

How it all unfolded



Williams Lake

July 8

Due to impacts of wildfires in the area, transfer begins for hospital patients, Williams Lake Seniors Village and Deni House residents, outpatient clinics, community care patients, and mental health centre. 498 patients and clients relocated.

July 10

Evacuation alert issued. Lab and DI services suspended, ED and maternity remain open.

July 15

Evacuation order issued. Hospital closes.

July 24

Hospital ED and primary care clinics re-open.

July 27

Evacuation order downgraded to an alert.

July 28

Outpatient lab, DI, and community services re-open.

August 2

Specialist clinics, mental health services, and ambulatory care re-open.

August 15

Evacuation alert rescinded.

August 16

Planning begins to phase in remaining health services.

August 18-19

Williams Lake Seniors Village and Deni House residents move back home.

August 28

All health services resume at hospital.

July 7

Evacuation alert issued. Transfer begins for hospital patients; Mill Site Lodge, Fischer Place and Carefree Manor residents; and home support clients. ED remains open. 310 patients and clients relocated.

July 9

Evacuation order issued. Hospital closes.

July 22

Evacuation order downgraded to an alert. Hospital ED re-opens.

July 25

Lab and DI services re-open. South Cariboo Health Centre re-opens, including home support, home health, mental health, and public health nursing.

July 29

Evacuation alert rescinded.

July 31

Ambulatory care, telehealth, and urology re-open.

August 5

Carefree Manor assisted living patients move back home.

August 9

Residents move back to Mill Site Lodge and Fischer Place. Phased re-opening of hospital begins.

August 14

All health services resume at hospital.

100 Mile House

Ashcroft/ Cache Creek

July 7

Evacuation order issued for Cache Creek. Ashcroft hospital closes due to power outage. Transfer begins for hospital patients, Jackson House, and Thompson View Lodge residents. 46 patients and clients relocated.

July 18

Evacuation order downgraded to an alert. Ashcroft hospital re-opens. Patients and Jackson House and Thompson View Lodge residents return home.

August 25

Evacuation alert rescinded for Cache Creek.

Clearwater

July 15

Evacuation alert issued. Transfer begins for hospital patients, Forest View Place residents, and community clients. ED remains open. 26 patients and clients relocated.

July 24

Evacuation alert rescinded.

July 25

Community health and home support services resume.

July 26

Forest View Place residents return home.

July 9

Evacuation order issued. Alexis Creek Health Centre closes.

July 11

Due to wildfire activity in the area, West Chilcotin Health Centre (Tatla Lake) closes.

July 27

Alexis Creek evacuation order downgraded to an alert.

July 29-30

Evacuation order issued for Clinton. Health centre closes.

July 31

Alexis Creek and Tatla Lake health centres re-open.

August 12-13

Evacuation order issued for Alexis Creek, health centre closes. Evacuation alert issued for Tatla Lake.

August 15

Evacuation orders downgraded to alerts for Clinton and Alexis Creek.

August 17

Health centre re-open in Alexis Creek.

August 18-19

Evacuation order issued for Tatla Lake. Health centre closes.

August 21

Health centre re-opens in Clinton.

August 24

Evacuation order downgraded to alert for Tatla Lake.

August 26-27

Health centre re-opens in Tatla Lake. Evacuation alert rescinded for Clinton.

Cariboo/Chilcotin

* This timeline does not reflect all the fires throughout the IH area that impacted communities and residents over the summer, only those that directly impacted our health-care services.

192 
Patient Care Quality
Office calls received

2,000+
Air filters changed
every 2-3 weeks

3,820 
Firefighters, personnel fighting fires

700+
Staff displaced

182
Helicopters and
planes deployed

19 
IH sites/facilities closed

15 First Nations
communities
were under alert or order

 **35** IH info
bulletins
issued

80+ Alerts or
orders
issued

**WILDFIRE
EMERGENCY
RESPONSE**
what it takes

52.37 Highest air
quality health
index reached

4
Incident
command
centres

32,013
Staff hours reported on wildfire

\$93+ million
Donations to Red Cross

 **1.15** million
Hectares burned

48,000+
Registered wildfire evacuees in B.C. Interior

880 
Patients/clients evacuated

\$2.7 million
Cost to IH for
wildfire response

111
People involved
in IH EOC response

250+ 
Calls received to HR
wildfire employee hotline

The following numbers reflect some of the statistics related to the wildfire emergency in our province and may be approximate. Data gathered from July 7, 2017 to August 31, 2017.

EXECUTIVE SUMMARY

Title	Interior Health (IH) Community Overdose (OD) Profile for Kelowna
Purpose	To provide an in-depth summary of OD surveillance trends in Kelowna, as the basis for ongoing OD prevention, response and collaboration.
Top Risks	<ol style="list-style-type: none">1. (Patient) OD deaths have increased significantly in the Okanagan in 2017.2. (Financial) Ongoing short- and long-term health care costs related to managing OD recoveries.3. (Other) Stakeholder knowledge, values and/or beliefs, and data limitations, may undermine efforts to reach those most at risk of OD death.
Lead	Dr. Silvina Mema, Medical Health Officer
Sponsor	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

The provincial illicit drug OD death rate remains significantly above historical rates. From January 1 to June 30, 2017, a total of 122 illicit drug overdose deaths were reported in the IH region (32.5 per 100,000 population). Among these, 46 deaths occurred in Kelowna (73.2 per 100,000). Currently, the Okanagan is the most affected region in IH with OD deaths in Kelowna in 2017 projected to be almost double the number reported in 2016.

Since the public health emergency was declared in April 2016, IH has been monitoring OD trends in Kelowna and across the region using surveillance data provided by emergency departments, BC Emergency Health Service (ambulance), and the BC Coroners Service. Additional data sources include the provincial Take Home Naloxone (THN) program and IH's Overdose Prevention (now Supervised Consumption) Services.

DISCUSSION

A full Community Overdose Profile for Kelowna is shown in Appendix A.

IH is addressing the overdose emergency by expanding access to THN, implementing overdose prevention services (ODPS) and mobile supervised consumption services (SCS), and increasing access to substance use treatment for people at highest risk of an OD event.

To date in 2017, more than 2,500 THN kits have been distributed in the Central Okanagan, ODPS/SCS have received over 4,500 client visits, and an additional 3,900 client contacts have been made through outreach. Through these contacts, nearly 800 referrals have been made to IH's Mental Health and Substance Use (MHSU) Program, withdrawal management, residential treatment, shelter/housing, and food. Overdose prevention staff have responded to 18 ODs since December 2016 with no fatal outcomes.

Across IH, the number of patients on the first-line opioid agonist therapy (OAT), Suboxone, doubled between 2015/16 and 2016/17. There is currently one OAT clinic supported by IH's MHSU Program in Kelowna, and the wait list to access this clinic has been reduced significantly from 4-6 weeks in August 2016 to an average of 11 days. IH is working to reduce this wait time to under 24 hours and to open an additional OAT clinic in Kelowna.

Reflecting the ongoing nature of the OD emergency, planning is underway to transition the governance of IH's response from the Emergency Operations Centre (EOC) structure to regular operations. OD response will be embedded within MHSU's Program Plan 2017-2020 and a cross-portfolio approach will be maintained within IH under the direction of an OD Steering Committee (ODSC).

To have a sustainable impact on the OD emergency, a multi-sectoral and comprehensive approach is critical. This approach requires leadership to motivate and guide partners in addressing the social determinants of substance use such as stigma, poverty, homelessness, and the lack of social supports. Examples of partners

outlined by a review to inform BC's response to the OD crisis include, but are not limited to, BC Housing, RCMP, municipalities and regional districts, Ministry of Children and Family Development, Canadian Mental Health Association BC Division, Living Positive Research Centre and core businesses driving the Central Okanagan economy [1]. Efforts to strengthen a multi-stakeholder approach for the OD emergency with the City of Kelowna are currently underway, including plans to revitalize a Harm Reduction Committee (previously called the Sharps Committee) to coordinate efforts including sharps collection, public engagement, and communication.

Next steps for Kelowna, under the ODSC, will be to review the activities undertaken to respond to the OD emergency in Kelowna and to develop a Kelowna-specific work plan for the next 12-months.

EVALUATION

An ongoing program of monitoring and evaluation will be reflected in quarterly reports produced by the ODSC, including a global report on the status of the EOC deliverables at the close of the EOC.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Brent Harris, Epidemiologist	August 25, 2017	September 1, 2017	Information
Corinne Dolman, Practice Lead, Overdose Prevention and Response	August 25, 2017	September 1, 2017	Consultation
Julian Mallinson, Leader, Projects and Quality	August 25, 2017	September 5, 2017	Consultation
Roger Parsonage, EOC Director	August 25, 2017	September 1, 2017	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Gillian Frosst, Epidemiologist	September 5, 2017
Assessment of communication requirements	Lesley Coates, Public Health Communications Officer	On-going
Presentation to Strategy and Risk Management Council	n/a	n/a
Presentation to SET	Joseph Savage, Interim Director for Addictions, MHSU Corinne Dolman, Practice Lead, MHSU	September 18, 2017
Presentation to the Board	Joseph Savage, Interim Director for Addictions, MHSU Corinne Dolman, Practice Lead, MHSU	October 3, 2017

ENCLOSURES

Appendix A – Community Overdose Profile for Kelowna.

PowerPoint presentation – Interior Health Community Overdose Profile for Kelowna.

REFERENCES

[1] HealthShares Holdings Inc. 2017. *A Rapid Review to Inform B.C.'s Response to the Opioid Overdose Crisis* for Michael Smith Foundation for Health Research to support B.C.'s Joint Task Force on Overdose Prevention and Response. (Not publicly available).

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date
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Community Overdose Profile for Kelowna

The overdose (OD) emergency has been ongoing for more than a year. During this time there has been a substantial amount of information collected through multiple surveillance systems across the province. This information has been put to great use by health authorities, local communities, and community agencies to better understand the population at risk of opioid OD. The following community profile highlights some of the learnings of this population within the city of Kelowna.

The three (3) main sources of OD data come from:

1. Interior Health Authority (IH) Emergency Department (ED) Surveillance – suspected or confirmed opioid-related ODs. Includes contextual information such as substances used.
2. BC Ambulance Service (BCAS; Ambulance) Patient Care Reports – paramedic’s assessment, treatment and transportation of patients. Events meeting specific criteria are characterized as illegal drug ODs.
3. BC Coroner’s Service (BCCS; Coroner) – accidental and undetermined illicit drug OD deaths are investigated, with toxicology results available 2-6 weeks following initial report. Includes some contextual information such as if the person was using drugs alone.

