018 cohort represents the fourth and largest graduating class.

Highlights from the SMP Class of 2018 CaRMS match (Canadian Resident Matching Service):

- 100% of students matched.
- 28 students matched to primary care specialities including Family Medicine (22), Pediatrics (3), Psychiatry (2) and Internal Medicine (1).
- Six students matched to program in the B.C. Interior including Family Medicine: Rural Okanagan in Kelowna (3), Kamloops (1), Okanagan South in Penticton (1); and Emergency Medicine: Kelowna (1).
- 2 students matched to Indigenous Family Medicine site on Vancouver Island.
- 26 students matched to UBC residency programs.

The SMP Class of 2018 recognized IH physicians Dr. Graeme McCauley (Kelowna) and Dr. Sean Gorman (Kamloops) as co-recipients of the SMP Graduating Class Award. Selected by the graduating class, the annual award acknowledges teaching excellence by a SMP faculty member.

IH Goal #1

Improve health and wellness



Featured @IH: (L-R) Landon Lafond, Jaxson Waterstreet, and NP Jodie Steer, who provides health services to students at JL Crowe in Trail. Jodie says nurse practitioner outreach helps enhance accessibility for students and also encourages them to advocate for their individual health.

Nurse practitioner outreach to high schools increases access for students

Nurse practitioners in IH communities are connecting students with needed health services, through their visits to high schools in Princeton, Chase, Nelson and at the Thompson Rivers University campus in Williams Lake. In [a feature story in the April 2018 @InteriorHealth magazine](#), two NPs spoke about their role as community NPs, which includes providing access to primary care, mental health and other supports on-site at the schools.

Vision for Health Equity

Joined by Dr. Bernie Pauly, principal investigator of the Equity Lens in Public Health (ELPH) research project, IH co-hosted two 'Health Equity Kick-Off' events on April 30 (general audience) and May 1 (invited group of IH leaders). The events were an opportunity to unveil ELPH's suite of knowledge translation products, share findings from an IH-specific case study and generate a shared vision for IH health equity. Several key actions were identified, including the definition of an equity lens that can be endorsed by IH.

In April 2018, IH was also selected as a practice site for the Organizational Capacity for Health Equity Initiative under the National Collaborating Centre for Determinants of Health. This is a two-year project to increase effective organizational capacity for health equity-oriented action. In IH, this project will focus on implementing a health equity lens in opioid overdose surveillance and reporting.

Interactive map makes it easier for public to learn about safe drinking water

In a first-of-its-kind project, IH launched a real-time, [interactive water advisory map](#) in May, enabling people to search the entire IH region for current drinking water advisories. Given the challenges many residents are facing with recent flooding, the launch of the map has been especially timely in providing a valuable resource to help protect residents from waterborne illnesses.

Usesafe: Service improvement through community engagement

Interior Health launched a campaign in April to engage those who use drugs alone, as well as to hear from their friends and families and supporters. Through the spring, data is being collected through an online survey and interviews. IH will use the input to inform the development of services for people at risk of fentanyl overdose, recognizing the continued urgency of the opioid crisis.

Strategic Goal #2: Deliver high quality care

IH's Building Intersections 2018' Rural Health Services Research Conference: May 31- June 1

Strengthening rural health care was the theme at the sold-out conference in Nelson at the end of May, organized by IH's Research department in partnership with the Rural Health Services Research Network of B.C. Participants from across IH as well as from rural and First Nation communities, provincial and local governments, universities and colleges attended. The keynote speakers included Dr. Christopher Horsetheif, who presented "Reconciliation in the Age of Reconciliation," and whose talk addressed what resiliency and reconciliation mean for vibrant rural communities. Dr. Lesley Barclay, Emeritus Professor at the University of Sydney (Australia) spoke about working with a national rural health alliance and the strength of a common forum. The conference was at full capacity, with over 150 people at the event.

Williams Lake physician profiled by Doctors of BC

Dr. Jeff Peimer is an emergency physician who played a leadership role in the development of a [new ER protocol](#) as part of the Child and Youth Mental Health Substance Use Collaborative. He is passionate about emergency medicine and children, and has combined those passions to make a real difference for youth in B.C., starting in the Interior. Read the [full article](#) from Doctors of BC.



Palliative Approach in Residential Care (PARC) pilot prepares to launch

Residential care sites in Penticton, Kelowna, Vernon, Revelstoke and Nelson are getting ready to implement

PARC this year, with an overarching goal of introducing a palliative approach much sooner than in the last few weeks or months of life. By increasing the comfort level of both staff and residents/families to talk about palliative care earlier, choices and preferences can better inform their care decisions and delivery.

Penticton ED adopts electronic charting

Penticton Regional Hospital (PRH) is the latest Interior Health site to launch a new Electronic Medical Record (EMR) in its Emergency Department (ED). The [new EMR system](#) launched in April and allows ED physicians and nurses to document electronically all aspects of the care they provide to patients including nurse assessments, vital signs, medication administered and emergency physician reports.



Respiratory Therapy has new 'room to breathe' at East Kootenay Regional Hospital

The purchase of new pulmonary function equipment at EKRH and a move to a larger, newly renovated area has allowed the Respiratory Therapy (RT) department to better serve patients. In the past 10 years, the RT team and services have grown significantly, meaning the new, brighter space has been welcomed since it opened in April. The new equipment and move were made possible through the support of the East Kootenay Foundation for Health.

