Interior Health
Every person matters

♦ = *Attachment*
■ = *Standing Item*

BOARD MEETING

Tuesday, June 6, 2017
9:00 am – 11:00 am
1st Floor Boardroom – Kelowna Community Health & Services Centre
505 Doyle Avenue
Kelowna

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

Resource Staff:
Chris Mazurkewich, President & CEO (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. Alan Stewart, VP Medicine & Quality
Anne-Marie Visockas, VP Health Systems Planning, MHSU & Residential Services
Dr. Glenn Fedor, Chair, Health Authority Medical Advisory Committee (T)
Givonna De Bruin, Corporate Director, Internal Audit

Presenters:
Louanne Janicki, Nurse Practitioner Lead
Donna Mendel, Director of Advanced Nursing Practice
Glenn McRae, Chief Nursing Officer / Professional Practice Lead

(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	Board Chair	9:00 am 5 min	■
1.2	Approval of Agenda	Board Chair	9:05 am 1 min	■ ♦
2.0	**Presentations – from the Public**			
2.1	Southern Medical Program Healthcare Travelling Roadshow Video	Chris Mazurkewich	9:06 am 5 min	

ITEM		RESPONSIBLE PERSON	TIME	ATT
3.0	**Presentations – for Information**			
3.1	Overdose Prevention and Response Update	Dr. Trevor Corneil	9:11 am 10 min	♦
3.2	Nurse Practitioners	Louanne Janicki Donna Mendel Glenn McRae	9:21 am 20 min	♦
4.0	**For Approval**			
4.1	Minutes – April 4, 2017 Board Meeting	All	9:41 am 1 min	■ ♦
5.0	**Follow Up Actions from Previous Meeting**			
5.1	Action items – April 4, 2017 Board meeting	Board Chair	9:42am 1 min	■ ♦
6.0	**Committee Reports (Recommendations may be brought forward)**			
6.1	Health Authority Medical Advisory Committee	Dr. Glenn Fedor	9:43 am 10 min	■ ♦
6.2	Audit & Finance Committee	Director Rounsville	9:53 am 10 min	■
6.3	Quality Committee	Director Burrows	10:03 am 10 min	■
6.4	Governance & Human Resources Committee	Director Dooley	10:13 am 10 min	■
6.5	Strategic Priorities Committee	Director Wasylyk	10:23 am 10 min	■
6.6	Stakeholders Relations Committee	Board Chair	10:33 am 5 min	■ ♦
7.0	**Reports**			
7.1	President & CEO Report	Chris Mazurkewich	10:38 am 10 min	■ ♦
7.2	Chair Report	John O'Fee	10:48 am 5 min	■
8.0	**Correspondence**			
9.0	**Discussion Items**			
9.1	First Nations Cultural Humility & Safety Training	Dr. Trevor Corneil	10:53 am 7 min	♦

ITEM		RESPONSIBLE PERSON	TIME	ATT
10.0	**Information Items**			
10.0	Stakeholder Engagement Highlights			■ ♦
11.0	**New Business**			
	None			
12.0	**Future Agenda Items**			
13.0	**Next Meeting:** Tuesday, August 1, 2017			
14.0	**Adjournment**			

Information Brief

For Board of Directors

Version: 2.1 (Jun-2017)

EXECUTIVE SUMMARY

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

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

In the first three months of 2017, the Okanagan and Thompson Cariboo Shuswap Health Service Delivery Areas continue to experience death rates above the provincial average. There were 120 suspected illicit drug OD deaths in B.C. in March 2017. Among these, 22 deaths (12 in smaller communities) were reported in IH, which represents the second highest monthly death count after December 2016. Enhanced surveillance in IH emergency departments (EDs) is on-going with 754 suspected opioid ODs reported to the Medical Health Officer from June 1 2016 to April 29 2017.

IH continues to operate under an EOC structure in response to the Public Health Emergency declared 13 months ago by the Provincial Health Officer, with three major operational arms: (1) Take Home Naloxone (THN) distribution from all of our acute and community access points; (2) Overdose Prevention Services (ODPS) per Ministerial Order under the BC Emergency Health Services Act; and (3) Substance Use (SU) treatment for those residents at highest risk of an OD event.

DISCUSSION

IH has used the EOC structure to mobilize resources including direct care and support activities to prevent fatal and non-fatal OD's. Each VP portfolio has contributed substantially to the EOC, enabling a significant number of major milestones and accomplishments described below.

1. Mental Health and Substance Use (MHSU)

Since July 2016, MHSU has been following-up with individuals who present to emergency departments (EDs) with a suspected opioid OD to offer services, education and information. A process for tracking client follow-ups and service uptake was launched in September 2016. Residential treatment beds, OAT services and clinician capacity were also expanded over the past fiscal.

2. ODPS/ Supervised Consumption Services (SCS)

ODPS were operationalized in Kelowna and Kamloops in December 2016, with another site in Kamloops added in January 2017. By March 25 2017 there had been 4081 visits and 1431 nursing interactions, plus the provision of harm reduction supplies (including THN) and referrals to other services. Transition of ODPS from the Kelowna Health Centre to Kelowna's new mobile unit occurred April 25 - 26 2017. The Kamloops mobile ODPS was delivered on May 4 and is anticipated to be operational by June 1 2017.

A comprehensive stakeholder consultation process, regarding SCS was conducted in Kelowna and Kamloops that included public meetings and an online feedback form. With support of provincial partners and the involved cities, the SCS applications for these areas were submitted to Health Canada on March 28 2017.

3. Harm Reduction (HR)/Take Home Naloxone (THN)

From July 2016 to March 2017, 4604 THN kits were distributed, of which 15% were reported as used by clients. All IH sites across the region have trained staff that order and dispense THN kits to clients. Several resources and initiatives, including the Compassion, Inclusion, and Engagement Project, have been developed to support program expansion and community engagement.

4. Aboriginal Health

An analysis of opioid OD events in IH among people who self-identify as Aboriginal was completed in December 2016. This work identified that the Aboriginal population in the IH region was overrepresented when it comes to opioid ODs. An Aboriginal Harm Reduction Coordinator was added the health outreach team to address this issue and an information sharing agreement has been established between IH and the First Nations Health Authority (FNHA) to ensure access to information on the OD crisis.

5. Surveillance

A system for enhanced surveillance of OD visits in EDs has been designed, implemented, and maintained. A community surveillance tool and a process to identify OD clusters were also established. IH continues to shape provincial developments through the provincial Surveillance Task Group.

6. Communications

From July 1 2016 to March 24 2017, IH initiated and responded to 345 media stories related to OD. Ninety-seven percent of the media coverage had a positive, neutral and balanced tone. In addition, IH participated in 114 internal and external meeting, supported the development of the Provincial OD social media campaign, and disseminated material through various other channels.

7. Planning

Reflecting the work associated with the work of the OD response, IH managed and disseminated information through 194 documents (i.e. templates, briefing notes & decision documents), 316 reports and 35 Situation Reports in the last fiscal year.

EVALUATION

Deliverables will continue to be reported to SET (monthly) and the Board (bi-monthly); an annual progress report will be completed after the EOC has been in operation for 12 months (July 2017).

