Information Brief

For Board of Directors

Version: 1.2 (Mar-2017)

EXECUTIVE SUMMARY

Title	Interior Health (IH) Public Health Emergency Overdose (OD) Response Update
Purpose	To provide an update on OD response progress to date with a focus on Carfentanil and Overdose Prevention Services (ODPS).
Top Risks	1. (Patient) OD deaths continue to rise with the largest numbers occurring in the Kamloops, Vernon and Central Okanagan areas. 2. (Financial) Ongoing short- and long-term health care costs related to managing overdose recoveries. 3. (Other) External stakeholder knowledge, values, and/or beliefs may undermine efforts to reach those most at risk of overdose death.
Lead	Karen Bloemink, Executive Director, Hospitals and Communities Integrated Services (East)
Sponsor	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

Fatal and non-fatal OD events from illicit drug use continue to occur at an alarming rate throughout BC and IH. Although the number of illicit drug OD deaths in January (n=18) and February (n=15) were lower than the all-time high observed in December 2016 (n=30) in IH, OD deaths still remain a significant concern. Enhanced surveillance in IH emergency departments is on-going with 533 suspected opioid ODs reported to the Medical Health Officer from June 1 2016 to February 20 2017.

IH continues to operate under an Emergency Management Structure (EMS), with three major operational arms: (1) Take Home Naloxone (THN) distribution from all of our acute and community access points; (2) Overdose Prevention Services (ODPS) per Ministerial Order under the BC Emergency Health Services Act; and (3) Substance Use (SU) treatment for those residents at highest risk of an OD event.

This information brief focuses on two areas of interest and/or significance as a part of our ongoing surveillance and evaluation of IH's response to the overdose crisis: Carfentanil and ODPS.

DISCUSSION

Carfentanil

Carfentanil is an opioid that is 100 times more potent than fentanyl and is reserved for veterinary purposes only in Canada. In January, LifeLabs began urine carfentanil testing as part of their standard Medical Services Plan (MSP) opioid screen. From February 3-9, a total of 25 positive carfentanil samples (4.5% positivity rate among fentanyl-positive samples) were detected in BC, with one positive sample observed in the Thompson Cariboo region. In addition, carfentanil was identified in a recent illicit drug seizure by RCMP in the Kootenay Boundary region.

While testing data is likely not representative of carfentanil presence in BC, these findings add to the growing body of evidence of carfentanil's presence in the urban, regional and rural illicit drug markets. The BC Coroners Service has also begun testing for carfentanil in samples from illicit drug OD deaths. It is hypothesized that carfentanil may be one reason for the spike in fatal and non-fatal overdose events in December of 2016.

ODPS

Utilization:

Three ODPS are operating in the IH region: one in Kelowna (Kelowna Health Centre [KHC]) and two in Kamloops (Crossroads Inn and 433 Tranquille Road). The KHC and Crossroads Inn have operated as ODPS since December 16 2016 and Tranquille Road ODPS since January 3 2017. From time of opening to February 25 2017,

a total of 2,541 client visits have been documented across sites. The largest volume of visits have been from the Kamloops sites, which is expected given that both ODPS were implemented in existing harm reduction agencies with well-established clientele. The KHC ODPS was implemented for the first time from a vacant building. Although the KHC reports fewer contacts, client visits steadily increase each week. A total of ten OD events have been reported in association with the three ODPS since opening; most (8/10) reported by the Crossroads Inn. No fatal OD events have been reported in association with ODPS.

Front Line Nurse Perspective:

Interviews with the front line nurses working in ODPS were conducted to gain a general understanding of their perspectives and experiences of providing nursing services to clients in an ODPS. Nurses reported that clients see the ODPS as a safe place to ask questions, interact with the same individual that they trust, and access harm reduction supplies. Through accessing ODPS, the nurses believed that clients have an increased awareness of: the issues in the drug supply, how to use and administer Naloxone, and Harm Reduction practices. Finally, the nurses reported an increase in clients' support for each other and administering naloxone to others in their vicinity.

Key considerations for any future implementations of ODPS in IH reported by nurses included: careful consideration of the location; development in partnership with Community Agencies; employ passionate staff who understand how to interact with this population; and include a community walkabout service. Nurses also indicated that there were no immediate safety concerns in their respective ODPS. Although results are based on the experiences and perceptions of interviewed front line nurses, this information is valuable and can be used to inform decision making related to current/future implementations of ODPS and/or Supervised Consumption Service (SCS) in IH.

Kelowna Client Experience:

In January 2017, a client experience survey was developed for the Kelowna ODPS site to learn and understand how clients became aware of the site and their initial impressions. The surveys were distributed from January 3 to 13 2017 and a total of 27 responses were received. The key findings from the client survey were as follows: 85% (n=23) reported the Kelowna ODPS to be a safe place to inject; 60% (n=16) reported that the security guard does not impact their willingness to use at this site and 26% (n=7) reported they would consume on the street/outside if they did not use the ODPS.

EVALUATION

Outcomes will continue to be reported to SET (monthly) and the Board (bi-monthly); an annual progress report will be provided beginning in May 2017.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Todd Mastel	March 3, 2017	March 3, 2017	Consultation
ODPS Section Leads	March 3, 2017	March 3, 2017	Information
Gillian Frosst, Epidemiologist	March 3, 2017	March 3, 2017	Consultation
Roger Parsonage, EOC Director	March 3, 2017	March 3, 2017	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Courtney Hesketh, Manager, Environmental Health	March 3, 2017
Assessment of communication requirements	Lesley Coates, Public Health Communications Officer	ongoing
Presentation to SRMC	n/a	n/a
Presentation to SET	Karen Bloemink, ED HCIS East	March 13, 2017
Presentation to the Board	Karen Bloemink, ED HCIS East	April 3, 2017

	Dr. Trevor Corneil, VP Population Health and CMHO	

ENCLOSURES

n/a

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

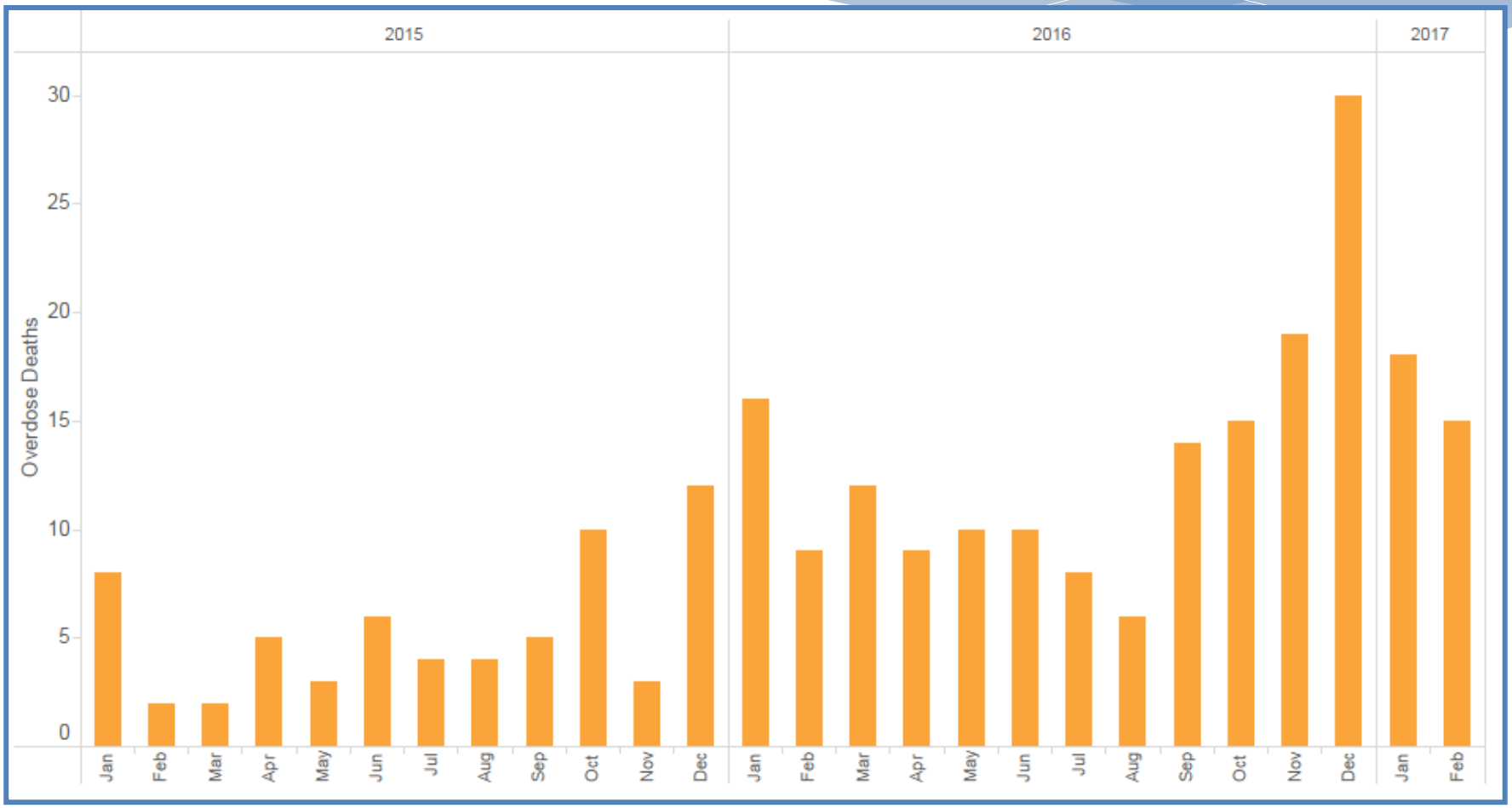
Overdose Public Health Emergency Interior Health Update