None of these surveillance systems in isolation or in partnership are representative of all ODs. Non-fatal ODs that occur in the community where 911 is not called are not captured. Additionally, the percentage of people declining transport by BCAS after 911 is called has been increasing over the past year.

Key Messages

- ODs disproportionately affect males aged 30-49 and the Aboriginal population
- Highest risk of fatal OD is among people using drugs alone and in private residences
- A relatively small proportion of ODs occur in public spaces and/or among homeless people
- Fentanyl has been detected in most OD deaths in 2017
- People with OD report using various drug types and modes of consumption
- ODs occur among regular and occasional users
- Over 2,500 Take Home Naloxone kits have been distributed
- Approximately 4,500 client visits have occurred at Overdose Prevention (now Supervised Consumption) Services
- Across IH, the number of patients on Suboxone doubled between 2015/16 and 2016/17

Who is Overdosing?

Overdoses are disproportionately affecting males aged 30-49, and the Aboriginal population. Table 1 summarizes the number of reported ODs in Kelowna and IH. It is difficult to determine the exact number of ODs, as each surveillance system captures different information and is subject to different limitations. ED and BCAS data represent mostly non-fatal OD events.

- For ED Surveillance, these are the ODs reported by Kelowna General Hospital (KGH), which could include people living or experiencing an OD within or outside the city of Kelowna.
- Data reported by BCAS represent paramedic attended events with a location code of Kelowna. This may include a small number of events occurring outside the city limits.
- The BCCS data represent people with fatal ODs whose place of injury (or place of death if place of injury is not known) was in the city of Kelowna.

The city of Kelowna likely experiences more than one-third of all ODs and one-third of OD deaths in the IH region. By comparison the city of Kelowna represents roughly 17% of the IH population.¹ This highlights the disproportionately high burden of ODs on the community and health services in Kelowna, along with the disproportionate toll this situation is taking on the people and around the city.

Table 1 Comparison of Overdose Data Sources for Kelowna, June 1, 2016 - July 31, 2017*

Data Source	Interior Health	Kelowna	% of IH Total
ED	997	273	27%
Ambulance	1,825	684	38%
Coroner [^]	225	77	34%
Population ¹	743,471	125,737	17%

*These numbers can change over time as ODs are identified retrospectively

[^] June 1, 2016 to June 30, 2017

With a population of approximately 125,000 people, Kelowna's illicit OD death rate is among the highest in the province. As of June 30, Kelowna's projected 2017 death rate was 73.2 per 100,000 people. This exceeds that of Vancouver, at 64.0 per 100,000 people. This supports the findings of a recent report released by the Canadian Institute for Health Information (CIHI) in which the Kelowna Census Metropolitan Area (CMA) ranks highest in the country among 34 CMAs for opioid poisoning hospitalizations in 2016/17.

Males and females are not evenly affected by ODs (Table 2). Across the IH region more than 80% of deaths, and close to two-thirds (63-65%) of ED visits and BCAS illegal drug ODs were among males. In Kelowna, the trend is much the same, with roughly 60% of ED visits and BCAS illegal drug OD events among males.

Table 2 Overdoses and Deaths by Gender in Interior Health and Kelowna, June 1, 2016 - July 31, 2017*

Data Source	Interior Health			Kelowna		
	Male	Female	Null	Male	Female	Null
ED	63%	37%	-	58%	42%	-
Ambulance	65%	33%	2%	62%	34%	4%
Coroner	83%	17%	-	Unknown		

*These numbers can change over time as ODs are identified retrospectively

People that OD in Kelowna tend to follow the same age structure as the entire IH region (Table 3), with about one-third of OD events in each of the 19-29 and 30-39 year age groups. Fatal ODs tend to be among a slightly older population, with most being 30-39, followed by those aged 40-49.

Table 3 Overdoses and Deaths by Age Group in Interior Health and Kelowna, June 1, 2016 – July 31, 2017*

Age Group	Interior Health			Kelowna		
	ED	Ambulance	Coroner	ED	Ambulance	Coroner
0 – 18	3%	4%	2%	4%	3%	-
19 – 29	35%	30%	19%	35%	27%	-
30 – 39	29%	28%	34%	32%	33%	-
40 – 49	19%	16%	23%	17%	14%	-
50 – 59	11%	12%	20%	10%	10%	-
60 – 69	3%	3%	2%	1%	2%	-
70+	1%	3%	0%	1%	2%	-
Unknown	-	5%	-	-	9%	-

*These numbers can change over time as ODs are identified retrospectively

The Aboriginal population has been disproportionately affected by ODs in IH and BC.² While Aboriginal people make up approximately 8% of IH's population, nearly one-fifth (19%) of ODs reported by EDs were among those who self-identified as Aboriginal. In Kelowna, where the Aboriginal population is nearly 5%, approximately 9% of ODs reported by KGH are among those who self-identified as Aboriginal.

Table 4 Overdoses in the Aboriginal Population, June 1, 2016 - July 31, 2017*

Data Source	Interior Health	Kelowna
ED	19%	9%
Ambulance	Unknown	
Coroner		
Aboriginal Population [^]	7.7%	4.5%

*These numbers can change over time as ODs are identified retrospectively

[^] IH population based on IH Aboriginal Health estimate; Kelowna value based on 2011 National Household Survey³

Where are Overdoses Happening?

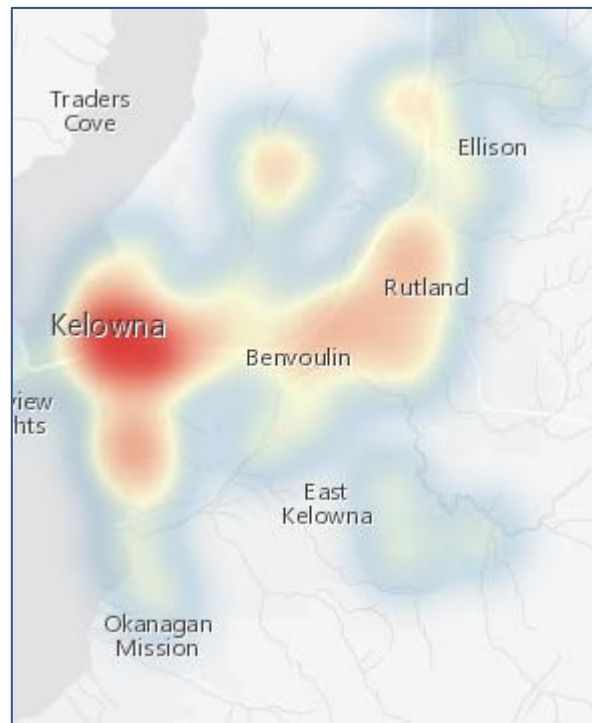
Overdoses are happening in private residences, parks and open spaces, and in all areas of Kelowna, including downtown commercial areas and residential neighbourhoods. They are happening among housed and homeless populations. However, certain geographic areas are more affected by ODs than others. The following heat map shows the areas with the highest concentrations of BCAS paramedic attended illegal drug overdoses in the most recent 6 months (Jan. 30, 2017 – Jul. 29, 2017). The red areas are those with the greatest volume of illegal drug OD events. This suggests that downtown Kelowna is the main hotspot of OD activity. It also shows a swath of OD activity that generally follows Highway 97 through the city.

By connecting the location of ambulance attended illegal drug ODs to the land-use zones in the city of Kelowna, it was determined that approximately 44% of ODs occurred in residential areas, followed by 17% in the Central Business Commercial zone, which encompasses much of downtown and includes residential, commercial, and civic land uses. Additionally, approximately 8% of ODs occurred in parks and open spaces. The remainder were spread across many other zones in small numbers.

For people visiting the ED in Kelowna, approximately 15% of ODs were identified as people who are likely homeless or under-housed. This was based on the use of the Income Assistance Office address as a home address, or having an address identified as “unknown”, or “no fixed address”. This may be an underestimate of homelessness as this does not include people who may have provided a friend or family member’s address at time of ED visit.

The Coroner’s Service provides another perspective, reporting that approximately two-thirds of fatal ODs in IH occurred in a private residence (houses, trailers, garages, etc.), one-fifth occurred in another residence (hotels, motels, rooming houses, social housing, residential care, recovery centres, etc.), and roughly 1 in 8 occurred outside (parks, streets, sidewalks, parking

Figure 1 Heat Map of Paramedic Attended Illegal Drug Overdoses Feb. 14 – Aug. 13, 2017



Map provided with permission of the BC Centre for Disease Control. Data source: BC Emergency Health Services, BC Ambulance Service, Patient Care Reports

lots, etc.). A small number of deaths occurred in other indoor settings like businesses, or were unknown. This suggests that fatal ODs are more likely to occur in private residences as opposed to public spaces like parks or on the street.

How are Overdoses Happening?

Fentanyl appears to be a key determinant for ODs, particularly in the most severe cases. People who use drugs alone are at a higher risk of a fatal OD than those who use with others present. While some circumstances of ODs are known, there remain many unknowns and data limitations for both fatal and non-fatal ODs in Kelowna. Some information can be captured while a patient is in the ED, and in the case of a fatal OD, the Coroner's Service is able to provide some additional contextual evidence, though this is only available for completed investigations and only for IH as a whole (not specific to Kelowna).

In 2016, more than 70% of deaths (closed cases only) in IH were determined to have occurred when the person was using drugs alone. This is substantially higher than the proportion of ODs reported by KGH, where fewer than 30% reported using alone. While both data sources contain many unknown cases, the available data suggests that people who OD alone are at higher risk of a fatal outcome than those who OD in the presence of others.

The type of drug used is a critical piece of information when it comes to community intervention, as fentanyl and fentanyl analogues can increase the potency of illicit drugs to fatal levels. According to the BC Coroner's Service, fentanyl was detected in more than 90% of fatal ODs that occurred in Kelowna between January and May, 2017. Less is known about substances involved in non-fatal ODs. Toxicology tests are not routinely performed in the ED. However, information may be collected about substances used as reported by the patient. Patients self-reported heroin use in about half of ODs reported by KGH. Illicit stimulants were reported in about 20% of ODs, and more than one-third of ODs had reports of multiple drug types being used. Approximately 17% reported taking fentanyl. Only 28% of ODs reported by KGH indicated injection drug use, highlighting that ODs can occur through multiple drug types and modes of ingestion. Furthermore, the frequency of drug use is not necessarily a good indicator of OD risk. Approximately one-third (34%) of ODs reported by KGH were among daily drug users, while another 20% were among occasional/infrequent users. A further 16% reported weekly drug use, and the rest were unknown.