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dianne Kostachuk	May 3, 2017	May 4, 2017	Consultation
EOC Section Leads	May 3, 2017	May 4, 2017	Consultation
Gillian Frosst, Epidemiologist	May 3, 2017	May 4, 2017	Consultation
Hanifa Keshani, Health Systems Evaluation	May 3, 2017	May 4, 2017	Consultation
Roger Parsonage, EOC Director	May 3, 2017	May 4, 2017	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Courtney Hesketh, Manager, Environmental Health	May 3, 2017
Assessment of communication requirements	Lesley Coates, Public Health Communications Officer	ongoing
Presentation to SRMC	n/a	n/a
Presentation to SET	Karen Bloemink, ED HCIS East	May 15, 2017
Presentation to the Board	Karen Bloemink, ED HCIS East Dr. Trevor Corneil, VP Population Health and CMHO	June 6, 2017

ENCLOSURES

PowerPoint- Overdose Public Health Emergency Interior Health Update

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

Overdose Public Health Emergency Interior Health Update

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

June 6, 2017

Interior Health
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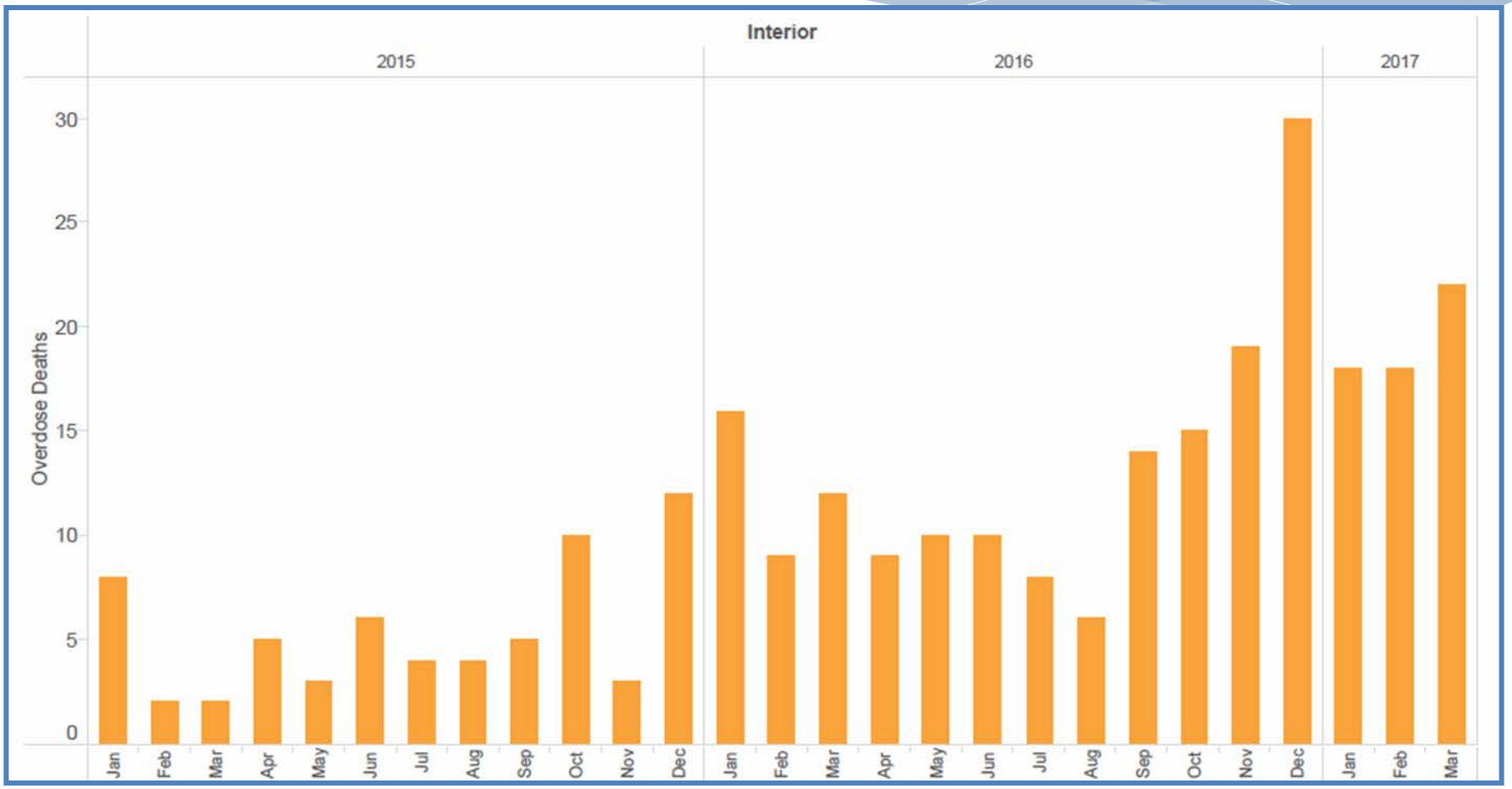
Illicit Drug Overdose Deaths in Interior Health



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2015 – March 31 2017

Updated: May 18, 2017

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Illicit Drug Overdose Deaths in Interior Health

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

Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Vancouver	59	38	60	42	69	65	80	99	134	216	100
Surrey	22	20	23	33	42	44	36	43	76	113	37
Victoria	19	29	13	13	17	17	25	20	20	66	30
Kelowna	6	2	5	9	14	8	12	12	19	47	24
Abbotsford	3	4	4	10	16	7	10	7	27	39	14
Nanaimo	2	2	6	4	8	6	20	16	19	28	13
Kamloops	11	7	7	10	2	5	8	7	7	41	12
Burnaby	9	12	8	9	10	10	13	11	16	35	9
Langley	3	6	2	3	10	5	10	10	10	30	9
New Westminster	1	4	2	6	6	3	5	9	12	10	6
Richmond	0	1	3	4	4	1	3	3	5	11	6
Prince George	5	2	4	1	6	10	7	10	12	18	5
Chilliwack	3	4	2	2	8	8	6	6	9	9	5
Coquitlam	2	2	5	2	3	6	1	10	11	13	5
Other Township	57	50	57	63	79	74	96	103	137	255	72
Total	202	183	201	211	294	269	332	366	514	931	347

**sorted by 2017 totals*

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – March 31 2017

Updated: May 18, 2017

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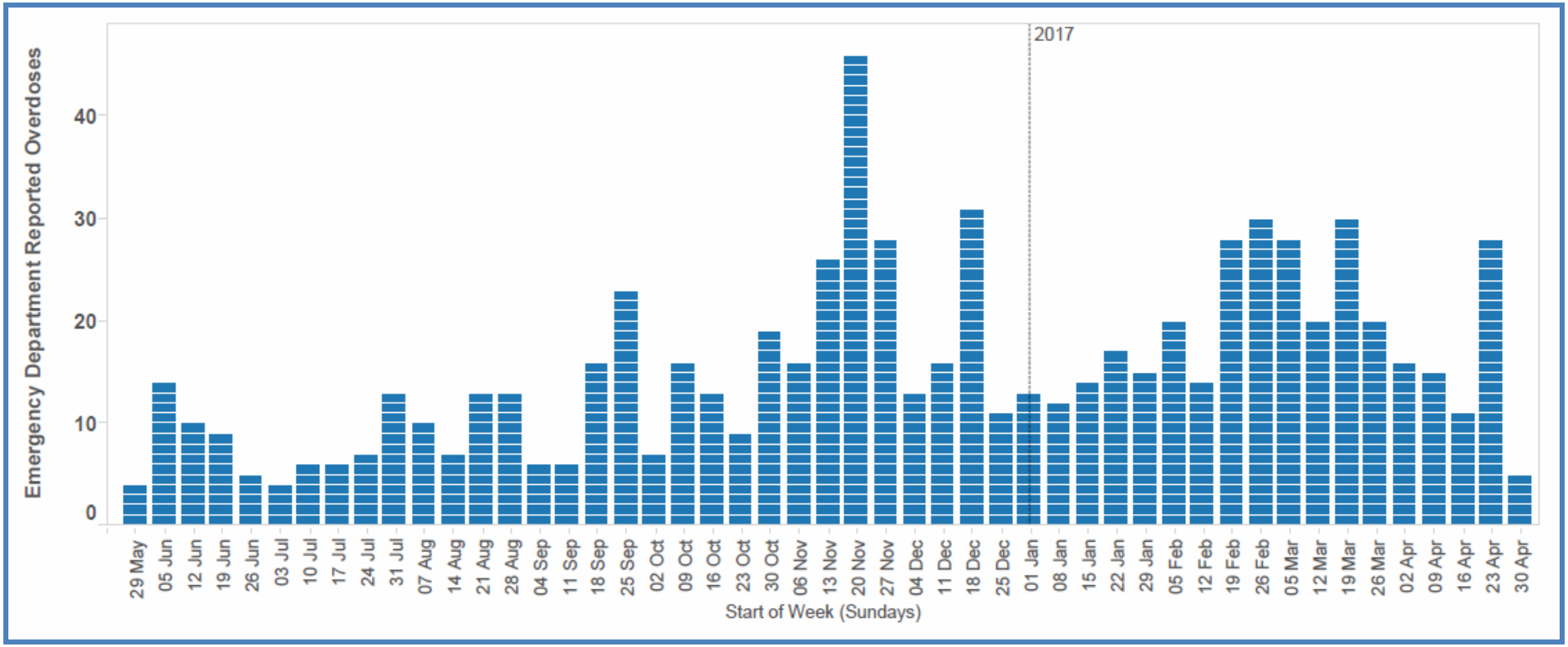
What We Know About Non-Fatal ODs in IH

Suspected opioid ODs reported by EDs, Jun 1, 2016 – April 30, 2017



Interior Health. Enhanced Opioid Overdose Surveillance in Emergency Departments.
Data are preliminary and subject to change.