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

April 4, 2017

Interior Health
Every person matters

Illicit Drug Overdose Deaths in Interior Health



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – February 28 2017

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Illicit Drug Overdose Deaths in Interior Health

Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2017* [2,4]

Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Vancouver	59	38	60	42	69	65	80	99	134	215	74
Surrey	22	20	23	33	42	44	36	43	76	111	23
Victoria	19	29	13	13	17	17	25	20	19	66	16
Kelowna	6	2	5	9	14	8	12	12	19	47	17
Kamloops	11	7	7	10	2	5	8	7	7	41	7
Abbotsford	3	4	4	10	16	7	10	7	27	39	7
Burnaby	9	12	8	9	10	10	13	11	16	35	6
Langley	3	6	2	3	10	5	10	10	10	29	6
Nanaimo	2	2	6	4	8	6	20	16	19	28	8
Maple Ridge	5	2	6	4	4	5	10	14	29	27	2
Prince George	5	2	4	1	6	10	7	10	12	17	4
Vernon	3	1	4	6	7	1	11	6	8	13	2
Other Township	55	58	59	67	89	86	90	111	137	254	47
Total	202	183	201	211	294	269	332	366	513	922	219

**sorted by 2016 totals*

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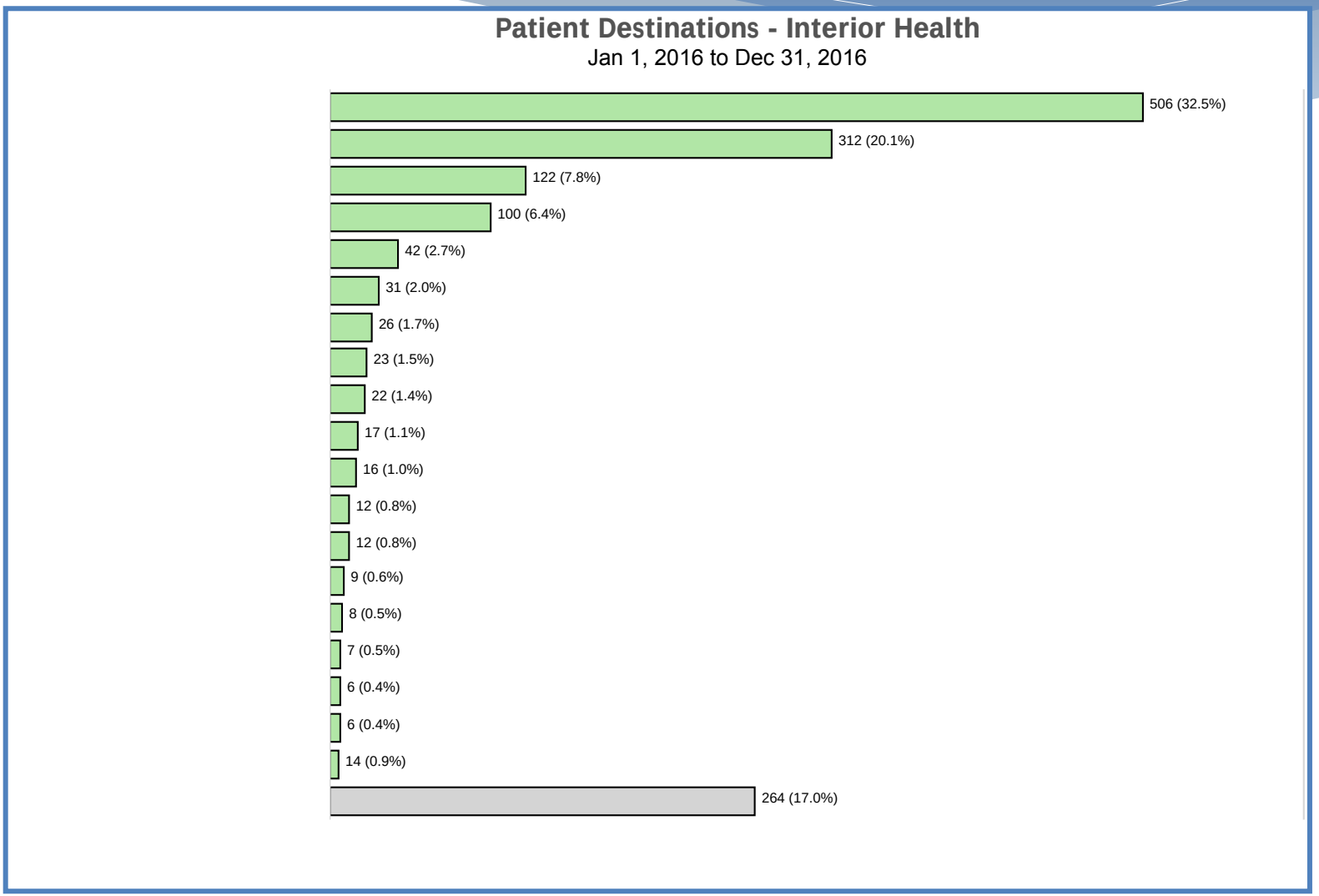
Illegal Drug Overdose Events Attended by EHS



BC Ambulance Services. Estimated Illegal Overdoses, January 1-December 31, 2016.
Data are preliminary and subject to change.

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Substance Use Treatment

Emergency Department Case Follow-Up:

* 99/186 (53%) patients successfully contacted
* 56/99 (57%) patients accepted services

Sept/16-Jan/17

Inpatient and Outpatient Treatment Options:

* Detoxification (medical and non-medical)
* Opioid Agonist Therapy (Suboxone, Methadone)
* Counselling Services
* Intensive Case Management

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Overdose Prevention Services

Several successful models of ODPS have evolved in IH at the neighbourhood level.

ODPS is evolving based on surveillance, client need, operational capacity, stakeholder and public engagement.

Models of services:

* Drop-in capacity at fixed IH or partner agency sites
* In-reach into fixed social housing buildings and units
* Street outreach by nurses and community workers
* Mobile units with flexible service capacities

Overdose Prevention Service Utilization and Outcomes

Health Authority	Overdose Prevention Sites	Estimated Number of Visits to Date*	Number of Overdose Events to Date*	Number of Deaths
Fraser	6	20,885	111	0
Interior	3	3,285	12	0
Northern	1	1,344	13	0
Vancouver Coastal	5	34,228	268	0
Island	5	6,862	77	0
Total	20	66,604	481	0

* Fraser – January 30, 2017 to March 12, 2017; Interior – Inception to March 11, 2017; Northern – Inception to March 12, 2017; Vancouver Coastal to Inception to March 12, 2017; Island – Inception to March 4, 2017.

BC Centre for Disease Control. The BC Public Health Opioid Overdose Emergency: March 2017 Update.