Strategic Goal #3: Ensure sustainable health care



Featured @IH: Dr. Brenda Farnquist,
radiologist and education director for Medical
Imaging at Kelowna General Hospital

MyHealthPortal expansion coming soon

MyHealthPortal is an online tool that currently provides patients with 24-hour secure online access to their own Interior Health lab results, medical imaging reports, visit history, and certain appointment details and instructions. IH is the first health authority in B.C. to implement such a service, providing patients with the ability to be better informed and engaged in their own care. This summer, MyHealthPortal is expanding to include additional clinical reports and physician notes, rolling out first at Vernon Jubilee Hospital and Pleasant Valley Health Centre in June. Sites in IH East are planned to follow in August, with an IH-wide implementation in the fall.

Diagnostic Imaging Repository means faster, better decisions

A new provincial collaboration called [Diagnostic Imaging Repository \(DI-r\)](#) connects medical imaging through B.C. in a more comprehensive way. DI-r, which went live at IH in February, means clinicians have access to a patient's prior medical imaging from IH as well as other health authorities. The additional information gives radiologists a more complete picture, and reduces the time for reports to be completed because past images no longer need to be requested and sent manually.

Penticton Regional Hospital (PRH) new tower project

The PRH Patient Care Tower (PCT) design phase is complete and is now in the Operational Commissioning phase that prepares for safe and smooth operations. Operational Commissioning meetings with the user-groups and the Readiness Commission Group began in March 2018. The PCT is scheduled to open April 29, 2019.

Healthcare Travelling Roadshow visits Sicamous, Revelstoke and Nakusp

Conceived as a grassroots initiative to address rural healthcare workforce shortages, the UBC Healthcare Travelling Roadshow was once again a success, connecting with high school students in Sicamous, Revelstoke and Nakusp in May. Over the years, the initiative has grown to include three regional trips each year in Northern and Interior B.C. Since its inception in 2010, the roadshow has connected with more than 7,000 teenagers in 32 communities.

Eleven healthcare students participated in this year's trip representing medicine, nursing, midwifery, occupational therapy, physical therapy, pharmacy, dental hygiene, respiratory therapy, and cardiology technology. IH has successfully recruited past participants of the Roadshow initiative, and continues to be interested in expanding to additional communities.

Strategic Goal #4

Cultivate an engaged workforce and a healthy workplace



Featured @IH: John Bevanda, Interior Health's Corporate Director, Workplace Health & Safety, is eager to start implementing a health and safety culture at IH that has everyone looking out for each other.

A Safe & Healthy Workplace

The launch of the "Healthier, Safer IH" campaign occurred on May 1, through a CEO message to all staff and physicians sharing health and safety priorities for 2018/19 (Musculoskeletal Injuries, Psychological Health & Safety in the Workplace, and Embedding a Health & Safety Culture). The goal of the campaign is to empower everyone at IH to take responsibility for health and safety. Read feature coverage in the [May edition of @InteriorHealth magazine](#).

Joint funding for safety measures at Kelowna General Hospital

The BC Nurses' Union (BCNU) and representatives from Interior Health announced funding to pilot new security measures at Kelowna General Hospital (KGH) to enhance safety for patients, nurses, and health professionals. In addition to the security presence that is already in place at KGH, two full-time security officers have been assigned exclusively to the ED on a trial basis – one for the evening shift (6 p.m. to midnight) and another for the night shift (midnight to 6 a.m.). The additional security officers began covering the new shifts on March 11.

Recognition for leadership, commitment

**Read more stories of sensational staff and physicians at IH [In the Loop](#)*

The Royal Inland Hospital Division of General Surgery received the 2017/18 award of recognition for *Outstanding Contribution to Resident Education* this spring. The annual recognition is made by surgical residents at the University of British Columbia.

Dr. Anneline Du Preez, EKRH emergency department and family physician in Kimberley, was recognized by the BC College of Family Physicians (BCCFP) as one of 10 doctors presented with the new 'College Coin.' The coin is given by College members to "colleagues they respect and admire."

Greg Brett, IH's Director of Health Care Technology Management, was recently presented with the Canadian Medical and Biological Engineering Society's *Outstanding Canadian Biomedical Engineering Technologist Award for 2018*. The award acknowledges Greg's provincial leadership implementing World Health Organization preventative maintenance standards.

Dr. Trevor Corneil, VP Population Health and Chief Medical Health Officer, was named one of the Okanagan's "[Top 10 civil servants](#)" in several regional newspapers. Dr. Corneil was selected for his commitment over the past year to the overdose crisis response.

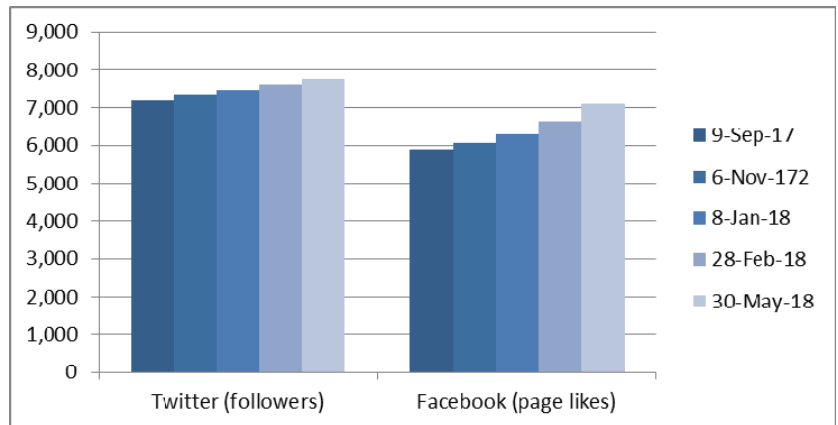
Community Engagement

Social Media / News Media presence and engagement

Social Media engagement

Twitter: 7,748 followers (as of May 30, 2018)