Updated: May 18, 2017

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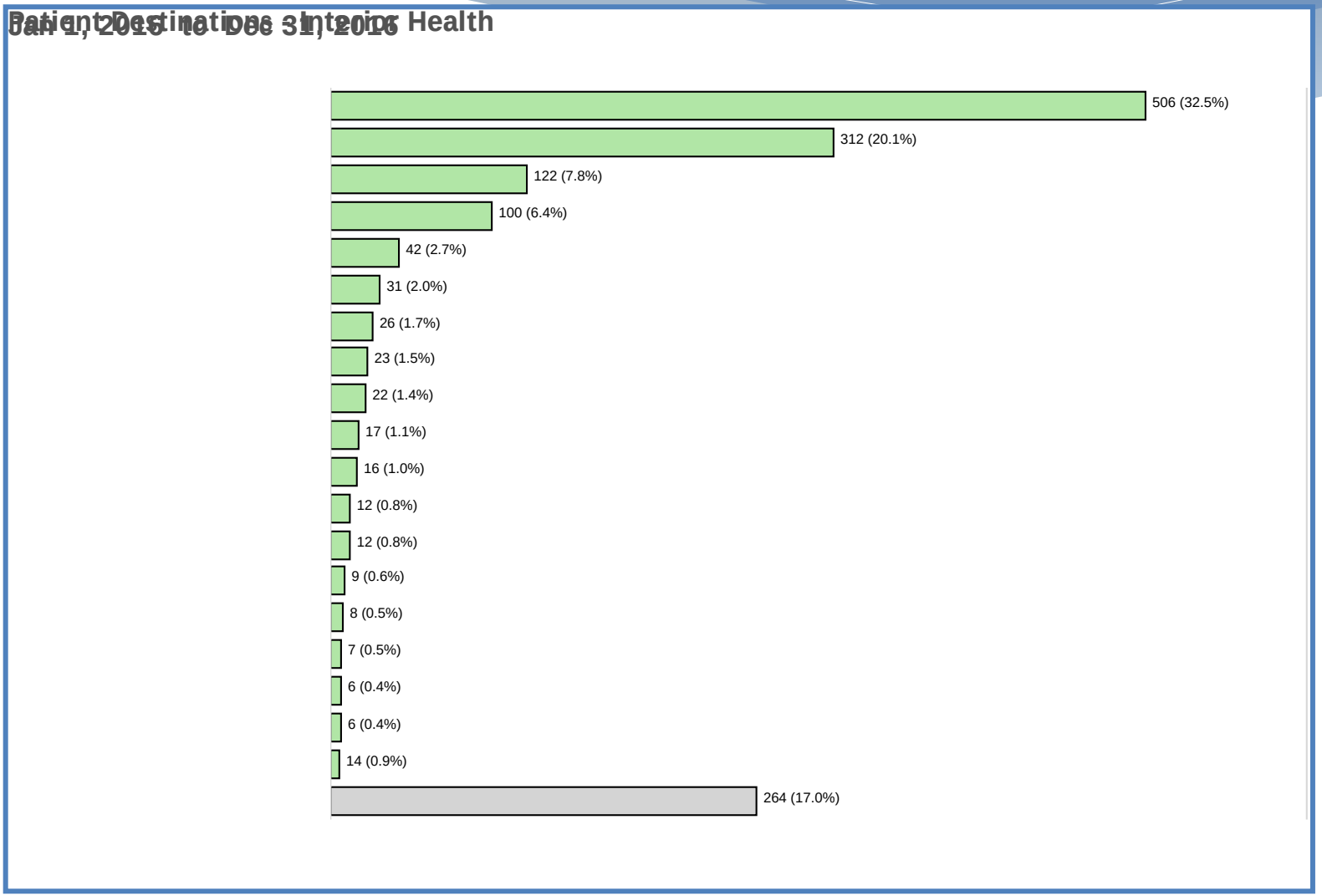
Illegal Drug Overdose Events Attended by EHS



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

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Overdose Prevention Services (ODPS) in IH

* ODPS were operationalized in Kelowna and Kamloops in December 2016, with another site in Kamloops added in January 2017 (all fixed sites).

* The mobile unit for Kelowna arrived in March 2017.

* Transition of ODPS from the Kelowna Health Centre to Kelowna's new mobile unit occurred April 25 - 26 2017.

* ODPS offer:
  * Safe space for people who use drugs;
  * Access to information, education and referrals;
  * Harm Reduction supplies (i.e. Take Home Naloxone).

New Mobile Unit for Kelowna

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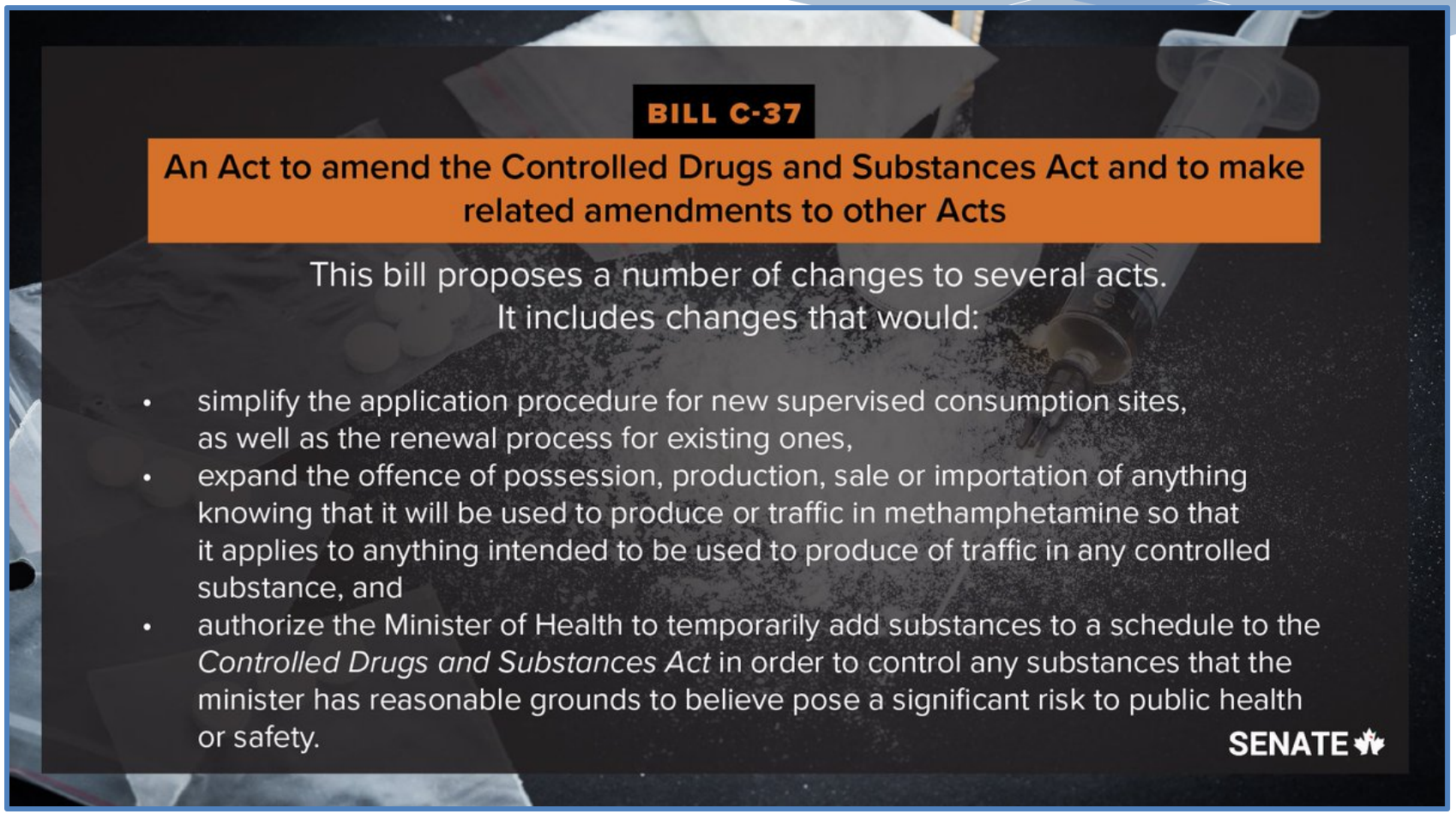
Supervised Consumption Services

Royal Assent May 18, 2017



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Questions?

