



**MINUTES OF DECEMBER 5, 2017
REGULAR BOARD MEETING
9:00 am – 10:25 am
5th Floor Boardroom – 505 Doyle Avenue**

Board Members:

Dr. Doug Cochrane, Chair
Ken Burrows
Debra Cannon
Patricia Dooley
Diane Jules
Dr. Selena Lawrie
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff:

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

Guests:

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

Presenters:

Cheryl Whittleton, Health Service Administrator, Kootenay Boundary
Nancy Kotani, Chief Transformation Officer and CPI Project Lead, BCEHS
Karen Reader, Community Paramedic
Dorothy Herbert, Coordinator, Research Ethics Board
Glenn McRae, Chief Nursing Officer/Professional Practice Lead
Patty Garrett, Director, Risk Management

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

I. CALL TO ORDER

Chair Cochrane called the meeting to order and welcomed Board Directors, staff and visitors. Chair Cochrane asked the Directors to declare any new conflicts of interests. No conflict of interest where declared.

I.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.

I.2 Approval of Agenda

The Board accepted the agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

3.1 BC Emergency Health Services – Community Paramedicine Initiative Update

Cheryl Whittleton, Health Service Administrator, Kootenay Boundary, Nancy Kotani, Chief Transformation Officer and Community Paramedicine Initiative (CPI) Project Lead, BC Emergency Health Services (BCEHS), and Karen Reader, Community Paramedic, provided a presentation outlining the new Community Paramedicine Initiative.

The program was established to provide British Columbians in rural and remote communities with better access to primary health care and a more stabilized paramedic presence for emergency response. The program is a partnership with the Ministry of Health, the regional health authorities, BC Emergency Health Services, and the First Nations Health Authority. The program involves 76 communities in the North, Interior, Coastal, Island and Fraser Health authorities. The Regional Health Authorities were involved in community selection and Interior communities are involved in both the prototype and wider provincial roll-out. Community Paramedics are employees of BCEHS and will work in collaboration with other community care clinicians.

The population profile of those served by this initiative is older people living on their own with chronic conditions. They are referred to this program by their doctor or other primary health care provider at no cost to the patient. A number of unique patients in Interior Health communities who are diagnosed with COPD, heart failure and Diabetes have received or are receiving care from Community Paramedics.

Interior Health has 2 of 9 Community Paramedicine prototype communities, Princeton and Creston and have had Community Paramedics working in these communities since October 2016. Phase 1 communities include Alexis Creek, Anahim Lake, Blue River, Edgewood, Elkford, Field, Golden, Greenwood, Kaslo, Keremeos, Midway, Nakusp, New Denver, Riondel, Salmo, Sparwood, Winlaw were up and running in May 2017. Phase 2 communities followed in October 2017, they include Clearwater, Clinton, Fruitvale, Gold Bridge, Lillooet, Logan Lake, Lumby, Lytton, Revelstoke, Rossland, Seton Portage, Sicamous. Additional communities are scheduled to come on board by June 2018 pending final government endorsement.

Community Paramedics are available to support 911 calls when appropriate and early data shows they are reducing the number of 911 calls by providing intervention to “familiar faces”. The initiative has also partnered with Interior Health’s home health monitoring program and recently joined Interior Health staff to receive palliative care education.

An active Advisory Committee is currently evaluating the program by requesting feedback from the employees and administering a BCEHS patient survey.

Directors asked questions of the guests and thanked them for their commitment to this unique potentially transformational, health care services initiative.

3.2 Research Ethics Board Annual Report

Dorothy Herbert, Coordinator for the Research Ethics Board provided an overview of the work of the Research Ethics Board for the 2016/17 fiscal year. She began by providing a review of the Research Ethics Board mandate, its membership and function.

The majority of research initiated in Interior Health is locally driven, with 47 of the 81 studies initiated by Interior Health or University of BC Okanagan. Interior Health is also a generous supporter of student research, with 39 of the 81 new studies being led by students. Many of these projects are supported in-kind by Interior Health, in return for receiving targeted information about Interior Health’s programs, services, patients or residents. In this respect, Interior Health lives up to its commitment to the Academic Health Sciences Network, a provincial organization committed to achieving better health for British Columbians through the integration of clinical care, education and research. The Research Ethics Board currently maintains oversight of 170 active

research studies, a jump of 60% in the past 3 years. For the second consecutive year, the Research Ethics Board received an above-average number of research ethics applications for review.

The Ministry of Health Physician Engagement strategy is currently having an impact on Research Ethics at Interior Health, and the number of physician engagement initiatives that the Research Ethics Board and the Research Ethics Office have supported will again be reported next year.

Directors asked questions and thanked the guests.

APPROVAL

4.1 Board Policy 3.11 – Risk Management Revision

Patty Garrett, Director, Risk Management reported that in 2015 Interior Health's Internal Auditor completed an Enterprise Risk Management maturity assessment. The final report included a number of recommendations with one recommendation directed to the Board of Directors. The recommendation requested to enhance Board Policy 3.11 – Risk Management to further define the CEO and Senior Executive Team roles to include responsibility for:

- providing direction and oversight to ensure key risks are addressed;
- assigning 'owners' to each risk who will manage and monitor the risk treatment strategies; and
- implementing and maintaining effective enterprise risk management programs in VP portfolios.

As a result of this recommendation the revisions have been made to Board Policy 3.11 – Risk Management as presented.