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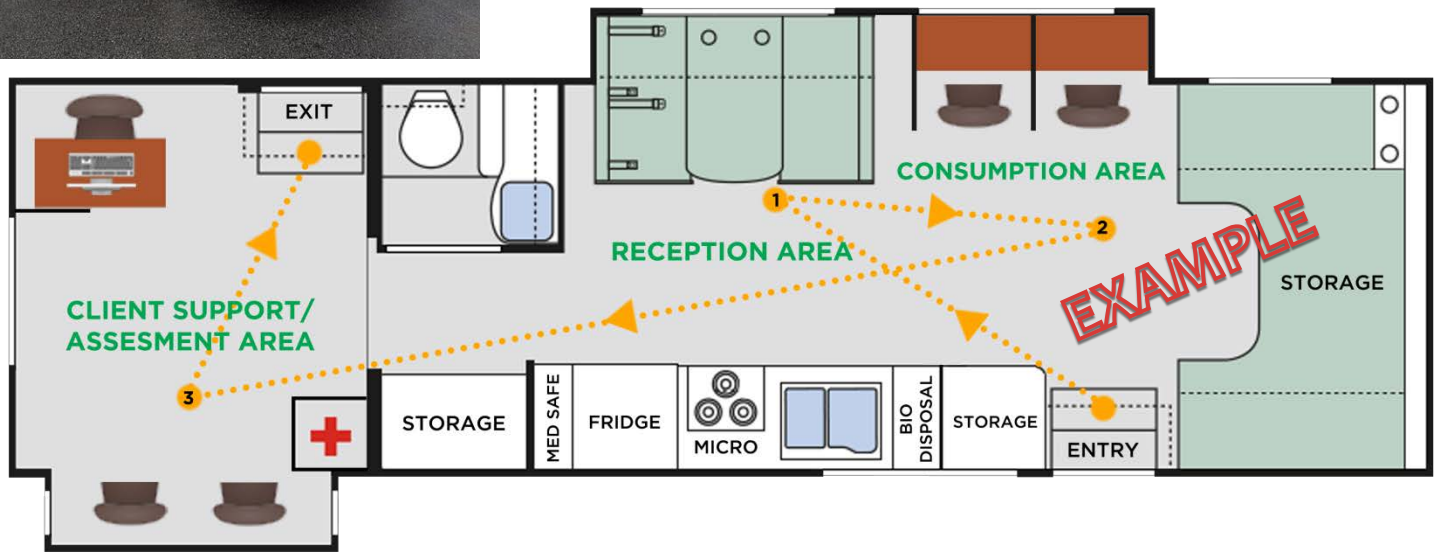
New Mobile Units for Kamloops and Kelowna



Every person matters

Questions?

Ethics in Interior Health
"Every Person Matters"

Presentation for IH Board of Directors

April 4, 2017

Interior Health
Every person matters

Overview

* IH Ethics Council
* Accreditation Canada Standards for Leadership
* *Ethics in Interior Health* framework v2.8
* Ethics across IH

IH Ethics Council

* Ethics Council provides a formal structure for oversight of the integration of ethics within the organization
* Our purpose is to develop, implement and monitor the use of the ethics framework to support ethical practice
* Ethics Council reports to the IH Board through SET

Membership

* Susan Brown, VP Sponsor
* Rep from each VP portfolio
* Rep from HAMAC
* Rep from clinical ethics
* Rep from research ethics
* Two community reps from Patient Voices Network
* Rep from UBC/Southern Medical Program

Accreditation Canada

Leadership Standards

1.7 An ethics framework to support ethical practice is developed or adopted, and implemented with input from clients and families.

1.8 The ethics framework defines processes for managing ethics issues, dilemmas, and concerns.

1.9 Accountability for the ethics framework and the processes to address ethics issues is assigned and monitored.

v11, February 01, 2016

Accreditation Canada

Leadership Standards

1.10 Support is provided to build the capacity of the governing body, leaders, and teams to use the ethics framework.

1.11 There is a process for gathering and reviewing information about trends in the organization's ethics issues, challenges, and situations.

1.12 Information about trends in ethics issues, challenges, and situations is used to improve the quality of services.

v11, February 01, 2016

Ethics in Interior Health

* Framework reflects ethical practice for quality care
* Founded on IH values, goals and culture
* Guide for staff, physicians and volunteers
* Algorithm of ethics resources available
* Ethics decision-making process

Framework Highlights

* *"Every Person Matters"*
* Impact of cultural competency and consideration of social determinants of health in ethical decision-making
* Enhanced Business ethics resources for managers
* Added Public Health ethics resources
* Defined and clarified Project ethics
* Added Internal Audit and Safe Reporting as ethics resources

Ethics Across IH

* National Health Ethics Week April 3-9, 2017
* Communication promotions
* Education plan starts with academic ethics curriculum
* New Employee Orientation
* Manager orientation
* Ethics conversations
* FAQs for health issues – MAiD, Opioid Crisis
* Website resources

Thank You

Ethics in Interior Health

Version 2.8 February 2017

Table of Contents

Introduction — Ethics in Interior Health

Ethics is everywhere in health care because ***every person matters***.

Ethics is the discipline that examines who we ought to be and what we ought to do in light of who we say we are. Who we say we are is based on our individual and societal values. Almost every decision, action, and attitude of ours, personally and professionally, is based on these values. Ethics is using thoughtful decision-making processes that reflect on values, consequences, and options, to make choices that consider different principles, harms, and benefits.

Interior Health (IH) takes its commitment to promoting an ethical culture seriously. We are building the organization's capacity and providing support to health-care providers in dealing with ethical issues. Cultural competency and cultural sensitivity are integral components in providing effective and ethical health care to all of the people we serve.

We need to consider the impacts of social determinants of health such as income, education, employment or unemployment, housing, food security, and early childhood development in our decisions. It is important for us to reflect on how our services intersect with the social determinants of health, in order to inform the planning and delivery of effective, ethical and equitable health care for everyone, including those most vulnerable.

The Ethics in IH framework is a guide to assist staff with making decisions when faced with challenging ethical issues in any area of health care: clinical, business, health technology, human resources, public health, quality improvement, evaluation, or research. The framework complements the professional standards of practice and codes of ethics our staff work by every day.

A variety of ethics resources are available for patients and families, IH staff, physicians, and volunteers, to assist in addressing ethical questions. The ultimate goal is to embed ethics reflection and action into all aspects of health care across Interior Health.

The IH Ethics Council provides oversight for the ethics framework and supports ethical practice in all IH sites, programs, and services. The Council promotes an integrated approach to ethics quality for our people, systems, and processes.

Visit the Ethics web page for more information.

IH Values, Guiding Principles, and Goals

Interior Health's values, guiding principles, and goals are the foundations that guide our approach to ethical decision-making.

VALUES:

- **Quality**—We are committed to safety and best practice
- **Integrity**—We are authentic and accountable for our actions and words
- **Respect**—We are courteous, and treat each other as valued clients and colleagues
- **Trust**—We are free to express our ideas

GUIDING PRINCIPLES:

- **Innovative**—We find new ways to transform and improve the delivery of health care.
- **Clear & Respectful Communication**—We encourage clear and respectful communication to create an environment of trust and shared purpose.
- **Continual Growth and Learning**—We are always seeking to grow as individuals and as an organization.
- **Teamwork**—We achieve personal and organizational goals through working together, supporting one another, and celebrating our success.
- **Equitable Access**—We seek to provide optimal access to services within available resources, and we are responsible for using our resources to provide quality care for all.
- **Evidence-based Practice**—We use standards, quality improvement and continuous evaluation in all areas, sharing lessons learned across the organization.

GOALS:

Goal 1: Improve Health and Wellness—Enable people to live healthier lives by working at the environmental, policy, community and individual levels to protect the health of the population and reduce health inequities.

Goal 2: Deliver High Quality Care—Provide care that is acceptable, appropriate, accessible, safe, and effective. This care will be delivered in partnership with patients, clients, residents, and their families; respectful and responsive to their preferences and values.

Goal 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency—Promote new ways of working to provide better service and reduce costs.

Goal 4: Cultivate an Engaged Workforce and Healthy Workplace—Enhance relationships and encourage all who work or volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues, and influence individual life style choices.

Ethics Resources

Do you have an ethics question?

What is the best thing to do?

Which choice should I make? They both seem wrong...

What do I do when there's no clear policy, law or standard to guide me?

I'm feeling caught between promoting well-being and respecting choice. What should I do?

How do I protect my patient from harm?

Moral distress is affecting the way I do my job. Why do I feel this way?