Information Brief

For Board of Directors

Version: 1.7 (Apr-2017)

EXECUTIVE SUMMARY

Title	**Nurse Practitioners in Interior Health**
Purpose	To provide Senior Executive Team (SET) and the IH Board of Directors an update on the history, current and future states of Nurse Practitioners in Interior Health
Top Risks	1. (Human Resources) Sustainability of the Nurse Practitioner role requires ongoing funding and support. 2. (Patient) Access to primary care is limited in many communities. 3. (Financial) Current funding models associated with the provision of primary care do not allow flexibility in provider type.
Lead	Louann Janicki, Nurse Practitioner Clinical Lead and Department Chair Nurse Practitioners Donna Mendel, Director Advanced Nursing Practice
Sponsor	Susan Brown, Vice President and Chief Operating Officer, Hospitals and Communities

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

The Nurse Practitioner role was established in British Columbia in 2005; however it has been present for over 50 years in other North American jurisdictions. There has been extensive research regarding the contributions of Nurse Practitioners to patient care in a variety of practice settings. Interior Health (IH) is a Canadian leader in the implementation of Nurse Practitioners (NPs). Over 60 NPs now work in a variety of healthcare settings within IH, including Primary Care, Acute Care (Cardiac Surgery, Thoracic Surgery), Specialty Clinics (Diabetes, Atrial Fibrillation, Renal), and Residential Care.

From 2005-2011, the Ministry of Health provided funding to Interior Health to integrate 17 NPs into the health system. In 2011, with the expansion of cardiac services in Interior Health, 4 new Nurse Practitioner positons were added. In 2012, the Ministry of Health launched the Nurse Practitioner for British Columbia (NP4BC) initiative. Interior Health applied for and received permanent funding for an additional 20 new positions. Funding associated with NP4BC positions cannot be repurposed and positions cannot be moved without first receiving permission from the Ministry of Health.

In April 2016, IH centralized NP reporting to a newly created Advanced Nursing Practice department reporting to the Chief Nursing Officer and Professional Practice Lead. The new department is led by a dyad comprised of a Director and Nurse Practitioner Clinical Lead.

The Nurse Practitioner Clinical Lead is also the current Chair for the Department of Nurse Practitioners, and a voting member of the Health Authority Medical Advisory Committee (HAMAC). She has established the administrative processes for NPs to be appointed to the Medical Staff, and to be approved for privileges as appropriate. The Department of Nurse Practitioners may include NPs who are employed by IH as well as any other NP who has applied for appointment to the IH Medical Staff (as in the case of a NP working in private practice).

At the time of centralization there were 43 NPs occupying 40 FTEs. Typically 10 positions were vacant at any time. As of March 31, 2017, the department has grown to 66 NPs (including casuals) with 24 new NP hires since March 1, 2016. There are currently 2 NP vacancies in IH.

In BC, NPs can be trained at the University of British Columbia (UBC), University of Victoria (UVIC) and University of Northern British Columbia (UNBC). These programs take 15 NP students each year with 30-40 NPs graduating and available for hire in any given year. BC does not train NPs specifically for acute care environments. Students entering a NP program in BC can focus on Family (all ages), Adult or Pediatric.

NPs cannot directly bill the government for care they provide, which limits NPs to private practice (entirely patient paid) or working for an employer such as a Physician group or Health Authority.

DISCUSSION

Nurse Practitioners function both independently and collaboratively across the continuum of care in a variety of innovative care models. In IH, these care models would include independent solo primary care practices with remote physician collaboration and shared care collaborative care practices such as the hospitalist, cardiac and thoracic surgery programs. The newly established primary care clinic in Kamloops North Shore is an example of a Nurse Practitioner led clinic where six NPs work together providing primary care.

NPs are important members of the health care team. Their goal is to provide quality care to all ages, families, groups and communities. Their scope of practice is extensive and includes the ability to independently prescribe treatment and medications, order procedures, and interpret screening and diagnostic tests.

In the past year, IH made significant efforts to support NP practice. This included making continuing education funds available to all NPs, developing a custom performance review that satisfied applicable human resource and Medical Staff requirements, filling vacancies and establishing a casual / locum pool of NPs. The development of a centrally managed clinical preceptorship model has allowed IH to hire and support NPs who have a provisional license in BC. NPs with provisional licenses include newly graduated NPs who have not yet passed their exam and experienced NPs from other provinces that are going through the process of obtaining a license to practice in BC. Prior to the establishment of the preceptorship model, IH did not hire provisionally licensed NPs.

IH continues to work with partners in the community to enhance access to primary care. IH is working with the Ministry of Health to address regulatory barriers to practice (limitations on ordering certain diagnostic tests for example) and to advocate for the development of a funding model to support NP practice.

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Dan Goughnour, Director, Business Support – Clinical Operations	April 20, 2017	April 21, 2017	Consultation
Glenn McRae, Chief Nursing Officer and Professional Practice Lead	April 20, 2017	April 25, 2017	Consultation

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Louann Janicki, Nurse Practitioner Lead and Department Chair for Nurse Practitioners Donna Mendel, Director of Advanced Nursing Practice	April 12, 2017
Assessment of communication requirements	n/a	Click here to enter a date.
Presentation to Strategy and Risk Management Council	n/a	Click here to enter a date.
Presentation to SET	Glenn McRae, Chief Nursing Officer and Professional Practice Lead	May 15, 2017
Presentation to the Board	Louann Janicki, Nurse Practitioner Lead and Department Chair for Nurse Practitioners Donna Mendel, Director of Advanced Nursing Practice	June 6, 2017