Surveillance data from these sources have led to a number of community specific alerts for drug users to be aware of [specific substance](#), [general increasing OD trend](#), and an [unusual increase in deaths](#).

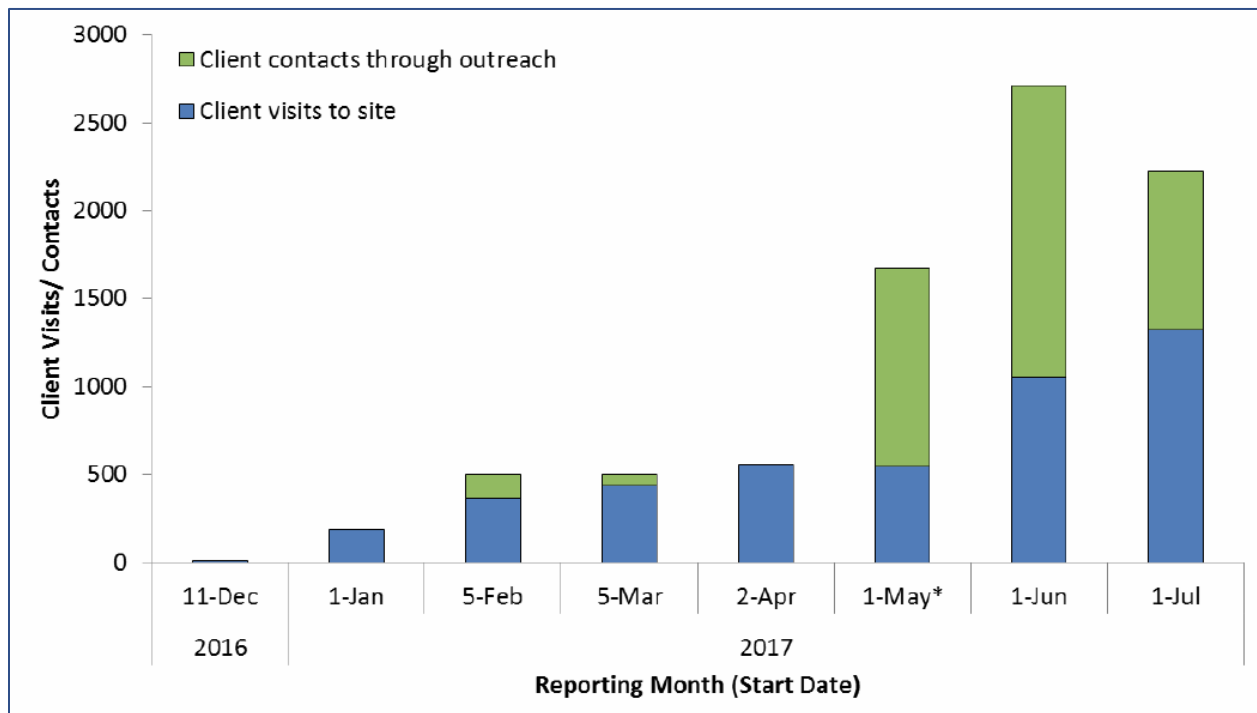
How is IH Reducing the Risk and Harm among Drug Users?

IH is addressing the overdose emergency by expanding access to Take Home Naloxone (THN), implementing overdose prevention services (ODPS) and mobile supervised consumption services (SCS), and increasing access to substance use treatment for people at highest risk of an OD event.

Naloxone is used to reverse the effects of an overdose. There has been an enormous push to disseminate naloxone to drug users and people that may come in to contact with someone who has overdosed. There is a time lag in the data detailing the number of naloxone kits given out, but even so, there are reports of nearly 2,500 kits distributed in the Central Okanagan between January and July, 2017. This number is likely to be much higher once all the data are entered and organized.

Another pillar of OD prevention among drug users in IH is the use of ODPS and mobile SCS. In Kelowna, a temporary ODPS site operated from December 2016 to April 2017 at the old Kelowna Health Unit on Ellis Street. This site has since been replaced with a mobile SCS unit that travels between Outreach Urban Health on Leon Avenue and the Rutland Community Dialysis Centre on Park Road. Starting in June 2017, the Living Positive Resource Centre also provides outreach services to support the mobile service. Use of ODPS has been growing, with more than 1,300 visits in July, representing a 25% increase over June. There was an additional 900+ client contacts through outreach. Figure 2 shows the growth of these services over time. Since December 2016 there have been nearly 800 referrals provided to additional treatment or service options, such as IH mental health and substance use, withdrawal management, residential treatment, shelter, food, etc. There have been 18 ODs attended by ODPS/SCS staff or outreach since December, 2016, with no associated fatal ODs.

Figure 2 Overdose Prevention Services/Supervised Consumption Services Utilization, Dec. 2016 - Jul, 2017[^]



*Change in reporting date for monthly numbers. Transition to mobile SCS occurred in late May.

[^]These numbers can change over time as client contacts are reported retrospectively

Access to opioid agonist therapy (OAT) is the most important component of reducing incidence of opioid ODs. OAT [i.e., buprenorphine/naloxone (Suboxone) or methadone] is an effective treatment for opioid addiction. Significant efforts are underway in BC to improve access to OAT by increasing the number of physicians trained to prescribe OAT and by reducing wait times for OAT clinics. Physician engagement sessions are occurring to provide education around OAT prescribing. Across IH, the number of patients on Suboxone doubled between 2015/16 and 2016/17. There is currently one OAT clinic supported by IH's Mental Health and Substance Use (MHSU) Program in Kelowna. The wait list to access this clinic has been reduced significantly from 4-6 weeks in August 2016 to an average of 11 days. IH is working to further reduce this wait time to under 24 hours and to open an additional OAT clinic in Kelowna.

References

1. BC Stats. Population Estimates, 2016.
2. First Nations Health Authority. Overdose Data and First Nations in BC, 2017.
3. Statistics Canada. National Household Survey Aboriginal Population Profile, 2011.

Interior Health Community Overdose Profile for Kelowna

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

Joseph Savage, Interim Director for Addictions, MHSU

Corinne Dolman, Practice Lead, MHSU

October 3, 2017

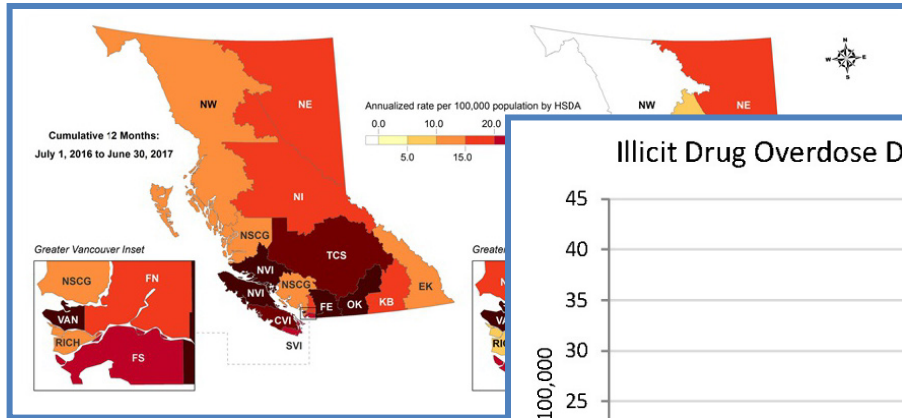


Interior Health
Every person matters

Outline

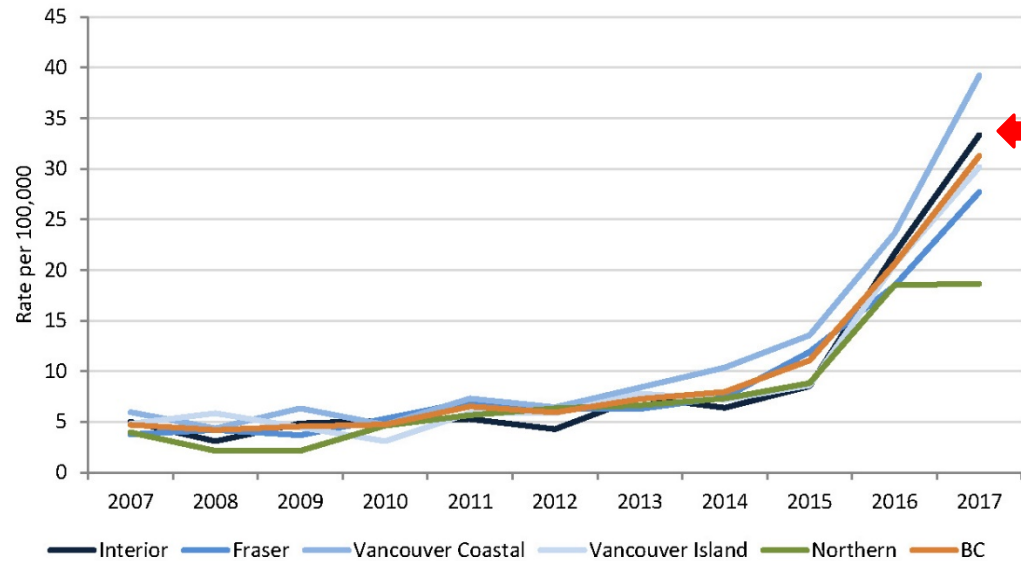
- * Regional Epidemiology Update to July 2017
- * Emergency Operations Centre (EOC) Transition Plan
- * Community Overdose (OD) Profile for Kelowna
- * Discussion and Questions