Facebook: 7,103 followers (as of May 30, 2018)



News Releases / Public Service Announcements include:

- Mar. 1:** [IH announces upgrades to the emergency department at SOGH](#)
- Mar. 14:** [Joint funding to make KGH safer](#)
- Mar. 21:** [IH art open house highlights mental health and substance use connection](#)
- Mar. 28:** [Local businesses meet with Royal Inland Hospital tower hopefuls](#)
- Mar. 29:** [Online STI and HIV testing reduces barriers, reaches more people in IH](#)
- April 5:** [Learning from those who use drugs alone](#)
- April 9:** [Clinicians inform KBRH emergency department design](#)
- April 18:** [Penticton's emergency department implements electronic charting](#)
- April 23:** [One year until Penticton Regional Hospital Tower opens](#)
- April 27:** [Doors open to innovative new wellness clinic in Kelowna](#)
- May 4:** [Rural Health Services Research Conference](#)
- May 9:** [Patient Care Tower Champions: Penticton Regional Hospital's Medical Device Reprocessing department \(Sharing our stories\)](#)
- May 10:** [Flood Update: Boundary Services](#)
- May 13:** [Relocation of Boundary Medical Clinic services during evacuation order](#)
- May 14:** [Queen Victoria Hospital – Helipad project \(Project update\)](#)
- May 15:** [Orchard Haven Care Home Resident Relocation Underway](#)
- May 17:** [Drinking water precautions during and after flooding](#)
- May 20:** [Health and Safety after Flood in Boundary](#)
- May 23:** [Update: Boundary health services - health centre reopens today](#)
- May 24:** [Interactive Water Map](#)
- May 24:** [Health and Safety after Flood in SOK Similkameen](#)

Community Engagement

Stakeholder Engagement by Community Liaisons

Interior Health conducts regular engagement with provincial, regional and local partners and stakeholders. Below are examples of some of the specific meetings and events attended by leaders and community liaisons from March – May 2018.

IH East

- Doctors of BC Facility Engagement event, West Kootenay;
- Palliative Care and Medical Assistance in Dying presentation to First Nation Health Authority partners;
- Health Care Assistant Education Planning Forum, Selkirk College;
- UBCO Healthcare Travelling Roadshow: Nakusp, Sicamous, Revelstoke;
- Revelstoke & Area B Emergency Management Program Committee Meeting.

IH Central

- Penticton Regional Hospital Patient Advisory Committee;
- Day of Giving radio fundraiser in support of JoeAnna's House (KGH Foundation);
- Aboriginal Service Committee (Westbank First Nations, Okanagan Nations Alliance, Metis Society and the Ki-Lo-na Friendship Centre).

IH West

- Division of Family Practice – Thompson Division Collaborative Service Committee;
- Secwepemc LOU Quarterly Meeting;
- Thompson Rivers University Practice Advisory Committee meeting;
- Fourth annual Radiothon, held at Royal Inland Hospital, in organized by and in support of RIH Foundation.

@interiorhealth

A publication for Staff and Physicians of IIT

MAY 2018

Health & Safety: for you and me

Learning from
those who use alone

On the spot
improvements

Access is key

CONTENTS

4 CEO MESSAGE

A message from Chris Mazurkewich, Interior Health's CEO.

5 *We/WISE*

Wellness wisdom for work.

6 ACCESS IS KEY

Designated palliative beds improve patient care in hospital.

8 HEALTH & SAFETY: FOR YOU AND ME

Building a safer, healthier IH.

10 A HEALTHY & SAFE WORKPLACE

Success stories from Ashcroft and Kamloops.

13 LEARNING FROM THOSE WHO USE ALONE

Community engagement aims to decrease overdose deaths.

14 ON THE SPOT IMPROVEMENTS

University students give hand hygiene feedback in real time.

16 A FOCUS ON FOUNDATIONS

A look at the Shuswap Hospital Foundation.

18 SPOTLIGHT

Staff-submitted photos of places where we live and work.

20 CLICKS & CLIPS

Snapshots of our staff in action and trending health-care videos.

On the cover: John Bevanda, Corporate Director, Workplace Health & Safety, leads a shift in how we think about health and safety at IH. Story p. 8.





13 

Do you or someone you know use alone?



The @InteriorHealth magazine is a monthly publication created by the Communications Department of Interior Health. Past issues of @InteriorHealth can be found on our website under About Us/Media Centre/Publications & Newsletters.

If you have story ideas for future issues, please e-mail: IHcommunications@interiorhealth.ca

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Message FROM THE CEO



President & CEO
Chris Mazurkewich

We are undergoing a cultural shift within Interior Health – a shift in how we think about health and safety and our work. Rather than implementing a new “system” or initiative, our goal is to make health and safety part of our work day, indeed, part of who we are as an organization.

So, how do we build health and safety into our everyday work lives? In this month’s issue of @IH, we hear from John Bevanda, Director for Workplace Health & Safety and learn about his plan to shift the way we think about the topic (see page 8). Key to his vision is the implementation of a Health & Safety Management System (HSMS). (You may remember we introduced the HSMS concept in the [November 2017 issue of @IH.](#))

HSMS is a proactive approach to health and safety. The goal is to empower each of us to take responsibility for safety, be mindful of our physical and mental health, and remain engaged and psychologically resilient to the pressures of everyday work and life. Within this framework, health and safety becomes part of our everyday practice – with each one of us taking ownership for it, wherever we are in the organization – because every person matters.

