Interior Health
Every person matters

♦ = *Attachment*
■ = *Standing Item*

BOARD OF DIRECTORS MEETING

Tuesday, December 4, 2018 – 12:30 to 2:15 pm
1st Floor Boardroom – Kelowna Community Health and Services Centre
505 Doyle Avenue, Kelowna

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

Resource Staff:
Susan Brown, President & CEO (ex-officio)
Karen Bloemink, Interim VP & Chief Operating Officer, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Dr. Michael Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications and Public Engagement
Mal Griffin, VP Human Resources & Mental Health Substance Use
Donna Lommer, VP Support Services & Chief Financial Officer
Norma Janssen, VP Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP Health Systems Planning & Long-term Care
Dr. Harsh Hundal, Chair, Health Authority Medical Advisory Committee
Givonna De Bruin, Corporate Director, Internal Audit
Carmen Gudljek, Board Resource Officer (Recorder)

Presenters:
Item 2.1 Dr. David Smith, Sub-Specialty Medical Director, Child & Adult Psychiatry
Item 2.1 Roger Parsonage, Executive Director, Mental Health & Substance Use
Item 2.2 Aaron Miller, Corporate Director, Population Health

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

A G E N D A

ITEM		RESPONSIBLE PERSON	TIME	ATT
1.0	**Call to Order**			
1.1	Acknowledgement of First Nations and Traditional Territory	Director Jules	12:30 2 min	■
1.2	Declaration of Conflict of Interest	Chair Cochrane	12:32 2 min	■
1.3	Approval of Agenda	Chair Cochrane	12:34 1 min	■ ♦
1.4	Approval of Consent Agenda 1.4.1 Minutes of October 2, 2018	Chair Cochrane	12:35 2 min	■ ♦
1.5	Follow Up from Previous Meeting (no items for follow up)	Chair Cochrane	0 min	■
1.6	Patient Reflection – Care in Services	Chair Cochrane	12:37 3 min	■

2.0	**Presentations for Information**			
2.1	Preventure: A Partnership to Support Youth across Interior Health	Dr. David Smith Roger Parsonage	12:40 25 min	♦
2.2	Non-Medical Cannabis Legalization & Regulation in BC	Aaron Miller	1:05 25 min	♦
3.0	**Items for Approval**			
	None			
4.0	**Committee Reports (Recommendations may be brought forward)**			
4.1	Audit & Finance Committee	Director Rounsville	1:30 10 min	■
4.2	Quality Committee	Director Stewart	1:40 10 min	■
4.3	Governance & Human Resources Committee	Director Dooley	1:50 10 min	■
4.4	Strategic Priorities Committee (no report)	Director Jules	0 min	■
4.5	Stakeholder Relations Committee	Director Dooley	2:00 5 min	■ ♦
5.0	**Reports**			
5.1	President & CEO Report	Susan Brown	2:05 5 min	■ ♦
5.2	Chair Report	Board Chair	2:10 5 min	■
6.0	**Items for Information**			
6.1	Research Ethics Board Annual Report			♦
7.0	**Correspondence**			
7.1	Board Correspondence			■ ♦
8.0	**Next Meeting:** February 12, 2019			
9.0	**Adjournment – 2:15 pm**			

CONSENT AGENDA (Item 1.4)

Board of Directors

Regular Meeting

Tuesday, December 4, 2018

MOTION

THAT the Board of Directors approved the Consent Agenda of December 4, 2018 as presented to include approval of the following:

Item 1.4.1: **Minutes**
Board of Directors Regular meeting minutes of October 2, 2018.

DRAFT MINUTES OF OCTOBER 2, 2018
REGULAR BOARD MEETING
12:45 to 1:35 pm
5th Floor Boardroom – 505 Doyle Avenue

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

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

Guests:
Susan Brown, VP & Chief Operating Officer, Hospitals & Communities *(incoming President & CEO Oct 29)*
Karen Bloemink, Interim VP & Chief Operation Officer, Hospitals & Communities
Dr. Mike Ertel, VP Medicine & Quality
Jenn Goodwin, VP Communications & Public Engagement
Mal Griffin, VP Human Resources & Mental Health Substance Use
Donna Lommer, VP Support Services & Chief Financial Officer
Norma Malanowich, VP, Clinical Support Services & Chief Information Officer
Anne-Marie Visockas, VP, Health System Planning & Residential Services
Givonna De Bruin, Corporate Director, Internal Audit
Dr. Harsh Hundal, Chair, Health Authority Medical Advisory Committee

Presenters:
Tracey Rannie, Health Service Administrator, Royal Inland Hospital
Andrew Hughes, Health Service Administrator, Kelowna General Hospital
Derek Koch, Spiritual Health Practitioner, Kelowna General Hospital

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

1.0 CALL TO ORDER

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

1.1 Acknowledgement of the First Nations and their Territory

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

1.2 Declaration of Conflict of Interest

There were no conflicts of interest declared.

1.3 Approval of Agenda

Director Rounsville moved, Director Jules seconded
Motion: 18-16 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the October 2, 2018 meeting agenda as presented.

1.4 Approval of Consent Agenda

Director Rounsville moved, Director Jules seconded

Motion: 18-17 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the Consent Agenda as presented to include approval of the following:
Item 1.4.1: Minutes of June 19, 2018

1.5 Follow Up/Actions from Previous Meeting

There were no action items outstanding.

2.0 PRESENTATIONS FROM THE PUBLIC

None.

3.0 PRESENTATIONS FOR INFORMATION

3.1 Patient and Family Centered Care (PFCC)

Tracey Rannie, Andrew Hughes and Derek Koch presented. Highlights of the presentation included:

- PFCC is an approach to care the consciously adopts the patients' and families' perspective about what matters in the planning, delivery and evaluation of care.
- Patient and family centered initiatives and practices are positively changing the culture of care at Kelowna General Hospital (KGH) and Royal Inland Hospital (RIH).
- Among some of the initiatives at KGH include the *Butterfly Initiative* which is a way to communicate with the care team that a patient is in distress, is dying or has died by pinning a picture of a butterfly to the patients' curtains; *Hospital Turbans* is another initiative which was created in conjunction with the Sikh community to give patients dignity and respect if they have to remove their head covering for tests or surgery.
- Staff engagement is also important to help support PFCC initiatives and is a way for staff who want to support their community. Through the KGH Foundation, there is a staff 50/50 draw which generates approximately ten thousand dollars monthly to help support varies PFCC initiatives.
- At RIH, some of the initiatives include the *Therapy Dog Program* which has been very successful, with two volunteers in particular who have become part of the RIH family; *Birth Chimes* is an initiative where chimes are sounded when a baby is born; and *Estimated Date of Discharge White Boards* are hung in patient rooms indicating key information for families and visitors.

The presenters answered questions from the Board. The Board acknowledged this important work that has rolled out at KGH and RIH and look forward to seeing these initiatives roll out across Interior Health.

3.2 President and CEO Presentation

Chris Mazurkewich presented two videos:

- First face transplant that took place in Montreal, Canada highlighting advancements in transplant surgery: https://www.cbc.ca/player/play/1319214147763
- KGH Foundation – The history or Kelowna General Hospital and how it become a major tertiary hospital, the contributions to the community and all Interior residents with the addition of Jo Anna's House: https://m.youtube.com/watch?v=UKvRK2l_sX4

4.0 COMMITTEE REPORTS

4.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Harsh Hundal provided an overview of the Summary Report of the HAMAC meetings that took place on August 10 and September 14. Highlights included the following presentations to HAMAC:

- Accessing screening mammography in Interior Health (IH)
- Medical Imaging Annual Quality Report 2017/18
- Medical Imaging Medical Quality, Provincial and IH Initiatives

- Welcome and Acknowledgement of First Nations Traditional Territory policy
- Measurement System for Physician Quality Improvement

4.2 Governance & Human Resources Committee

Director Dooley reported. The committee received the following reports at the October 1 meeting:

- Acknowledgment of First Nation Traditional Territory Policy
- Workplace Health & Safety Annual Report
- Directors Standards of Conduct and Conflict of Interest Policy

Director Dooley requested approval of the following motion:

Director Dooley moved, Director Stewart seconded
Motion 18-18 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved the Terms of Reference for the following committees of the Board:

- Audit & Finance Committee
- Quality Committee
- Strategic Priorities Committee

4.3 Audit and Finance Committee

Director Rounsville reported. The committee received the following reports at the October 1 meeting:

- Financial Summary for Period 4
- External Auditor Audit Plan
- IMIT Project Status Update
- Capital Projects and Planning Status Report Update

Director Rounsville requested approval of the following motion:

Director Rounsville moved, Director Beddow seconded
Motion 18-19 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board of Directors approved a $2.8M increase to the Kootenay Boundary Regional Hospital Pharmacy & Ambulatory Care Project capital budget funded by the Ministry of Health and the Kootenay Boundary Regional Hospital District.

4.4 Quality Committee

Director Stewart reported. The committee received the following reports at the October 1 meeting:

- Primary Health Care Annual Report
- Medical Imaging Annual report
- Second phase update on Access and Flow - Patient Transport. A resident of Ashcroft gave a compelling presentation on patient transportation in his community and some suggestions for improvements.

4.5 Strategic Priorities Committee

No report.

4.6 Stakeholders Relations Committee Report
Chair Cochrane reported. The report was accepted as presented.

5.0 REPORTS

5.1 President & CEO Report

The President & CEO Report was received as information.

5.2 Chair Report

Chair Cochrane reported. He conveyed the Minister's compliments to Chris Mazurkewich and the work of the Primary Care and Community Transformation team on their successful efforts in opening the Urgent Primary Care Centre and Family Practice Learning Centre in Kamloops.

On behalf of the Board, Chair Cochrane thanked Chris Mazurkewich for his contributions to Interior Health and health care in British Columbia. Mr. Mazurkewich will be retiring at the end of October. He was acknowledged for modeling IH's values *'every person matters'* and for his legacies that we will continue to build upon. Some of which include building relationships with our First Nation Communities to improve health outcomes, Primary Care and Community Transformation, and Workplace Health and Safety. The Board welcomed incoming President & CEO, Susan Brown.

6.0 CORRESPONDENCE

The Board correspondence binder was received as information.

7.0 DISCUSSION ITEMS

None

8.0 INFORMATION ITEMS

None

9.0 NEXT MEETING

Tuesday, December 4, 2018 in Kelowna, BC

10.0 ADJOURNMENT

There being no further business, the meeting adjourned at 1:35 pm.

_____ _____

Doug Cochrane, Board Chair Chris Mazurkewich, President & CEO

Interior Health
Every person matters

Discussion Brief
For Board of Directors

Title	Preventure: A partnership to support youth across Interior Health.
Purpose	To inform the Interior Health Authority Board of Directors about the Preventure Program and highlight internal and external partnerships necessary to advance this work.
Top Risks	1. (Operational) Implementation of Preventure requires the support and participation of partners, who may have competing priorities. 2. (Clinical) Not implementing Preventure will deny an evidence-based intervention to youth at risk for problematic substance use.
Lead	Dr. David Smith, Sub-specialty Medical Director, Child and Adolescent Psychiatry Roger Parsonage, Executive Director, Mental Health and Substance Use
Sponsor	Mal Griffin, Vice President, Human Resources and Mental Health & Substance Use

RECOMMENDATION

That the Board of Directors accepts this brief for presentation and discussion purposes only.

BACKGROUND

In April 2016, BC Public Health Officer, Dr. Perry Kendall, declared a Provincial Public Health Emergency due to rapidly rising numbers of preventable opioid-related overdose deaths (ODDs). BC youth have not been spared in this crisis. Between 2007 and 2017 the **number of illicit drug ODD per year in those ages 10 to 18 has increased from three to five in 2007, to 12 in 2016 and 23 in 2017** with Aboriginal youth being overrepresented in this group. (BC MHSU Collaborative, 2018)

The adolescent brain is a brain under construction. Studies have shown that the longer we can delay the onset of substance use amongst youth, the less likely they are to have negative health outcomes now and to go on to develop substance use disorders later in life. Canadian adolescents have among the highest rates of cannabis use compared to their peers in other developed countries, about 22% of youth ages 15-19 (Canadian Centre on Substance Use) and BC has the highest rates in Canada. A study of 50,465 Swedish adolescents over 15 years, found that individuals who used cannabis on more than 50 occasions by age 18 were six times more likely to develop schizophrenia than those who did not use cannabis. Chronic cannabis use has been linked to apathy or a lack of motivation, depression, anxiety and suicidal behaviours. A very recent 4 year study of 3,826 seventh-grade students in Montreal showed cannabis use proved to have detrimental effects on all four cognitive domains assessed in the study: working memory, perceptual reasoning, delayed recall, and inhibitory control.

A recent World Health Organization study reported that alcohol use alone accounts for almost 4% of the global burden of health, with deaths attributed to alcohol greater than those caused by AIDS, tuberculosis, or violence. Heavy drinking is very common among high school students: 40-60% engage in heavy episodic drinking (HED; 5+ drinks/occasion). It has been shown to negatively impact physical health, psychological well-being, and academic performance.

The *BC Representative for Children and Youth Review of Substance Use Services in BC Report* (May 2016) noted “numerous gaps in the system of youth substance use services. In fact, they reveal the absence of an actual ‘system.’” Under the section on Prevention and Early Intervention on Youth Substance Use Problems [the report] said, “Early childhood, school-age years and **adolescence are key points for prevention and early intervention of problems that may contribute to harmful substance use later in life**. Early intervention is also important to preventing and recovering from mild problems before they become more severe (B.C. MoH, 2010, p. 10). These findings suggest that **school-based programming is an important part of the continuum of substance-use services**, but must be **guided by evidence-based principles** about what is most effective. Health authority respondents noted the challenges of incorporating these services into their programming and urged the province to establish standards for prevention and health promotion work.” (BC MHSU Collaborative, 2018, emphasis added).