Epidemiology of OD Crisis in IH



BC Coroner Service Rates Jan - Jul 2017

Illicit Drug Overdose Death Rates by Health Authority, 2007-2017



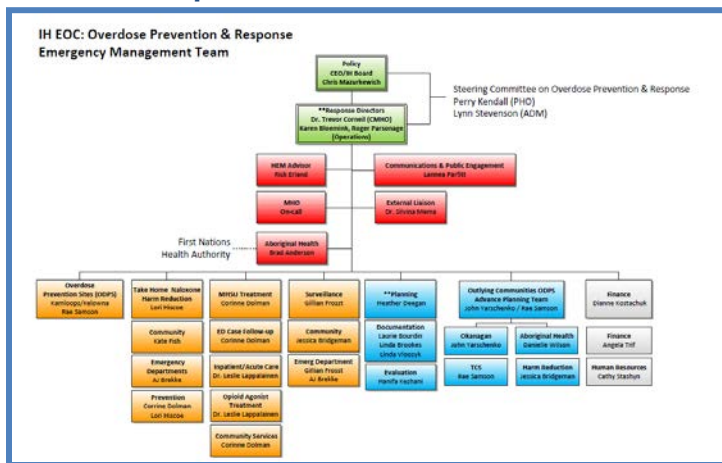
Illicit Drug Overdose Death Rates by Health Services Delivery Area per 100,000, 2007-2017^[4-7]

HSDA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
East Kootenay	2.7	2.6	1.3	0.0	1.3	2.6	5.2	5.1	2.6	16.6	8.8
Kootenay Boundary	5.2	0.0	2.6	3.9	5.1	5.1	2.6	3.8	7.6	11.4	19.8
Okanagan	3.9	2.6	4.3	5.2	8.1	4.6	9.4	7.6	11.7	20.9	44.3
Thompson Cariboo	7.5	5.1	7.8	7.4	2.3	4.1	6.8	5.9	5.8	28.1	28.3

EOC Transition Plan

- * Plan approved by SET on September 11, 2017
- * Interim OD Steering Committee effective September 15, 2017
- * OD prevention and response budget for 2017/18 released

EOC Sept 2017



DOAP 2017/2018

Appendix B. Overdose EOC Transition Plan v1.0

Notes:

- The overdose work plan referenced throughout this document is the detailed work plan developed for each area of the overdose response (IH-PH-OD-117 Global Work Plan OD April 27, 2017).
- A proposed new Overdose Steering Committee (DOSC) will provide cross-portfolio coordination and replace the current EOC, effective September 15, 2017. The DOSC will be re-evaluated in December 2017 or when the Public Health Emergency is declared over, whichever is sooner.

TACKLES (The key pieces of work to achieve objectives)	LEADS	RESPONSIBLE MECHANISM AND LEAD	DELIVERABLES AND MILESTONES (Refer to the "products"; milestones refer to "services")			TRANSITION NOTES	STATUS (At Risk, Yellow, Red and Grey/complete, See Legend)
			FY 17/18 (01.01.18-03.31.18)	FY 18/19 (01.01.18-03.31.18)	FY 19/20 (01.01.18-03.31.18)		
Implement Overdose Prevention Services (ODPS) and mobile Supervised Consumption Services (SCS)	Caroline Delman & Tara Machizuki (Operational) Anne-Marie Vintonac (Executive Sponsor)	Annual report to Health Canada (MHSU) Operations with support from Population Health (epidemiology) Ongoing: report any operations changes to Health Canada. Q2: submit request to Health Canada for amended exemption to include oral and intranasal methods of consumption. Q2: mobile SCS evaluation plan completed and approved; data collection initiated in Q3. Q3: interim evaluation report completed.	Ongoing: report any operations changes to Health Canada. Ongoing: report any operations changes to Health Canada.	Ongoing: report any operations changes to Health Canada.	Caroline Delman and Tara Machizuki are the Responsible Persons in Charge for the mobile SCS units. Roger Partridge will continue to liaise with Health Canada to have the exemptions expanded to include additional methods of consumption. Target date is September 21, 2017, depending on Health Canada. SCS operations can be fully managed through MHSU with no ongoing need for support from the proposed EOC.	✓	
Provide Overdose Prevention Services (ODPS) and expand	MHSU Health Service Administrators (Operational)	Quarterly report to SET with IH mandate reporting (Dave Harvery) Q3: report ODPS services in Vernon and Penticton	TBD based on 2017/18 results and epidemiology	TBD based on 2018/19 results and epidemiology	MHSU has completed planning for expansion of ODPS in Vernon, Nelson and Penticton, and secured space in Penticton. Implementation details, including contract negotiations, are	✓ New or revised services	

August 30, 2017 Page 1 of 6

Community OD Profile for Kelowna

How many people are dying?

- * 46 deaths in Kelowna January 1 to June 30, 2017
- * 2017 deaths projected to be double 2016

Who is overdosing?

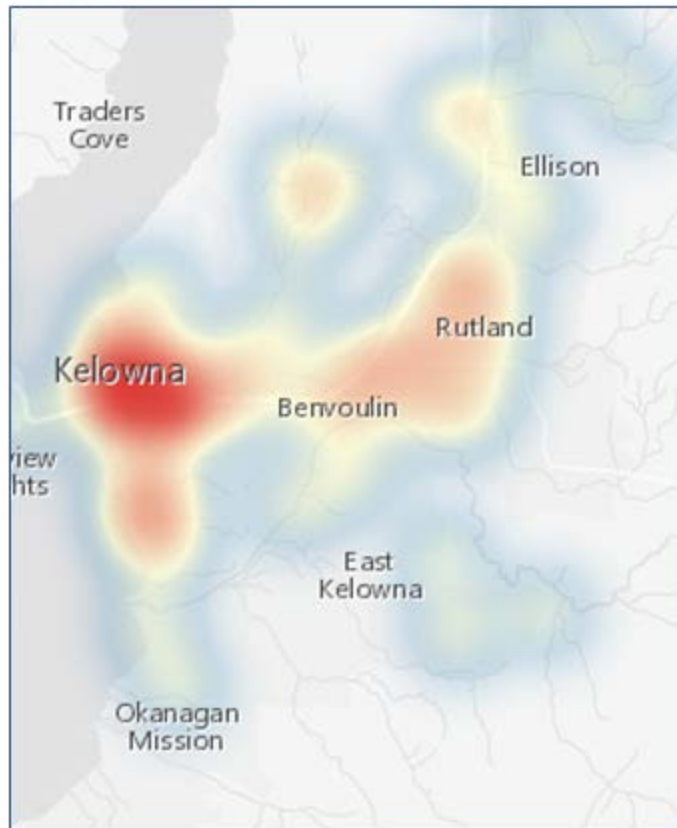
- * ODs disproportionately affect;
 - * Males aged 30-49
 - * Aboriginal population

The screenshot shows a CBC News article from British Columbia. The headline is "Spike in Kelowna overdose deaths prompts public alert". The sub-headline reads "Interior Health warns drugs users to take precautions after 7 deaths in 9 days". The article is by Barbara Lindsay, dated August 30, 2017, at 4:24 PM PT. The main image shows two white, round pills on a dark surface, with a pile of white powder in front of them. Below the image, a caption states: "Fentanyl has been implicated in many recent drug overdose deaths in B.C. (CBC)". To the right of the article is a sidebar with social media sharing options (Mobile, Facebook, Photos, Twitter, Alerts, Newsletter) and a weather widget.

The screenshot shows a CBC News article from British Columbia. The headline is "Kelowna tops Canada for rate of opioid hospitalizations". The article is by Lauren Pullen, an Anchor/Reporter for Global News, dated September 14, 2017, at 9:55 PM. The main image is a video player showing a man with glasses speaking. Below the video, a caption reads: "Federal Liberals from across the country - wrapped up their two-day caucus meeting in Kelowna - and today - one of the biggest crises plaguing the Okanagan and all of BC - was brought up for debate. Top health officials in the province and at least one MP are advocating for drug decriminalization in wake of the Fentanyl crisis, but as Lauren Pullen reports that's not something we'll be seeing anytime soon." To the right of the article is a sidebar with a weather widget for Kelowna, BC (22°C, Hi 21°, Lo 4°), a traffic widget, and an advertisement for a Private Addiction Rehab Center.

Community OD Profile for Kelowna

Figure 1 Heat Map of Paramedic Attended Illegal Drug Overdoses
Feb. 14 – Aug. 13, 2017

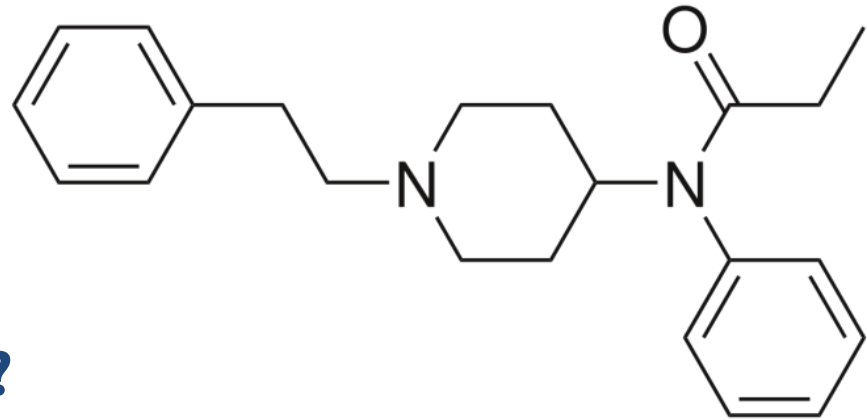


Map provided with permission of the BC Centre for Disease Control
Data source: BC Emergency Health Services, BC Ambulance Service,
Patient Care Reports

Where are ODs happening?

- * Highest risk of fatal OD among people using drugs alone and in private residences
- * Relatively small proportion of ODs in public spaces and/or among homeless people

Community OD Profile for Kelowna



How are ODs happening?

- * Fentanyl detected in >90% of fatal ODs in 2017
- * Various drug types and modes of consumption reported
- * ODs occur among regular and occasional users

Community OD Profile for Kelowna

Components of IH's Response

- * > 2,500 Take Home Naloxone kits distributed
- * Approx. 4,500 client visits at Overdose Prevention (now Supervised Consumption) Services
- * Doubling of patients on Suboxone between 2015/16 and 2016/17





Discussion and Questions



DRAFT MINUTES OF AUGUST 1, 2017
REGULAR BOARD MEETING
9:00 am – 10:30 am
5th Floor Boardroom – 505 Doyle Avenue

Board Members:

John O'Fee, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
Dennis Rounsville
Tammy Tugnum
Renee Wasylyk

Resource Staff:

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

Guests:

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

Presenters:

Dr. Silvina Mema, Medical Health Officer
Roger Parsonage, Corporate Director, Population Health
Tanja Stockmann, Manager, Environmental Sustainability
Lorne Sisley, Corporate Director, Facilities Management & Operations

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

I. CALL TO ORDER

Chair O'Fee called the meeting to order and welcomed Board Directors, staff and visitors.