An IH-wide HSMS steering committee with representation from each portfolio and key program areas is leading this shift. Based on safety data, priority areas for the upcoming year have been identified as musculoskeletal injuries (MSI), psychological health and safety in the workplace, and creating a health and safety culture.

An InsideNet page has been created to house tools and resources related to the priority areas. Check it out under Employee Health & Safety > [A Safer, Healthier IH](#) – and return often as it will be updated regularly.

This information will be used and referenced in awareness and education campaigns that will run throughout the year ahead, encouraging staff and physicians to learn and get involved. As we become healthier, discover ways to work safer, and share our successes, we will achieve a culture of health and safety throughout IH.

We’ve also included two examples in this issue of @IH that showcase areas where this shift in thinking is already creating positive change – a healthy workplace initiative in Ashcroft (page 10) and the success of Royal Inland Hospital’s Joint Occupational Health & Safety Committee (JOHSC) on page 11.

Embedding a culture of health and safety is a call to action for every one of us. We must all lead, influence, and model safety behaviour. It’s a team effort. Let’s each do our part to keep ourselves and our workplaces healthy and safe. In doing so, we also provide the best care for our patients, clients, and residents. 🙌

As our population ages, Interior Health's commitment to enhancing palliative and end-of-life care is increasingly important. We are seeing more individuals with highly complex, chronic, and life-limiting conditions.

We are currently converting 51 spaces to designated palliative beds in a phased approach between 2015 and 2019; plans for 2018/19 include 18 community hospice beds to be located in residential care facilities and 33 within hospitals.

Many people wish to die at home, but at times the complexity of their care needs make it necessary for them to be admitted to hospital. They may be admitted for short-term care to provide symptom management and stabilization and then be discharged home. In other cases, they may be admitted to hospital or hospice as the chosen location of death.

To meet patient needs, it is important that a designated palliative care bed option be available at what is a critical time for the individuals, care-givers, and loved ones. For those who will die in hospital, privacy and comfort are a priority and access should not depend on whether the patient is in a small town or an urban centre.

The palliative designation means that, while the beds may be used for other patients, priority is given to those individuals requiring palliative or end-of-life care.

For those communities that do not have stand-alone hospice houses, the designated palliative beds we have converted offer additional privacy and comfort. For example, many of the rooms include an adjoining family area where loved ones can gather and share a coffee or snack while sitting vigil. As the beds convert, the implementation teams place a priority on layering in palliative education for all team and care providers.

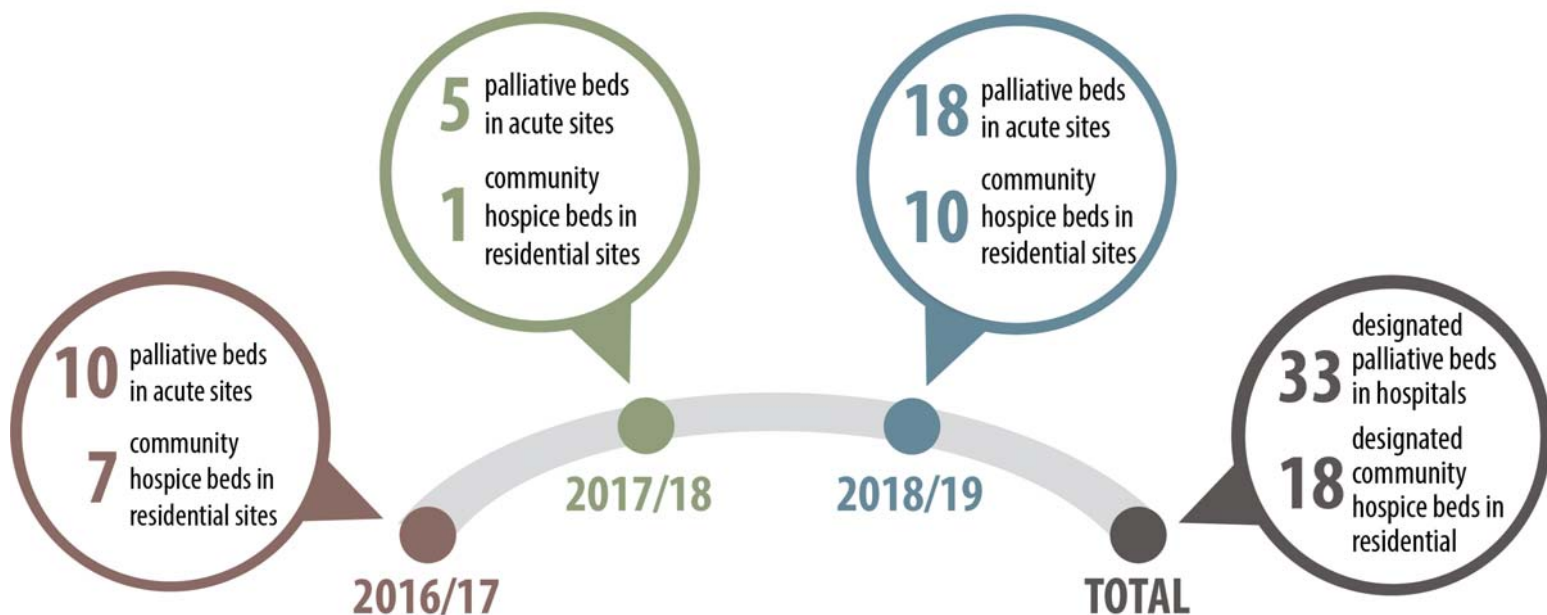
Access is key

Meeting palliative needs in hospital

"Shuswap Lake General Hospital (SLGH) has two designated palliative spaces in our acute site along with three community hospice beds in Bastion Place. The capital improvement for these two beds in SLGH was made possible by donations from the Shuswap Hospital Foundation," explains Peter Du Toit, Acute Health Service Administrator for IH West. "The palliative spaces have been a great support to patients and families as they offer a spacious, quiet environment during these difficult times. As designated palliative spaces, the beds are prioritized for the acute phase of palliative care."