Director Cannon moved, Director Tugnum seconded:

Motion: 17-27 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the revisions to Board Policy 3.11 Risk Management.

Approval – Minutes

Director Lawrie moved, Director Rounsville seconded:

Motion: 17-28 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the October 3, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

There were no actions for review.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Report of the Health Authority Medical Advisory Committee meetings that took place on October 13 and November 17, 2017.

Highlights included:

- HAMAC endorsed symptom management guidelines for palliative care.
- A new team site for medical leadership has been established to help manage physician affairs within Interior Health for new medical leaders.
- Infection control planning and development of learning modules is underway.
- Expectations around physician work and performance as it relates to community mental health and substance use were discussed.

Dr. Fedor noted that his term as HAMAC Chair will expire on May 26, 2018.

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

- There were no recommendations from HAMAC at this time.

6.2 Audit and Finance Committee

Director Rounsville requested the Boards approval for the following motion:

Director Rounsville moved, Director Dooley seconded:

Motion: 17- 29 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the 2018/19 Capital Budget of \$75 million subject to confirmation of funding sources (where applicable), which includes an allocation of \$10.6 million from Interior Health equity.

Director Stewart moved, Director Jules seconded:

Motion: 17- 30 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the Prioritized Listing of Major Planned Capital Projects for submission to the Ministry of Health.

Director Rounsville reported:

- Period 7 Financial summary results show an overall surplus of \$4.4 million. Many acute sector volumes and community volumes have shown decreases from the previous year. Sick and overtime trends continue to cause concern.
- Major capital planning projects are on target
- IMIT's Vision 2020 will be refreshed for next year to ensure the IMIT Tactical Plan reflects the needs of Interior Health as it continues to evolve.
- The Committee recognized the value of the MyHealth Portal which has been very well received by patients.
- The Office of the Auditor General presented their Interior Health internal audit plan highlighting the changing standards related to Asset Retirement Obligations.

6.3 Quality Committee

Director Cannon noted there were no recommendations at this time.

Director Cannon reported:

- Lab Annual Report was received. Two areas of risk include difficulty recruiting technical staff and aging capital equipment.

6.3 Governance & Human Resources Committee

Director Dooley requested the Boards approval for the following motions.

Director Rounsville moved, Director Cannon seconded:

Motion 17- 31 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Audit & Finance Committee Terms of Reference.

Director Burrows moved, Director Cannon seconded:

Motion 17- 32 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Quality Committee Terms of Reference.

Director Jules moved, Director Tugnum seconded:

Motion 17- 33 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Strategic Priorities Committee Terms of Reference.

Director Burrows moved, Director Rounsville seconded:

Motion 17- 34 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the updates to Board Policy 6.1- Board of Directors as presented.

Director Rounsville moved, Director Stewart seconded:

Motion 17- 35 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the updates to Board Policy 6.2- Committee Chairs and Memberships, with the addition of the appointment of the Board Strategic Priorities Chair.

Director Dooley reported:

- The Annual Report from Transformation Innovation and Change was received.
- Mid-year Board expenditures and compensation was received as information.

6.4 Strategic Priorities Committee

Chair Cochrane introduced the new Board Strategic Committee Chair - Director Jules.
There was nothing to report at this time.

6.5 Stakeholders Relations Committee Report

The Stakeholder Relations Committee Report was received as information.

7. REPORTS

7.1 President and CEO Report

The President & CEO Report was received as information.

Highlights included:

- Interior Health staff received commendation letters from the BC Premier for their involvement at Mount Polley and the Cariboo wildfire response.
- Media release was issued regarding the review of surgical processes at Kootenay Boundary Regional Hospital due to surgical site infections in elective total joint replacement surgeries.

Chris Mazurkewich answered questions from the Directors.

7.2 Chair Report

The Chair provided a summary of his activities since the October Board meeting. Highlights included:

- The first CEO/Board Chair site tours to East Kootenay and West Kootenay Boundary communities revealed an impressive amount of independence and resilience from the smaller communities that were visited. Many leading examples of physicians working collaboratively with the health authority.
- Attended an exciting topping off ceremony at Penticton Regional Hospital with Director Burrows. Mr. David E. Kampe, of whom the new patient care tower is named, was in attendance along with local First Nations representatives.
- Participated in the Physician Administrator Co-Leadership Training Session. One presentation of note provided a very interesting perspective of how physicians were impacted and provided leadership and clinical services during the recent Cariboo wildfires.

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- The Interior Region Nation Caucus meeting spoke of similar themes around wildfire disaster management and cultural sensitivity. Director Jules, who was also in attendance, noted the significant improvement in the relationship with Interior Health over the last couple years and found it very evident at the meeting. A re-signing of the Secwepemc Letter of Understanding ceremony followed the caucus meeting. Chris Mazurkewich noted that a commendation letter was received from four First Nations chief related to Interior Health's wildfire response.
 - Partnership Accord Leadership Table meeting focused on community health planning and response to the wildfires.

8. CORRESPONDENCE

Board correspondence was received as information.

9. DISCUSSION ITEMS

None

10. INFORMATION ITEMS

None

11. NEW BUSINESS

None

12. FUTURE AGENDA ITEMS

None

13. NEXT MEETING

Tuesday, February 6, 2018 – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:20 am



Doug Cochrane, Board Chair



Chris Mazurkewich, President & CEO