

BOARD OF DIRECTORS REGULAR MEETING

MINUTES

December 9, 2020 5 – 7 PM

Virtual Meeting

Board Members

Doug Cochrane, Chair
Karen Hamling
Spring Hawes
Diane Jules
Selena Lawrie
Allan Louis
Dennis Rounsville
Cindy Stewart
Tammy Tugnum

Resource Staff

Susan Brown, President & CEO (Ex Officio)
Norma Janssen, VP and CIO
Karen Bloemink, VP Pandemic Response & Surgical Strategy
Carolyn Courtemanche, Interim Board Resource Officer (recorder)

Guests/Presenters

2.1 David Sookaveiff, Corporate Director, Clinical Informatics & Enterprise Systems
3.3 Dr. Albert De Villiers, Chief Medical Health Officer

ITEM	DISCUSSION	ACTION
1.0 CALL TO ORDER	Chair Cochrane called the meeting was called to order at 2:00 pm.	
1.1 Acknowledgement of Traditional Territories	Chair Cochrane began by recognizing and acknowledging that we are collectively gathered on the traditional territories of the seven Interior First Nations, as well as 16 Metis Chartered Communities, where we are privileged to live, learn, collaborate and work together. He is grateful to speak to us today from the traditional territory of the Syilx Nation.	
1.2 Declaration of Conflict of Interest	There were no changes to the recorded conflicts of interest on file.	
1.3 Approval of Agenda	The agenda was approved as presented	
1.4 Adoption of Consent Agenda	The consent agenda was adopted as presented	
1.4 Follow Up from Previous Meeting	None	
2.0 NEW BUSINESS		
2.1 How COVID-19 accelerated the use of Virtual Care	<p>N. Janssen, VP and Chief Information Officer, and David Sookaveiff, Corporate Director, Clinical Informatics & Enterprise Systems presented a video and slide presentation to illustrate both the positive impact and short timeline to provide virtual health care services quickly during the pandemic. The presentation is included in the posted agenda package for this meeting. Highlights include:</p> <ul style="list-style-type: none"> • Positive feedback from patients and care providers • Challenges included connectivity issues and sometimes apprehension about using new technology, but seniors, especially older seniors, are well represented in usage of on-line services such as My Health Portal • iPad deployment helped provide social interactions when in-person visitation was not possible as well as enabled communication with health care providers not in the room 	

	<ul style="list-style-type: none"> • Future directions include Investigating full featured technology programs and potential specialized add-ons for patients at home, continuing to expand the services available by virtual care, and strengthen our abilities by using data to determine where virtual care is best utilized • Security of Zoom for health care is more robust than the consumer version and additional security features have been incorporated by the vendor • Currently there is not a lot of interface with tertiary services not provided by IH, but we can now consider opportunities between IH and Vancouver to reduce the need for travel to see specialists • Interest in virtual care beyond COVID-19, especially for rural communities to avoid unnecessary travel for appointments • Observation of virtual visits by friends and family from vehicles in parking lot, and suggestion that sites might offer an indoor space to allow virtual visits when in-person visits are not possible • Appreciation was expressed for the two-way virtual platform used in physiotherapy and suggestion that it could be beneficial for other allied health providers. N. Janssen confirmed that this is an area where platforms are evolving rapidly and this could be considered for the future • Health care provider experience was provided by Director Lawrie who is a physician in Kamloops. She confirmed that while there are still many reasons for in-person visits, virtual care is a positive enhancement to practice and part of the balance. • Connectivity for some rural and remote communities is a barrier to virtual care. N. Janssen confirmed that IH is working with Telus and other providers to identify areas where connectivity needs to improve or even become available, and working with the provincial government to source funding to bring services to individual homes • Chair Cochrane expressed appreciation to the entire team who made this possible so quickly and shared that he has heard from other health authorities that IH continues to be a leader in virtual health care 	
2.2 COVID-19 Update	<p>Dr. A. De Villiers, Chief Medical Health Officer and K. Bloemink, VP Pandemic Preparedness and Surgical Strategy provided an overview of current numbers, outbreaks, vaccines and other COVID-19 information. Highlights include:</p> <ul style="list-style-type: none"> • Royal Inland Hospital construction site and Salmo outbreaks declared over, Revelstoke outbreak is currently stable – much appreciation to these communities for their work to contain and end the outbreaks • Provincial Health orders are now extended to January 8, 2021 • Vaccine now approved by Health Canada will first be sent to Vancouver Coastal Health and Fraser Health Authority due to their case numbers being much higher than IH • Lessons learned from the initial wave and alignment with the provincial preparedness plan will guide our strategies • Population and Public Health activities have focussed on ensuring capability and capacity for contact tracing. This allows us to get out in front of and contain outbreaks to prevent greater spread 	