Interior Health's palliative care strategy includes extensive staff and physician education, interprofessional cross-portfolio collaboration, and engagement with Aboriginal communities. Involving partners, such as the hospice societies, and using collaborative tools, such as community rounding (patient rounds with community-based care providers), are critical components of the strategy to ensure the needs of the individual and family come first.

To learn more about palliative care in Interior Health, visit the Palliative and End-Of-Life pages under Your Care [on the public website](#) or contact [Ruth Shirley](#).





ARE YOU PREPARED

Know your site's emergency response plan, know who to contact in the event of a site evacuation, make an emergency plan, build an emergency kit.

[InsideNet](#) > [About IH](#) > [Emergency Response & Planning](#)



Interior Health
Every person matters

HEALTH & SAFETY: for you and me

Anyone who watched the television police drama *Hill Street Blues* will remember Sgt. Phil Esterhaus's caution to officers at the end of every morning roll call. "Hey," he says, "let's be careful out there."

John Bevanda, Interior Health's Corporate Director, Workplace Health & Safety, has a similar dream for IH employees and leaders. His plan to develop a culture where safety is always top of mind will take a little more effort than a simple warning, but not much more.

The model he wants to introduce across IH is straightforward and steeped in common sense.

John also passionately believes if people unite behind the mindset that safety comes first "for you and for me," every workplace will benefit.


In fact, he has seen it succeed at other health-care sites. During a trip to an aging residential facility in Saskatchewan where both the equipment and building were dated, John discovered there had been zero injuries in three years.

"I was blown away at that. How was this possible at such a busy site where they didn't even have ceiling lifts?"

Well, the employer had implemented a Health & Safety Management System (HSMS) – a model that embeds health and safety into everyday practice.

"I thought why can't we do this at our sites?" John recalls. "It's really just a proactive system of looking out for each other and prioritizing an organization's safety concerns and goals."

At the Saskatchewan facility, people embraced the concept of treating each other like family and finding ways to support their teams so they avoided the perils and hazards of day-to-day work.

A man in a dark suit and patterned shirt is leaning against a light-colored wall. He has his hands clasped in front of him and is looking towards the camera with a slight smile. The background is a plain, light-colored wall.

John Bevanda, Interior Health's Corporate Director, Workplace Health & Safety, is eager to start implementing a health and safety culture at IH that has everyone looking out for each other.

They put in place 10-15 minute safety huddles during which staff members reviewed safety priorities on a whiteboard, advised each other of the dangers and hazards the shift before had observed, and then went about their daily work.

“The supervisor is a huge factor in their safety successes. She is hands on, regularly going out on the unit to connect with staff, and help them in whatever way is needed, even giving them a quick hand with something physical,” John says.

This approach can be a way of practice in Interior Health as well, he adds. The safety and violence prevention training, which took place across IH last year as part of WorkSafeBC requirements, has us well positioned to move beyond basic health and safety compliance.

“We are ready to ask our managers and staff to also endorse a culture of health and safety so it becomes just part of the way we do our daily work.”

A steering committee formed to oversee the implementation of the Health & Safety Management System reviewed data to see where people in IH are getting injured at work and how to best prevent these injuries. From that work, they identified three priority areas for 2018/19:

- musculoskeletal injuries
- psychological health and safety
- creating a health and safety culture

John knows people will be concerned that this is more work being added to a busy day. That’s why tools have been developed to help managers, including ways to start the conversations about safety topics and methods to support local Joint Occupational Health & Safety committees.

“This model is about integrating health and safety into day-to-day activities, not adding something new.”

Managers won’t be left on their own to figure things out. For example, John says, the Workplace Health & Safety team will review incident reports so they can help develop a plan that will help mitigate repetitive injuries.

“If 90 per cent of injuries are equipment related, then we would suggest ways to address the cause. Are people using lifts incorrectly? Then we will help site managers with a strategy for training.”

John takes the implementation of the HSMS personally because he is so confident it will change lives and that it can be executed easily and without becoming a burden.

“I am excited about this. We’ve done a tremendous amount of work to get to this point and we are ready to share health and safety with front-line staff and managers on the ground. I see it as a vehicle for engagement because there is such a benefit to all.”

He wants people to know that when they see information about HSMS, it’s much more than an acronym – it’s about ensuring when they go to work each day, they will be going to a work site that puts everyone’s mental and physical health and safety first.

For more information, please visit the InsideNet > Employee Health & Safety > [A Healthier, Safer IH.](#) 

“
This model is about
integrating health and
safety into day-to-day
activities, not adding
something new.”

See *The importance of a healthy and safe workplace*, page 10.

the importance of a

healthy & safe



WORKPLACE

by Amy Bordas, RN and Jackson House Registered Clinical Counsellor (RCC), Ashcroft

Do you know why it's important to have a healthy workplace? Many studies, including those by the [Government of BC](#), show that healthy work environments improve productivity and reduce absenteeism, worker turnover, and medical and disability claims. That's great for employers, but what does this mean for workers? It means millions of health-care dollars aren't needlessly wasted on these issues. Instead, these resources can be spent on important health-care needs like staff and equipment!