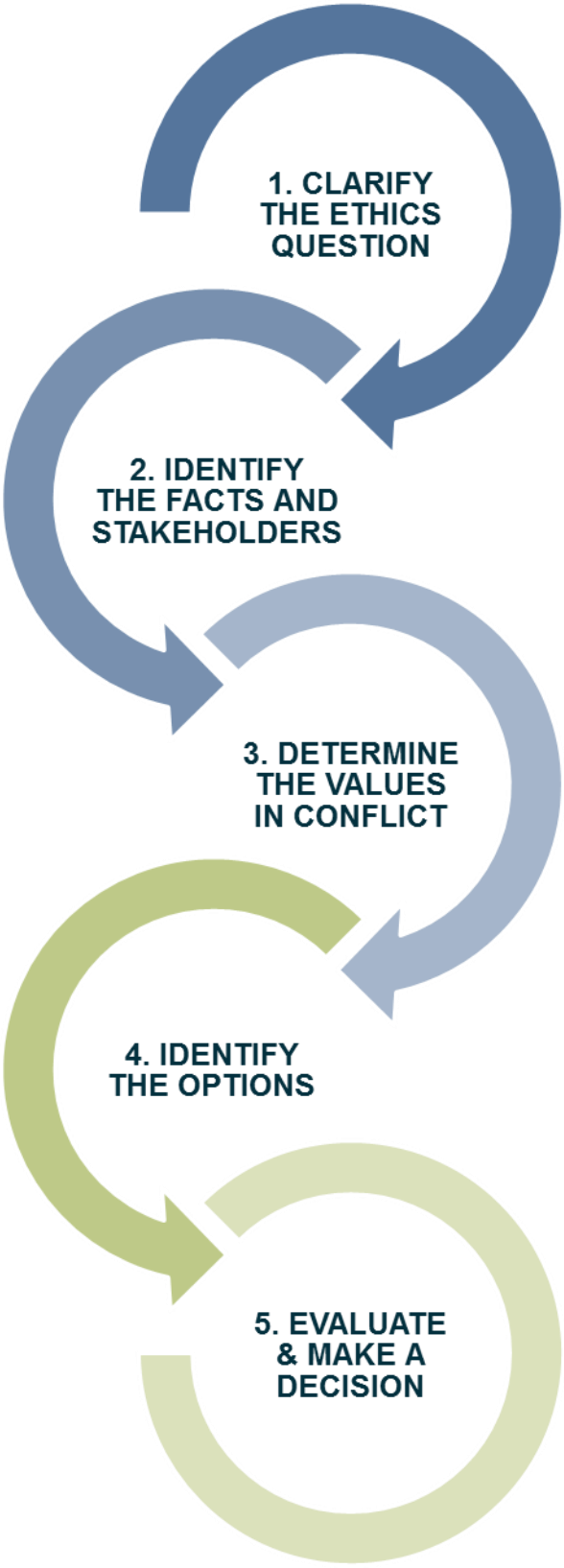
What should you do if you have an ethics question?

1. Talk with your supervisor or someone else that you trust.
2. Use the ethics decision-making process to work through the issue.
3. Contact the best resource for your type of question from the list below.

Business Ethics Is it about IH standards of conduct, or a business practice?	HR Operations Business Support Internal Audit
Clinical Ethics Does it involve a patient, client, or resident?	Clinical Ethics
Health Technology Ethics Does it involve medical technology?	Health Technology Assessment
Project Ethics Does it involve quality improvement or evaluation?	Project Ethics (ARECCI)
Public Health Ethics Does it involve a group of people or the public?	Public Health Ethics
Research Ethics Do you have concerns about ethics in research?	Research Ethics Board

Ethics Decision-making Process

Making ethical decisions can be a complex process.
Use the steps below to work through the issue; remember, ***every person matters***.



- Identify the central ethics issue that needs to be addressed.

- Collect the relevant facts, and identify what facts you need but don't have.
- If it's clinical, collect information about the diagnosis/ prognosis, quality of life described in patient's terms, patient's preferences, and contextual features.
- Are there organizational policies or guidelines addressing the question? Are there relevant laws?
- Which individuals are relevant to this issue and who should be part of the discussion/decision?
- Are there any actual, perceived or potential conflicts of interest?

- What are the key underlying values at play here?
- What is the central conflict in values?
- How do you weigh these values against each other? In other words, in this circumstance, what do you think is most important, and why?

- Identify all the potential courses of action, even the ones that don't immediately appear suitable.
- Weigh each option against the values that you determined to be of priority in the step above.

- Evaluate the choices in the terms of the key values.
- Make a decision that is consistent with the identified key values.

Business Ethics

Interior Health (IH) is committed to fostering integrity in our workplace through ethical business practices.

The *Standards of Conduct for Interior Health Employees* outline the values, principles, and standards of conduct that guide our actions and interactions. With these standards we maintain and enhance the public's trust and confidence, and ensure superior service to those we serve. We have a number of duties including but not limited to:

- a duty of loyalty to IH as our employer
- a duty to maintain strictest standards of confidentiality
- a duty to ensure caution when commenting on public issues so as not to jeopardize the perception of impartiality in the performance of our duties
- a duty to provide service to the public in a manner that is courteous, professional, equitable, efficient, and effective
- a duty to arrange private affairs in a manner that will prevent conflicts of interest or perceptions of such conflicts from arising
- a duty to ensure our conduct, actions, and demeanor meet legislated standards (e.g., Human Rights Code) as well as meet acceptable social standards

For more information, visit the Human Resources Operations web page.

For more information for managers, consult with your HR Business Partner.

Business Support—advisors of ethical business practices for managers

IH managers have access to Business Support contacts who provide an ethical lens to business decisions. Many of the Business Support staff are Chartered Professional Accountants (CPAs) who are trained in business ethics, maintaining high levels of professional integrity in accordance with professional standards. Business Support is available to managers to provide expert advice on business decisions.

For more information for managers, connect with your Business Support contact.

Internal Audit

Internal Audit assists the IH Board of Directors and senior leadership to achieve IH strategies and goals by providing independent, objective assurance and consulting services designed to add value and improve operations across the organization. Internal Auditors review business and clinical systems, reporting on their effectiveness and appropriateness, recommending value-added enhancements and promoting leading practices.

In the performance of their work, Internal Auditors are required to promote an ethical culture. The Internal Audit Code of Ethics includes two essential components which apply to all internal audit professionals: Fundamental Principles and the Rules of Conduct. Fundamental Principles include Integrity, Objectivity, Confidentiality and Competency. Internal Audit is available to provide advice on ethical matters.

For more information visit the Internal Audit web page.

Clinical Ethics

The sphere of clinical ethics is focused on promoting the provision of quality health care with primary consideration to the needs, values, and preferences of the person receiving care. Clinical ethics deliberation occurs for any disagreement about health-care decisions between or among any persons providing or receiving care.

Core principles promote intentional decision making and conduct in clinical practice and guide the process of a clinical ethics review:

- *Autonomy:* Respect 'this' person's decision and choices
- *Beneficence:* Commitment to do good and promote well-being
- *Non-maleficence:* Do no harm
- *Justice:* Act justly within the law and do not discriminate

Good therapeutic relationships are centred on the needs and informed choices of the person receiving care. Observance of these core principles promote respect, mutual giving and receiving, and help to resolve conflict about the goals and means of care when they arise.

If a clinical review should be considered, or an ethical question has not been addressed, discuss it with your manager first. They may contact the Chair of the Geographic Clinical Ethics Committee to discuss the situation. The review may include a meeting with you, the inter-professional team involved, and the Clinical Ethics Committee.

Clinical Ethics Committees provide:

- Confidential review and support to patients, families, and health-care providers when facing difficult ethical issues in patient care
- Education to enhance awareness and understanding of clinical ethics issues in health care
- Policy advice and suggestions in areas of clinical ethics concern
- Participation in debrief sessions to review patient care issues for learning purposes and reflection on ethical decisions made

For more information, visit the Clinical Ethics web page.

Health Technology Ethics

Ethical considerations for accountability and transparency are a significant component to the review and discussions regarding the implications of any new medical (non-drug) technology.

Health Technology Assessment is a process that supports decisions involving the implementation of new and proven clinical technologies, therapies, procedures, and techniques. This process also supports the disinvestment of obsolete technologies across IH. Based upon the Provincial Health Technology Review Committee, the IH Health Technology Assessment Committee uses multiple standardized criteria to evaluate health technologies to determine if a new technology should be adopted or if an obsolete technology should be disinvested.

These include:

- health and non-health benefits to clients
- severity of the condition that clients experience that the technology will address
- environmental impact of the technology
- cost and evidence related to the effectiveness of the technology

Additional factors considered include the technology's contribution to illness or injury prevention and the impact on marginalized or disadvantaged patients.

For more information, visit the Health Technology Assessment web page.

Project Ethics

All projects involving people and their private information require ethics review using the ARECCI© process to:

- Ensure an ethical lens has been applied throughout the phases of project development.
- Ensure a systematic approach to reviewing ethical risk to project participants and the organization.
- Establish accountabilities for managing ethical risk associated with projects within the risk tolerance of the project team and the organization.
- Continually improve the quality of health service delivery in IH by supporting the ethical development of projects.