ENCLOSURES

Nurse Practitioners in Interior Health PowerPoint Presentation

REFERENCES

n/a

APPROVAL OF RECOMMENDATIONS

n/a

Name for Approval / Endorsement	Signature	Date

Nurse Practitioners in Interior Health

June, 2017

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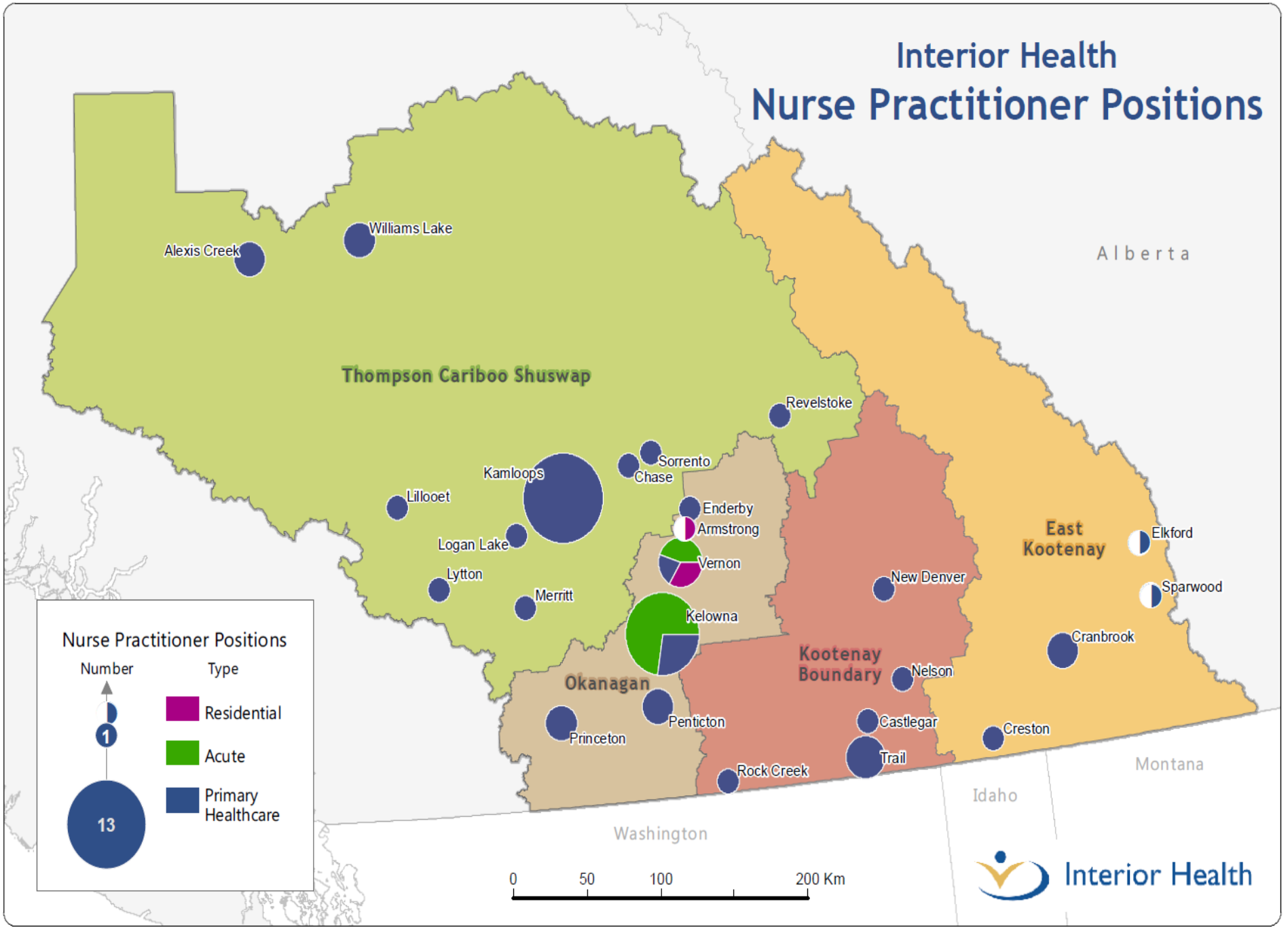
Overview

* What Nurse Practitioners (NPs) are
* Where they work in Interior Health
* History of NPs in Interior Health
* Models of Care
* Department of NPs
* Future Direction

What are NPs?

* Nurses with advanced education
  * bring together the medical knowledge needed to diagnose and treat illnesses with the values and skills of nursing.
    * diagnose and treat illnesses
    * order tests
    * prescribe medications
    * manage, monitor and review chronic health conditions
  * provide direct care to people of all ages, families, groups and communities.
* Autonomous providers – do not need to be supervised by physicians
* Regulated by College of Registered Nurses of BC



Created by Emily Watt, Updated February 2017

NPs in Aboriginal Communities

Beta version – Interactive Map

* http://arcg.is/2qtmpvl

NP History in IH

2005 funding flowed from the Ministry through the Chief Nursing Office (CNO)

* Funding provided for salary, benefits, overhead, education
* Distributed and centralized
* 5 NPs hired

2011 the cardiac program added 4 NPs

* Funding for salary and benefits
* Distributed

2012 NP4BC initiative introduced by Ministry. Clear criteria.

* Applications sent provincially.
* Funding provided for salary and partial benefits only
* Distributed
* Contracts with all third party stakeholders-23 new NP positions

2015 with IH Medical Affairs new NP positions in some Hospitalist programs

* Funding provided for salary, benefits and relief

2016 Centralization of all IH NPs to Professional Practice Office (PPO)

* Improved understanding and impact of all NP practice in IH, recruitment, and equity for professional education opportunities, orientation and locum relief

2017 Targeted Ministry funding for attachment in Primary Care

* Funding provided for salary and benefits
* Centralized

Models of Care

Some examples include:

* Collaborative practice in
  * Fee for Service (FFS) physician office (Trail)
  * Alternate Payment Program (APP) physicians (Sparwood)
  * Hospitalists (Vernon Jubilee Hospital, Kelowna General Hospital and soon Royal Inland Hospital)
* Solo primary care provider with remote physician collaboration (Rock Creek, Sorrento)
* NP led primary care clinics with and without physician collaboration (Kamloops)
* Team based care with specialists (Cardiac and Thoracic programs)
* Collaborative care with Quick Response primary care focused on home health, frail seniors, access and Emergency Department avoidance (Kelowna)

Department of NPs

* Department under the Health Authority Medical Advisory Committee (HAMAC)
* NPs will be assigned to the Regional Department of Nurse Practitioners, of which the NP Lead will be the Department Head.
* NPs are members of medical staff; will be classified as active, provisional, associate, consulting, temporary, locum and honorary as outlined in Articles 6.1 to 6.8 of Medical Staff Bylaws
* The procedures for appointment and assignment of privileges are the same as for physicians other than the process is led by the Regional Department Head of Nurse Practitioners
* Unless specifically exempted by the IH Authority, members of the NP staff are required to participate in fulfilling the organizational and service responsibilities, including on call responsibilities of the Regional Department to which the member is assigned, as determined by IH and described in Medical Staff Rules.

Future Direction

* Develop activity based performance measures for each NP Practice
* Provincial work - NP Fellowships - Acute Care Specialty areas i.e. Critical Care Unit (CCU)/Neonatal Intensive Care Unit
* Ministry to review new and sustained NP funding model
* Nurse in Practice initiative, expansion of team based primary care.

Questions?

VIDEOS developed with UBCO as part of a research based knowledge translation activity, located on the IH YouTube channel

What is the role of a Nurse Practitioner?
How are Nurse Practitioners integrated in the health-care team?
What impacts do Nurse Practitioners bring to health-care systems?

DRAFT MINUTES OF April 4, 2017
REGULAR BOARD MEETING
9:00 am – 10:15 am
5th Floor Boardroom – 505 Doyle Avenue

Board Members:

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

Resource Staff:

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

Guests:

Jamie Braman, VP Communications & Public Engagement
Susan Brown, VP & COO, Hospitals & Communities
Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
Mal Griffin, VP Human Resources
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:

Wendy Petillion, Regional Practice Lead, Research & Knowledge Translation
Andrew Hughes, Health Services Administrator, Kelowna General Hospital

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

1. CALL TO ORDER

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

1.1 Acknowledgement of the First Nations and their Territory

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

1.2 Approval of Agenda

Director Burrows moved, Director Wasylyk seconded:

Motion: 17-06 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the agenda as presented.

2. PRESENTATIONS FROM THE PUBLIC

None

3. PRESENTATIONS FOR INFORMATION

3.1 Overdose Prevention and Response Update

Dr. Trevor Corneil provided the Board with an update on the Overdose Public Health Emergency. Current statistics and trends over the last two months were reviewed. Overdose deaths within Interior Health continue to remain high. Non-fatal overdose events for 2016, as reported by Emergency Health Services, were reviewed. Tangible data is being collected and efforts have increased with staff entering emergency departments reaching out to overdose patients to provide treatment options. In Kamloops, Interior Health staff are working within a housing unit alongside residents providing supervised consumption services and offering treatment options. Dr. Corneil reported that overdose prevention service utilization and outcome rates were positive. Interior Health is now the first in the province to offer mobile prevention services with new mobile units to be deployed in both Kamloops and Kelowna. Pathways are being developed to assist clients in accessing the services available in these active mobile prevention sites.

Dr. Corneil answered questions from the Directors.

3.2 Ethics in Interior Health

Wendy Petillion presented revisions to the Ethics Framework for Interior Health. She provided detail related to the Interior Health Ethics Council and its membership, Accreditation Canada Leadership Standards and how the Ethics Framework reflects ethical practice for quality care. Tools and guides are available for staff, physicians and volunteers to assist in the ethics decision-making process. Wendy Petillion noted that this will be the first time Interior Health has participated in the National Health Ethics Week April 3-9, 2017. Directors requested the ethics educational material be provided for inclusion in the new Board Director Orientation package.

3.3 Marissa's Story

CEO, Chris Mazurkewich and Andrew Hughes presented a video that highlighted a lifesaving effort of a critically injured patient that arrived at KGH. In 2012, a single donor, Charles A. Fipke, presented the KGH Foundation with a gift of $1million to specifically support the needs of KGH's Emergency Department. This incredible gift allowed the hospital to acquire the most advanced trauma suite in the country. The FAST Trauma Suite contains within it state of the art medical equipment and technology available. As a result, the trauma team of physicians, nurses and first responders are capable of a much higher standard of urgent and emergent care than ever before. The young patient's care journey connected seamless care services that included EMS, helicopter services, KGH trauma services and KGH surgical services.