At the Ashcroft Hospital and Health Centre, we are working towards a vision of a healthy worksite. Hospital Employees' Union (HEU) member Barb Clark spearheaded a five-week "Whole Health Challenge" and invited everyone at our site to participate. The challenge came with weekly prizes and email updates on who won the loot each week. The HEU and BC Nurses Union (BCNU) donated many fantastic incentives including gift cards, sturdy water bottles, and many other goodies!

How did the challenge work? Well, a big, colorful challenge poster is displayed in the site cafeteria for all to see. Each week of the challenge, there are five, healthy "to do" items. Once you have completed a task, you choose a cheerful sticker and add it beside that task under your name.

I'm happy to announce that I won a fabulous prize for my participation and I'm enjoying my nice water bottle and drinking more water because of it. I got to spend my \$25 gift certificate at the local Nature's Gifts health store and picked up more great stuff for some additional pampering!



Amy checks out the healthy challenge poster in the cafeteria.

Some of the challenges were interesting, like "write a love letter to yourself." One challenge that really made me give my head a scratch was "ending a toxic relationship." I couldn't think of any human relationships that fit this description, so I broke up with holiday chocolate. (You know those decadent little mini eggs and mini Halloween chocolate bars – they are out!)

Another challenge was to write a thank you note. That challenge inspired me to write this article as a shout out and thank you to Barb Clark and all of the staff at the Ashcroft site who are working to make ours a healthy workplace. I challenge the @IH readers to ponder how you can make yourself and your site healthier, too.



Back (L-R): Kris Kristjanson, Nadine Blake, Ria Dubois, Terry Linge, Ian Wood, Clarke Alger, Nicole McIntyre, Diane Lingren
 Middle (L-R): Regina Black, Della Peters, Adri-Anne Kroll, Sandra Moore, Lisa Jensen, Galadriel Jolly
 Front (L-R): Heather Tomlin, Clarissa Frausel, Donna Lineker, Melody Pawloff, Patti Wright
 Missing: Marilyn Smith, Debbie Cosgrove-Swan, Cindy Rose, Pam Davies, Shalene Langham, Lindsay Milton

Joint Occupational Health & Safety Committees (JOHSCs) play a key role in improving day-to-day site safety. The JOHSC at Royal Inland Hospital is a health and safety success story.

“We have worked very hard over the past year and a half to improve our working relationships as a committee,” says Donna Lineker, RIH JOHSC Chair. “The committee is now seeing the rewards of its hard work.”

The majority of committee members have completed a two-day JOHSC training session and committee effectiveness training offered through the B.C. Federation of Labour. This training has helped the group better handle investigations and safety inspections, improve follow up on safety concerns, and raise those concerns through the proper channels.

They are using their TeamSite page to improve JOHSC communication and organize all of their documentation electronically. This includes storing, scheduling, and evaluating inspections; reviewing incident investigations; discussing and tracking issues; and sending follow up to managers.

“Our Administrative Assistant Lindsay Milton has been instrumental in organizing the TeamSite for us, as well as our minutes and agendas,” says Donna. “We would not be as far along in our journey as a committee without her assistance.”

Guests are invited to JOHSC to update the committee on Violence Risk Assessments (VRAs) and new procedures. Representatives from administration also attend meetings, as they are able, to support recommendations.

IH Workplace Health & Safety recently visited the RIH JOHSC and was impressed by the collaboration and organization of this committee.

“They are paying a great deal of attention to detail, and managers and staff formally recognize the need to work collaboratively to help protect everyone,” says WHS Lead Shannon Campbell. 🙌

New Pa\$\$w0rd Requirements

Minimum eight (8) characters in length including:
lower/upper case letters, numbers, and/or special characters.

Username:

Username

Password:

Cancel

Login



See the [User Identification and Password Policy](#) to learn more.



Learning from those who use alone

Met Mike, a 34-year-old man who recently moved to Kelowna and works in construction. Mike hurt his back on the job a month ago and has been taking prescribed pain medication since. The pain isn't getting any better, though, and at a recent party with some of his friends he decided to try "something new." Since then, Mike has been experimenting with increasingly dangerous illegal drugs. He mostly uses at home, though occasionally with friends.

Mike isn't real, but the scenario is all too common for men in Kelowna who are overdosing and dying alone at an alarming rate.



Arlene Howe speaks about her son during the Use Safe website launch.

Kelowna has one of the highest overdose rates in the province and men between the ages of 24 and 38 are most at risk, which is why Interior Health's (IH) Population Health department launched a new website, www.usesafe.ca, hoping to reach these men, their friends, families and supporters.

The website offers people the option to take a survey, be interviewed by phone or meet in person. The team wants to learn from those who use drugs alone, to better understand what can be done to reduce the risk of overdose.

"My little brother died of an overdose," says Jason Wills. "He was an amazing brother, son and friend. We loved him and his drug use killed him. I'm speaking out because I don't want other parents and families to go through what we have gone through. For me, it's not about a message of don't do drugs, it's a message about staying alive, being safer with your use, and knowing there are supports available."

"I lost my son to a fentanyl-related overdose three years ago," says Arlene Howe. "Losing a child is unimaginable and devastating, the deep loss and pain is ever present. He was a charismatic, funny, hardworking man."