Quality Improvement is part of a culture where quality and patient safety is everyone's responsibility every day to achieve the best possible outcomes through patient-centered care, teamwork, innovation, and learning.

The IH Evaluation Team conducts and supports evaluations with IH projects and programs to determine what is working well and what needs improvement, based on carefully selected criteria. The evidence generated from the evaluations can be used to create

recommendations for improvement, informed decisions, accountability, and continued learning.

The *ARECCI Ethics Guidelines for Quality Improvement©* and *ARECCI Ethics Screening Tool©* provide a consistent framework that promotes the ethical development of all quality improvement and evaluation projects involving people and their information.

Ethics must be considered in all stages of a project and using the tools will guide project teams in managing the ethical concerns identified during project development. The use of an ethical review framework supports our IH values and demonstrates our commitment to providing a validated process that is designed to protect the people we serve, our staff, and the organization.

For more information, visit the Quality, Risk & Accreditation, Project Ethics (ARECCI) and Evaluation web pages.

Public Health Ethics

Public health ethics are concerned with the collective interests of a group (e.g. a population or community) for the common good. Many public health activities are not carried out independently; there is often a strong relationship with municipal, provincial or federal government influence. Ethics issues may occur in any of the core public health functions: health protection, disease and injury prevention, health promotion, health assessment and surveillance, and emergency preparedness and response.

The following principles may be useful for reflection and analysis of ethical issues in public health practice:

- *Harm Principle:* outlines that public health action is reasonable and justifiable to restrict the freedom of an individual or group against their will to prevent harm to others.
- *Least Restrictive or Coercive Means:* supports that the full power and authority of public health be reserved for exceptional scenarios and that more coercive approaches only be used when less coercive strategies have failed.
- *Reciprocity Principle:* outlines the obligation of a public health department to assist individuals to comply with public health action as compliance may impose a burden on persons.
- *Transparency Principle:* embodies that the decision-making process is clear, involves stakeholders, and is free of interference or coercion.

The precautionary principle is also a notable concept to consider in providing guidance with public health ethics issues. The precautionary principle applied to public health decision-making means that persuasive evidence does not have to exist before measures may be taken to protect populations from harm.

For more information, visit the Public Health Ethics web page.

Research Ethics

Research is an undertaking intended to extend knowledge through a disciplined inquiry or systemic investigation. Research creates generalizable knowledge with broad applications and contributes to existing literature on the topic of inquiry.

The Interior Health Research Ethics Board (REB) provides ethical review of all research involving human participants that is conducted: in IH facilities or programs; by IH staff or physicians; or with IH staff, physicians, patients and/or their information.

The REB is guided by the ethical principles of respect for persons, concern for welfare, and justice to ensure that the well-being of research participants is protected and that the highest ethical standards are maintained throughout the research project. By doing so the REB protects not only the participants but also the researcher and the institution.

The REB aligns with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* issued by the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada.

For more information, visit the Research Ethics Board web page.

If you have a question or ethical concern about research in IH, contact the Research Ethics Office at 250-870-4602 or at researchethics@interiorhealth.ca.

Safe Reporting

IH is committed to minimizing opportunities for theft, fraud, corruption and non-compliant activities through established internal controls that are regularly tested; as well as through the Safe Reporting program. Safe Reporting offers employees, volunteers, contractors and medical staff a mechanism to confidentially report suspected cases of wrongdoing and to feel comfortable and safe raising issues, including ethical matters, which concern them without fear of reprisal or retaliation. This program detects and deters improper activity within IH in order to positively impact the reputation and effectiveness of the organization and enhance the workplace.

For more information, visit Safe Reporting or call toll free 1-855-432-7233

For more information

More information can be found on the Ethics web page.
To contact members of the IH Ethics Council, click here.

Ethics in Interior Health Framework

Summary of Revisions - Version 2.8 **September 2016**

1. "Every person matters" tagline is now found throughout the document on pages 1, 2, 3, 6, and 11. *We received feedback from an external Ethics consultant, "The Tag Line – 'Every Person Matters' is the strongest element of the entire set of Ethics resources made available by IH. It is easy to understand ethically and to conceptualize how this may be applied. The tagline needs to be repeated and tied across the Ethics positions and documents, not just on the cover."*

2. Introduction on page 3 includes references to the impact of cultural competency for ethical care, and consideration of social determinants of health in ethical decision-making.
   Link to Ethics webpage on InsideNet added.

3. Statement at top of page 4 clarifies that these are IH values, guiding principles and goals (not goals specific to ethics). *This was also feedback from the external Ethics consultant.*

4. Ethics Resources algorithm on page 5 reformatted and questions refreshed.
   Three steps added to guide a person with what to do when an ethics question is raised.
   Resources added for: Business Support, Public Health Ethics, Project Ethics (web page links).

5. Ethics Decision-Making process moved up to page 6 (from page 10) and reformatted for enhancement.

6. Business Ethics content on page 7 provides more detail on Business Support for managers.

7. Clinical Ethics section page 8 has labels on ethics principles and a wording change to the services Clinical Ethics Committees provide.

8. Health Technology Assessment retitled Health Technology Ethics and statement referring to meeting logistics has been removed. Reference changed from Chair, IH-HTAC to the Health Technology Assessment webpage.

9. New Public Health Ethics section added on pages 9-10.

10. Quality Improvement & Evaluation section retitled as Project Ethics and link to Project Ethics webpage added on page 10.

11. Research Ethics includes text changes for clarification of definition of research, and the role of the REB in protecting participants, researchers, and the institution.

12. Acknowledgments deleted as historical to original version.

13. More Information on page 11 includes a link to the IH Ethics Council membership list located on the InsideNet Ethics webpage.

14. Refreshed formatting of document.

Additional Changes after presentations to HAMAC and SRMC – version 2.6 October 25, 2016

1. Definition of projects for the project ethics section clarified to align with the Project Ethics policy.

2. Language clarified for medical technology in Health Technology Ethics section.

3. Revisions to Business Ethics to clarify the role of Safe Reporting as an ethics resource:
   - Safe Reporting is now a stand-alone section at the end of the document.
   - Internal Audit added to the Business Ethics section after Business Support.
   - Internal Audit added to the hyperlinks for Business Ethics on the page 5 algorithm.
   - Suggestions for staff changed on the Ethics Resources algorithm on page 5 to remove Safe Reporting as a first line resource.

4. Suggestion to share the framework through provincial health forums.

Final Review and Approval by IH Ethics Council – version 2.7 December 5, 2016

Senior Executive Team – version 2.8 February 14, 2017

1. Introduction - change the second paragraph, second sentence to reflect more than IH values.

2. Algorithm page 5 – reformat to not look hierarchical.

Changes requested prior to presentation to IH Board on April 4, 2017.

MINUTES OF February 7, 2017
REGULAR BOARD MEETING
9:00 am – 11:00 am
5th Floor Boardroom – 505 Doyle Avenue

Board Members:

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

Resource Staff:

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

Guests:

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

Presenters:

David Sookaveiff, Director, Clinical Informatics, Community & Enterprise Systems

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

1. CALL TO ORDER

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

1.1 Acknowledgement of the First Nations and their Territory

Director Jules respectfully acknowledged that the meeting was held on the Okanagan Nation traditional territory.

1.2 Approval of Agenda

Director Rounsville moved, Director Jules seconded:

Motion: 17-01 **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. Trevor Corneil provided an update on the Overdose Public Health Emergency. He reviewed current statistics and trends. The most recent report from the BC Coroner Service (January 18 2017) provides data regarding fatal overdose deaths for all of 2016. In Interior Health there were 156 overdose deaths over the course of 2016, an increase of 147% over the 56 deaths in 2015, for an overall rate of 21.0 / 100,000. This is consistent with the province and other health authorities. Next steps will include strengthening stakeholder engagement, moving from a reactive to proactive response, promotion and prevention strategy development and ongoing public education and awareness. Dr. Corneil answered questions from the Directors.

3.2 MyHealthPortal Presentation

David Sookaveiff provided a presentation outlining the progress of the MyHealthPortal implementation currently taking place across the health authority. He noted that in response to the BC Patient-Centered Care Framework, the health portal provides clients an enhanced experience of health care by providing a self-management approach in viewing laboratory and diagnostic imaging reports along with scheduled appointments, visit history and allergies. To date, the health portal has over 6700 clients enrolled. Mr. Sookaveiff answered questions from the Directors.