	<ul style="list-style-type: none"> • Preparation for COVID-19 immunization preparedness will include processes used for a successful influenza campaign that saw 35% more vaccines deployed than previous year. • There are 26 locations in IH for specimen collection and there is the ability to stand up a temporary location in the event of increased rates in a community that does not have a collection site. On-line appointment booking has been implemented • Lab capacity has increased, currently 1,000 – 1,300 tests are completed per day. Timely test results allow contact tracing efficiency for positive tests, and return to work or other activities for those with negative results • Maintenance of hospital capacity, Infection Prevention and Control (IPAC) measures to ensure we are always up to date to have capacity in the event of a COVID-19 surge • Patient Ambassadors, individuals who are front line at sites to keep the public, patients and staff safe as we continue to be able to allow access aligned with current guidelines • Long-term care measures are focussed on staffing to minimize movement between facilities and to support safe visitation for residents • Health system is equipped with equipment and supplies to provide care in alignment with proven care delivery • Objective is to maintain regular services as much as possible for the population as we continue to respond to the pandemic • S. Brown noted that while several thousand surgeries were postponed between March and May to be in a state of readiness for a COVID-19 surge, the backlog has been cleared much earlier than anticipated for those who wanted to proceed with their surgeries at this time. This was an incredible effort, and much appreciation to all the team members who made this happen • There have been offers of assistance with COVID-19 vaccine delivery for elders from First Nation Access to flu vaccine • Freezers that meet criteria for the first vaccine currently exist in Kamloops and Kelowna, and work is underway with the BC Centre for Disease Control for additional resources • Dr. A De Villiers advised that the criteria for the initial vaccine supply has not been finalized, but it would likely be targeted to long-term care residents and staff. The logistics of the initial vaccine transfer and storage makes it more suitable for larger centers where we can bring people to the vaccine. Subsequent vaccines that will not require the freezers will be better suited for transfer to smaller communities • Chair Cochrane suggested that we may need a coordinated communications program so people can find out when they might be able to reasonably expect to be able to be vaccinated • K. Bloemink provided an overview of the Personal Protective Equipment (PPE) supplies for COVID-19 and noted it is reviewed daily. There are some items, such as hand sanitizer, that are currently delayed, so existing supplies are carefully deployed. Usage of N95 masks is targeted to usage per guidelines to maintain supply levels 	
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	<ul style="list-style-type: none"> Appreciation was expressed for the Patient Ambassadors at sites who are doing a great job, for the presentation and update, and for all that is being done to protect and serve our communities. 	
3.0 STANDING REPORTS		
3.1 President & CEO Report	<p>S. Brown provided a brief update. Highlights include:</p> <ul style="list-style-type: none"> IH continues to focus on capital builds as a number of the outbreaks that have occurred in long-term care may be partially attributed to the old 4 bed per room structure There are three large builds underway – the patient care tower in Kamloops, Phase 2 redevelopment of vacated space in Penticton and a redevelopment starting soon at Cariboo Memorial Hospital The 5th Urgent Primary Care Centre for IH was recently opened in West Kelowna. This was a great resource during the time where people could not see their regular care provider but needed in person or after hour availability We are very grateful for the support of elected officials, local businesses and the community for being part of the response to COVID-19. It takes a village to effectively respond Thank you as well for all the donations from our Foundations such as iPads – this generosity made so much possible 	
4.0 Questions	All questions received were responded to within each presentation	
5.0 ADJOURNMENT		
	The meeting adjourned at 6:08 pm.	