I.1 Acknowledgement of the First Nations and their Territory

Chair O'Fee respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory.

I.2 Approval of Agenda

Director Burrows moved, Director Jules seconded:

Motion: 17-16 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

3.1 Overdose Prevention and Response Update

Dr. Silvina Mema, Medical Health Officer, provided the Board with an update on the Overdose Public Health Emergency. She reported that Interior Health's safe consumption services exemption has been granted by the federal government. She explained that Kamloops has developed a coordinated effort with community stakeholders bringing together a collaborative approach to addressing the crisis. Interior Health cannot solve this alone. Chris Mazurkewich noted that the new Mental Health and Addictions Minister has been mandated to lead a provincially coordinated effort to develop a response to the opioid crisis. He also suggested looking outside of Canada for more non-conventional strategies that have been successful in other countries. Chair O'Fee expressed much concern over the growing numbers of opioid overdoses and deaths within the Interior Health region. Directors requested a more detailed profile of those who are dying and those who are overdosing; from the emergency room overdose statistics, how many are repeat patients; information about the drug that is most frequently used that is triggering the most overdoses; and requested specific data on First Nations overdose incidents.

3.2 Interior Health Carbon Neutral Action Report

Lorne Sisley, Corporate Director, Facilities Management & Operations and Tanja Stockmann, Manager, Environmental Sustainability, presented the Interior Health Carbon Neutral Action Report – 2016. The report highlights the total greenhouse gas (GHG) emissions from the energy used in Interior Health buildings, fleet vehicle fuel use and paper use. As well, it captures achievements both those mandated, as well as actions above and beyond which reduce Interior Health's overall environmental footprint.

In 2017 and beyond, Interior Health will continue to incorporate environmental sustainability practices and energy management, including more employee engagement and communications, investigating a competitively priced supply chain for sugar sheet paper to reduce greenhouse gas emissions associated with paper manufacturing, and projects to reduce fleet fuel use including assessing the viability and costs associated with future electric vehicle replacements. Interior Health's emissions did rise by 2.7% in 2016, however, this can be attributed to the increase in square footage of the new Heart and Surgical Centre at Kelowna General Hospital along with a colder December in 2016 compared to 2015.

Interior Health has secured \$1M in funding through the Carbon Neutral Capital Program to focus on four significant energy efficiency and GHG emissions reductions: installation of a biomass heating plant at Lillooet and District Hospital; implementing a geothermal heating system at St. Bartholomew Health Centre in Lytton; two high efficiency boiler replacement projects at Elk Valley Hospital in Fernie and Cottonwoods Care Home in Kelowna. Collectively, these projects are expected to save approximately 500 tonnes in greenhouse gas emissions.

Tanja Stockmann answered questions from the Directors.

4. APPROVAL

4.1 Approval – Minutes

Director Burrows moved, Director Jules seconded:

Motion: 17-17 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the June 6, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

There were no actions for review.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Reports of the Health Authority Medical Advisory Committee meetings that took place on June 23rd and July 14th.

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

Dr. Fedor requested the Boards approval for the following motion:

Director Burrows moved, Director Cannon seconded:

Motion 17-18 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the amendment to the IH Medical Staff Rule (6.1.5) which reads: No drug, whether supplied by the hospital or not, may be administered to a patient without an order from a practitioner of the Medical Staff, except where this is permitted by an IH policy or clinical practice standard governing a health care professionals autonomous practice and ordering/prescribing responsibilities.

6.2 Audit and Finance Committee

Director Rounsville requested the Boards approval for the following motion:

Director Wasyluk moved, Director Jules seconded:

Motion 17-19 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Audit & Finance Committee recommend to the Board their approval of the revised Internal Audit Charter, July, 2017.

Director Rounsville reported:

- Representatives from the Office of the Auditor General presented the terms of the 2017-18 external audit engagement.
- The Laundry Services update was received noting the transition is going very well and the onboarding is on schedule for a September completion.

6.3 Quality Committee

Chair O'Fee reported that with the departure of Director Burrows at the end December 2017, he has appointed Director Cannon as Chair of the Board Quality Committee.

Director Cannon reported there were no recommendations at this time.

Director Cannon reported:

- The new Vice President, Medicine and Quality, Dr. Mike Ertel was welcomed to the committee.
- An overview of the physician triage pilot at Kelowna General Hospital was received. Results support continuation at Kelowna General Hospital during long weekends and the possible expansion to Royal Inland Hospital in September.

6.3 Governance & Human Resources Committee

Director Dooley requested the Boards approval for the following motion.

Director Dooley moved, Director Tugnum seconded:

Motion 17-20 **MOVED AND CARRIED UNANIMOUSLY THAT** the Governance and Human Resources Committee recommend to the Board the approval of updates to Board Policy 6.3 *Board and Committee Meeting Schedules* to include the 2018 Board meeting dates as outlined in Appendix 2, subject to a revision for the June meeting to be held on June 18 and 19, 2018.

Director Dooley moved, Director Wasylyk seconded:

Motion 17-21 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Governance & Human Resources Committee recommends the Board approve revisions to Board Policy 3.6 Directors Retainers, Fees and Expenses as presented.

Director Dooley reported that:

- Discussion took place relating to the adoption of a 5 meeting per year schedule for 2018. It was agreed that meetings will be called, if required, for business related issues over the summer months. An additional meeting day may also be added in June to address strategic planning.
- Discussion took place requesting Board members who attend non-IH meetings receive pre-approval by the Board Chair. Chair O'Fee endorsed Directors participation in their local Regional Hospital District (RHD) meetings if they so choose. The Governance and Human Resources Committee will determine which Directors will represent which geographical area that have an RHD. It was also noted that if Interior Health staff are attending events in communities across the health authority that Directors are informed. Both these topics will be discussed at the next Board meeting.

6.4 Strategic Priorities Committee

Director Wasylyk reported that there were no recommendations at this time.

Director Wasylyk had no report at this time.

6.5 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

7. **REPORTS**

7.3 President and CEO Report

The President & CEO Report was received as information. Highlights included:

- A huge thank you goes out to Northern Health, BC Ambulance and many many others who helped with the evacuation due to the wildfires. A coordinated effort to thank all involved is underway, realizing that this is not the end of the fire season and this list will grow.
- Sadly, at least, four Interior Health staff have lost their homes in various locations due to the wildfires.

Chris Mazurkewich answered questions from the Directors.

7.2 Chair Report

Chair O'Fee provided a report for information.

8. **CORRESPONDENCE**

Board correspondence was received as information.

9. **DISCUSSION ITEMS**

None

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, October 3, 2017 – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:30 am

John O'Fee, Board Chair

Chris Mazurkewich, President & CEO



Interior Health

ACTION ITEMS REGULAR BOARD MEETING

October 2, 2017

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
None			



SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: September 15, 2017

1. MOTIONS PASSED

None.

2. DECISIONS

None.

3. ACTIONS

None.

4. PRESENTATIONS TO HAMAC

Interior Health Research Ethics Board (REB)

Wendy Petillion and Dorothy Herbert provided a presentation and information regarding the IH Research Ethics Board function. Also highlighted was the current need for physicians to sit on the committee and provide the medical lens to reviewing cases.

Infection Prevention and Control (IPAC)

Dr. Bing Wang connected via teleconference to provide the latest IPAC report to HAMAC committee members.

Mental Health & Substance Use Program Plan

Dr. Paul Dagg and David Harry provided an overview of the Mental Health & Substance Use program plan, focusing on future needs and population requirements. Program planning includes emerging direction from Ministry of Health. Strategic direction/policy shared with HAMAC members including improved patient health outcomes and reduced hospitalization.

Stakeholders Committee

REPORT TO THE BOARD

— October 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

August 2017

August 10	Shuswap Community Foundation Open House – Director Cannon
August 22-24	First Nations Site Visits – Lillooet/Lytton – Chair O'Fee
August 30	Nicola Valley Hospital Foundation Event – Chair O'Fee
August 31	Partnership Accord Leadership Table (PALT) - Chair O'Fee, Director Jules

September 2017

September 12	Kootenay Boundary Long Term Service Awards – Director Rounsville
September 15	HAMAC – Chair O'Fee
September 28	Mount Ida Mews Residential Care Expansion Groundbreaking – Director Cannon



PRESIDENT & CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD
OCTOBER 2017

Highlights

Our Response to the Wildfire Emergencies

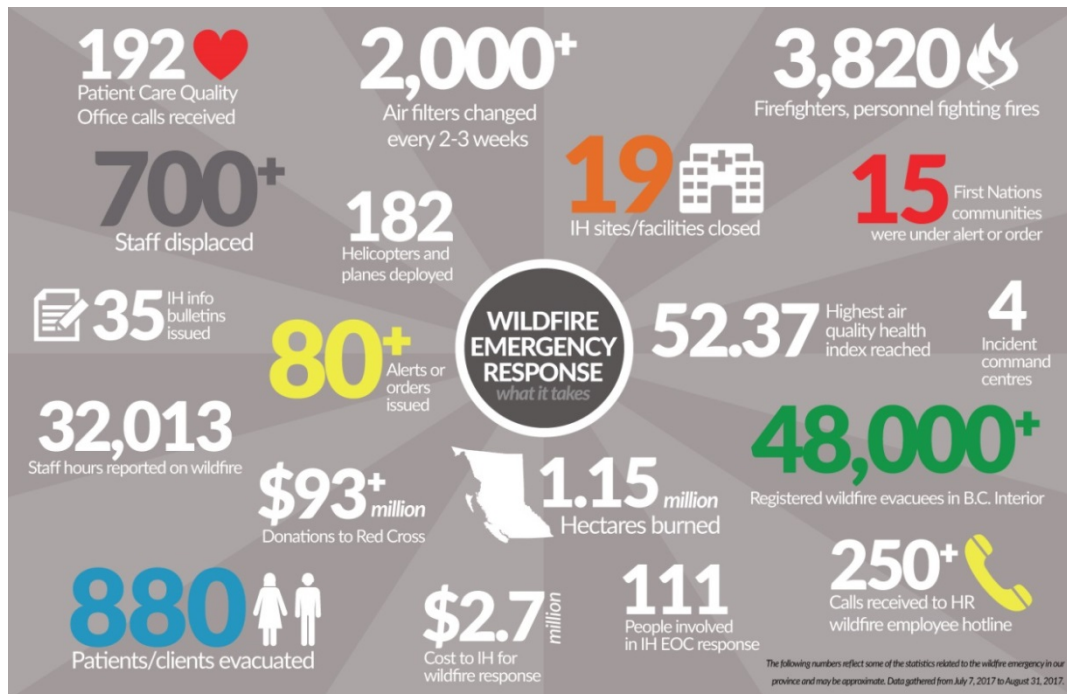
For the past several weeks, Interior Health (IH) has worked alongside communities impacted by the wildfires. Physicians and staff across IH demonstrated incredible commitment to the people we serve in many ways, including working long hours in challenging circumstances, setting up temporary clinics and services, and supporting the evacuation and re-entry transport of more than 800 individuals. In IH West, nine of 14 communities were evacuated during the summer months. Our teams collaborated across programs and sites, and worked with First Nation, municipal, regional and Northern Health partners to ensure continued availability of necessary health services in impacted areas.