APPROVAL

4.1 Approval – Minutes

Director Dooley moved, Director Cannon seconded:

Motion: 17-02 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the December 6, 2016 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

None

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 December 9, 2016 and January 13, 2017 with the following highlights:

- Violence prevention training is underway. Discussions are taking place to determine the most appropriate training methods to ensure physician compliance rates are achieved. Great progress is being made.

- Dr. Ertel has joined the Joint Advisory Committee between the UBC Southern Medical Program and Interior Health.

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

- There were no recommendations from HAMAC at this time.

6.2 Audit and Finance Committee

Director Rounsville noted there were no recommendations at this time.

Director Rounsville reported that:

- The Contract Management System was reviewed noting that it was developed to implement an electronic management solution for the Business Integration and Physician Compensation departments.
- The financial summary period 10 results were reviewed.
- The Laundry Services contract is moving along well. The Union has been involved assisting with employee opportunities and is reporting good outcomes.
- Community Health & Services Centre update reported continued negotiations for the 5th floor lease space as well as two more tenants secured for the Kirschner Plaza site.

6.3 Quality Committee

Chair O'Fee noted that the Quality Committee agenda was conducted by the Committee of the Whole which included all present Board members. No report out required.

6.4 Governance & Human Resources Committee

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

Director Dooley moved, Director Tugnum seconded:

Motion: 17-03 **MOVED AND CARRIED UNANIMOUSLY THAT** the Governance and Human Resources Committee recommend to the Board, approval of the Board Quality Committee Terms of Reference revisions as presented.

Director Dooley moved, Director Tugnum seconded:

Motion: 17-04 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board Governance and Human Resources Committee recommends to the Board the approval of the updates to Board Policy 6.1 – Board of Directors as presented.

Director Dooley reported that:

- Chairs of board committees will see Committee Effectiveness Surveys circulated to board members and are asked to prepare to discuss at the April 2017 meeting.
- Talent Acquisition & Marketing and Human Resource Operations Portfolio Annual Report was presented. Highlights included recruitment and the challenges with difficult to fill positions, physician vacancies, non-contract and casual positions. Will be working with post-secondary institutions to develop a model to assist in a recruitment strategy for Care Aides.
- Nurse Practitioners by location was reviewed and placement strategies and recruitment efforts were discussed.

6.5 Strategic Priorities Committee

Chair O'Fee requested the Board's approval of the following motion:

Director Jules moved, Director Cannon seconded:

Motion: 17-05 **MOVED AND CARRIED UNANIMOUSLY THAT** the Committee of the Whole recommend to the Board Governance & Human Resources Committee to review and recommend to the Board of Directors the revised Board Strategic Priorities Committee Terms of Reference (TOR) as outlined in Appendix I with the additional changes in the Timetable:

3.1 remove "with management"

3.4 removal of the action item from the Strategic Priorities schedule for the month of June as already outlined on the Board terms of reference.

Chair O'Fee noted that the Strategic Priorities Committee agenda was conducted by the Committee of the Whole which included all present Board members. No report out required.

Stakeholders Relations Committee Report
The Stakeholder Relations Committee Report was received as information. Chair O'Fee noted that since his appointment as Board Chair on January 1, 2017, he has started attending stakeholder meetings and events most notably the Partnership Accord Leadership Team (PALT) meeting on January 18, 2017.

7. REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information.

Chris Mazurkewich noted that this morning Health Minister Terry Lake and Ministry Todd Stone announced the new $417-million patient care tower project at Royal Inland Hospital is moving forward. He also was pleased to announce the Interior Health Primary and Community Care second floor at the North Shore Health Sciences Centre in Kamloops was officially opened on February 3rd. This is the first of three services for the North Shore that was announced by Minister Lake in October 2016; this floor targets patients with complex conditions such as COPD, diabetes, and mental health and substance use.

Mr. Mazurkewich wanted to acknowledge the great job physicians and staff are doing as they work under very difficult circumstances with the recent snowfall in the East Kootenay. He also acknowledged the impact of the higher than expected influenza outbreak which has taxed our physician and staff throughout the health authority. Thank you to the staff for working within the unexpected constraints.

7.2 Chair Report

No report.

8. CORRESPONDENCE

9. DISCUSSION ITEMS
None

10. INFORMATION ITEMS
None

11. NEW BUSINESS
None

12. FUTURE AGENDA ITEMS

13. NEXT MEETING

Tuesday, **April 4, 2017** – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:50 am

John O'Fee, Board Chair

Chris Mazurkewich, President & CEO

Interior Health

ACTION ITEMS
REGULAR BOARD MEETING

April 4, 2017

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
Royal Inland Hospital – Emergency Department Electronic Medical Record	Provide an update on the progress of the Royal Inland Hospital Emergency Department Electronic Medical Record project	Norma Malanowich	Upon completion of project evaluation

Interior Health
Every person matters

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: February 17, 2017

1. MOTIONS PASSED

Motion: That HAMAC endorse the Medical Marihuana policy as presented - carried unanimously.

Motion: That HAMAC endorse the Pharmacy & Therapeutics Executive Summary of January 20, 2017 – carried unanimously.

Motion: That HAMAC receive as information the Infection Prevention & Control and Antimicrobial Stewardship reports – carried unanimously.

2. DECISIONS

None.

3. ACTIONS

Dr. Mike Moss to confirm that Laboratory group has submitted their MOCAP request.

Dr. A. Stewart & A. Bowker to discuss future communication of MOCAP requests.

4. PRESENTATIONS TO HAMAC

Medical Marihuana - A. McDougall, S. Miyashita
Presentation given on new policy; seeking endorsement.

Pharmacy & Therapeutics Executive Summary of January 20, 2017
Report given, seeking endorsement.

Infection Prevention & Control and Antimicrobial Stewardship Report
Report given for information.

Enterprise Risk Management (ERM) - S. Harvey
Current ERM report presented and discussed.

2017/18 Reappointment Cycle Changes - J. Rowland
Upcoming changes for 2017/18 reappointment cycle presented, information to be communicated to medical staff.

iCommittee - J. Rowland
iCommittee being used for 2017/18 reappointment cycle this year, training will be provided to leadership (CoS, Dept Head).

Privileging Dictionary - P. Yakimov
Presentation given of current provincial discussions regarding privileging dictionary changes.

Workplace Violence Prevention Training - P. Yakimov
Update provided.

Daptomycin Revised Criteria - E. Blondel-Hill
Presentation given regarding new criteria revision.

Provincial MOCAP Redesign Information - A. Bowker
Information on MOCAP redesign presented.

Opioid Agonist Therapy – Emerging Best Practice - L. Lappalainen
Presentation on newly released changes.

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SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: March 17, 2017

1. MOTIONS PASSED

Motion: That HAMAC recommend to the Board to approve the requirement for all new applicants to the Medical Staff to complete the Workplace Violence Prevention Training (WVPT) on-line modules as a requirement for the initial application, and that for those considered to work in High Risk environments (Emergency, Mental Health, Residential), the classroom training be completed within the first three months after Board approval of appointment.

That HAMAC recommend to the Board that this requirement be limited to those applying to the Provisional, Associate, and Temporary medical staff, and to long-term locums of at least 3 months duration – carried.

2. DECISIONS

None.

3. ACTIONS

None.

4. PRESENTATIONS TO HAMAC

Workplace Violence Prevention Training (WVPT); Requirement for all new Medical Staff applicants (P. Yakimov)
Proposal regarding WVPT requirement for all new medical staff applicants. Includes online training modules as well as in person classroom training.

Interior Health

Stakeholders Committee
REPORT TO THE BOARD
— April 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

February 2017

February 6	Royal Inland Hospital – Patient Care Tower Funding Announcement – Chair O'Fee
February 20	Kamloops Aboriginal Friendship Centre Meeting – Chair O'Fee
February 24	Patient and Public Engagement for Health Leaders Workshop – Chair O'Fee
February 27	Cranbrook Health Care Auxiliary Event – Director Rounsville

March 2017

March 1-3	Quality Forum 2017 – Director Burrows, Director Wasylyk
March 2	Ken Lepin Lecture Theatre Grand Opening – Chair O'Fee
March 6	Meeting with community group forming to fundraise for cardiac care improvement at RIH - Chair O'Fee
March 7	Physician meeting at RIH re: cancelled surgery and facility concerns – Chair O'Fee
March 8	Royal Inland Hospital Radiothon – Chair O'Fee
March 9	IH Leadership Link – Guest Speaker – Chair O'Fee
March 9	Chief of Police – Diversity Action Committee Meeting – Director Dooley
March 10	Nelson Senior's Coordinating Society Meeting – Director Dooley
March 16	Shuswap Hospital Foundation Meeting – Director Jules
March 23	Cariboo Memorial Hospital Ministry Announcement – Director Tugnum
March 23	Kootenay Boundary RHD Meeting – Castlegar – Director Dooley
March 24	Central Okanagan Seniors Health and Wellness Centre Grand Opening – Director Wasylyk
March 28	Kelowna RCMP City of Kelowna Crisis Team Partnership Event – Director Wasylyk
March 31	Shuswap Hospice Society Grand Opening and AGM – Chair O'Fee

President & CEO
REPORT TO THE BOARD
April 2017

Shifting Health-Care Focus to the Community

With a mandate from the B.C. government, Interior Health is realigning its resources and organizational structure with a goal to shift the focus of health care from acute care to community programs and services; focus on key populations; and reduce the growth in demand on acute care capacity, all while living within our financial means. This shift, which is occurring globally, responds to a population that is changing. People are living longer, and often have complex medical needs, but also prefer to live at home from birth to death.