Through this engagement project, local residents like Jason and Arlene are bringing their voices and perspectives to the opioid crisis playing out in Kelowna and other communities throughout the IH region.

No personal information is asked or collected, and all interviews are confidential. The community feedback collected through this project will help update IH's strategy on harm reduction measures that can then be used in the short and medium term.

IH's [Public Health Overdose Emergency webpage](#) is a good source for additional information; the page is updated regularly. 🏠

on the spot improvements

As we all know, hand hygiene is key to reducing health care-associated infection rates. With that in mind, IH Infection Prevention and Control (IPC) has enlisted university students to help with a number of hand hygiene projects across IH facilities. The partnership offers students valuable “real world” experience while the IPC team receives welcome assistance with special projects.

“While hand hygiene observations are currently performed quarterly, we thought having more frequent feedback on hand hygiene compliance would give staff additional opportunities to improve,” says Val Wood, IH Director of Infection Prevention & Control. This is where the idea of on the spot feedback was born. “If we can use a missed hand hygiene opportunity to educate rather than simply record data, hand hygiene rates and patient safety are more likely to improve.

“The students have been working on some great initiatives to help us move forward in our hand hygiene program,” Val continues.

During their time with IH, they reviewed alternative auditing software that works on a variety of mobile devices, allowing observers to record hand hygiene compliance rates and barriers to hand hygiene not captured with our current system. The students also studied the effectiveness of auditing in residential care across several B.C. health authorities. For geographically remote areas with fewer personnel, audits can empower hand hygiene champions to conduct their own observations and use the reports for improving the quality of resident care.

The observers also check in with floor managers to discuss the observations, so they can bring specific opportunities for improvement to staff huddles and safety meetings. Students record their observations on a phone app called Canvas.

About the student observers

Erin Flanagan studies neurobiology and cognitive psychology at the University of Victoria. She plans to pursue a career in health care after graduation. Erin grew up in Kamloops and has enjoyed working in her home community again. Jeanne Roux is a health science major at Simon Fraser University. She is considering a career in public health. Working in Cranbrook helped Jeanne develop her researching and teamwork skills. As a biology student at Thompson Rivers University, Colton Stephens studies wildlife and pathogens.

Keep an eye out for the new student observers starting this month. Cole Hanson (Thompson Rivers University) will be working at Royal Inland Hospital; Simon Fraser University student Emma McFarlane will be in Kelowna; and Allison Griffiths (University of Victoria) will be observing in Trail. 🐾



Hand Hygiene Working Group Lead Andrea Neil (second from left) and Val Wood (right) meet with the students during an IH-wide IPC meeting. Students are (L-R) Erin, Emma, Cole, Jeanne, Colton, and Allison.



clean your hands: THE BUG STOPS HERE!

#thebugstopshere



You will touch
someone's life today . . .
Do it with clean hands!
Dr. Doug Cochrane, Board Chair
 Interior Health
Every person matters

Look for IH Board Chair Dr. Doug Cochrane
"standing up" for hand hygiene at some of
our sites and join us in recognizing

STOP! Clean Your Hands Day
May 4, 2018





An interview with Fiona Harris, Director of Development

What is your Foundation's focus or mission? Why is what you do important?

Our mission is to help provide ways to better health care by raising funds that will enable access to improved equipment and facilities. Over the past 30 years, the Foundation, through a generous Salmon Arm and area community, has raised more than \$4 million to improve health care locally at Shuswap Lake General Hospital by funding such items as a CT scanner, portable X-ray units, infant incubators, ECG machines, etc. We have also been able to fund the renovation of the Intensive Care Unit and the chemotherapy unit, as well as renovation to the community clinic in Sorrento and the Sicamous lab. It is important to be able to ensure that people can access as much locally so that they don't have to travel to other centres such as Kamloops or Kelowna.

What are some of your past favourite campaigns?

We love our annual radiothons, where we set out to raise \$25,000 in one day for a specific piece of equipment for child care. Each year, rain or shine, it seems to all come together and we are lucky enough to reach our target of \$25,000. Our annual golf tournament has also become a huge success. We started in 2015, raising \$47,000, and it has been so very well supported each year. In 2016 we raised \$80,000, and last year we raised \$115,000.

Tell us of one of your Foundation's proudest moments.

Our Foundation was certainly very proud of the fundraising that was done for the CT scanner. There was a two-year plan to raise \$1.6 million for this project. It was accomplished in less than a year! The scanner was installed in 2009, and has since received an upgrade – a further \$205,000 was raised in short order to accomplish this.

Is there a particular donation over the years that stands out in your mind – an unusual situation or donation itself?

We receive donations for a variety of reasons but the main thread that seems to run through all the “back stories” is that people have received great care and attention in our medical facilities. They are so thankful for the access to much-needed equipment here in Salmon Arm, without the need to travel to cities far away. There are donors who would like to assist in ensuring that everyone can continue to have access to the best equipment and facilities possible. There are many stories. A family whose father was in the hospital for end-of-life care asked him if there was anything he needed them to do for him. He told them that he was receiving such good care that he would like them to make a donation on his behalf. A couple who had experienced heart issues make a major donation annually to cardiac care. The chemotherapy renovation was supported by many donors who had experienced chemotherapy and wanted to help upgrade this area.

What is your current campaign or major project? Why is it important?

Our major project this year is to raise funds to support the purchase of a Fibroscan Liver Scanner. The cost of this equipment is \$140,000 and this will be the goal for our 2018 Charity Open Golf Tournament. There is a liver clinic at the hospital three days a week and this will provide a non-invasive method to diagnose a variety of liver diseases, including cancer and hepatitis C.