Here are examples of some of the many extraordinary responses to the wildfires:

- Nurse practitioners and general practitioners led a temporary outpatient clinic at the Sandman Centre in Kamloops, providing services to evacuees. NPs from the Chilcotin, Williams Lake, and 100 Mile provided daily primary care and after hours support to many community members, despite themselves being on evacuation alert or order.
- Staff displaced by fires in Williams Lake provided needed support to Royal Inland Hospital, which opened 12 temporary overflow beds in August as part of the response efforts.
- Physicians partnered to provide services to evacuees, and there was also collaboration with TK'emlúps, Kamloops Powwow Society and Emergency Social Services to provide health services to evacuees at the powwow grounds.
- Pharmacy teams across the impacted communities worked with programs to ensure needed medications were available, including maintaining chemotherapy schedules for cancer patients.

Access to information and timely updates are critical components to crisis response. IH posted information as it was available on social media and the IH website, and kept reporters and the public informed by sharing information bulletins and supporting Ministry of Health tours in Cariboo and Kamloops.

Regular messages from the CEO, along with postings on InsideNet and the In the Loop employee news website, helped staff stay connected and were also a means to provide thanks and recognition. The September issue of the @IH magazine profiled several aspects of the IH wildfire response, raising awareness of the tremendous efforts from so many of our front-line teams and providers as well as the essential support provided by teams working behind the scenes. As the 2017 wildfire season winds down, IH is both leading and participating in debriefs to capture lessons learned and strengthen our response for future emergencies.



Recognition for All Staff and Physicians Who Stepped Up during Wildfire Crisis

In a letter to IH, four First Nations chiefs extended appreciation to IH teams who supported band members after wildfires threatened their homes: *“On behalf of the Northern Secwepemc te Qelmucw communities, we want to acknowledge and thank you for the support and comfort that was provided to our community members when they had to be evacuated from their homes due to the evacuation orders.”*

In addition, IH staff, physicians, and leaders were acknowledged in letters of thanks from Deputy Minister Stephen Brown and Northern Health’s CEO and Board Chair.

Supervised Consumption Services Approved for Kamloops & Kelowna

Health Canada’s approval of supervised consumption sites for Kamloops and Kelowna provided Interior Health with another strategy to prevent overdoses and an entry point for people who use drugs to access additional support and education. The approval came following extensive stakeholder engagement with people who use drugs, elected officials, business groups, partner agencies, RCMP,

and members of the public from each community. IH's mobile supervised consumption units are among the first in Canada.

IH Goal #1: Improve Health and Wellness

Safe Infant Sleep – *Baby Bed Program* Rolls Out across IH

The Baby Bed Program provides a sleeping box with supplies and information to new families to promote safe sleep practices. The program is being implemented across B.C. by the Ministry of Health (MoH) as a demonstration project. Population Health will lead work across IH to implement this project and will engage primary care and community physicians to increase awareness of the project, promote key messages including safe infant sleep and breastfeeding, refer new parents to the Baby Bed online curriculum, and provide associated health services.

Pertussis and Immunization in the South Okanagan

In response to increasing cases of pertussis in the South Okanagan, IH deployed the Immunization Reminder/Recall system in late July 2017 to complete immunization recalls for Penticton Health Centre. Of 135 clients, all but four (97 per cent) were contacted successfully, demonstrating the potential of the system. Other immunization strategies have included drop-in appointments at Penticton Health Centre and social media posts highlighting the recalls. We are pleased to see no new cases reported this past month and are monitoring efforts.

Strategic Goal #2: Deliver High Quality care

New Services Approved for IH's Cardiac Program

On September 18, the Ministry of Health approved IH's plans to introduce Transcatheter Aortic Valve Implantation (TAVI) and Cardiac Electrophysiology (EP) services as part of the IH Cardiac Program. This is a natural evolution in our growth toward becoming a full cardiac centre. These services will be offered at Kelowna General Hospital where cardiac tertiary services are provided, and site leadership is preparing to begin offering these new services, including garnering support and commitment from the KGH Foundation to fund equipment and other required components. Providing TAVI and EP within Interior Health aligns with the Ministry's priority of ensuring services are more accessible. It will also enhance the ability of the IH Cardiac Program to support outreach community programs throughout our health authority.

Emergency Department Expansion Project at Nicola Valley Hospital

Nicola Valley Hospital's emergency department expansion project kicked off August 31 with an event involving local dignitaries, donors, and the owner of Corbett Lake Lodge, Randy Ryzak. Mr. Ryzak pledged \$100,000 to the project through the Nicola Valley Health Care Endowment Foundation.

Residency Accreditation for Pharmacy Services

IH received final results for the Pharmacy Practice Residency Program Accreditation in August. The IH program was awarded with Full Accreditation status for a six-year term. Special thanks to the program coordinator, Nicole Bruchet, and the many pharmacist preceptors who deliver this high quality program.

Talking Circles for Aboriginal Patients

IH has begun implementing Talking Circles, beginning with Creston as the pilot site. A Ktunaxa Nation Traditional Wellness Coordinator is guiding the initiative, which allows local traditions to be included in the Talking Circle processes.

Telehealth at Kelowna General Hospital (KGH) – Infant and Child Care

Child Health BC has approved funding for three telehealth units at KGH, including: pediatrics, the intensive care unit and the emergency department. The units will allow each area to connect live with the BC Children's Hospital (BCCH) in cases where an infant or child needs a higher level of care and support. In some cases, this may allow the patient and family to stay at KGH to receive care instead of requiring transport to BCCH.

Strategic Goal #3: Ensure Sustainable Health Care

MyHealthPortal

IH's [MyHealthPortal](#) continues to grow, with enrolment surpassing 25,000 patients. The portal offers patients secure access to their own personal health information via smart phone, tablet or computer. It allows individuals to see their lab results, diagnostic imaging reports (such as X-rays, scans and ultrasound), certain upcoming appointments, and recent hospital visits. With this information, patients are better equipped to be engaged and involved in their own care. Of those enrolled in the service, 66 patients are over age 90, and more than 2,000 patients have self-enrolled.

First Nations Remote Meditech Access Project

Remote Meditech (electronic patient record) access was implemented at Three Corners this last fiscal period and the response from users has been positive. Access for Simpcw, Okanagan Indian Band, and Westbank are planned in the near future with an additional four nations also expressing an interest (Ktunaxa, Upper Nicola, Canim Lake, Esk'etemc).

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

New Client Service Ambassador Program Gets High Praise

A new Client Service Ambassador program is enhancing safety in the emergency departments at Kelowna General, Royal Inland, and Vernon Jubilee hospitals. The ambassadors are integrated with the emergency department team and work proactively with patients, visitors, and others in the department to avoid and mitigate incidents of aggression. Their specialized training helps them to recognize and de-escalate potentially aggressive behaviors and violent situations, keeping our

emergency departments safer for everyone. Positive feedback has been coming in from patients and families, as well as other ED team members.

IH Team Awarded Research Funding

Interior Health is one of 16 successful teams to earn a Reach Program Award from the Michael Smith Foundation for Health Research (MSFHR). The MSFHR Reach Program provides funding for teams to develop activities that will inform and/or improve health research, practice, and/or policy-making.

The funding from the award will help Interior Health organize and host the conference, Building Intersections for Vibrant Rural Communities (Building Intersections 2018), which focuses on research capacity and relationship building.

Congratulations to Dr. Guy Fradet on National Award

IH's Medical Director for the Cardiac Sciences Program (CSP), Dr. Guy Fradet, received the Dr. Joel D. Cooper Award for Outstanding Contribution to Lung Transplantation from the Canadian Society for Lung Transplantation at their annual meeting in Halifax in September. The award recognizes lung transplant professionals for innovation, outstanding clinical care, or scientific achievement. Dr. Fradet developed the lung transplant program in Vancouver, was a founding member of the Canadian lung transplant group, and was a past president of the Canadian Transplant Society. As part of the annual meeting, he shared a presentation entitled: "My Journey in Lung Transplantation: A Historical Perspective." In addition to his role as Medical Director for CSP, Dr. Fradet is also Head of Cardiovascular Surgery for IH and Kelowna General Hospital.

Celebrating Long Service at IH

Staff and physicians who have achieved long service milestones of 25 years and more are being recognized this fall through Interior Health's Long Service Awards program. Senior executive members, board members, and managers are attending the events to congratulate the honorees and celebrate their contributions. For the first time ever, we honoured a 50-year recipient – Margaret Frazer who works in Housekeeping Services at Penticton Regional Hospital. Margaret received a special gift.

Engagement

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.

New Federal Minister of Health Visits Mobile Supervised Consumption Site in Kelowna

Minister of Health Ginette Petitpas Taylor and Parliamentary Secretary Joël Lightbound requested a tour and to learn more about the mobile Supervised Consumption Site in Kelowna while they were in town for Liberal caucus meetings. Dr. Trevor Corneil, IH's Chief Medical Health Officer, joined front-line staff at the tour to provide an overview of how the service works and the impact it is having in the midst of the overdose crisis both provincially and nationally. The visit concluded with a discussion about removing barriers to accessing overdose prevention services.