DISCUSSION

As noted in the *BC Representative for Children and Youth Review of Substance Use Services in BC Report,* school-based substance use prevention programs have generally been proven ineffective. A different type of program developed by Dr. Patricia Conrod and her team at the University of Montreal called Preventure offers a unique, personality targeted approach to drug and alcohol prevention. This program involves screening[1] all youth in school at ages 13 to14 for four specific personality traits that have been proven to predispose them to significantly increased rates of substance misuse:

- Anxiety sensitivity
- Hopelessness
- Impulsivity
- Sensation seeking

The approximately 40% of youth who screen positive to one of these four traits are then invited to attend two 90 minute group discussions targeted to their personality type. The group discussions are based on the well validated principles of psychoeducation, motivational interviewing and cognitive behavioral therapy, and are delivered in a supportive, empathic framework. These groups are facilitated by either teachers or school counsellors who have attended a two to three day training session to screen youth and deliver the material. The group discussions are strength-based: they emphasize the benefits of their particular personality style; help them develop coping skills to better manage aspects of their personalities that are associated with risky behaviours; help them identify and pursue their long-term goals; and focus on preparing youth to make autonomous decisions and learn from their independent experiences. (BC MHSU Collaborative, 2018)

This program has been subjected to eight randomized controlled trials in Canada, the United States, the United Kingdom and the Netherlands and has been implemented in these and several other countries. Among the high-risk students who have participated in the interventions delivered through these studies, Preventure has been shown to:

- **reduce drinking by 50%**
- **delay the onset of binge drinking**
- **cut the rate of binge drinking by 43%**
- **reduce illicit drug use rates by 30-50%**

It has also been shown to **significantly reduce drinking by 30% even among the non-high risk students who don't attend the program** in those same high schools. Follow-up studies have shown that **results last at least 2 years**. Additionally, because Preventure supports building coping skills and resiliency in the youth who participate, it also improves youth outcomes in several other areas of social-emotional development including decreasing rates of depression, panic attacks and various impulsive behaviors such as skipping school and shoplifting. (BC MHSU Collaborative, 2018)

School District 22 in Vernon, BC is now in its third year of implementing this program and is showing very promising results across all five high schools. Among other benefits, school counsellors who facilitate Preventure have been able to identify and start building relationships with youth who may be at risk for various mental health and behavioural challenges. (BC MHSU Collaborative, 2018)

Preventure as a targeted drug and alcohol prevention program for high schools across BC has been endorsed by the BC Child and Youth Mental Health and Substance Use Collaborative Substance Use Faculty and by the BC Centre for Substance Use. IH would need to partner with key stakeholders including school districts, First Nations Health Authority, and Aboriginal partners and communities, as well as internally with population health, if Preventure is to be implemented across the region. Preliminary discussions with Dr. Conrod and with interior school districts suggest there is considerable interest and support for Preventure, using a train-the-trainer model similar to the implementation model applied in Vernon. While this requires some effort to build and sustain those partnerships, there is a significant benefit in supporting school staff to apply the Preventure program and develop relationships with their at-risk students. Research shows that the expected return in saved societal costs would be approximately 15:1.

ALTERNATIVES

n/a

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[1] Youth are screened using the simple 23 question Substance Use Risk Profile Scale (SURPS).

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
James Kinakin, Director, Business Support	October 25, 2018	October 25, 2018	Consultation
Jessica Mensinger, Practice Lead, Transitions, MHSU	October 25, 2018	October 25, 2018	Consultation
Penny Liao-Lussier, Manager, Maternal-Child Health, Population Health	October 25, 2018	October 25, 2018	Consultation
Dr. Karin Goodison, Medical Health Officer	October 25, 2018	October 25, 2018	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written – Version: 1.6	Jennifer Gillen, Project Manager, MHSU	September 28, 2018
Assessment of communication requirements	n/a	<date>
Presentation to Health Authority Medical Advisory Committee	n/a	<date>
Presentation to Strategy and Risk Management Committee	n/a	<date>
Presentation to Senior Executive Team	Information only	November 13, 2018
Presentation to the Board	Dr. David Smith , Sub-specialty Medical Director, Child and Adolescent Psychiatry	December 4, 2018

APPENDICES

Preventure: A partnership to support youth across IH.

REFERENCES

1. BC MHSU Collaborative. (2018). Preventure Information Brief for the BC CYMHSU Cross-Ministry Committee Meeting.
2. World Health Organization. (2011). *Global Status Report on Alcohol and Health*.
3. Canadian Centre on Substance Use and Addiction http://www.ccdus.ca/Eng/Pages/default.aspx
4. BC Representative for Children and Youth. (2016) *Review of Substance Use Services in BC Report.* Available from https://rcybc.ca/substanceuse.

APPROVAL OF RECOMMENDATIONS

n/a

Preventure: A partnership to support youth across IH

Dr. David Smith
Sub-specialty Medical Director
Child and Adolescent Psychiatry

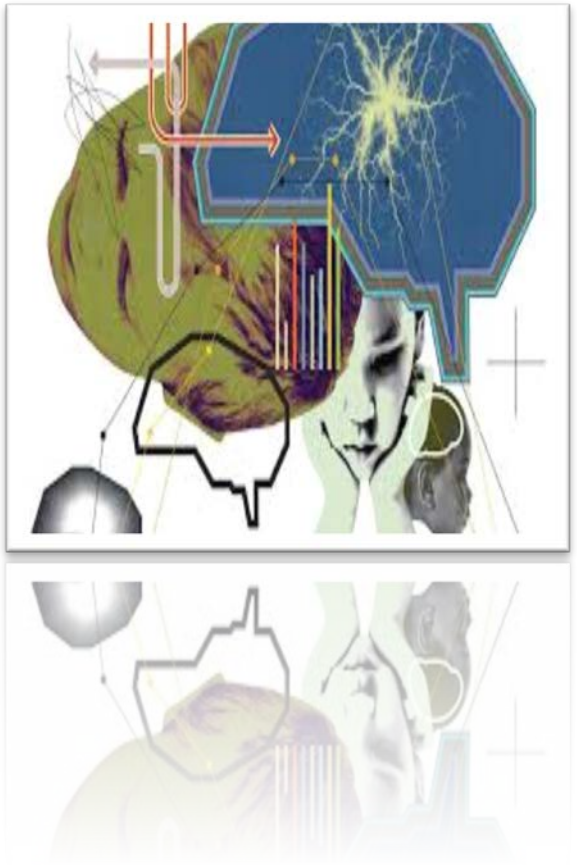
Interior Health
Every person matters

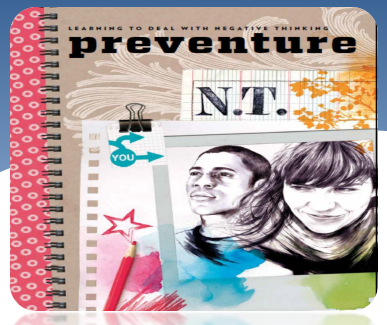
A Brief History of Youth SU Prevention Programs

The Drug Education Posters explain the potential health consequences of using substances such as cocaine, inhalants, alcohol, steroids, heroin, ecstasy, and marijuana. Harmful effects are listed and overlayes of the internal body systems are attached to the statements. Posters are 24" X 36" and laminated. Grades 5-12

Preventure - A Quantum Leap in The Evolution of SU Prevention Programs

* Evidence Based (vs. Ideology)
* Upstream
* Targeted
* Well received by students
* Relatively low cost and resource investment
* High yield outcome – approximately 40% decrease in substance use across the board
* It is like "inoculating" our youth





Preventure Students

(i) Screening of high-risk personality factors; (ii) Brief personality-targeted interventions

- **Screening** for students with particular personality characteristics using… Substance Use Risk Profile Survey (SURPS) – a 23 item survey

- **Targeting** personality factors associated with problematic coping behaviours :
  - Anxiety Sensitivity (AS)
  - Sensation Seeking (SS)
  - Impulsivity (IMP)
  - Hopelessness (H) or Negative Thinking (NT)

- **Two group workshops** (90 minutes each) delivered by trained facilitators in schools (typically one week apart)
  - Groups composition: up to 8 personality-matched peers
  - Intervention component:
    - Psycho-educational component
    - Motivational interviewing spirit
      - Goal-setting exercise designed to encourage behaviour change
      - Decisional balancing
    - Cognitive-behavioural component
      - Address personality-specific coping strategies and cognitive distortions

Preventure - Training for High-School Teachers and Counselors

2-3 Day Workshop

* Theoretical background and screening using SURPS
* Basic principles and practices in counseling and psychological intervention (CBT and MI)
* Tailoring interventions for personality-specific profiles, role play.

3 Hours of Supervised Practice Running Groups

* Evaluation and feedback on *Preventure Fidelity Scale*

Manualised Intervention:

* Therapist manual (step-by-step)
* Each student receives a personality-specific workbook.

Evidence Based

Dr. Patricia Conrod
published research in many peer reviewed journals…

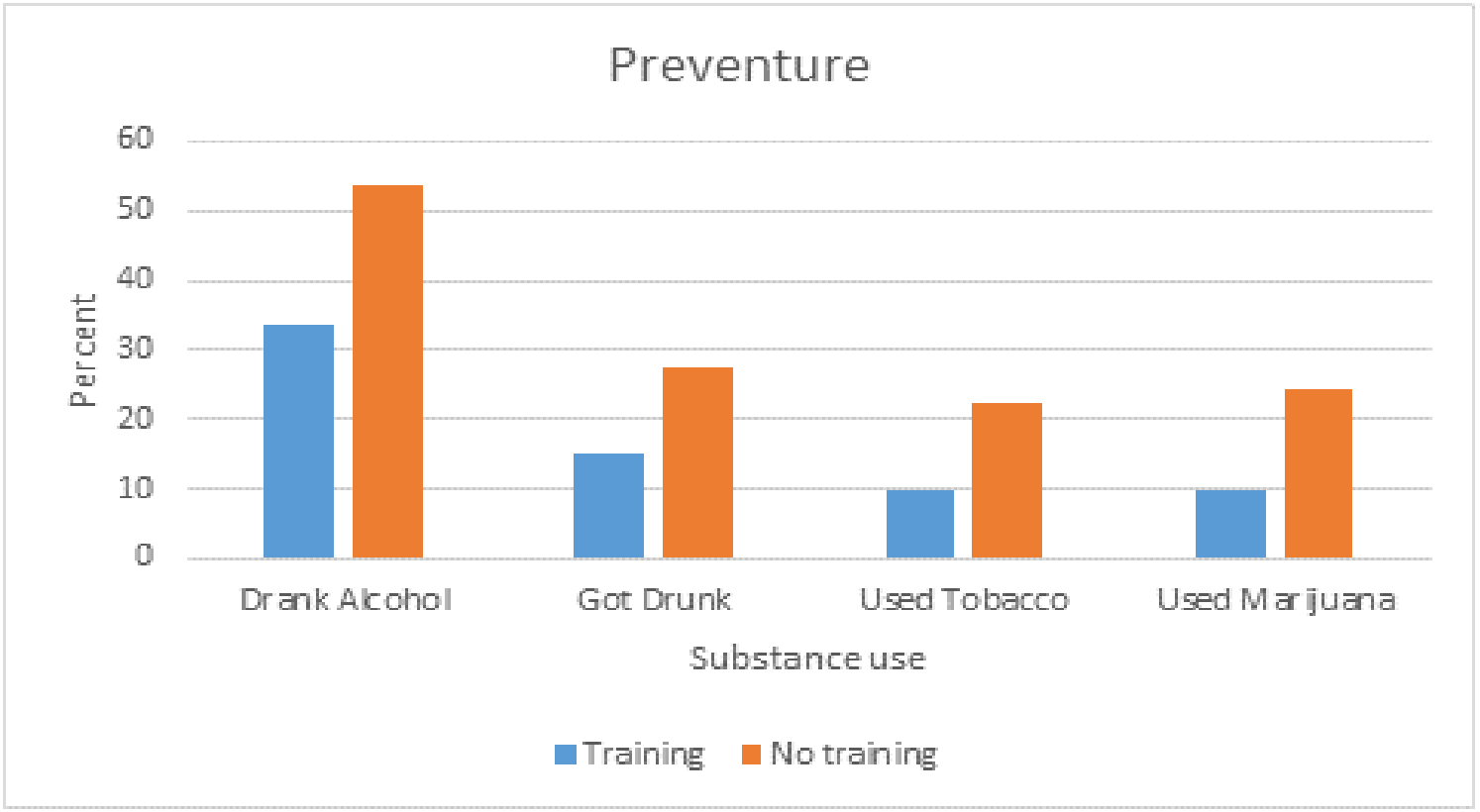
* Journal of American Medical Association-Psychiatry
* Journal of Consulting and Clinical Psychology
* Journal of the American Academy of Child & Adolescent Psychiatry
* Current Addiction Reports
* Archives of General Psychiatry
* Canadian Journal of Psychiatry
* 8 randomized controlled trials in N. America, Europe and Australia

The Herd Effect

Reach effects not only the person targeted, but all those around them

Vernon, BC - SD #22

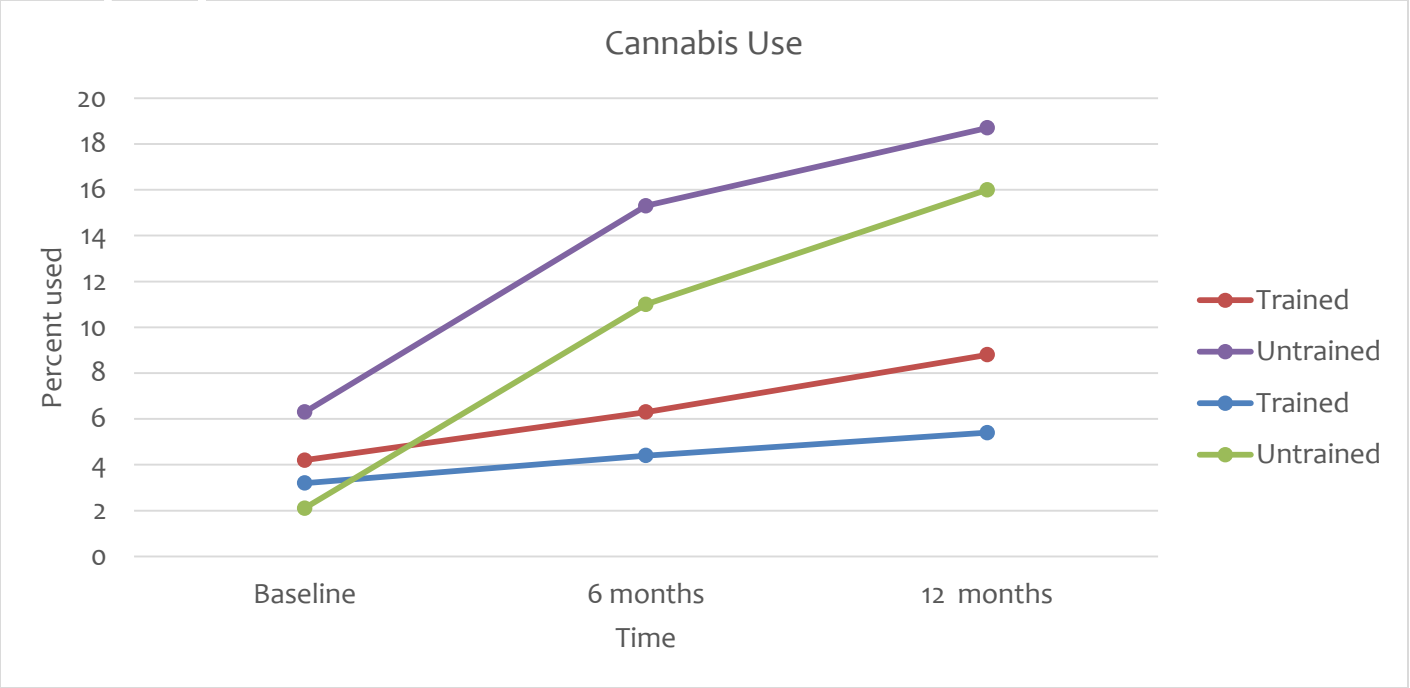
Year 1 Preliminary Results



Vernon, BC - SD #22

Year 2

Year 2 – significant reductions in the typical 1 year progression of "past year and past month" cannabis use in grade 8 students in Preventure schools vs. control



Every person matters

Plan: Cost-Benefit

15:1

Call to Action

"It is as improper to withhold an effective preventive intervention as it would be to withhold an effective therapeutic intervention."