Over the next few years, Interior Health residents will see a shift in how and where services are delivered, with a focus on team-based approaches to care between primary care providers and Interior Health staff in community settings.

This shift is beginning in Kamloops, with the establishment of two Interior Health operated Primary and Community Care clinics on the community's north shore. The Tranquille Road location, which opened in early February, provides support for people living with one or more complex chronic diseases. In early April, a second Primary and Community Care clinic will open at Northills Centre focussing on support for the medically complex and frail. Multi-professional health-care teams at these sites will work with clients to provide the best plans for maintaining and improving health.

Opened in March on Kamloops' north shore is a Primary Care Clinic staffed by six Nurse Practitioners (NPs). The primary care providers will take on patients currently not attached to a primary care provider, and who have signed up with HealthLinkBC requiring one. The NPs will be the patient's first point of contact and main point of continuing care within the health-care system and will coordinate other specialist care that the patient may need, including referring patients to the other two new clinics operating on Kamloops' north shore.

Work is underway between Interior Health and Divisions of Family Practice – geographically organized groups of family physicians – to explore the concepts that are being implemented in Kamloops, along with other locally developed concepts. Concentrated effort is currently being placed on opportunities in the Central Okanagan and Kootenay-Boundary. In the coming months and years, programs and services will be established across Interior Health with the goal of further shifting resources from acute care to community; responding to a population with changing health needs and desires.

In addition to investing in primary and community services to reduce the pressure on acute care, Interior Health is also investing in expanding residential care services to further reduce the demand in growth on acute care. During the month of March contracts were signed to build 148

new residential care beds across the communities of Cranbrook, Kamloops, and Williams Lake. The new beds are anticipated to open in the summer of 2018.

Integrated Services

Royal Inland Hospital Patient Care Tower Approved
In early February the Government of BC announced that the Royal Inland Hospital (RIH) Patient Care Tower business plan received approval. When the Tower is completed in 2022 the nine-story tower is expected to be home to three floors of inpatient beds including mental health and medical/surgical beds; a new surgical suite; a perinatal centre and private labour and delivery rooms, obstetrics and postpartum beds; and a neonatal intensive care unit.

The tower will significantly increase the number of single-bed patient rooms at RIH. The tower project is also expected to include underground and surface parking and a permanent heliport on top of the building. After completion of the Tower, phase two of the project includes renovations to the existing facility including a doubling of emergency department space. The total estimated cost of the project is $417 million cost shared by the Province of British Columbia, Interior Health, the Thompson Regional Hospital District and the Royal Inland Hospital Foundation.

New Sacred Space at Kelowna General Hospital
Kelowna General Hospital's new sacred space officially opened on February 17th – offering patients, families and staff a meaningful place for worship, meditation, celebration and prayer. Light and modern, the sacred space is located on the ground floor in the hospital campus' Centennial building. It welcomes patients, visitors and staff of all faiths and cultures 24 hours a day, seven days a week. The space is also designed to accommodate First Nation smudging and smoke ceremonies. The total cost of the sacred space was $140,000, with half the funds provided by the Kelowna General Hospital Foundation, and the other half from fundraising with faith groups and individual donors throughout the Central Okanagan.

Capital Improvements at East Kootenay Regional Hospital
In addition to undertaking work to support implementation of the recently announced fixed Magnetic Resonance Imaging unit for the hospital, several other projects are underway to improve care for residents of the East Kootenay. The largest project currently underway is a $750,000 redevelopment of the EKRH pediatric unit. The new pediatric unit will be incorporated into the adjacent maternity/neo-natal unit, which will create a combined Maternal Child Unit. All areas will meet current pediatric standards and separate rooms will provide young patients and families with more privacy. Renovations are being completed to the emergency department to accommodate a new secure unit to meet current standards for safety and security of patients and staff. As well, the Radiographic Fluoroscopy system is being replaced which will result in a reduced radiation dose for patients and allow staff to better track and document radiation. The Ministry of Health, the Kootenay East Regional Hospital District, and the East Kootenay Foundation for Health contributed funds to support the capital improvements.

MyHealthPortal Continues to Expand Reach
A new tool that gives patients access to their personal health information online is now being offered to residents of the South Okanagan and Similkameen. MyHealthPortal provides patients with 24-hour access to their health information via their smart phone, tablet or computer through a secure portal from the Interior Health website. Features include the ability to view Interior Health lab results, diagnostic imaging reports (such as x-rays, scans and ultrasound), certain upcoming appointments, recent hospital visit history, and the opportunity to update contact information. Since the launch of the program in the Fall of 2016 more than 10,000 patients across the Cariboo, Thompson and Okanagan regions have signed up to access the tool. In the

coming weeks registration services will move to the Kootenays to allow even more individuals to sign up to access MyHealthPortal.

Generous South Okanagan Donor Honored
In early March an event was held to recognize the philanthropic contributions of Mr. David E. Kampe to Penticton Regional Hospital and the South Okanagan. Over the past few years Mr. Kampe has donated $7.9 million in funds and land to the South Okanagan Similkameen Medical Foundation to support the construction and outfitting of the new Patient Tower, establish a fixed MRI unit, and help establish a nuclear medicine program. In addition, Mr. Kampe was recognized for his years of generosity of untold dollar amounts to many community organizations to support activities and services related to healthy living.

Kelowna General Hospital Heart Failure Research Study
A research study on home telemonitoring for heart failure patients transitioning from hospital to home is underway in Interior Health. TEC4Home is a University of BC research project, funded by the Canadian Institute for Health Research, that will study how home telemonitoring can support the safe transition of heart failure patients from hospital to home, and help to bridge the care continuum gap between primary, community and acute care sectors. Participants will receive two months of remote monitoring and self-management support from health professionals while remaining in the comfort of their own homes, via the TEC4Home website. Patients who are admitted with heart failure to Kelowna General Hospital are eligible for the study, irrespective of what community they may live in.

BC Academic Health Science Network Appoints New Directors
The BC Academic Health Science Network was recently established to support the provincial government's health research and innovation agenda working in partnership with health authorities, the Patient-Oriented Research Support Unit and with the larger technology sector. Recently four new directors were appointed to the Board including Dr. Brendan Byrne, Ms. Delia Cooper, Mr. Richard Rees and Ms. Tamara Vrooman. The addition of these accomplished individuals will bring important new expertise to the board as they pursue a shared vision of advancing health science research.

2016/17 Budget

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

Key Performance Measures

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

Caution should always be used in comparing data across different institutions or organizations as localized factors not present at other locations may influence outcomes. Caution should also

be used when comparing snapshot data of a specific timeframe such as one reporting period against annualized data.

Healthcare Associated Methicillin-resistant Staphylococcus aureus (MRSA) cases
Methicillin-resistant Staphylococcus aureus (MRSA) infections are caused by a type of bacteria that is commonly found on the skin and in the noses of healthy people and have become resistant to many of the antibiotics used to treat ordinary staph infections. Health-care acquired MRSA infections are typically associated with invasive procedures of devices such as surgeries, intravenous tubing or artificial joints. People with weakened immune systems and chronic conditions are more susceptible to the infection.

Several activities are undertaken by Infection Control Practitioners at Interior Health hospitals to reduce the risk of patients acquiring MRSA including screening at-risk patients at admission, supporting hand hygiene campaigns and equipment cleaning, and informing the public and professionals on the importance of appropriate use of antibiotics.

As of the end of the 3rd quarter of the 2016/17 fiscal year, Interior Health's MRSA case rate is at 2.8 patient days per 10,000 patient days, within the target of no greater than 4.0 patient days per 10,000 patient days.