Stakeholder Engagement by Community Liaisons

IH West

Health Services Administrator for Royal Inland Hospital (RIH) met bi-weekly with BC Ambulance Service to strategize on patient offloading; led provincial health minister's tour through RIH on August 28 to thank staff involved in wildfire response.

Acute Health Services/Site Manager for Queen Victoria Hospital attended City of Revelstoke Advisory Committee on Healthcare where a Clean Air Bylaw was reviewed and pest control at local food bank discussed; met with new project manager for local Divisions of Family Practice to provide an overview of role and review IH's public website.

Acute Health Services Director for Cariboo led provincial health minister's tour of Cariboo Memorial Hospital & 100 Mile District General Hospital August 15 to thank staff involved in wildfire response; participated in Leaders Moving Forward meeting with mayor of Williams Lake, Cariboo Regional District Chair, Thompson Rivers University Dean, and RCMP Community Liaison; attended Ulkatcho and Tsilhqot'in LOU meetings.

Health Services Administrator for Thompson Cariboo Rural attended a St'at'imc Territory Nation meeting in Lillooet on September 12, which included local First Nation leaders, Health Directors from local bands, representatives from the First Nations Health Authority, Division of Family Practice, and Lillooet physicians. The focus of the discussion was on enhancing primary care.

There have been several community engagement presentations to mayors and councils over the summer in regards to the strategic direction of IH and local updates; including Clearwater, Barriere, Chase, Logan Lake, Lillooet, 100 Mile House, and Williams Lake. Presentations have also been made to Auxiliary groups in Merritt, Clearwater, and Clinton.

IH Central

Acute Health Service Administrator for South Okanagan, along with other members of Penticton Regional Hospital leadership, met with representatives from local RCMP, Penticton's mayor and a councillor to discuss mental health issues in the community.

Acute Health Service Administrator for Kelowna General Hospital hosted Kelowna South Central Association of Neighbourhoods (KSAN) representatives for discussion on parking study results and neighbourhood impact concerns; also attended Foundry Kelowna grand opening event with representatives from several local MHSU agencies and representatives from Kelowna-area patient advocacy groups.

IH East

Acute Health Service Administrator for Kootenay Boundary (KB) met with Trail mayor on August 3 for regularly scheduled update; attended KB Collaborative Services Committee meeting in Castlegar on September 14.

Community Health Service Administrator for East Kootenay toured Kootenay East MLA through IH's Elk Valley facilities to update him on services offered to residents.

Stakeholder Engagement by Community Health Facilitators (CHF)

- Continued work with the City of Kelowna in the Kelowna Healthy City Strategy, a collaborative partnership between the City and IH to develop a long-term integrated strategy. IH is supporting the theme area of "healthy housing" through a cross-portfolio team with representatives from Population Health, Hospital & Communities, and Mental Health.
- Working with City of Vernon staff to develop a "child and youth friendly Vernon" strategy, which will include policies on housing, recreation, transportation, economic development and the built environment.
- Facilitated a strategic planning session with the Golden Local Food Matters working group.
- Joined Tobacco Coordinator and BC Cancer Agency representatives to present to Village of Radium Hot Springs council about smoke-free spaces and bylaws.
- Coordinated a meeting to discuss a local needle disposal and clean up strategy which included representatives from IH MHSU, prevention and promotion, City of Kamloops and Ask Wellness Society.
- Worked with City of Kamloops planning staff to inform the city's proposed Official Community Plan.

Social Media Interaction (as of September 5)

Our number of Twitter followers has grown to 7,205 – an increase of 297 followers or 4.3 per cent since early July. Tweets with the most impressions are those related to Overdose Awareness day 2017, site closures due to evacuation orders/alerts, updates on health services in evacuated cities, festival tips, and air quality.

The IH Facebook page now has 5,874 "likes," an increase of 644 or 12.31 per cent since the July report. The post generating the most engagement with our followers was a picture of a sign from DeMille's Farm Market in Salmon Arm who creatively raised awareness of wildfire season (2,437 comments and 10,215 shares with a total reach of over 747,000). Other posts generating engagement were related to site closures during wildfire, information bulletins regarding food and water safety, and air quality. We have also responded to questions and comments from 29 members of the public who have contacted us via Facebook direct message.

The IH YouTube channel was viewed 114,660 times, an increase of 9,069, or 8.59 per cent. We have a total of 250 subscribers (increase of 20 since July report). Videos of note for this period were Face Masks & Wildfire Smoke, Eating Disorders Training – Acute Care, Panorama Privacy Training, and Insulin Pump Self-Management.

BOARD CORRESPONDENCE

July 20 – September 15, 2017

Board Correspondence received:

Board Mail:

Northern Health appreciation letter during wildfires in the Cariboo

NStQ Treaty Group appreciation letter during wildfires in the Cariboo

Thank you letters to BC Transit, Northern Health, Provincial Health Services Authority

News Release from Office of the Seniors Advocate – *Caregiver's In Distress Report*

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.

August 29, 2017

Chris Mazurkewich, President and CEO
Interior Health Authority
5th Floor, 505 Doyle Avenue
Kelowna BC
V1Y 6V8

Re: Partnership with Interior Health

Dear Chris,

We would like to express our sincere appreciation for the partnership we experienced with Interior Health during the recent wildfire emergency that impacted the communities in the Cariboo region. From July 8 to the week of August 21, Northern Health provided care for the evacuees who came to Quesnel and Prince George from Williams Lake, 100 Mile House and the Chilcotin communities.

We were impressed with Interior Health's organization, attention to detail, and focus on ensuring the wellbeing of those with health care needs who were coming to Northern Health communities. As a result, the transition of people with health care needs to our staff, physicians and facilities was efficiently accomplished despite the adverse circumstances we were collectively experiencing. Additionally, we valued the partnered approach to planning the re-entry process, which enabled the smooth repatriation of patients and residents back to their home communities.

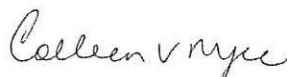
At times, this was an overwhelming experience for Northern Health's staff, physicians and managers, particularly as it became clear that we would need to sustain these services for the majority of the summer. We are very grateful to the staff and physicians from Interior Health who provided primary and community care in the reception centres and provided care in Northern Health's long term care facilities, hospitals, and renal units, as well as in the UNBC student residence. It was particularly helpful that your staff knew many of the people who had health care needs.

We are aware that many of your staff, physicians, and managers were experiencing personal stress during this time, as they were also evacuated from their homes and communities. Their commitment to the people and communities they serve despite their personal circumstances was impressive. Thus, we are particularly grateful to the Interior Health staff and physicians who were willing to work alongside Northern Health staff and physicians to care for those who came to Quesnel and Prince George.

We have learned a great deal through this process and will be undertaking a formal debrief in September. If there are any learnings that you would like to contribute to the analysis of our response, we would be pleased to receive those thoughts.

Thank you again for your partnership as we supported your response to the wildfire situation over the course of this summer. It was a privilege to provide services to the residents from the Cariboo during this emergency situation. We hope that the wildfire situation in the province will improve soon and life will return to normal for your staff, physicians, managers, and those you serve.

Sincerely,



Colleen Nyce
Interim Board Chair
Northern Health Authority



Cathy Ulrich
President and CEO
Northern Health Authority

cc. John Henry O'Fee, Board Chair, Interior Health



NStQ Treaty Group
Family • Education • Land • Culture • Unity

17-1st Avenue South
Williams Lake, BC • V2G 1H4

t 250 392 7361

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www.nstqtreaty.ca

Our File: 0490-17-01

August 11, 2017

Cariboo Memorial Hospital
517 North 6th Avenue
Williams Lake, BC

To whom it concerns;

On behalf of our Northern Secwepemc te Qelmucw (NStQ) communities, we want to acknowledge and thank you for the support and comfort that was provided to our community members when they had to be evacuated from their homes due to the evacuation orders.

The wildfire situation has been and still remains a very challenging time for our members. Welcoming our people into your community and looking after them made their stay away from home much easier to deal with.

While it is impossible to know every person who has provided care to our NStQ community members, we would like to extend our appreciation to them and ask that you widely share this letter with those who have helped.

We greatly appreciate all the help that you have provided and continue to provide in this time of uncertainty.

Kukwstsétsemc,

Chief Mike Archie

Chief Donna Dixon

Chief Ann Louie

Chief Patrick Harry



Interior Health

Every person matters

Interior Health Authority
Corporate Administration
505 Doyle Avenue
Kelowna, BC V1Y 0C5

John O'Fee
Chair, Board of Directors
Phone: 250-469-7070 Ext 12804
E-Mail: John.O'Fee@interiorhealth.ca

August 25, 2017

Mr. Frank Carson
Chair, Board of Directors
BC Transit
520 Gorge Road East
PO Box 9861
Victoria, BC V8W 9T5

Please accept my personal thanks along with the thanks of our entire board at Interior Health, to you and the staff of BC Transit for your tremendous effort and support throughout the 2017 Wildfires Provincial State of Emergency.

This summer's wildfires represented unprecedented challenges for Interior Health as we managed effective patient care in the face of a widespread and shifting natural disaster.

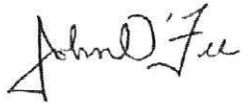
We were all extremely proud and impressed by the professionalism and dedication shown by the management and staff at BC Transit. Together, we worked to ensure patients were evacuated in a safe, timely and effective manner to alternative health care facilities across the province. This required the coordination and mobilization of additional HandiDart and coach bus services to support the evacuation of hundreds of patients and residents out of harm's way, and their return home. We have many heartfelt stories from our staff and patients extolling the commitment and professionalism of BC transit employees. Their commitment and dedication to this effort was truly commendable.

Your leadership and front line staff continue to assist in returning patients to their home facilities and we are relieved to see that the evacuation, relocation and re-entry of patients, clients, and residents was managed so safely and professionally. Your staff were a bright light in a dark period for patients and their effective care could not have been managed without your support.

IH remains fortunate to have the support of our partners at BC Transit to help us ensure that those in need receive safe and effective transportation to care. Our respective organizations have gained a tremendous amount of experience from managing this natural disaster, an experience that has strengthened our collaborative working relationship and our expertise in managing future public emergencies on this scale.

Thanks to all and please keep up the excellent work.

Sincerely,

A handwritten signature in black ink that reads "John O'Fee". The signature is written in a cursive style with a large initial 'J' and 'O'.