(Dr Perry Kendell, 2010, PHO Special Report)

Interior Health
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Discussion Brief

For Board of Directors

Title	**Non-medical cannabis legalization and regulation in British Columbia (BC)**
Purpose	To discuss the activities and learnings within Interior Health (IH) as part of the non-medical cannabis legalization
Top Risks	1. (Clinical) Unintentional exposure, intoxication, and/or poisoning via inhaled, topically applied or edible non-medical cannabis products on or around IH property. 2. (Financial) There is no dedicated budget allocated internally or by relevant ministries to fund current or future non-medical cannabis-related activities or potential impacts to IH operations. 3. (Reputational) Without a unified approach to non-medical cannabis across all health authorities, there may be inconsistent and/or incorrect information available for the public.
Lead	Aaron Miller, Corporate Director, Population Health
Sponsor	Trevor Corneil, VP Population Health and Chief Medical Health Officer (MHO)

RECOMMENDATION

That the Board of Directors receives this brief for presentation and discussion purposes only.

BACKGROUND

On October 17, 2018, the Cannabis Act Bill C-45 [1] came into effect. This Act created a strict legal framework for controlling the production, distribution, sale, and possession of non-medical cannabis across Canada and seeks to achieve the following three goals:

1. Keep cannabis out of the hands of youth
2. Keep profits out of the hands of criminals
3. Protect public health and safety by allowing adults access to safe, legal cannabis

While the overall federal requirements for cannabis legalization are outlined within Bill C-45, there are specific jurisdictional issues also for provincial and municipal governments [2].

Within BC, the provincial government has passed legislation to provide legal and controlled access to non-medical cannabis. The Cannabis Control and Licensing Act (CCLA) [3] received royal assent on May 31, 2018 and the Cannabis Control Regulations [4] received royal assent on October 5, 2018. These two documents specify the regulatory framework for non-medical cannabis in BC. Specifically:

1. Restricts sale and possession of cannabis to individuals who are 19 years of age and older.
2. Prohibits cannabis smoking and vaping everywhere tobacco smoking and vaping are prohibited, as well as at playgrounds, sports fields, skate parks, and other places where children commonly gather.
3. Establishes a cannabis retail licensing program similar to alcohol and changes to regulatory/statutory rules under the Residential Tenancy Act, Cannabis Distribution Act, Community Safety Act, and other Acts [5].

For the individual municipal governments across BC, they are responsible for determining the location and zoning for cannabis retail locations, smoking restrictions and municipal smoke free bylaws, and municipal cost considerations related to zoning and bylaw changes and local policing. Each provincial municipality is approaching cannabis differently and taking their own approach to zoning and determining the restrictions around the location of private cannabis retailers in their community. From a regulatory perspective, Bill C-45 provides a framework for cannabis legalization. The province, within the CCLA, has created specific restrictions and a distribution program. Within each municipality, the new bylaws create the implementation plan and ability for individuals to purchase legal cannabis across BC.

DISCUSSION

One of the most significant changes with the assent of the provincial CCLA is the replacement of the word "recreational" with "non-medical" for describing legalized cannabis. Non-medical cannabis is defined as cannabis and cannabis products used for reasons other than to address a medical condition. This definition has been developed by the Ministry of Health (MOH) and removes the subjectivity of the word "recreational".

With the legalization of non-medical cannabis, a number of Interior Health (IH) internal policies and procedures have required updates. Population Health and the Freedom of Information, Privacy and Policy portfolios have worked with each IH policy steward to change the internal IH policies impacted by the non-medical cannabis legislation. Sixteen separate policies/procedures have been updated to date. Through collaboration with other health authorities, the policies and procedures are continuing to be updated based on new learnings and other unanticipated changes resulting from non-medical cannabis legalization.

To support the overall non-medical cannabis legalization, the following activities have occurred:

- A letter has been sent to each local government within the IH region to reach out and provide information regarding the impacts of non-medical cannabis legalization. Resources were also provided for local governments to receive more information from either the provincial government or IH.
- The IH Integrated Tobacco Team and Healthy Community Development Team are working with local government partners to inform and support community-based action (i.e. helping to expand existing smoke free spaces to align with new legislation) and to support new bylaw changes for zoning or other impacts of cannabis legalization. For example, many smoke free bylaws already include language pertaining to smoking cannabis in public spaces, and various local governments are setting additional restrictions on non-medical cannabis sales and usage.
- Population Health has been reaching out to each of the different health authorities regarding the advancement/coordination of the CCLA implementation. This collaborative approach has allowed each health authority to share information and update policies/procedures.
- IH Communications and Population Health have created a new InsideNet page, and an external webpage on the IH website, for cannabis linked to provincial communications.

The process for understanding the full impact of the non-medical cannabis legalization will be evolving over the upcoming months with any changes in communication from the provincial government, new policy changes, and new learnings from the legalization.

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Tony Yip, Manager, Freedom of Information, Privacy and Policy Development	July 24, 2018	July 24, 2018	Consultation
Jana Bradshaw, Business Consultant, Financial Reporting	July 25, 2018	July 26, 2018	Consultation
Heather Deegan, Director, Healthy Communities	July 18, 2018	July 18, 2018	Consultation
Dr. Kamran Golmohammadi, MHO	July 25, 2018	July 25, 2018	Consultation
Julian Mallinson, Population Health Specialist	July 24, 2018	July 24, 2018	Consultation
Erin Toews, Communications – IH-Wide Strategic Promotions	July 24, 2018	July 25, 2018	Consultation
Dr. Sue Pollock, Corporate Director, Population Health Planning and Surveillance, and MHO	July 24, 2018	July 25, 2018	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written – Version: 1.0	Aaron Miller, Corporate Director, Population Health	July 19, 2018
Assessment of communication requirements	Jenn Goodwin, VP Communications and Public Engagement	July 19, 2018
Presentation to Health Authority Medical Advisory Committee	n/a	n/a
Presentation to Strategy and Risk Management Committee	Aaron Miller, Corporate Director, Population Health	May 2, 2018 August 1, 2018
Presentation to Senior Executive Team	Aaron Miller, Corporate Director, Population Health	September 24, 2018
Presentation to the Board	Aaron Miller, Corporate Director, Population Health	December 4, 2018

APPENDICES

Appendix A. Cannabis Legalization. The Interior Health Perspective (PowerPoint presentation).

REFERENCES

[1] *Bill C-45: An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts.* (2018). First Session, 42 Parliament, Royal Assent. Retrieved from the Parliament of Canada website: http://www.parl.ca/DocumentViewer/en/42-1/bill/C-45/royal-assent

[2] Federation of Canadian Municipalities. (2018). Municipal guide to cannabis legalization. Retrieved from https://fcm.ca/Documents/issues/Cannabis-Guide-EN.pdf

[3] *Cannabis Control and Licensing Act*. [SBC 2018] Chapter 29. Retrieved from bclaws online: http://www.bclaws.ca/civix/document/id/complete/statreg/18029

[4] *Cannabis Control Regulation.* (2018). Retrieved from bclaws online: http://www.bclaws.ca/civix/document/id/complete/statreg/204_2018

[5] Government of British Columbia. (2018). Cannabis. Retrieved from https://www2.gov.bc.ca/gov/content/safety/public-safety/cannabis

APPROVAL OF RECOMMENDATIONS

n/a

Appendix A

Cannabis Legalization
The Interior Health Perspective

Aaron Miller, Corporate Director Population Health

December 2018

Interior Health
Every person matters

Federal Context

Bill C-45:

The purpose of this Act is to protect public health and public safety and, in particular, to:

- **Provide legal and standardized access to a quality-controlled substance**
- **Protect the health of young persons**
- **Enhance public awareness of the health risks**

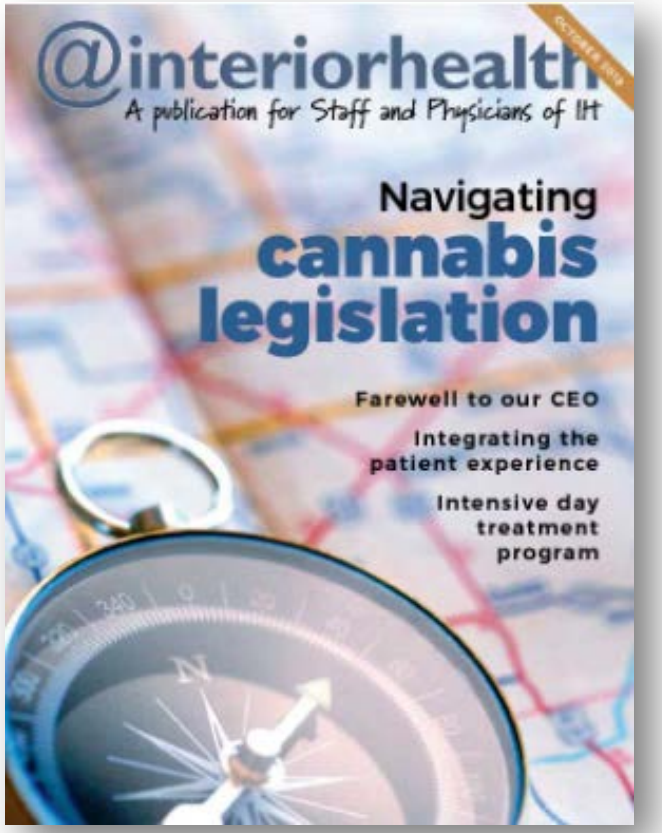
Legal Framework in B.C.

	Alcohol	Tobacco	Cannabis
Minimum Age	19	19	19
Retailers	Government and Private	Private	Government and Private
Hours of Sale	9 a.m. – 11 p.m.	24 hours a day	9 a.m. – 11 p.m.
Public Consumption	Not to be consumed in a public place unless licensed or designated by municipality/region.	Not to be consumed in an enclosed structure or vehicle, workplace, near doorways; many communities ban use in parks, on trails, beaches, etc.	Same as tobacco smoking, with additional bans on areas frequented by children and for all occupants in vehicles.

Source: Fraser Health and Government of B.C.

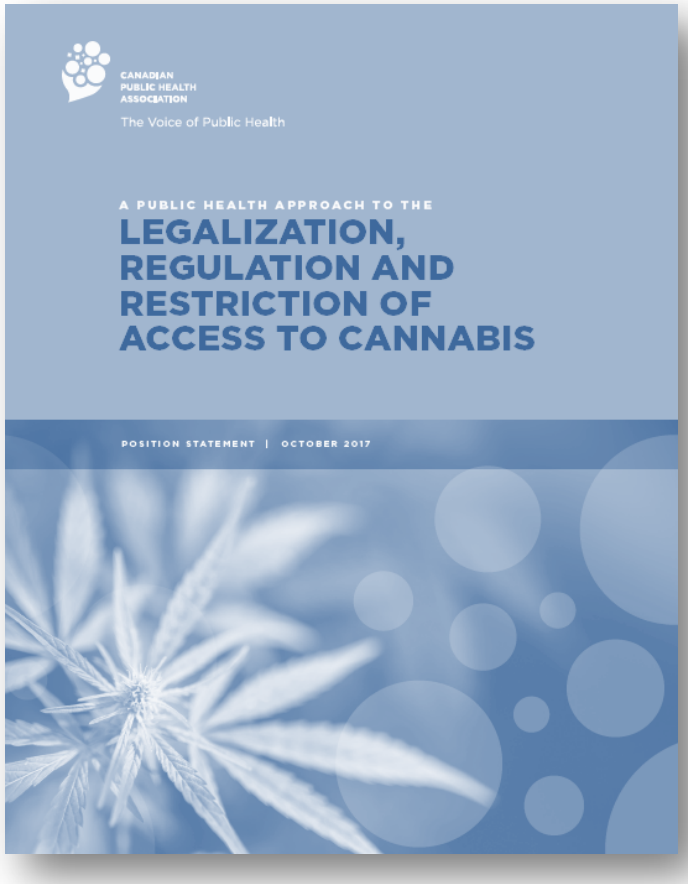
Interior Health (IH) Activities

- Updates to 16 separate IH policies
- Information on our public website and InsideNet
- Internal communications
- Letter to local governments providing support and contact information for information, support, and questions
- Discussions and information sharing with the Ministry of Health and each of the provincial health authorities
- IH Working Group with representation from key portfolios



Public Health Approach

- Helping people, including health-care providers and community leaders, understand the risks of using non-medical cannabis
- Striving to minimize the harms associated with its use
- Respecting the philosophy of choice and supporting people to make informed choices