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

Engagement

The BC Patient Safety and Quality Council was formed close to a decade ago, with a focus on developing partnerships across health system organizations for quality improvement. Each year the Council holds an annual conference bringing together national and international thought leaders in health care to share opportunities for continuous improvement in quality health-service delivery. On March 2nd, I was able to join with other health authority executive and board members in a conversation on expanding quality and quality improvement across health authorities.

Hospital Medical Advisory Committees are key to monitoring and improving the quality and effectiveness of the medical care provided within Interior Health hospitals. The membership of the committees is made up of members of a hospital's medical staff. On March 20th, I met with the Kelowna General Hospital Medical Advisory Committee at its regularly scheduled meeting to receive an update on the quality improvement work being undertaken by medical staff in collaboration with hospital administration.

On March 24th, Board Director Renee Wasylyk and I joined MLAs Norm Letnick and Steve Thomson, and Dr. Gayle Klammer from the Central Okanagan Division of Family Practice, to celebrate the Seniors Health and Wellness Centre Open House. The Centre is part of Interior Health's efforts to shift the focus of health-care delivery from acute to community care.

At the end of March I joined Anne-Marie Visockas, Interior Health's recently appointed Vice President for Health System Planning, Mental Health & Substance Use, and Residential Services for a visit to several Interior Health sites in Kamloops, Salmon Arm and Vernon. In addition to gaining a greater understanding of the physical needs of the sites, we had an opportunity to meet with staff and medical staff, listening to their ideas and opportunities to improve care for those they serve. In addition, we met with the Thompson Division of Family Practice and the Shuswap Hospice Society.

Recognition

Dogs' Love Lifting Spirits at Shuswap Lake and Vernon Jubilee Hospitals
Each week patients at Shuswap Lake and Vernon Jubilee hospitals receive special visits from Moby and Cruise respectively. Moby is a friendly Labradoodle and Cruise is a German Shepherd cross. These two are part of a 40 dog contingent from the St. John Ambulance therapy program that visit hospitals and other sites in Armstrong, Lumby, Oyama, Vernon, and Revelstoke bringing joy to patients, clients and residents. The theory behind pet visitation and specifically the St. John therapy dog program is the belief that anyone, anywhere can benefit physically or mentally through regular contact of the unconditional love of a dog.

Royal Inland Hospital Nurse Wins National Scholarship
Registered Nurse Suzette Lloyd recently won the Canadian Association of Gastroenterology Scholarship for 2017. The scholarship is awarded to one gastroenterology staff or research nurse in Canada to attend the Canadian Digestive Diseases Week conference, which was held in Banff in March. Suzette works in the hospital's ambulatory care unit.

Silver Star Emergency Services Day Raises $13,000
Silver Star Mountain Resort's second annual Emergency Services Day fundraiser for the Vernon Jubilee Hospital Foundation was a tremendous success, raising $13,000 for the hospital's emergency department equipment needs. Funds were raised through Silver Star's donation of $20 from every lift ticket sold on the day of the event.

Patricia Clugston Memorial Teaching Award Winner at Kelowna General Hospital
Congratulations to Dr. Kevin Clark of Kelowna General Hospital on winning the 2016 Patricia Clugston Memorial Award in Teaching. The award celebrates outstanding contributions to medical education in assessment, and bedside and didactic teaching in British Columbia. Dr. Clark leads the hospital's Royal College Emergency Medicine Program.

Giving Giggles Campaign Surpasses $3 Million Objective
The recently completed Giving Giggles Campaign raised $3,283,389 towards specialized equipment and comfort items for Kelowna General Hospital's new Perinatal Unit. The celebration event; held in early March; was hosted by Jillian Harris, host of Love It or List It, former Bachelorette, and new mom to Leo (who was born in KGH last summer). The fundraising campaign was launched in 2015, six months prior to the Unit's opening in March 2016. Now open for one year, with upwards of 1,600 babies born, the perinatal unit is the most advanced in the Southern and Central Interior of British Columbia.

Chris Mazurkewich
President & CEO

STAKEHOLDER ENGAGEMENT

Report to the Board

April 2017

Background

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

Stakeholder Engagement by Portfolio:

- **Support Services & CFO –** The City of Kelowna and Interior Health met on Feb. 22 to discuss phase 2 of the Kelowna General Hospital (KGH) Hospital Area Plan; attended Health Employers Association of BC meeting on Feb. 27.
- **Medicine & Quality –** The Chief Medical Information Officer met with Divisions of Family Practice in Kootenay Boundary, Nakusp, Kamloops and South Okanagan as well as with the Osoyoos Indian Band.
- **Human Resources -** Human Resources VP & Chief Operating Officer Hospitals & Communities VP met with BCNU president and representatives on Feb. 27.
- **Hospitals & Communities –** Executive Director, West, Hospital & Communities attended the BC Quality Forum in Vancouver to speak about the use of Lean and Lean Management within IH; a new Sacred Space officially opened at Kelowna General Hospital (KGH) on Feb. 17 with MLAs Norm Letnick and Steve Thomson attending, along with spiritual leaders from the Central Okanagan. An open house and tour was held for KGH staff on Mar. 30; IH joined other local representatives at a discussion on violence in the community, which was hosted by Penticton municipal leaders on Feb. 6.
- **Clinical Support Services and CIO –** A joint First Nations Health Authority (FNHA) and Interior Health Information Management/Information Technology planning session was held on Feb. 16 to discuss partnering on eHealth initiatives; as of Mar. 10, 10,000 people were enrolled in the MyHealthPortal system which allows individuals to access their personal health records, lab and diagnostic imaging results.
- **Population Health & Chief Medical Health Officer –** An IH Compassion, Inclusion and Engagement (CIE) Project for persons who use illicit drugs was successfully launched in January 2017. The project brings together clients and providers to learn from each other, collaborate and support harm reduction initiatives.

Stakeholder Engagement by Community Liaisons:

IH West:

- Acute Health Services/Site Manager for Revelstoke attended District Health Foundation Helipad Fundraising Committee Feb. 2; also attended City of Revelstoke's Advisory Committee on Healthcare Mar. 6 which included a presentation from a member of IH's Healthy Built Environment team on linkage between community planning and health outcomes.
- Acute Health Services Director for Cariboo attended meetings in February with 100 Mile House Mayor, the Cariboo Friendship Society in Williams Lake, and representatives from the Tsilhquot'in First Nation. In March, she also met with area community leaders (Mayor of Williams Lake, Cariboo Regional District Chair, RCMP community liaison) at a regularly scheduled Leaders Moving Forward meeting.

IH Central:

- Kelowna General Hospital (KGH) Health Service Administrator (HSA) was involved in Healthcare Career Day held Mar. 10 at KGH, which saw staff representatives from several health-care professions present to and answer questions from 90 grade 11 and 12 students and 10 teachers from across School District #23.

IH East:

- Acute Health Service Director, Kootenay Boundary Regional Hospital (KBRH) met with Friends of Nelson Elders in Care (FONE) Feb. 6 about Kootenay Lake Hospital's oncology unit; also led a tour of KBRH Feb. 24 with West Kootenay Boundary Regional Hospital District executive and MLA Linda Larson.
- Acute Health Service Director, Golden/Invermere met with the Metis Nation British Columbia on Feb. 26 in Golden at their Community Action Planning Day to discuss strategies, goals, and objectives for the next two years; and on Mar. 1 met with Cranbrook/Kimberley Hospice Society about a UBC-Okanagan research project called NCARE.
- Health Service Administrator, Kootenay Boundary joined representatives from Selkirk College and Ministry of Health Feb. 7 for discussion on changing nature of nursing, including barriers and challenges in the community;

also attended Trail Health and Environment Committee meeting Feb. 7 with representatives from City of Trail, Ministry of Environment, and Teck Resources.

Stakeholder Engagement by Community Health Facilitators (CHF):

- IH Central and IH West CHFs continued work with the Overdose (OD) Prevention Services project team to facilitate and advise on stakeholder engagement.
- IH West CHF met with Kamloops North Shore Business Improvement Association in February to provide an update on OD Prevention and Supervised Consumption Services; also part of delegation presenting to Ashcroft Village Council and Kamloops City Council to provide update on OD response.
- IH East CHF attended Town of Creston Official Community Plan advisory committee meeting on Feb. 3; facilitated Healthy Seniors in Salmo priority setting session on Feb. 23; co-facilitated Regional District of Central Kootenay Food Policy Council meeting in Balfour and facilitated community consultation in Cranbrook for the federal poverty reduction strategy.