4. APPROVAL

4.1 Approval – Minutes

Director Jules moved, Director Dooley seconded:

Motion: 17-07 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approves the minutes of the February 7, 2017 Board Meeting as presented.

5. FOLLOW UP ACTIONS FROM PREVIOUS MEETING

Action items from the previous meeting were reviewed.

6. COMMITTEE REPORTS

6.1 Health Authority Medical Advisory Committee (HAMAC)

Dr. Glenn Fedor provided an overview of the Summary Reports of the Health Authority Medical Advisory Committee meetings that took place on February 17 and March 17, 2017 with the following highlights:

- Violence prevention training for physicians is well underway.
- Pharmacy and Therapeutics have been doing extensive work reviewing preprinted orders.

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 reported there were no motions requiring approval at this time.

Director Rounsville reported that:

- Financial Summary for period 11was reviewed and noted it was tracking to a balanced budget for 2016-2017. Director Rounsville thanked staff and physicians for the hard work in achieving this result thru this very challenging year.
- Laundry services update was reviewed and is positively progressing.
- Internal Audit report was received highlighting work that is being completed around First Nations and Metis Letters of Understanding (LOU) performance.

6.3 Quality Committee

Director Burrows reported there were no motions requiring approval at this time.

Director Burrows reported:

- Quality, Risk and Accreditation Portfolio addressed an objective currently under review *"Foster an engaged workforce to be leaders in identifying and addressing opportunities for improvement in their everyday worklife" n*oting that collaboration with the Southern Medical School is taking place.
- Quality forum was attended by Directors Burrows and Wasylyk with an overall focus on engaging patients and families in care.
- Patient Voices Network speaker was very powerful as she described her journey through the mental health system.

6.4 Governance & Human Resources Committee

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

Director Dooley moved, Director Tugnum seconded:

Motion: 17-08 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the revised Board Strategic Priorities Committee Terms of Reference as outlined in Appendix I.

Director Dooley moved, Director Tugnum seconded:

Motion: 17-09 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve the 2016/17 Annual Statement of Achievements as amended.

Director Dooley reported that:

- Annual Employee and Labour Relations Annual Report was received.
- Board Annual Statement of Achievements was received. Director Dooley recommended that next year's report be distributed to all Board members prior to approval.
- Upcoming agenda items will include:
    - Nurse practitioners update

- Care Aides recruitment plans
- Demo of the ePerformance system

6.5 Strategic Priorities Committee

Director Wasylyk requested the Board's approval of the following motion:

Director Wasylyk moved, Director Jules seconded:

Motion: 17-10 **MOVED AND CARRIED UNANIMOUSLY THAT** the Board approve and publicly post the signed 2017/18 Mandate Letter per Ministry requirement.

Director Wasylyk reported:

- 2017/18 Mandate Letter was received and reviewed.
- Legislative Standing Committee Report was received with a number of valuable recommendations noted.

6.6 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.

- Chris Mazurkewich drew attention to Registered Nurse Suzette Lloyd who recently won the Canadian Association of Gastroenterology Scholarship for 2017 and Dr. Kevin Clark of Kelowna General Hospital on winning the 2016 Patricia Clugston Memorial Award in Teaching. The Board will send congratulatory letters to these deserving recipients.

Mr. Mazurkewich answered questions from the Directors.

7.2 Chair Report

Chair O'Fee reported that his engagement with of community stakeholders and staff will continue into the Spring and Summer.

8. CORRESPONDENCE
None

9. DISCUSSION ITEMS
None

10. INFORMATION ITEMS
None

11. NEW BUSINESS
None

12. FUTURE AGENDA ITEMS
None

13. NEXT MEETING

Tuesday, **June 6, 2017** – 9:00 a.m. – Kelowna, BC

14. ADJOURNMENT

There being no further business, the meeting adjourned at 10:15 am

_____	_____
John O'Fee, Board Chair	Chris Mazurkewich, President & CEO

Interior Health

ACTION ITEMS
REGULAR BOARD MEETING

June 6, 2017

ITEM	ACTION	RESPONSIBLE PERSON(S)	DEADLINE
Ethics in Interior Health	Post Ethics framework and summary for new Board member orientation.	Wendy Petillion to provide Debra Brinkman to post	Completed
Royal Inland Hospital – Emergency Department Electronic Medical Record	Provide an update on the progress of the Royal Inland Hospital Emergency Department Electronic Medical Record project	Norma Malanowich	Project status will be presented to Board Audit & Finance Committee July 31, 2017

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: April 21, 2017

1. MOTIONS PASSED

Motion: That HAMAC recommends to the Board the delegation of arterial blood gas sampling and administration of inhaled medications (used in the testing of pulmonary function) to Registered Therapists (RT) – carried unanimously.

Motion: That HAMAC recommends to the Board that IH integrate advance care planning patient education and support into all clinical services dealing with patients with chronic illness or conditions which may affect competence or decisional capacity. These clinical services would include, but are not limited to; home health services, chronic disease management clinics (ie: CHF, diabetes, chronic kidney disease, hepatic disease) minimal cognitive impairment/memory clinics, mental health/substance use services – carried unanimously.

Motion: That HAMAC endorses the Pharmacy & Therapeutics Executive Summary of April 7, 2017 – carried unanimously.

Motion: That HAMAC receive as information the 2016/17 Pharmacy Services annual report – carried unanimously

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

2. DECISIONS

3. ACTIONS

4. PRESENTATIONS TO HAMAC

Physician Recruitment Marketing Strategy (L. Marsland)
Liz Marsland, provided for information, an update on new recruitment strategies currently being used for vacant physician positions.

Respiratory Therapists (RT) Delegation (K. Leach-MacLeod)
Karen Leach-MacLeod requests approval from HAMAC regarding delegation of arterial gas sampling and administration of inhaled medications used in the testing of pulmonary function to RTs.

Controlled Substances Diversion Audit Report 2016 (G. De Bruin)
Givonna De Bruin provided, for information, 2016 audit report. Findings along with recommendations presented.

Report on drinking water in Interior Health (T. Corneil)
Dr. Trevor Corneil provided detailed report under Order in Council current drinking water conditions in IH.

Opiate Agonist Therapy (OAT) for Substance Use Disorders (T. Corneil)
Dr. Trevor Corneil presented draft proposal, for information, of recent amendments to Food and Drug regulations.

Adult Guardianship Act Certificates of Incapability Statistical Review 2016 (B. Butchart)
Brent Butchart presented an overview, for information, of the Public Guardian and Trustee Certificate of Incapability (CI)

Interior Health
Every person matters

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: April 21, 2017

process and work being done at IH since legislative changes in December 2014.

Physician Quality Initiative (R. Collins)
Dr. Ron Collins provided, for information, current status update regarding formation of PQI committee.

Workplace Violence Prevention Training (P. Yakimov)
Dr. Peggy Yakimov provided, for information, an update regarding current completion rates in relation to WorkSafe BC order and progress of high-risk in person course attendance.

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SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: May 5, 2017

1. MOTIONS PASSED

Motion: That HAMAC supports the work of the Executive Medical Directors in reducing the risk of diversion of Controlled Substances at IH facilities, including receiving annual status updates, in keeping with recommendations 7 through 11 of the 2016 audit report – carried unanimously.

Motion: That HAMAC endorses to the Board the five (5) recommendations made by MyHealthPortal project regarding age of minority and incapable adults for accessing electronic personal health information - carried by majority (1 abstention).

2. DECISIONS

3. ACTIONS

4. PRESENTATIONS TO HAMAC

Controlled Substances Diversion Audit Report 2016 (G. De Bruin)
Givonna DeBruin returned to HAMAC for HAMAC's approval of motion (above), regarding recommendations 7 – 11:

Audit Report 2016, Recommendations 7-11:

7. In consultation with Pharmacy Services, standardize how the anesthesia professionals access the medications in:
   a) ORs with automated dispensing cabinets; and,
   b) ORs with a manual inventory system.

8. OR Managers and anesthesia professionals should develop and implement a process to secure Controlled Substances while unattended within the OR, without impacting access to urgently required medications.