Next Steps

- Adjust response as needed given non-medical cannabis legalization will be an evolving process over the next 12 months
- Be aware of new information emerging about edible products and any required action for IH
- Continue to look at how we can support usage within a healthy communities context

Stakeholder Relations Committee
REPORT TO THE BOARD
— December 2018 —
(September 1st to November 23, 2018)

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

September 2018

September 4	Kamloops Family Practice Learning Centre Opening – Director Lawrie
September 15	Metis Nation BC – Letter of Understanding (LOU) Resigning Event – Chair Cochrane
September 18	Kelowna Roundtable – Presentation made by Chair Cochrane
September 24	Interior Health Long Term Service Awards, East Kootenay Region – Director Rounsville
September 28	Health Authorities Chair to Chair meeting – Chair Cochrane

October 2018

October 9	Interior Health Long Term Service Awards, South Okanagan – Chair Cochrane
October 10	Kelowna General Hospital Foundation Donor Reception Event – Chair Cochrane
October 19	Partnership Accord Leadership Table – Chair Cochrane, Director Jules
October 22	Interior Health Long Term Service Awards, Thompson Cariboo Shuswap – Director Lawrie
October 26 & 27	Physician Administrator Co-Leadership Training – Chair Cochrane
October 31	Interior Health/Regional Hospital Districts Joint meeting – Chair Cochrane

November 2018

November 5	Interior Health Long Term Service Awards, North Okanagan – Director Stewart
November 5	City of Kelowna Inaugural meeting – Chair Cochrane
November 15	Interior Region Nation Caucus – Chair Cochrane, Director Jules
November 16	Health Authority Medical Advisory Committee (HAMAC) meeting – Chair Cochrane
November 20	Interior Health Long Term Service Awards, Central Okanagan – Chair Cochrane
November 23	Health Authorities Chair to Chair meeting – Chair Cochrane

Interior Health
Every person matters

President & Chief Executive Officer Report to the Board

December 2018

Highlights
September - November

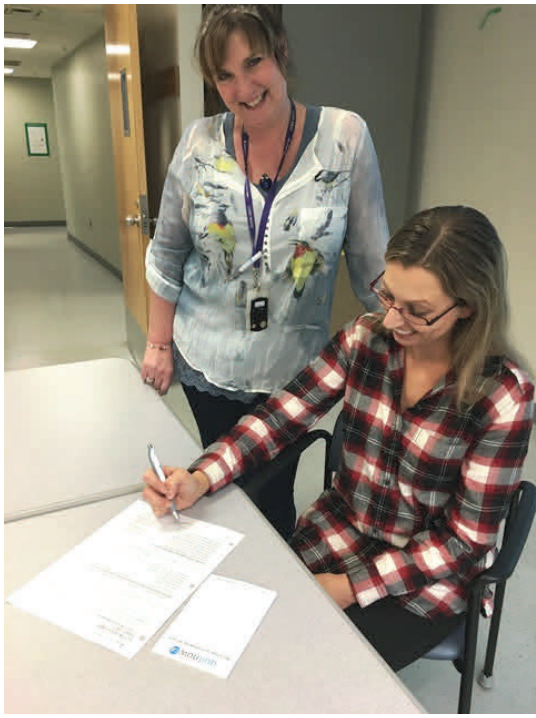
Renewed commitment with the Métis Nation

Métis Ministers and IH senior leadership re-signed our Letter of Understanding (LOU) at the Provincial Métis Nation Annual General Meeting in Richmond, B.C. on September 15, with hundreds of delegates and community leadership in attendance. Interior Health continues to be the only health authority with an LOU with the Métis Nation and we have learned our document will be the standard as other regional health authorities take this step. The IH-Métis LOU, originally signed in 2012, identifies common goals for equitable access to health services and improved outcomes for Métis people within the region.

A British Columbia first: Hospital nurses write orders for patient treatment

As part of an Interior Health pilot project, an IH nurse gave the first written order detailing instructions for a patient's care in British Columbia on October 9. Traditionally, physicians write patient orders. The current pilot is limited to the in-patient psychiatric unit of PRH where nurses are ordering Nicotine Replacement Therapy for their patients.

"Our work is focused on finding opportunities to optimize scope of practice, bring a regional approach to decision making, and improve how we provide care through the patient experience," says Kathy Williams, Council Co-chair and Director of Professional Practice. "In the weeks and months to come we will be working to create a framework for additional education, which is required by the BC College of Nursing Professionals."



Nicole Koch signs the first nursing order in B.C. for Nicotine Replacement Therapy.

Community celebrates opening of the Revelstoke helipad

Close to 100 members of the public showed up on October 27 at Queen Victoria Hospital in Revelstoke, to celebrate the grand opening of a new heliport at QVH, a true community effort. The $623,595 project was made possible through the funding support of the Revelstoke District Health Foundation (RDHF), the North Okanagan Columbia Shuswap Regional Hospital District, the City of Revelstoke Tourism Infrastructure Committee, and donated services from local contractors. Revelstoke-based Vic Van Isle Construction was hired as the contractor for the project.

Construction begins on JoeAnna's House

Construction is underway on JoeAnna's House, a home away from home for patients and families who travel across the Interior to receive specialized care at Kelowna General Hospital. At a groundbreaking event on October 23, over 150 donors and community leaders came together to mark the milestone "first dig." Meanwhile, the KGH Foundation's September 'Heart of Gold Gala' raised over $1.3 million in support of JoeAnna's House, exceeding the previous total by nearly $300,000.

Cover photo: Representatives at the PRH art unveiling event included Health Services Administrator Carl Meadows, Clint George, Kim Montgomery, IH Board Director Spring Hawes, and Hereditary Chief Adam Eneas.

Strategic Goal #1: Improve health and wellness

IH supports staff, communities as non-medical cannabis becomes legal for adults

Along with partners in the provincial and federal governments, IH supports a public health approach to non-medical cannabis. This means helping people, including health-care providers and community leaders, to understand the risks of using non-medical cannabis; and striving to minimize the harms associated with its use. We are also supporting our local government partners with their community-based actions. This includes making best efforts to reduce public smoking and vaping of cannabis (e.g., strengthening smoke-free bylaws); focusing on land use management that enhances food security; and supporting education and awareness efforts. *Read more in @InteriorHealth's 'Navigating Cannabis'*.

New six-week intensive day treatment services launched

New intensive day treatment services are now being offered in four communities to provide structured individual, group, and family treatment and support for people with complex substance-use needs. The program gives people with substance-use disorders another recovery option. Established this summer, it removes barriers for those who recognize they need help but cannot leave their 'regular lives' for a residential treatment option.

Patients can now learn HIV status earlier, more easily and improve health outcomes

Getting tested for human immunodeficiency virus (HIV) is easier across Interior Health, now that On Demand testing is available at all IH laboratories. Patients can visit any IH lab and get an HIV test without having to first visit their physician or nurse practitioner. They simply fill out a lab requisition and take it to the lab, ask the lab for the test to be done, or ask to have the test added to existing bloodwork being ordered. This program reduces barriers and increases access for individuals who wish to know their HIV status.

Telehealth options expand access to treatment for opioid addiction

Opioid Agonist Treatment clinics via telehealth are already operational at rural communities in Interior Health, including Sicamous, Revelstoke, Enderby and Sorrento. Plans are underway to expand the model to other communities, with a current focus on Arrow Lakes and Creston being operational before the end of March, 2019.

Partnership and collaboration focused on Aboriginal Health moving forward

The Interior Region Aboriginal Wellness Committee (IRAWC) met in August 2018, bringing together technical representation from the seven Interior Region First Nations, First Nations Health Authority, and IH leadership. Mental health and substance use and a collective response to the opioid emergency were key agenda items.

At Penticton Regional Hospital, a sculpture depicting a Smudge Bowl, Feather, and Sweet Grass by Penticton Indian Band artist, Clint George, was unveiled on October 25 at a well-attended celebration.

Sheila Cox, KGH Lab Accession Supervisor, is one of many IH staff working to make HIV testing more accessible.

Strategic Goal #2: Deliver high quality care

Patient numbers at Kamloops UPCC growing

The Urgent Primary Care and Learning Centre in Kamloops is now accepting referrals by appointment from community family physician offices, nurse practitioners, and First Nation clinicians within their Local Health Area (LHA). Since the opening of the Family Practice Learning Centre in August, there have been 716 appointments by patients who were previously unattached.

IH long-term care embraces palliative approach

The first IH 'Learning Collaborative' day for long-term care was held in September and included staff from five sites piloting the palliative approach at their sites. This approach prepares families and their loved ones early with information about illness progression, recognizing the uncertain prognosis of life-limiting illnesses. By introducing a palliative approach early on, families are able to talk about goals of care and make decisions that can help avoid inappropriate medical interventions and reduce unnecessary suffering.

Adult Day Program on the move in Kelowna

In September 2018, Central Okanagan relocated the Adult Day Program to a new space in the Apple Valley – Society of Hope building in Kelowna. This new space provides a Bathing Program with a walk-in shower, enhanced safety and convenience with its own entrance and washrooms, more parking, and an attached kitchen/dining area for improved meal preparation and service.

JoAnne Slinn, Regional Knowledge Coordinator at the IH/UBC Faculty of Medicine Clinical Academic Campus, works with SuperTory, the neonatal simulator.

Baby simulator improves training options

One of the world's most advanced neonatal patient simulators has found a home at the Pritchard Simulation Centre at Kelowna General Hospital. SuperTory is a high-fidelity mannequin that fully simulates the breathing, movement, skin colouration and vital signs of a newborn baby. It allows staff, medical students and residents easy access to new training opportunities. The new simulator at KGH was a gift of the Colin and Lois Pritchard Foundation; a second SuperTory is at Royal Inland Hospital thanks to the generosity of Rae Fawcett.

Strategic Goal #3: Ensure sustainable health care

Community paramedicine expands

In September, BC Emergency Health Services (BCEHS) announced 43 new paramedic positions to support the health of people living in Kamloops, Chase, Kelowna, West Kelowna and Lake Country. Having more dedicated ambulances will enhance capacity to respond to emergencies and support acute patient transfers between hospitals. A newly released BCEHS video shares the success to date of the community paramedic program across the province, including IH communities.

Research collaboration

A new Research Knowledge Translation Regional Practice Lead (RPL) position is being funded by the Rural Coordination Centre of B.C. and will be located at Penticton Regional Hospital. When filled, the RPL will support hospital and community physician engagement and rural health delivery research.

Harm reduction education for new graduate nurses

Almost 200 newly-graduated nurses attended an education event led by Professional Practice and Population Health teams this fall, with sessions held in Kamloops, Williams Lake, Vernon, Kelowna, Penticton, Cranbrook, and Castlegar. The focus of the sessions was on enhancing frontline understanding of harm reduction practices, with a goal of embedding strategies across all sectors of health service delivery.

Focus on the future – senior leaders meet to review key strategies, plans

Senior Executive Team members and leaders who sit at the Strategy and Risk Management Committee met in September to review our existing key strategies along with the Ministry of Health's expectations of Interior Health, within our provincial health-system landscape.Topics of discussion included the importance of engagement with staff, physicians, partners, and stakeholders; being proactive and agile as new opportunities and challenges arise; as well as a looking at trends and innovations such as digital and virtual health, which allow for enhanced provision of services remotely. This, in turn, enables people to stay in their homes and communities more easily. Local and site-specific successes were celebrated, such as strong partnerships with Aboriginal communities and Divisions of Family Practice along with the growth of research and development of IH as an academic health sciences centre.

Automated dispensing in pharmacy

The implementation of Omnicell automated dispensing cabinets is now complete at Shuswap Lake General Hospital, 100-Mile District Hospital, and Cariboo Memorial Hospital. We appreciate the collaborative effort among pharmacy technicians, nurse educators, logistics staff, maintenance crews, and IMIT partners.

EllisDon selected to lead construction at the new build at RIH

EllisDon has been selected as the preferred proponent to design, build, finance, and maintain the new Patient Care Tower at Royal Inland Hospital. Contract signing is scheduled for this fall and will be celebrated publicly at the official groundbreaking. Early preparation work is already underway on the project.

Penticton Regional Hospital (PRH) Patient Care Tower Project (PCT)

The David E. Kampe Tower at Penticton Regional Hospital is scheduled to meet substantial completion in December; following the key handover from EllisDon to Interior Health, the work to prepare the building and staff for patient care will be in full swing. Doors open to the new tower in spring of 2019.

Emergency department redevelopment in Kootenay Boundary

Work is underway at Kootenay Boundary Regional Hospital's new Emergency Department. Given that the scope involves renovation of the existing ED areas and a new addition, construction and operational commissioning need to be done in two phases. Thus, the overall project is anticipated to be completed by Spring 2020.

Strategic Goal #4: Cultivate an engaged workforce and a healthy workplace

Welcome and Acknowledgement of First Nation Traditional Territory Policy

The *Welcome and Acknowledgement of First Nation Traditional Territory Policy* was endorsed as a concept by both the Strategy and Risk Management Committee and Senior Executive Team (SET), and at the Board of Directors meeting in October.

Remembering and acknowledging the impact of residential schools

Across IH, staff honoured survivors of residential schools by wearing orange on September 28, joining with thousands of people across British Columbia. A public celebration was held at Penticton Regional Hospital with members of local First Nations communities and students from the Penticton Indian Band Outma Squilx'w Cultural School. Several speakers shared their painful memories and experiences of violence and abuse suffered in residential schools, and pointed to current examples of reconciliation efforts at the hospital and in the community.

Sharing our success in workplace safety to international audiences

The Corporate Director, Workplace Health & Safety participated and presented at the 6th International Conference on Violence in the Health Sector in Toronto. The presentation focused on the organizational successes as a result of the WorkSafe BC Corporate Order in 2016 and the move from reactionary to the implementation of a corporate health safety management system which includes the internal responsibility system and due diligence.

Penticton Indian Band member Grace Greyeyes speaks at the Orange Shirt Day event at Penticton Regional Hospital.

Community Engagement

Stakeholder engagement by community liaisons

Interior Health conducts regular engagement with provincial, regional and local partners and stakeholders. Below are just a few examples of some of meetings and events from September to November 2018.