John O'Fee
Chair, Board of Directors
Interior Health Authority

c: C. Mazurkewich, CEO, Interior Health



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August 25, 2017

Ms. Colleen Nyce
Interim Board Chair
Northern Health Authority
600 – 299 Victoria Street
Prince George, B.C. V2L 5B8

Dear Colleen Nyce:

On Behalf of Interior Health, please accept my personal thanks to you and your team at the Northern Health Authority for your tremendous effort and support throughout the 2017 Wildfires Provincial State of Emergency.

Together we faced unprecedented challenges stemming from this summer's wildfires. Interior Health saw how this natural disaster impacts our health sites, staff and the people in our care.

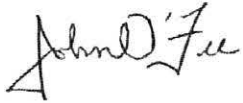
Northern Health's prompt assistance during this time of crisis was both noted and appreciated. Your assistance in finding safe and suitable accommodation for our evacuees as well as your staff's commitment went above and beyond. Please let all your front line staff, physicians, administrators and leadership know how grateful we are for their caring and compassionate response. The selfless actions of Northern Health's staff was truly commendable.

All of us at Interior Health are relieved to see that the evacuation, relocation and re-entry of patients, clients, residents, staff and physicians was managed safely and with attention to the most minute details. This effective collaboration between Interior Health and Northern Health was vital to the safe and orderly return of our patients.

IH is fortunate to have the support of our northern neighbours in these extraordinary circumstances. Together we ensured that those in need receive the highest level of care. Of course, we all hope that these sorts of events are not repeated. However, should a need ever arise, please know that we are here to reciprocate your care, professionalism and support in any way we can.

Thanks to all and please keep up the excellent work.

Sincerely,

A handwritten signature in black ink that reads "John O'Fee". The signature is written in a cursive style with a large initial 'J' and 'F'.

John O'Fee
Chair, Board of Directors
Interior Health Authority

c: Cathy Ulrich, CEO Northern Health Authority
Chris Mazurkewich, CEO, IH
Honorable Adrian Dix, Minister of Health
Mr. Stephen Brown, Deputy Minister



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August 25, 2017

Mr. Tim Manning
Chair, PHSA
700-1380 Burrard Street
Vancouver, BC. V6Z 2H3

Dear Tim:

Please accept my personal thanks on behalf of Interior Health to you and your team at BC Emergency Health Services (BCEHS). Your staff and managers have gone above and beyond in their effort and support throughout the 2017 Wildfires Provincial State of Emergency.

This summer's wildfires have presented unprecedented challenges for Interior Health. Our staff faced a large, widespread and shifting disaster impacting our health sites, our people, and the patients, clients, and residents we care for.

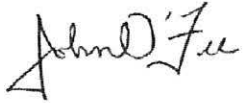
During this time of crisis, BCEHS responded like true professionals and sprang into action ensuring patients were evacuated in a safe, timely and effective manner. This required the coordination and mobilization of additional paramedics, ambulances and aircraft, including military helicopters, to support our evacuees and complement our front line clinicians in the provision of emergency health services. The commitment of BCEHS paramedics, ambulance dispatch personnel, emergency physician transport advisors and the BC Patient Transfer Network to this effort was truly commendable.

We are all relieved to see that the evacuation, relocation and re-entry of patients, clients, and residents was managed safely and with attention to the most minute details. The collaboration between Interior Health and BCEHS was truly amazing. We couldn't have managed without your support.

In these difficult and extraordinary circumstances, IH is fortunate to have the support of our partners at BCEHS to help us ensure that those in need receive the highest level of care. Collectively, our organizations have gained a tremendous amount of experience from managing this natural disaster, an experience that has strengthened our collaborative working relationship and our expertise in managing future public emergencies on this scale.

Please share the thanks of myself, our board and our entire team at Interior health for all of your excellent work.

Sincerely,

A handwritten signature in black ink that reads "John O'Fee". The signature is written in a cursive style with a large initial "J" and a stylized "O'".

John O'Fee
Chair, Board of Directors
Interior Health Authority

c: Carl Roy, CEO, PHSA
Honorable Adrian Dix, Minister of Health
Stephen Brown, Deputy Minister
Chris Mazurkewich, CEO, IH



For Immediate Release
August 30th, 2017

Caregiver Distress in B.C. rising while available supports fail to keep pace

Victoria – Seniors Advocate Isobel Mackenzie released an update report today confirming that caregiver distress is rising in B.C. while supports and services are not keeping pace with growing need.

“We looked at data two years ago showing that B.C. has one of the highest rates of caregiver distress in Canada,” said Isobel Mackenzie, B.C.’s Seniors Advocate. “We were hoping when we looked at the data in this area this year that we would see improvements, but unfortunately, this is not the case.”

The report, *Caregivers in Distress: A Growing Problem*, is an update to a 2015 report that indicated 29% of unpaid caregivers are experiencing symptoms of distress such as anger, depression or feelings of not being able to continue with their caregiving duties. Data highlighted in the current report indicate rates of distress have **increased by 7% to 31%**.

“This is a disturbing trend on its own when we think of the daily reality for all the sons, daughters, spouses, neighbours and friends who are dedicating hundreds of hours caring for loved ones,” said Mackenzie. “However there is even more cause for concern when we look at additional data in this report that indicate the frailty and complexity of those we are caring for at home is actually increasing, and the supports and services that can make an immense difference to the lives of caregivers are not keeping pace.”

The report focuses on the caregivers of individuals receiving publicly subsidized home support in the province, as this is the only sub-set of the caregiving community where measurable data using detailed health care assessments are available. This report also relies on data that tracks key support services such as Adult Day Programs, which provide regular programming and relief to caregivers, respite in residential care facilities, and additional home support services, that also help provide a reprieve from caregiving duties.

“Having a break for even a few hours can make a huge difference in the lives of caregivers who are feeling exhausted and overwhelmed,” said Mackenzie. “For some caregivers, time alone to refocus and recharge is something very precious and we need to recognize that it can make the difference between feeling strong enough to carry on with caring commitments, or giving up entirely.”

Key findings of the report include:

- In 2015/16, 31% of clients had a primary caregiver in distress. This is a **7%** increase from the 2015 report
- Over this period, the actual number of primary caregivers identifying as distressed increased by over 1,000, which represents a **14%** increase in the actual number of caregivers in distress
- The number of home support clients accessing Adult Day Programs decreased by **5%** and the number of days delivered to these clients decreased by **2%**
- The average hours of home support per day per client over 65 decreased by **5%**, signaling less intensive service

“Unpaid caregivers are a vital, often unrecognized yet critical piece in ensuring the stability of our health care system,” said Mackenzie, adding there are approximately one million unpaid caregivers in the province whose paid value is estimated to be \$3.5 billion. “The importance of maximizing supports can’t be underestimated when we consider costly alternatives such as residential care or hospital stays.”

The full report can be viewed at www.seniorsadvocatebc.ca

Media contact:

Sara Darling

Director of Communications

Office of the Seniors Advocate

778-679-2588

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 Community Liaisons:

IH West:

- Health Services Administrator for Royal Inland Hospital (RIH) met bi-weekly with BC Ambulance Service to strategize on patient offloading; led provincial health minister's tour through RIH on Aug. 28 to thank staff involved in wildfire response.
- Acute Health Services/Site Manager for Queen Victoria Hospital attended City of Revelstoke Advisory Committee on Healthcare where a Clean Air Bylaw was reviewed and pest control at local food bank discussed; met with new project manager for local Divisions of Family Practice to provide an overview of role and review IH's public website.
- Acute Health Services Director for Cariboo led provincial health minister's tour of Cariboo Memorial Hospital & 100 Mile District General Hospital Aug. 15 to thank staff involved in wildfire response; participated in Leaders Moving Forward meeting with mayor of Williams Lake, Cariboo Regional District Chair, Thompson Rivers University Dean, and RCMP Community Liaison; attended Ulkatcho and Tsilhqot'in LOU meetings.
- Health Services Administrator for Thompson Cariboo Rural attended a St'at'imc Territory Nation meeting in Lillooet on Sept. 12, which included local First Nation leaders, Health Directors from local bands, representatives from the First Nations Health Authority, Division of Family Practice, and Lillooet physicians. The focus of the discussion was on enhancing primary care.
- There have been several community engagement presentations to mayors and councils over the summer in regards to the strategic directions of IH and local updates; including Clearwater, Barriere, Chase, Logan Lake, Lillooet, 100 Mile House, and Williams Lake. Presentations have also been made to Auxiliary groups in Merritt, Clearwater, and Clinton.

IH Central:

- Acute Health Service Administrator for South Okanagan, along with other members of Penticton Regional Hospital leadership, met with representatives from local RCMP, Penticton's mayor and a councillor to discuss mental health issues in the community.
- Acute Health Service Administrator for Kelowna General Hospital hosted Kelowna South Central Association of Neighbourhoods (KSAN) representatives for discussion on parking study results and neighbourhood impact concerns; also attended Foundry Kelowna grand opening event with representatives from several local MHSU agencies and representatives from Kelowna-area patient advocacy groups.

IH East:

- Acute Health Service Administrator for Kootenay Boundary (KB) met with Trail mayor on Aug. 3 for regularly scheduled update; attended KB Collaborative Services Committee meeting in Castlegar on Sept. 14.
- Community Health Service Administrator for East Kootenay toured Kootenay East MLA through IH's Elk Valley facilities to update him on services offered to residents.

Stakeholder Engagement by Community Health Facilitators (CHF):

- Continued work with the City of Kelowna in the Kelowna Healthy City Strategy, a collaborative partnership between the City and IH to develop a long-term integrated strategy. IH is supporting the theme area of "healthy housing" through a cross-portfolio team with representatives from Population Health, Hospital & Communities, and Mental Health.
- Working with City of Vernon staff to develop a "child and youth friendly Vernon" strategy, which will include policies on housing, recreation, transportation, economic development and the built environment.
- Facilitated a strategic planning session with the Golden Local Food Matters working group.
- Joined Tobacco Coordinator and BC Cancer Agency representatives to present to Village of Radium Hot Springs council about smoke-free spaces and bylaws.

- Coordinated a meeting to discuss a local needle disposal and clean up strategy which included representatives from IH MHSU, prevention and promotion, City of Kamloops and Ask Wellness Society.
- Worked with City of Kamloops planning staff to inform the city's proposed Official Community Plan.