9. Enforce the commitment for anesthesia professionals to waste Controlled Substances in a way that renders it unusable and unrecoverable to comply with Canadian Regulations, IH policy and clinical practice standard and procedures.

10. To ensure the accountable usage of Controlled Substances within the OR, Pharmacy Services in consultation with anesthesia professionals, should:

- Standardize across IH the supplemental log form to document the required information for Controlled Substance withdrawals, usage, wastage and returns;
- Standardize the anesthetic record for use across IH; and,
- Design and implement a process to ensure withdrawals, usage and wastage within the OR is accurately recorded and reconciled.

11. Ensure that all physicians are aware of and comply with, the IH Policy Safe Communication of Medication Orders (PHB0100).

Interior Health
Every person matters

SUMMARY REPORT FROM HAMAC TO THE BOARD

HAMAC: May 5, 2017

MyHealthPortal (D. Sookaveiff, P. Reese)
David Sookaveiff and Pam Reese requesting HAMAC endorsement of motion (above) regarding 5 recommendations:

Recommendations:

1. That the Health Authority Medical Advisory Committee (HAMAC) approves the process for Minors under age 12, allowing the parent or legal guardian to have access to the Minor's personal health information until the Minor reaches age 12.
2. That HAMAC approves the process for Minors age 12 to 18; whereby access to the personal health information by a Minor is contingent upon a Health Care Provider signing a standard form to indicate that the Minor is sufficiently mature to understand the content of their personal health information or whereby access to personal health information by a parent or legal guardian is contingent on the Minor providing written consent until the Minor reaches age 19 or until such time as consent is subsequently revoked, such consent automatically terminating at age 19.
3. That HAMAC approves the process for a Minor deemed to be incapable due to permanent mental impairment by the parent, legal guardian or representative.
4. That the HAMAC approves the process for Incapable Adults, allowing access by their legal representative.
5. That the HAMAC agrees to an implementation of all three processes by June 2017.

Interior Health

Stakeholders Committee
REPORT TO THE BOARD
— June 2017 —

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

April 5 2017

April 5	Regional Hospital District – Interior Health Joint Meeting – Chair O'Fee
April 7	Penticton Regional Hospital Patient Care Tower Liaison Meeting – Director Burrows
April 12	Partnership Accord Leadership Table Meeting – Chair O'Fee, Director Jules
April 20	Institute of Corporate Directors Seminar – Chair O'Fee
April 20	Meeting with Mayor Basran and Mayor Findlater – Chair O'Fee
April 21	HAMAC – Chair O'Fee
April 24	BC Health Auxiliaries Conference – Kamloops – Chair O'Fee
April 25	Volunteer Appreciation Luncheon – Director Wasylyk
April 26	KGH Foundation Annual Board Retreat – Chair O'Fee
April 26/27	Southern Interior Local Government Association AGM – Chair O'Fee

May 2017

May 3	Williams Lake Cultural Safety Forum – Director Jules
May 12/13	Physician Administrator Co-leadership Training – Chair O'Fee
May 17	Visit with Site Administration at KGH – Chair O'Fee
May 17	Met with Senior Executive Team – Chair O'Fee, Director Dooley

President & CEO
REPORT TO THE BOARD
June 2017

Advancing Relationships with First Nations

In April, the First Nations Health Authority's Chief Executive Officer Joe Gallagher, along with myself, signed a three-year protocol agreement to recommit working together to address disparities and inequalities in the health status of First Nations people in the Central and Southern Interior. The signing of the CEO-to-CEO protocol agreement, which runs until March 31st, 2020, took place during a meeting of the Partnership Leadership Accord Table, which has representation from Interior Health and the seven Interior First Nations. Seven First Nations governance representatives witnessed the signing of the protocol. The Interior Partnership Accord was signed in November 2012 and since then considerable work has been undertaken to establish a coordinated and integrated First Nations health and wellness system.

Nothing is more powerful than a personal story from those who have first-hand experience. Imagine just how powerful it is when the story reflects a patient who had a culturally unsafe experience with health-care providers and the system itself?

Interior Health, First Nations Health Authority, and First Nations leaders from the Cariboo signed a Declaration of Commitment to embed a culture of safety and humility, starting with hospital and community services in Williams Lake.

Four representatives from the two health authorities and 13 First Nations and Aboriginal leaders from communities in and around Williams Lake signed the commitment document on the first day of a two-day Cultural Safety and Humility Forum, held at the Xat'sull (Soda Creek) First Nation on May 3rd and 4th. The signing took place after hearing powerful stories from First Nations community members who had culturally unsafe experiences in health care in the Williams Lake area.

The Declaration of Commitment sets out the guiding principles of cultural safety, including identifying opportunities together; engaging in open and honest dialogue; raising concerns without fear of reprisal; and embedding cultural safety and humility in Cariboo Memorial Hospital and community health services. Copies of the Declaration of Commitment are being posted in highly visible locations at IH health sites in the Cariboo.

Day 2 of the forum brought together the working groups from all organizations to map out a course of action for going forward. Each table tackled questions about what a culturally safe and humble health-care system looks like and the actions needed to get there. Participants included a wide breath of representation from emergency department, home health, laboratory, switchboard, diagnostic imaging, surgical services, critical care, health information management, physicians, research, inpatient care, and allied health.

Integrated Services

New Primary and Community Care Centre Opened on Kamloops' North Shore
On April 10th, Kamloops seniors began receiving care at the new Interior Health Primary and Community Care Services site and at the new Seniors Health and Wellness Centre, both at Northills Centre. A range of services are available at the site including home health programming, a lab collection centre, and a primary care clinic where nurse practitioners will provide care for patients age 65 and over. Interior Health partnered with the Thompson Division of Family Practice to open and operate the Seniors Health and Wellness Centre. At the Centre, patients are referred by their family physician, nurse practitioner, or a specialist to inter-professional teams. These teams support patients with more complex care in order to stabilize their health status, and then return the patients back to their primary and community care health care practitioners.

New Emergency Department Approved for Kootenay Boundary Regional Hospital
In early April, the Government of BC approved a new emergency department at Kootenay Boundary Regional Hospital in Trail. The department – three times the size of the current department – will include two trauma bays, seven urgent care treatment bays, five fast-track examination spaces, one airborne isolation room, one new gynaecology room, one new secure room, one new consult room, a renovated minor treatment room, a covered ambulance area, all supported by a new electrical system. Procurement processes are currently underway with construction estimated to start in the summer of 2018, and occupancy at the beginning of 2020. The $17 million project is cost shared between the Province of BC through Interior Health, the West Kootenay-Boundary Regional Hospital District, and the Kootenay Boundary Health Foundation.

KGH Gets Third CT Scanner Thanks to Fundraising Volunteers
In late April, an event was held to celebrate the recent acquisition of a third CT scanner for Kelowna General Hospital (KGH) – and the first CT scanner located within the emergency department, providing faster access for emergency department patients. The $1.9 million cost of the scanner was funded by the four KGH auxiliaries over the course of three years through catering events and in-hospital services such as the coffee and gift shops. When the new scanner becomes operational in July it will produce high-quality images in about half the time of the existing scanners, and will subject patients to lower doses of radiation.

MyHealthPortal Continues to Expand Reach
A new tool that gives patients access to their personal health information online is now being offered to Kootenay-Boundary and East Kootenay residents. MyHealthPortal provides patients with 24-hour access to their health information via their smart phone, tablet, or computer through a secure portal from the Interior Health website. Features include the ability to view Interior Health lab results, diagnostic imaging reports (such as x-rays, scans and ultrasound), certain upcoming appointments, recent hospital visit history, and the opportunity to update contact information. Since the launch of the program in the Fall of 2016 more than 16,000 patients across the Cariboo, Thompson and Okanagan regions have signed up to access the tool.

Recruiting Health-care Professionals
A diverse group of university students from across BC and Canada recently spent a week in rural BC to inspire high school students to pursue careers in health care. The UBC-Okanagan Southern Medical Program travelling roadshow is designed to help address rural health-care shortages by reaching out to high school students. Information is provided to students about the breadth of careers available and what type of careers are needed in rural communities. Nine students representing the UBC medicine, midwifery, and pharmacy programs, along with

licensed practical nursing students from Vancouver Island University, respiratory therapy students from Thompson Rivers University and optometry students from University of Waterloo participated in the visit to Grand Forks, Nelson, and Trail. In total, more than 600 high school students across the three communities were exposed to information on health-care careers.