Where we live influences our health

Housing has a direct impact on physical and mental health, and social well-being, and indirectly influences many other health determinants (e.g. income, social networks). Interior Health produced a case study and other information resources about the influence of housing on individuals and communities, and the role IH can play to support healthy housing. In September, IH and City of Kelowna staff co-presented to the BC Healthy Built Environment Alliance on their collaborative work to bring a health lens to planning under Kelowna's Healthy City Strategy.

Collaborative action on climate change

On November 5-6, 2018, Kelowna hosted the symposium *Making the Links 2018: Climate Change, Community Health & Resilience*. Using BC's Interior Region as a case study, the event explored action opportunities for the rest of BC and beyond to build community resilience while increasing community health and well-being. IH's Population Health team worked with the SHIFT Collaborative to organize the event and contributed to cross-sector dialogue with leaders from around the world. Key topics included Preparing, Responding and Recovering from Floods & Wildfire; Climate Change, Health and Equity; and Climate Change Impacts on Mental Health and Wellbeing.

Partnering to increase opportunities for high school health care assistant courses

The Health Care Assistant (HCA) project team (Human Resources portfolio) met with 15 out of the 16 school districts in IH's region to discuss high school dual credit opportunities. Many districts are interested in the idea of initiating or expanding dual credit programs in their schools. The team also met with the HCA Program Chairs at Okanagan College, Thompson Rivers University, Nicola Valley Institute for Technology, and the College of the Rockies (CotR) to plan logistics for implementation and/or expansion of dual credit opportunities, and to discuss expanding program seats and opportunities for joint marketing.

Community Engagement

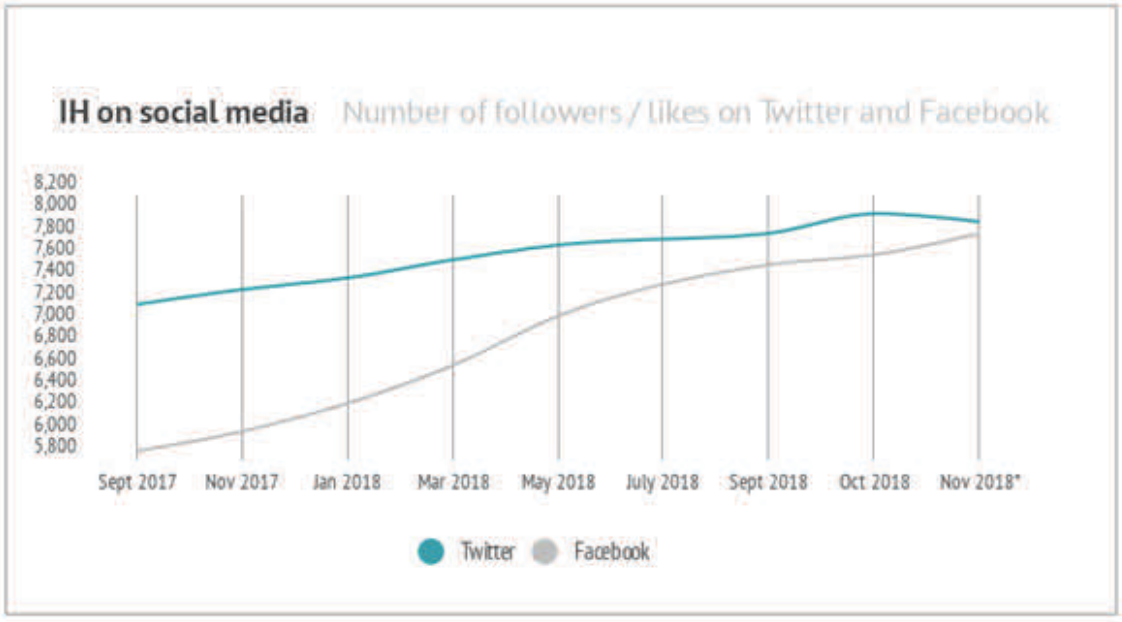
Social media presence and engagement

	Tweets	Impressions	Mentions	Facebook posts	Reach
August	66	111,000	212	64	6,319
September	48	57,500	147	50	1,668
October	61	51,500	159	50	4,194

Followers:

Twitter **8,038** (+147)
Facebook **7,657** (+43)
Instagram **155***

**implemented Sept 9*



Community Engagement

News media presence and engagement

Nov. 8	Advisory – temporary change to KBRH entrance
Nov. 1	On-demand HIV testing now available across the Interior
Oct. 30	Interior Health offers new six week Intensive Day Treatment program
Oct. 27	Community celebrates opening of Queen Victoria Hospital heliport
Oct. 26	Noric House celebrates four decades of great care in Vernon
Oct. 25	New sculpture unveiled at PRH represents wellness and reconciliation
Oct. 25	New payment system for public parking at Vernon Jubilee Hospital
Oct. 22	Winter is coming: Get a flu shot
Oct. 20	Arrow Lakes Hospital Emergency Department temporary service change
Oct. 18	Williams Lake – Cariboo Memorial Hospital and Deni House – community update
Oct. 16	Shuswap Lake General Hospital celebrates 60 years of quality care
Oct. 14	South Okanagan General Hospital Emergency Department temporary service change
Oct. 9	Changes to vehicle traffic flow at Royal Inland Hospital
Oct. 4	Advisory – Parking at KBRH during ED/electrical construction
Oct. 4	Nicola Valley Hospital and Health Centre - emergency department access changes
Sept. 28	Central Okanagan's Hospice House marks 10 years of heart-felt care
Sept. 21	Low risk associated with case of pneumococcal disease in Oliver
Sept. 19	Kn alá Inclusion House Re-opens in New Location
Sept. 17	Supervised Consumption Services helping people avoid overdose (Kelowna)
Sept. 17	Supervised Consumption Services helping people avoid overdose (Kamloops)
Sept. 14	Royal Inland Hospital outpatient lab closure
Sept. 14	Kelowna Adult Day Services moving to new improved location
Sept. 12	Tudor Village lab closed for final renovations
Sept. 12	MyHealthPortal launches new mobile app and expanded report content
Sept. 10	Designated responders: Protecting the most vulnerable
Sept. 6	Relocated Kimberley clients return home
Sept. 6	Seniors to benefit from new health and wellness centre
Sept. 4	More patients receiving primary care support in Kamloops

Information Brief

For Board of Directors

Version: 1.1 (Aug-2018)

EXECUTIVE SUMMARY

Title	Research Ethics Board Annual Report
Purpose	To provide the IH Board of Directors with information on the work of the Interior Health Research Ethics Board for the 2017-18 fiscal year.
Top Risks	This report is provided for information; there are no risks associated with it.
Lead	Dorothy Herbert, Coordinator, IH Research Ethics Board Glenn McRae, Chief Nursing Officer and Professional Practice Lead
Sponsor	Karen Bloemink, Interim Vice President and Chief Operating Officer, Hospitals & Communities

RECOMMENDATION

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

BACKGROUND

The Research Ethics Board is accountable to the IH Board of Directors and functions independently in decision making. The purpose of the Research Ethics Board is to:

- Provide an independent, multi-disciplinary review of all research involving human participants conducted under the auspices of IH: in IH facilities; by IH staff or physicians; or involving IH staff, physicians, patients or residents as participants;
- Ensure that all research is conducted in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2014)* and other regulations applicable to research conducted with human participants; and
- Ensure that the ethical obligations of research are met before the research commences, thereby protecting research participants, Interior Health and affiliated parties.

DISCUSSION

This Annual Report is intended to provide an overview of the work done by the Research Ethics Board on behalf of Interior Health during the 2017-18 fiscal year.

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Jana Bradshaw, Business Consultant	May 9, 2018	June 14, 2018	Information
Wendy Petillion, IH REB Chair (to November 2017)	May 9, 2018	May 11, 2018	Consultation
Sean Gorman, PharmD IH REB Acting Chair (Nov 2017- May 2018)	May 9, 2018	May 10, 2018	Consultation
Glenn McRae CNO & Professional Practice Lead	May 22, 2018	May 24, 2018	Consultation
Deanne Taylor, Corporate Director of Research	June 25, 2018	June 25, 2018	Information

TIMELINES

Milestone	Lead	Date of Completion
Assessment of communication requirements	Dorothy Herbert, Coordinator, IH Research Ethics Board	May 24, 2018
Information brief written	Dorothy Herbert, Coordinator, IH Research Ethics Board	June 13, 2018
Presentation to Health Authority Medical Advisory Committee	Glenn McRae, Chief Nursing Officer & Professional Practice Lead	July 3, 2018
Presentation to Strategy and Risk Management Council	Glenn McRae, Chief Nursing Officer & Professional Practice Lead	July 18, 2018
Presentation to SET	Karen Bloemink, Interim VP & COO, Hospitals and Communities	September 10, 2018
Presentation to the Board	Karen Bloemink, Interim VP & COO, Hospitals and Communities	December 4, 2018

ENCLOSURES

Interior Health Research Ethics Board Annual Report 2017-18

REFERENCES

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2014.

Interior Health Board Policy 3.13 *Research and Research Ethics,* October 2015.

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

Interior Health
Every person matters

RESEARCH ETHICS BOARD ANNUAL REPORT

April 1, 2017 – March 31, 2018

Dorothy Herbert, Coordinator, IH Research Ethics Board

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RESEARCH ETHICS BOARD ANNUAL REPORT

April 1, 2017 – March 31, 2018

Table of Contents

A. Executive Summary

This report highlights the activities of the Interior Health Research Ethics Board (REB) in 2017-18. The REB is supported by the Research Ethics Office (REO), so highlights of the REO's work are included. In addition to supporting ethical review of research, the REO tracks data to help the organization better understand what sort of research is occurring, where it is occurring, and who is leading it.

In 2017-18, the REB received 87 new studies for review. The three-year moving average is now 89 new studies per year, a 58% increase from just three years ago. The majority of research initiated in Interior Health is locally driven, with over 60% of all new research initiated by IH or our academic partners located within the IH catchment. IH is also a generous supporter of student research, with 35% of new studies being led by students. Many of these projects are supported in-kind by IH; in return, IH receives information it employs to support the delivery of evidence-informed care to patients, clients and residents. Though the REO does not specifically track the alignment of research studies with the 5 Key Strategies, a review undertaken in 2016-17 and an informal analysis conducted in 2017-18 suggest that nearly half of all research submitted to the REB supports at least one of the Key Strategies.

The REB currently maintains oversight of 170 active research studies, a jump of 60% in the past 3 years. Much of this work is done on behalf of the REB by the Research Ethics Office (REO), but the REB still meets monthly to review interventional and higher-risk research studies. The membership of the board can change over time but never varies from the core commitment to provide expertise in the relevant scientific, legal, and community perspectives required for ethical review of research. To accommodate the increase in the number of studies under its purview, REB membership has grown from 10 standing and 4 substitute members in the fiscal year 2017-2018 to 13 standing and 6 substitute members currently.

In addition to providing leadership and support for research ethics reviews, the Research Ethics Office (REO) provides consultation services on matters pertaining to research and ethics, provides leadership in research policy development, and provides relevant educational opportunities and resources to REB members, IH staff, and researchers. In 2015-16, the need for more research ethics-related education was identified and the REO delivered. Research ethics education opportunities were offered more frequently and to a wider variety of audiences, both internal and external to IH, than ever before.

In addition to continuing with this educational outreach, in 2018-19 the REO will participate in the implementation of a Provincial Research Ethics Platform (PREP). PREP promises to change the research landscape in BC in similar positive ways that the BC Ethics Harmonization Initiative (BCEHI)[1] has done.

B. Introduction

The Interior Health Research Ethics Board (REB) provides independent ethical review of research that involves human participants and is conducted within the jurisdiction of IH. This includes research that: occurs in an IH facility; involves an IH staff member, physician, or student as a researcher; or involves IH patients, clients, residents, staff, physicians, volunteers, students, or their information as participants. The REB commenced operations in November 2005, replacing three site-specific Research Review Committees, and making a REB review accessible to every site, employee, and physician throughout the health authority.

The REB abides by the national standard for research ethics review, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2014)*, commonly known as the TCPS2. In addition, the REB observes applicable Health Canada and US Food and Drug Administration (FDA) regulations, privacy legislation, and institutional policy. The REB works to provide thoughtful interpretation of these standards in order to promote the highest ethical conduct of research involving human participants.

C. Research Ethics Reviews 2017-18

1. New Research Ethics Applications

In 2017-18, the REB received 87 new applications for ethical review. This number is well above the ten-year moving average of 67 per year. This is the third consecutive year for a higher-than-average number; the factors influencing this increase in conducting research at IH are discussed later in this report.

Thirteen studies were withdrawn from REB review by the Principal Investigator (PI) prior to receiving ethical approval. Common reasons for a PI to withdraw an application from REB review include funding application denied, decided against including any IH sites, decided to add an IH co-investigator but failed to identify one, and did not need REB approval at all as the study in question was exempt.

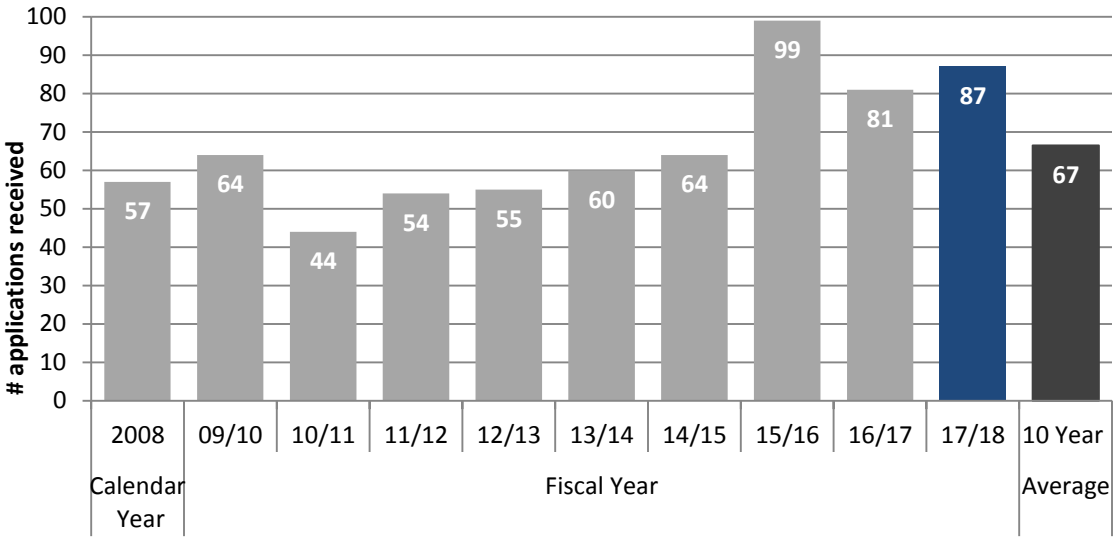

Figure 1: Number of research applications received per year by REB

10 year average = 67

2. Origin of Research Applications

The origin of an application for a new research study is defined as the primary institutional affiliation of the PI. Historically, UBC has been the largest source of new research at IH, but engagement in research by IH staff and physicians surged in 2017-18. Comparing the fiscal years for which good data are available (2011-12 to 2016-17) to the fiscal year ending March 31, 2018, we see that during the former period 29% of all research was led by IH staff or physicians. In 2017-18, this increased to 46%, representing significant growth in staff and physician engagement in research and making IH staff and physicians the largest single source of new research projects.