Any parting words?

I feel very privileged to be able to work at the Shuswap Hospital Foundation. I really enjoy connecting with our community and working to strengthen the awareness of our organization. We have an excellent board of 12 hard-working board members and a group of more than 60 volunteers who work enthusiastically at a number of projects throughout the year. To be able to be a part of bringing the best possible patient care and comfort to our local area is exciting and the amazing generosity of our Shuswap residents has enabled the significant support needed to continue to bring excellent health care to our communities. Together we are all able to make a difference to each and every life. 🙌



The Shuswap Hospital Foundation's Fiona Harris (R), Director of Development, works hand in hand with the SHF's Board, including Rob Marshall, President, to help raise funds for health-care initiatives in Salmon Arm. Missing from photo is Diana McFarlane, Administrative Assistant.

\$212k

Total foundation donations to IH (2016/17)

\$4m

Total donations to IH

Some recent funding by the Foundation ...

1986

Foundation began

\$1.6m

CT scanner

\$64,000

Chemotherapy area renovation

\$107,000

Two palliative care rooms

\$72,000

ICU renovation

\$205,000

CT scanner upgrade

Find more information at www.shuswaphospitalfoundation.org.

Where
we live
& work.



Cranbrook
Submitted by: Dianne Dilts



Fruitvale
Submitted by: Kirsten Faris



Kelowna
Submitted by: Milad Fathi



clicks

snapshots from the region



Visit Facebook to see more of the faces in IH.

clips

health & wellness videos

Gender-Based Violence: We All Can Help

This online learning series for health sector workers is a collaboration between the Ministry of Health, BC Women’s Hospital + Health Centre, and the Ending Violence Association of BC.

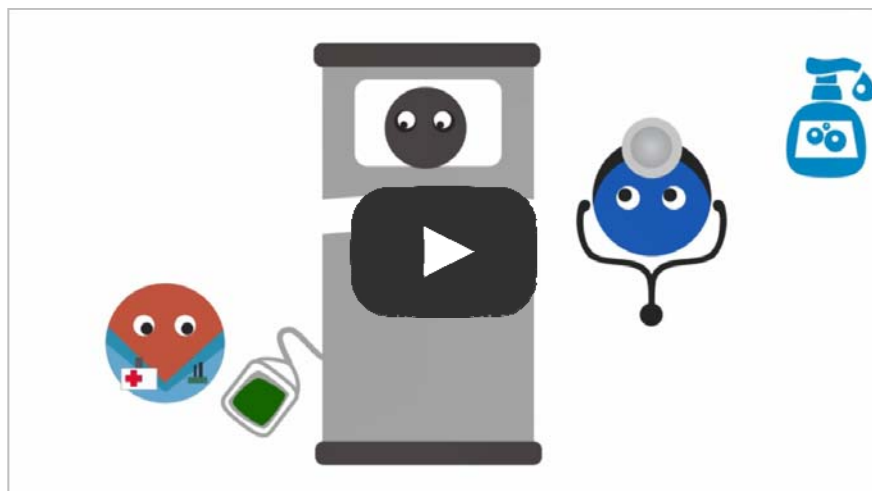


Have Some Empathy

Residential school survivor Janet Longclaws says Canadians who say “just get over it” should consider empathy and learn their history.

Your Four Moments of Hand Hygiene

In clinical settings, practising these four moments can save lives — before touching a patient, before a procedure, after a procedure or body fluid exposure, and after touching a patient.



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UNIVERSITY



RHSRNBC
Rural Health Services
Research Network of BC

BOARD CORRESPONDENCE

May 2018

Board Correspondence received:

- MLA Peter Milobar re: Dentists and MSP Billing/Pharmanet

The above correspondence items have been referred to the CEO and/or appropriate Vice-President and/or Patient Quality Care Office and have been responded to accordingly.



LEGISLATIVE ASSEMBLY
of BRITISH COLUMBIA

Peter Milobar MLA
Kamloops - North Thompson

May 18, 2018

Minister of Health
PO Box 9050 Stn Prov Govt
Victoria BC
V8W 9E2

RECEIVED

MAY 28 2018

Dear Minister Dix,

I recently met with one of our constituents, Dr. Cindy Nagel of Horizon Dental Clinic in Kamloops, who outlined what I view to be some areas of concern within our current healthcare system. I write this letter to you today to both inform you of shortcomings that influence dental health and to ask for clarification on dental doctors and surgeons billing Medical Services Plan.

According to Dr. Nagel, she has performed multiple surgeries in hospitals and surgical centers, mostly on low-income individuals with special needs, which entitles her to compensation. To date she has been denied, and cannot obtain an explanation for denials by the Ministry or regional health authority. Even if she were to obtain compensation, this is only forty per cent of what is charged in a regular clinical setting.

I have also been informed that dental doctors cannot access Pharmanet, the system used to prescribe medications and review prescriptions. Dr. Nagel illustrated to me the importance of dental doctors to have access to Pharmanet for two important reasons: to identify drug-seeking behavior and avoid over-prescription of narcotics to patients, and to confirm current medications with patients to avoid potentially dangerous combinations of drugs.

Dental health is an important aspect of the overall delivery of health in British Columbia, and I believe it is important for our systems to be working as seamlessly as possible.

Thank you for your attention to these matters, I look forward to your response.

Sincerely,

Peter Milobar
MLA for Kamloops – North Thompson

CC: Dr. Cindy Nagel, Horizon Dental Clinic
Dr. Doug Cochrane, IHA Board Chair

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