Credit for this growth and engagement belongs to a number of portfolios, including support for research from several vice presidents and senior leaders, facilitation provided by the IH Research Department including the establishment of a Clinical Research team in the Research Department, and several initiatives through Doctors of BC aimed at engaging physicians in research.

IH physicians and staff are actively engaged in mentoring health science students for their research projects, in addition to the clinical mentorship they provide. In total, 5 physicians, 4 pharmacists, 2 dietitians and a medical microbiologist mentored approximately 20 students undertaking 14 different research projects.

Student projects (outside of IH's participation in the training of health care professionals) are another key source of research projects conducted in IH, adding 17 student-led projects to the total. The full portfolio of student research projects includes:

- 8 Medical Resident research projects
- 7 projects from UBCO students

- 5 projects led by IH employees who were pursuing graduate degrees (3 at Royal Roads University, one at UBCO, one at Cardiff University)
- 5 projects led by graduate students not affiliated with IH (3 at UBC, 1 at Selkirk College, 1 at University of Alberta)
- 4 Pharmacy Resident research projects
- 1 Dietetic Interns research project
- 1 UBC Faculty of Medicine Summer Student Research project

As researchers across BC become aware of the advantages provided by the BC Ethics Harmonization Initiative (BCEHI)[1], they are more likely to include research sites at institutions around the province. The net result is an increase in the number of research studies conducted at IH. In 2017-18, IH participated in harmonized ethical reviews with all seven of our BCEHI partners and facilitated the ethical review of a study originating at St. Michael's Hospital (Toronto) by several partner institutions in BC.

The REB anticipates closer working relationships with academic institutions located within our region in the next couple of years. In 2017-18, we reviewed research led by faculty at College of the Rockies and Thompson Rivers University. The BCEHI Reciprocity Agreement which governs harmonized ethical review is due to be renegotiated in 2018 and it is possible that institutions local to IH, including the two aforementioned schools, may be included in the next ethics harmonization agreement. If that happens, we anticipate receiving more research applications from them.

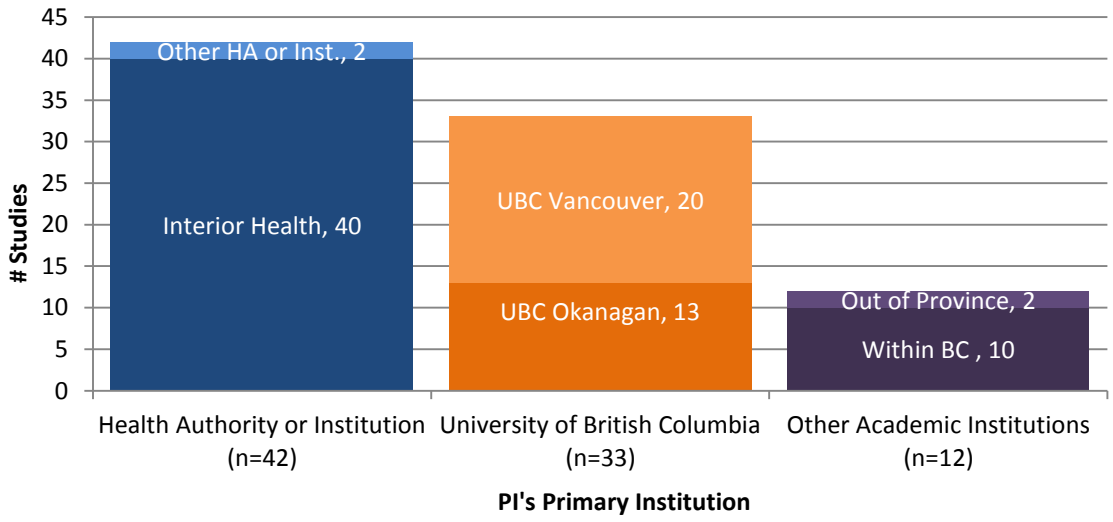

Figure 2: Origin of research by Principal Investigator's primary affiliation

[1] See Appendix 2 for a list of the eight BC Ethics Harmonization Initiative Partners

3. Categories of Research

Much of the research that is conducted in IH aligns with the institution's 5 Key Strategies: Primary & Community Care Transformation; Mental Health & Substance Use; Seniors Care; Surgical Services; and Aboriginal Health. As Key Strategies evolve from time to time, the REB categorizes research according to the broader themes articulated by the Canadian Institutes for Health Research (CIHR), the premier public funding agency for health research in Canada. The CIHR themes are: Biomedical; Clinical; Health Services; and Social, Cultural, Environmental and Population Health. A detailed explanation of each theme can be found in Appendix 3. Figure 4 shows the number of studies received in each category and illustrates the year-over-year growth in clinical research.

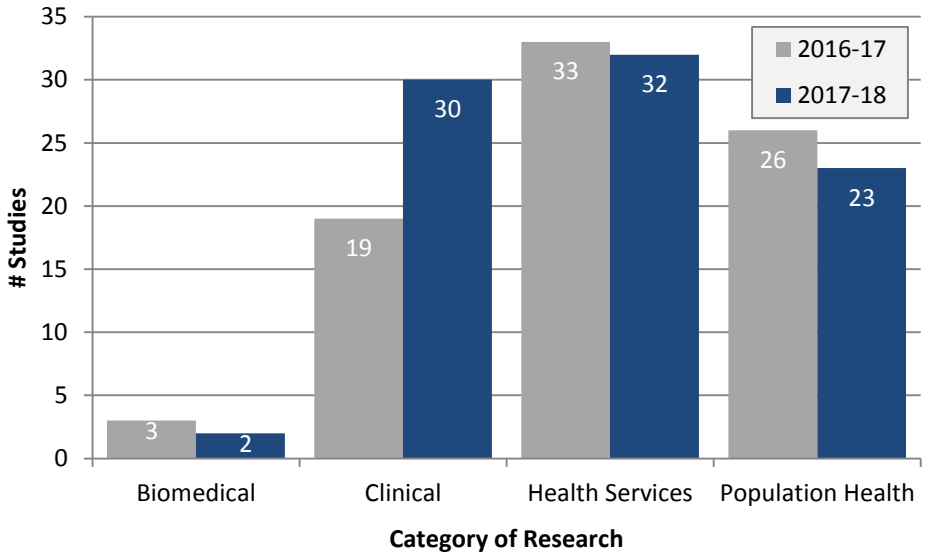

Figure 4: Number of Applications per CIHR Category of Research by year

4. Categories of Ethical Review

There are two research ethics review processes used by Canadian REBs as outlined in the TCPS2. Full board review is required for all research that is deemed to be above minimal risk, and a delegated review process is used for all research that meets the definition of minimal risk:

> *Research that poses no greater risk to the participants than they can reasonably expect to encounter in everyday life.*

The majority of research studies reviewed by the REB are minimal-risk studies, so they are reviewed by one or two REB members on behalf of the full board. For those studies that are above minimal risk, the REB meets monthly, reviews the above minimal-risk studies, and takes a formal vote on whether or not to approve the research as

presented. When members uncover ethical concerns, these are submitted back to the researcher as provisos to be addressed; once all provisos are addressed, the ethical approval is granted.

As noted previously in this report, IH is a party to the BCEHI Agreement, which allows two or more of the eight partner institutions involved to consolidate their ethical reviews of the same study when it is carried out in different jurisdictions. Essentially, the BCEHI partners function as one REB from the perspective of the researcher, which saves the researcher considerable time and effort.

In 2017-18, the REB conducted 66% of all ethical reviews with at least one other harmonization REB partner. Figure 5 displays the breakdown of studies according to type of review, whether or not the review was harmonized, and how the numbers compare to the previous fiscal year.

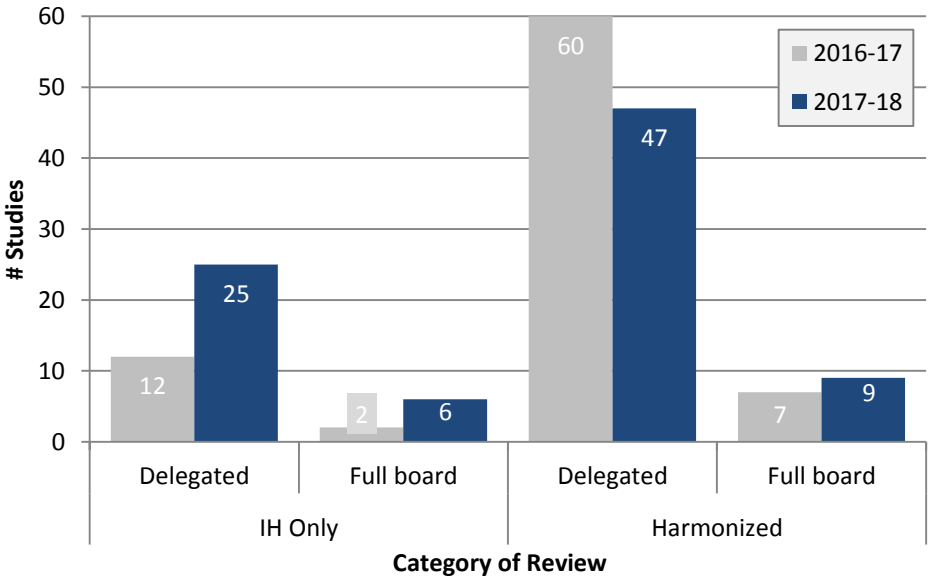

Figure 5: Number of Research Studies per Category of Review by Year

5. Continuing Review

The REB maintains oversight of all active research studies from submission to completion via review of: annual status reports submitted with applications for the renewal of ethical approval; amendments to research protocols; safety reports; and closure reports. The majority of this work is done by the Research Ethics Office staff on behalf of the REB, however if the ongoing research risk to participants is greater than minimal, the review is completed by the full board. The REB follows the guidance of Health Canada and the FDA when determining if full board review of an existing, approved study is required.

During 2017-18, the REB maintained oversight of 170 active research studies. This figure has increased from an average of 100 active research studies at any given time only 5 years ago. These studies generated 123 Renewals, 181 Amendments, 28 Safety Reports, and 67 Closures. Full board review was only required for 10 continuing review activities, but in 2018-19 the REB is considering adopting a new model of review for Safety Reports, where those reports concerning a risk to participants will receive full board review. This will replace the past practice of having a safety sub-committee of the full board meet separately to review all safety reports, including adverse event reports and protocol deviations. The new mechanism of reviewing safety reports will engage all REB members and be in line with the method of review adopted by other REBs in BC. Figure 6 displays the year-over-year increase in continuing review activities.

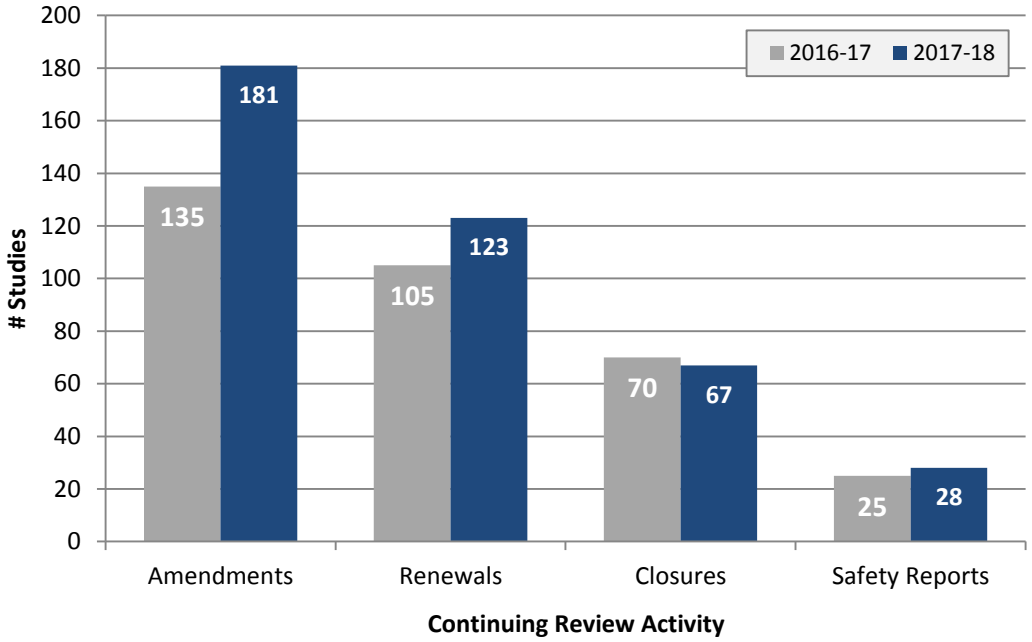

Figure 6: Number of Studies per Continuing Review Activity by Year

Of the 28 Safety Reports submitted, two were related to Serious Adverse Events (SAEs) with one local participant, and one involved a local privacy breach. In the case of the former, the SAE was expected and was managed appropriately. In the case of the latter, the Privacy Officer at the lead investigator's site conducted an investigation and concluded that the research team managed the risk appropriately and no further action was required.

In addition, in one study in which IH was participating in a multi-site trial the REB was made aware of SAEs occurring at non-IH sites. One of these included a suspected privacy breach in Ontario. This event was investigated thoroughly and the findings revealed that no harm came to any participants.

6. Investigations

In November of 2017, the REB received a complaint from a participant in a study that had been approved jointly by the IH REB and one other REB. As per REB Policy RR1400 *Research Participant Concerns*, an investigation was launched by the Alternate Chair, Sean Gorman, PharmD. The Alternate Chair quickly responded to the complaint and over the next three months engaged the investigators of the study, IH Risk Management, the Health Care Protection Program (HCPP), and others to ensure that (a) the rights, safety and well-being of all research participants were protected and (b) the REB responded to the participant's concern in a manner that was acceptable to the participant and mitigated risks to other involved parties. A satisfactory resolution involved a change to the research protocol in January of 2018, and the Alternate Chair reported to the REB in February of 2018 that the matter was closed.

An investigation that concluded in 2015 was reopened in early 2018, due to a perceived discrepancy in how the matter was originally resolved. Specifically, there was a perceived discrepancy in what research-related activities would be permissible after the conclusion of the investigation. The area of concern pertained to whether the PI was allowed to disseminate the research findings. The Alternate Chair consulted with a key stakeholder in the original investigation, Canadian Institute for Health Information (CIHI), the Chief Medical Health Officer and VP Population Health, the former REB Chair, the Director of Risk Management, the Manager of Information Privacy & Security, the Director of Research, and the VP, Clinical Support Services & Chief Information Officer. In addition, he met with IH legal counsel who handled the matter in 2015. Based on extensive consultation, the decision was made to adhere to the final recommendations made by the REB in 2015. The matter was resolved to the satisfaction of all parties.

A third investigation involved a physician conducting clinical research without research ethics approval. This investigation was triggered by an application from this physician to the REB for a study that had clearly already been completed. The physician requested retrospective review and approval from the REB; this request was denied.

During the course of the investigation, the physician acknowledged he had published 10 research studies during his ten-plus years with IH, all without REB approval. The REO located seven of the publications and determined that all 7 met the TCPS2 definition of research involving humans therefore all seven should have had REB review.

The REB informed the physician in writing of the corrective actions required. All of them were completed promptly. The physician is aware that he must submit an application for ethical review to the REB for any future research studies that fall under IH jurisdiction. The REB also reported on the investigator and its outcome to the VP Medicine and Quality, the Director of Research, the Chief of Staff and the Site Director at the site where the physician has privileges; and the UBC Dean of Medicine, VP Research, and Director of Research Ethics.

C. Consultations

The Research Ethics Office (REO) frequently receives queries from researchers, staff and others who require ethics expertise on a wide range of research topics. Popular queries include assistance with determining if a project is research versus quality improvement or evaluation, as well as determining whether a given research project falls under the auspices of the REB.

Research Ethics staff often collaborate with other IH departments in order to determine the best course of action in response to these queries. We collaborated with Health Records, Laboratory Services, Information Privacy and Security (IPS), Medical Affairs, the Finance Department and others in order to provide the best advice and promote the high ethical standards this organization strives to achieve.

The 2017-18 fiscal year produced a record number of 68 consultations, where an average year yields 30-40 requests. This could be related to the increased profile of the REB as it enters its twelfth year of operation, and the influence of the *Ethics in Interior Health* framework in promoting an ethical culture throughout the organization.

The REB also requests consultation services on occasion, this year including the IPS Office and the Risk Management team. IPS was in relation to requests for information that contravened provincial privacy legislation (FIPPA); and Risk Management was in relation to a concern about a possible enterprise risk to IH if a particular research study was approved. Both of these concerns were resolved amicably.

D. Operations

1. Research Ethics Board Membership

The REB experienced substantial changes over the course of 2017-18, including an increase in the number of members and a change in leadership. In November of 2017, the REB Chair, Wendy Petillion stepped down as her term appointment ended, making way for a new Chair to be recruited into a position outside of the Research Department. This fulfilled one of the recommendations provided in the report *REB Current State and Recommendations* prepared at the request of the IH Scientific Director of Research in October 2016. The new Chair, Sandra Broughton, commenced her role on May 2, 2018. During the transitional period Sean Gorman, an REB member since 2014, served as Alternate Chair. The REB is grateful for the thoughtful leadership provided by Wendy for 4 years and by Sean for a relatively brief but particularly eventful period in the REB's history.

The REB also experienced turnover in physician members; at the start of the fiscal year, there were two members, but with one leaving the region and one returning to private practice, new physician members were needed. Research Ethics Office staff presented information on the REB to the Health Authority Medical Advisory Committee (HAMAC) in

September 2017 and were met with an enthusiastic response. Five new physician members were recruited and provided with the necessary training and orientation.

The REB enjoyed the active participation of two community members, one of whom needed to step down in February 2018. A search for her replacement is underway, as the Research Ethics Office works with the First Nations Health Authority and the IH Regional Aboriginal Wellness Committee to find a member with Aboriginal ancestry.

In 2017, the REB recruited three Nurse Practitioners who served for a short time as substitute members. Unfortunately, none were able to continue in their roles due to unforeseen circumstances, including the devastating wildfire season. The Clinical Lead, Nurse Practitioners expressed an interest in assisting the REB to recruit new NPs, so this will be a recruitment focus for 2018-19.

2. Research Ethics Office

The Research Ethics Board is supported by the Research Ethics Office (REO). Several changes were made in the fall of 2017 related to the REO.

- The reporting structure for the staff and functions of the REO were changed from the Director of the Research Department to the CNO & Professional Practice Lead. This change coincided with a change in reporting for the remainder of the research portfolio to the VP of Health System Planning, MHSU and Residential Services. This separation of the REO and the Research department was intentional to ensure that research ethics review was separate from research promotion.
- The term of the REB Chair came to an end and the incumbent stepped down. In her role as a Regional Practice Lead for Research, the former Chair continued to support the REO and REB with the policy review, orientation and training of new REB members, serving as an Ad Hoc member during the transition period between Chairs, and representing IH on the BC Ethics Harmonization Advisory Committee. Her many and ongoing contributions to creating an environment conducive to the ethical conduct of research are appreciated.
- The REB Coordinator position increased from a half-time role into a 0.8 FTE position in October, and to 1.0FTE effective January 2018. Primary responsibility for the day-to-day management of the REB and review of studies has been delegated to the REB Coordinator.
- Succession planning for the REB Coordinator role commenced, with the Administrative Assistant to the Chief Nursing Officer and Professional Practice Lead providing support to the REB and learning how to conduct ethical reviews. She has been a tremendous asset, enhancing the REB's web profile, streamlining meeting management, and providing expert editorial skills for numerous documents used by REB members and researchers.

As of the end of the 2017-18 fiscal year, the extensive set of 28 research ethics policies are being reviewed and revised by the REB and will ultimately go to the Senior Executive Team and the Board of Directors for approval.

3. Education

The 2017-18 fiscal year saw an intense focus on education, both because of the number of new REB members and as a result of an increase in the number of invited presentations given by the REB Chair and Coordinator. The presentation calendar included:

- Training sessions for Clinical Research Coordinators on research ethics and on writing consent forms.
- A "Research Ethics 101" presentation for the Enterostomal Therapy Nurses.
- Two presentations during IH Research Week in October 2017: one on how to obtain all of the necessary approvals to conduct research in IH, and one titled "A Beginner's Guide to Ethics in Human Research".
- "Patient Protections in Human Research" provided for the Patient Engagement in Research committee.
- "Navigating Projects in IH", presented at a Physician Engagement in Research event. This presentation included information on quality improvement and evaluation projects as well as research.
- Guest lecture: "A Practical Guide to Ethics in Human Research" for Masters of Nursing students at Thompson Rivers University.
- "A Physician's Guide to Ethics in Human Research" for the medical staff at Vernon Jubilee Hospital.
- Mentorship of student dietitians and of medical residents as they complete their mandatory research projects.

In terms of attending educational presentations, the REB Chair, Coordinator, and several members attended the first annual "REB Conference West" sponsored jointly by SFU, UBC and IH. The Chair also attended the Canadian Association of Research Ethics Boards (CAREB) conference in Halifax in May 2017.

Finally, the REB has learned from IH's participation in the BC Ethics Harmonization Initiative. In addition to learning from and sharing best practices for research ethics with our colleagues from around the province, we have benefitted from the specialized knowledge available at our partner institutions. For example, this year the REB has partnered with BC Children's Hospital for studies related to pediatric endocrinology and juvenile arthritis; and with Providence Health Care, SFU, and all of the other Health Authority REBs to review research on HIV/AIDS treatment.

4. Financial Report

Apart from support provided by its host institution, REBs may receive revenue through fees generated by the ethical review of research. The industry standard is that institutional REBs do not charge a fee for review of research funded by government or foundation grants, nor for research funded by unrestricted grants from the private sector.

This leaves clinical trials funded by drug or device companies as the sole source of external revenue.

When the REB was new and first created a budget, it was estimated that it would review 12 clinical trials per year, at a fee of $1500, yielding expected revenue of $18,000 annually. This did not materialize, but this revenue remains as a line item and is the main source of the variance in the table below.

In 2017-18, the REB reviewed 10 new clinical trials, 4 of which were industry sponsored. The remainder were sponsored by CIHR, National Institutes of Health (NIH), or other grants and were fee-exempt. Expenses were higher than normal as 5 new physician members were provided with training and orientation, in anticipation of the impact of the Clinical Research team in attracting more clinical trials to IH. Physician members are compensated as per the standards created by Physician Compensation.

REB statement of revenues & expenses for the year ending March 31, 2018

	Actual	Budget	Variance
	Revenue		
Reading fees	0	(18,000)	(18,000)
Clinical trials	(500)	0	500
	(500)	(18,000)	(17,500)
	Expenses		
Wage*	75,455	67.305	(8,150)
Non-wage	4,295	7,548	3,253
	79,750	74,853	(4,897)
	Total Surplus/(Deficit)		
	(79,250)	(56,853)	(22,397)

**excludes Wage Benefits*

Source: IH Insight Financial Statements, DPT 1002.71.1102515
Prepared: June 14, 2018, J. Bradshaw

E. Summary

As research in Interior Health rapidly evolves, the REB has been responsive and adaptable. From providing educational presentations and consultation services to working with our partner REBs around the province, we have welcomed the opportunities to be leaders and change catalysts. Some highlights of the 2017-18 fiscal year include:

- Successful outreach to the IH physician community, resulting in new REB members equipped to review clinical trials;

- Recruitment of an additional pharmacist and an additional Allied Health professional as REB members;
- Contributing to the development of the Provincial Research Ethics Platform, an electronic platform which aims to streamline and simplify research ethics review around the province;
- Creation of tools and resources for internal (IH) research ethics applicants, including accessible online guidance notes for processes that generate a high volume of requests for assistance (REB Application Form and writing Consent Forms); and
- Providing a record number of invited presentations to a wide variety of audiences both within and external to IH.

1. Appendices

- REB Membership list
- CIHR four themes of research
- BCEHI list of member institutions

2. References

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, December 2014. Retrieved from http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/.

Research Ethics Board Current State and Recommendations Report 2016

Appendix 1: REB Membership List

Research Ethics Board Chair, 2017-18	
Petillion, Wendy	To November 2, 2017
Gorman, Dr. Sean (PharmD)	From November 2, 2017 to May 2, 2018 (interim position)

Research Ethics Board – Standing Members as at March 31, 2018						
Name	**Sex**	**Member since**	**Highest Degree**	**Primary Specialty**	**Role**	**IH Affiliate**
Armstrong, Jan	F	Aug 2016	--	Community member	Community Member	No
Arockiasamy, Dr. Vincent	M	Mar 2017	MD	Pediatrics, Neonatal & Perinatal Medicine	Scientific	Yes
Golmohammadi, Dr. Kamran	M	Feb 2018	MD	Public Health	Scientific	Yes
Gorman, Dr. Sean	M	Nov 2014	PhD	Pharmacy	Scientific	Yes
Hale, Dr. Ilona	F	Nov 2017	MD	Family Medicine	Scientific	Yes
Kjorven, Mary	F	Dec 2012	MsN	Clinical Nurse Specialist Geriatrics	Scientific	Yes
Lind, Melodie	F	Aug 2017	LL.B	Law	Legal	No
Mori, Dr. Julie	F	Mar 2017	PhD	Epidemiology	Scientific	Yes
Nevers, William	M	Nov 2017	PhD	Pharmacy	Scientific	Yes
Parker, Brent	M	Mar 2015	MPH	Population & Public Health, Statistics	Scientific	Yes
Szostak, Dr. Carolyn	F	Sep 2013	PhD	Psychology, Social Sciences, Ethics	Ethics, Scientific	No
Wile, Dr. Daryl	M	Nov 2017	MD, MSc	Neurology	Scientific	Yes

Research Ethics Board – Substitute Members						
Name	**Sex**	**Member since**	**Highest Degree**	**Primary Specialty**	**Role**	**IH Affiliate**
Ben Hameid, Dr. Osama	M	Nov 2017	MD, MSc	Cardiac Surgery	Scientific	Yes
Bolt, Dr. Jennifer	F	Nov 2017	PhD	Pharmacy	Scientific	Yes
MacAulay, Michael	M	Nov 2017	BS	Respiratory Therapist	Scientific	Yes
Nicol, Judy	F	Nov 2013	BSW	Ethics, Social Work	Ethics	Yes
Reiswig, Joan	F	Mar 2017	M.ED	Dental Hygiene	Scientific	Yes
Slavik, Dr. Richard	M	Jun 2007	PhD	Pharmacy	Scientific	Yes
Research Ethics Board - Staff						
Herbert, Dorothy	Research Ethics Board Coordinator					
Tanahara, Atsuko	Administrative Assistant to the Chief Nursing Officer and Professional Practice Lead					

All voting members are Canadian citizens or permanent residents of Canada.

The Research Ethics Board is organized and operates in accordance with applicable laws and regulations, including: Section 3 of the Health Canada Good Clinical Practice: Consolidated Guidelines, 1997; Part C, Division 5 of the Food and Drug Regulations, and all provincial and federal privacy legislation.

The Research Ethics Board complies with US Dept of Health and Human Services (HHS) Code of Federal Regulations Title 45, Part 46 (45 CFR 45); and the HHS Health Insurance Portability and Accountability Act (HIPAA).

Appendix 2:

The BC Ethics Harmonization Initiative (BCEHI)

BCEHI is a collaborative effort among British Columbia's regional health authorities and 4 major research universities, who collectively conduct more than 80 percent of the province's human subject ethics reviews.

Partner Organizations

Fraser Health

Interior Health

Island Health

Northern Health

Simon Fraser University

University of British Columbia* (representing multiple institutions – see below)

University of Northern British Columbia

University of Victoria

* Institutions represented by UBC

Vancouver Coastal Health

Providence Health Care

BC Cancer Agency

Children's and Women's Health Centre of BC

*Institutions affiliated with UBC for research purposes

BC Centres for Disease Control

Appendix 3: CIHR Categories of Research

The Canadian Institutes for Health Research (CIHR) is the premier public funding agency for health research in Canada. CIHR categorizes health research into 4 broad themes, and IH models its categories of research after these themes, allowing IH to articulate where it is developing expertise. The themes are:

- Biomedical: research with the goal of understanding normal and abnormal human functioning, at the molecular, cellular, organ system and whole body levels, including development of tools and techniques to be applied for this purpose; developing new therapies or devices that improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

- Clinical: research with the goal of improving the diagnosis, and treatment (including rehabilitation and palliation), of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

- Health Services: research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and, ultimately, Canadians' health and well-being.

- Social, Cultural, Environmental and Population Health: research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational and economic factors determine health status.

Board Correspondence
December 2018

Correspondence Received:

- Kelowna General Hospital Auxiliary Newsletter September 2018

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.

AUXEE TALK

SEPTEMBER 2018

2018 - 2019 EXECUTIVE

President:	Norma Frick
Vice President:	Sally Caisley
Secretary:	Pat Westheuser
Treasurer:	
Past President:	Georgiann Kasdorf

MISSION STATEMENT

The Kelowna Auxiliary … is a voluntary organization that raises funds for the purpose of helping to improve and enhance the level of patient care and comfort at Kelowna General Hospital, and other healthcare facilities which fall under the jurisdiction of the Kelowna General Hospital Foundation.

☸☸☸☸☸☸

DATES TO MARK ON YOUR CALENDARS:

Meeting September 17th, and October 15th at 6:30 pm
KGH Board Room

Bazaar - November 23rd

Volunteer Gala - November 30th

Contents:

President's Report

Welcome back. I hope you all had a good summer with minimal discomfort from the heat and / or smoke.
Over summer, I read “The Four Agreements” by D. M. Ruiz and started his "Companion to the Four Agreements." He speaks about these agreements with one’s self to help improve your own life.

- "Be impeccable with your word" (speak with integrity, say only what you mean, avoid using the word to speak against yourself or to gossip about others, & use the power of your word in the direction of truth and love).
- The second is "Don't take anything personally" (nothing others do is because of you, what others say and do is a projection of their own reality, their own dream; & when you are immune to the opinions and actions of others, you won't be the victim of needless suffering).
- "Don't make assumptions" (find the courage to ask questions and to express what you really want; communicate with others as clearly as you can to avoid misunderstandings, sadness, and drama; & with just this one agreement, you can completely transform your life)
- And the last agreement is "Always do your best" (your best is going to change from moment to moment, it will be different when you are healthy as opposed to sick; simply do your best, and you will avoid self-judgement, self-abuse, and regret).

As I read the book, I realized that I have attempted to use a form of these guidelines, sometimes better than others; but it was helpful to have the reminders, especially found in the third and fourth agreements. My hope and expectations are that by following these agreements, my life will be less stressful and more peaceful.

Dignity Quilts

Following our June dinner meeting, Auxiliary members in pairs attended the scholarship award ceremonies for the three local high schools to hand out our seven scholarships. There are many bright students entering a wide variety of careers and I wish them all the best learning experience and success.

Also, since our last newsletter, we have seen the completion of a couple of long-standing projects – the first was the dignity quilts, which were sown by Gillian Fairbairn! (Thanks, Gill for the beautiful quilting job.)

The second project was the completion of the baby chimes and lights, which are now in operation! The first time I heard them, I saw lots of smiling faces! I was close enough to check out the Centennial lobby lights as the ceiling and walls were tinted a soft blue for the second time that day!

Plus, we were informed about the completion of a Blossom Time Fair sponsorship – the scenic mural on the doors for the Medical Geriatric Floor. I look forward to learning that our other BTF projects have also been completed.

For the last few weeks of the summer, I have been busy inputting new products for the Centennial Mercantile – fall fashion, Christmas décor (not to be seen until November). The new software system has a challenge to learn, especially with large orders, but it does have a few pluses over the old system.

On a final note, when I stopped at a coffee shop with my husband, I read a new definition for fear – "fear everything and run" OR "fear everything and rise". Your choice would depend on the situation, but hopefully you will always be able to choose the second one and rise! So, I say we rise and move forward as an Auxiliary within KGH Foundation as we promote and support patient comfort and care.

Sincerely
Norma Frick

Blossom Time Fair Funds

Megan Helgason Clinical Manager, Rehabilitation Dept, 4E Geriatric Medical, MS Clinic, writes:

"*I wanted to extend a huge thank you for funding the mural painted on the exit doors of the Geriatric Medical Unit. The Muralist completed the project last evening and I wanted to share the results with you.*

We are very hopeful this will assist with decreasing exit seeking behaviours and also improve the patient experience on the unit."

and

Ashley Kirkpatrick, ICU PCC, with thanks and appreciation, writes:

"We have used the grant money to create a small area in the ICU waiting room for children. I have attached a couple of photos. I'm going to let other units in the hospital know that we have this special area and all families/children are welcome to use it. I was surprised how expensive waiting room toys are, but I guess it's like everything else in medicine!"

IN MEMORIAM: - ROSE ROJEM
1916 - 2018

The daughter of immigrant parents, Rose grew up on the family homestead in Saskatchewan with two sisters and a brother. The family moved to Kelowna in the early 1930's where Rose met and married Ernie Rojem. The union was blessed with five children, four having predeceased Rose. Besides raising her family, she kept busy and enjoyed sewing, knitting, card games, music and dancing.

An Auxiliary member since 1972, Rose devoted 100's of hours with the Gift Shop, Engraving and Re-cycling projects. She was honoured with a **Life Membership in 1987**. The last few years, Rose required assistance and lived at Sun Point Village.

She will always be remembered for her wit, strong independent spirit and determination to keep going even when times were hard.

☸ ☸ ☸ ☸ ☸ ☸

100 years ago everyone owned a horse and only the rich had cars. Today everyone has cars and only the rich own horses.

I used to be a banker, but then I lost interest.

I don't have gray hair; I have "wisdom highlights." I'm just very wise.

☸ ☸ ☸ ☸ ☸ ☸

BURSARY WINNERS -

Report by Brenda Billing.

The Kelowna Auxiliary has been a supporter of the Central Okanagan Bursary and Scholarship Society for more than a quarter of a century and is proud to financially assist graduating students from SD 23 to continue their Post Secondary Education.

This year the Education Committee selected 7 recipients from 27 applicants. The Award recipients not only obtain exceptional scholastic achievements, exemplify leadership qualities, they also exemplify discipline and commitment by dedicating hundreds of Volunteer hours at a variety of healthcare facilities in our Community.

The power of education is transformative and the Kelowna Auxiliary Membership is proud to assist the following students to pursue their career goals in a Human Healthcare Field.

CONGRATULATIONS

Ozren Petkovic
Shilong Pan
Meegan McAlpine
Sanreet Virk
Gurleen Nijjar
Woo Jung
Alissa Taki

Each recipient will receive $2,500.00 towards their future, once they have completed their enrolment at a Post Secondary School.

Thank-you to the Kelowna Auxiliary members for Volunteering your time to participate in the selection process and/or present the above students with Awards; Norma Frick, Marilyn Strachan, Fran Pratico, Jean Fraser, Sally Caisley, Georgiann Kasdorf and Brenda Billing.

OMA CONFERENCE

Shuswap Health Care Auxiliary hosts the 72nd Area Conference September 28 / 30. Theme is *Fall Follies - Giving Thanks to Volunteering.*

Three workshops will address "To Care for Others through volunteering - we need to take care of ourselves. Motivational speaker will be Allen Coyle, sharing his expertise in PR and Marketing with several non-profit agencies.

Attending an Area Conference is an educational opportunity to net work with other Auxilians and expand your horizons and enthusiasm. The next opportunity will be the Provincial Conference next spring. Registration, travel and accommodation expenses are paid by the Auxiliary.

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MEMBER PROFILE

PAT WESTHEUSER

Secretary, Pat, first resided in Kelowna in 1979, where she worked at KGH as an RN mostly in Pediatrics. She did her nurses training at Radcliffe Infirmary, Oxford U.K. and after emigrating to Canada in 1959, worked in Ottawa, Banff (as a chambermaid at the Banff

Springs Hotel) and nursed in Alert Bay, Vancouver, Powell River, Prince Rupert, Fort Nelson, Fort St John, Inuvik, Yellowknife. While in Inuvik she was on call for MEDIVAC and flew to many small communities in NWT and Yukon and sometimes on to Edmonton or Calgary. These flights required dressing for the weather and carrying emergency supplies with them.

She met her husband, Hugh, on the Canadian Prince freight and passenger vessel travelling between Vancouver and Stewart, B.C. Hugh, an R.C.M.P. officer, was transferring from Terrace to Alert Bay to join a 4 member detachment with a Police boat. Pat worked at St. George's Hospital in Alert Bay as an RN 1960 - 1961 with two doctors who, besides working in the hospital, visited the logging and mining camps on Vancouver Island. Most of the patients came from Native villages. All the moves over the years included 6 months with the UN in Namibia.

(Nurses' Residence, Alert Bay)

The Alert Bay Hospital closed 10 years ago and has since been destroyed by fire. The nurses' residence situated across from the beach was next to the cemetery with many wonderful totem poles. It remains but is now boarded up. The nurses often shared late night meals with members of the RCMP and enjoyed many dances at the logging camps reached by water taxi.

(Alert Bay Hospital Auxiliary Thrift Shop)

Upon retirement Pat and Hugh returned to Kelowna in 1990. They love to travel and spend time in the outdoors. Hugh is an avid canoeist and has paddled many rivers in Canada's North. They have visited all 7 continents and have hiked the Chilkoot Trail, a major access route to the Yukon goldfields, Inca Trail in Peru, and walked approximately 200 KM of the Camino de Santiago, Spain.

Pat joined the Brookhaven Auxiliary to KGH before the facility was constructed and was an active member for 10 years, participating in the Blossom Time Fair with proceeds from that fair being used one year in the construction of a garden for residents at Brookhaven.

Pat became a volunteer at the Snackery (now the Royal Bistro) shortly after it opened in January 1991 working shifts and as buyer, scheduler and Convener for 21 years. With the dissolution of the Brookhaven Auxiliary, Pat joined the KGH Auxiliary in 2006 and served as convener for the Blossom Time Fair for 3 years, active in plant acquisition and sales. One of her precious memories of the Fair is meeting and working with Adina Frank, from Rutland, who generously donated hundreds of plants to support of our endeavors.

Pat & Hugh have 2 daughters, Jane in Vancouver a fundraiser for Heart and Stroke Foundation; Susan, a physician in Lethbridge, Alberta and 2 grandsons and 2 granddaughters.

Pat has been a member of Girl Guides for over 50 years, is a member of Central Okanagan Naturalist Club and enjoys courses with Society for Learning in Retirement. Hugh is a member of Central Okanagan Land Trust an organization that accepts and purchase land for preservation and conservation.

(Pictures provided by Pat Westheuser)

HO HO HO
IT'S TIME TO THINK CHRISTMAS BAZAAR

NOVEMBER 23rd

While fall is just beginning, it is time to plan our annual Christmas Bazaar. Have you one or more items for the Silent Auction Table? Have you Christmas collectibles you no longer use and can donate? Gourmet table will be looking for specialty items and sharing your special Christmas baking will be most welcome.

Craft ladies are busy preparing stock for sale as usual. Raffle tickets will need sales people.
New ideas for additions are very welcome. Contact Georgiann Kasdorf, Convener.

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These days, I spend a lot of time thinking about the hereafter…I go somewhere to get something, and then wonder what I'm "here after".

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HAPPY RETIREMENT
CHRIS MAZURKEWICH *!*

Chris was the Chief Operating Officer, Strategic & Corporate Services, for Interior Health from its inception in 2002 until 2009 and returned in 2015 to Interior Health after a four year appointment with Alberta Health Services.

Chris has had the opportunity to manage most elements of the health system, engage with a broad range of stakeholders, and participate extensively in provincial committees. In partnership with clinical colleagues, he has always been committed to understanding the needs of patients, clients, and residents; and ensuring quality services are available to meet those needs.

In addition, he has always been a strong supporter of Healthcare Auxiliaries locally and throughout the region. Happy travels and enjoy your retirement Chris!

WELCOME SUSAN BROWN, C.E.O

Susan Brown joined Interior Health in September 2011 as the Vice President of Tertiary Services. In July 2012, she moved into an expanded role as VP of Acute Services, overseeing all tertiary and acute hospitals throughout Interior Health (IH), as well as: renal, cardiac, and tertiary mental health programs; the Professional Practice Office; and operational aspects of the Southern Medical Program (SMP).

In 2015, Susan assumed the role of VP & Chief Operating Officer, Hospitals and Communities. In this role, she brings leadership to acute, home and community services, as well as allied health and patient transport, with the goal of enhancing integration, accountability, and transparency for operations across these service delivery streams.

Prior to joining IH, Susan worked with Fraser Health Authority as the Executive Director, Medicine Program for Fraser Health's 12 hospitals. In addition, she oversaw health-care operations within the Peace Arch Hospital and White Rock Community. Her career in health-care operations has spanned 32 years in both Canada and the United Kingdom.

(Editor: We look forward to ongoing cooperation and support in our endeavors to support patient care and comfort.)

SOME QUICK FACTS ABOUT INTERIOR HEALTH

(EDITOR'S NOTE: Biographies and quick facts taken from Interior Health web site.)

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Lying around, pondering the problems of the world, I realized that, at my age, I don't really care anymore. If walking is good for your health, the postman would be immortal. A whale swims all day, only eats fish, and drinks water, but is still fat. A rabbit runs, and hops, and only lives 15 years, while a tortoise doesn't run, and does mostly nothing, yet it lives for 150 years. And they tell us to exercise?