Mobile Overdose Prevention Services Begin in IH
In Kelowna in late April a mobile overdose prevention service unit was launched, replacing the fixed site at the former Kelowna Health Centre on Ellis Street. The mobile unit provides services in both the downtown core of Kelowna and in Rutland on a regularly scheduled basis. The unit offers a place where people who use drugs can be safely monitored and treated if they overdose. The unit also provides harm reduction services including the distribution of naloxone and other harm reduction supplies, as well as some primary health care services. In June, another mobile unit will be deployed in Kamloops providing similar services to that population.

Cannabis Policy for Use by Acute Care Patients
In 2016 Health Canada approved new regulations for the use of cannabis for medical purposes which included the use of cannabis in a hospital setting in select circumstances. In April 2017, Interior Health approved a policy to provide direction to IH health-care professionals that respects patients' decisions to self-administer cannabis for medical purposes while receiving care and treatment within an IH acute care facility. The policy is a companion to a 2012 policy developed for cannabis for medical purposes in residential care facilities.

2017/18 Budget

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

Key Performance Measures

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

Caution should always be used in comparing data across different institutions or organizations as localized factors not present at other locations may influence outcomes. Caution should also be used when comparing snapshot data of a specific timeframe such as one reporting period against annualized data.

Managing Administration and Support Services Costs
The percentage of Administration and Support Services expense in relation to total organizational expense is a measure of the organization's efficiency. This category includes a number of expense line items including information technology support; plant maintenance, operations and security; telecommunications; volunteer services and administration. Interior Health has a target of less than 10% of total expenditures dedicated to this area. As of the end of the 2016/17 fiscal year expenses were at 9.8% of total organizational expense.

Human Resources
Difficult to fill position vacancy rates are important indicators of the employment market and are related to overtime costs incurred. IH's vacancy rates for nursing and paramedical professionals continue to remain at less than the established 2% target - 0.45% and 0.49% respectively.

Engagement

Building relationships with our aboriginal communities is an important objective for Interior Health in order to help reduce the significant gap in health outcomes between aboriginal and non-aboriginal populations. In April, I joined Interior Health's Board Chair, Director Diane Jules, Vice President for Population Health & Chief Medical Health Officer; Vice President & Chief Operating Officer - Hospitals and Communities in meeting with our First Nations partners at the Partnership Accord Leadership meeting in Kelowna on April 12th. Also in April I had the opportunity to meet with the Executive Directors of the Interior Friendship Centre in Kelowna.

Hospital Medical Advisory Committees are key to monitoring and improving the quality and effectiveness of the medical care provided within Interior Health hospitals. The membership of the committees are chosen by members of a hospital's medical staff – physicians, nurse practitioners, midwifes, and dentists among others. On April 4th, I joined our Board Chair, Vice President and Chief Operating Officer – Hospitals & Communities, Vice President – Medicine & Quality, and Vice President – Communications & Public Engagement in a meeting with the Royal Inland Hospital Medical Advisory Committee. I also joined the hospital's next Medical Advisory Committee meeting on May 2nd. On April 21st, I attended the bimonthly meeting of the Health Authority Medical Advisory Committee.

Hospital Foundations are critical to the delivery of high-quality health care. Their efforts in raising funds to support the capital construction and equipment needs of our hospitals and other facilities is significant and greatly appreciated. During the month of April, I met with the CEO of the KGH Foundation, Doug Rankmore, and then again later that month with the Foundation's Board of Directors at their Retreat.

On a quarterly basis, Interior Heath and UBC-Okanagan leadership meet to discuss issues of common interest, including expanding opportunities for health professional training and medical research. Our most recent meeting occurred in late May.

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

Recognition

Rock for Care Benefits VJH Foundation
After a two-year hiatus, The Longhorn Pub hosted the 7th Annual Rock for Care on April 23rd, raising funds to support the Cancer Equipment Fund at Vernon Jubilee Hospital. Twelve BC bands took the stage, with a new act performing every hour. Rock for Care also featured live and silent auctions, and 50/50 prize draws. Some of the auction items included golf packages, electronics items, and much more. Since 2009, the event has raised over $28,000 towards medical equipment at Vernon Jubilee Hospital.
KGH Foundation Funds Patient and Family Centred Care

The KGH Foundation continues to receive great interest in their Grants Program for Patient & Family Centred Care. The Foundation was able to provide funding for seven requests totaling over $12,500. The grants selected this past quarter included the following programs at Kelowna General Hospital: Rehab – Trial Prosthetic Feet; Spiritual Health – Memory Boxes; Occupational Therapy – Liftware Feeding Set; Cardiology – Treadmill Lab Murals; Spiritual Health – Art Therapy Supplies; Renal – iPad for Patient Education; as well as music programming at Cottonwoods Care Centre. Funding is provided through the proceeds of the KGH Foundation's 50/50 Staff Lottery.

BC Auxiliaries Meet to Celebrate Success

In Kamloops during the month of April, the BC Association of Healthcare Auxiliaries held their 74th annual general meeting with 253 representatives attending from across the entire province. Interior Health recognizes and appreciates the contributions of the Auxiliaries both through their tireless dedication in volunteering at our hospitals and other sites, and through their financial contributions which included $373,000 in the 2016/17 fiscal year. Donna Lommer, Interior Health's Vice President – Support Services & Chief Financial Officer, attended the AGM and provided a greeting to attendees and a note of gratitude on behalf of the health authority for the work of auxiliaries across BC.

Hospice Volunteers Awarded

Congratulations to the Penticton and District Hospice Society for winning this year's South Okanagan *Outstanding Community Group of the Year Award* at the Innovation Awards hosted by the South Okanagan and Similkameen Volunteer Centre on April 22nd in Penticton. The energy and enthusiasm the volunteers bring to Moog Hospice House and Interior Health's Community Palliative programs is highly valued and appreciated.

Chris Mazurkewich
President & CEO

Information Brief

For Board of Directors

Version: 1.0 (Jun-2017)

EXECUTIVE SUMMARY

Title	The Three-Year Aboriginal Cultural Safety Education (ACSE) Plan, 2017/18 – 2019/20
Purpose	To inform the Board of Interior Health's (IH) three-year ACSE plan.
Top Risks	1. (Patient) Lack of access to culturally safe care for aboriginal self-identified persons. 2. (Financial) Cost and backfill required to support staff's participation in ACSE. 3. (Other) Negative impact on cultural safety commitments and relationships with our Aboriginal partners.
Lead	Bradley Anderson, Corporate Director, Aboriginal Health
Sponsor	Dr. Trevor Corneil, VP, Population Health & CMHO

RECOMMENDATION

That the Board accepts this brief for information only.

BACKGROUND

In July 2015, IH signed the joint Ministry of Health and Regional Health Authority's Declaration of Commitment to advancing cultural humility and cultural safety within health services. In fostering this commitment, IH hired a full-time ACSE educator to support the development and delivery of education and learning opportunities related to culturally safe care for Aboriginal persons.

During the 2016/17 pilot year, the ACSE program engaged approximately 600 IH employees through various workshops and training. The pilot year identified the need for program expansion, improvements in training efficacy and supports for trainer safety.

In May 2017, a two-day Cultural Safety Forum was held in Williams Lake for community members and IH leadership and managers. The focus was to improve relationships and work towards resolving issues of systemic discrimination within the health system. At this forum, Senior IH Executives signed a Declaration of Commitment to Cultural Safety and Humility with local First Nation Chiefs (attached).

DISCUSSION

A formal, cross-portfolio ASCE Working Group will support the implementation of the program. The Group will comprise representation from Information Management Information Technology (IMIT), Human Resources (HR), Report Development Team, Organization & Leadership Development, Medicine and Quality, and Business Support.

Training requirements for different staff groups will be proportional to the potential risk (high, medium or low) of harm to aboriginal clients through unsafe practice (attached). Mental Health Substance Use and Emergency Department clinical staff will be prioritized for ASCE training, reflecting the 'high risk' nature of their work. IH leadership will also be prioritized, along with clinical staff providing services in local areas with larger aboriginal populations. The ACSE Educator will work with the Aboriginal Human Resource Lead to engage with new employees via orientation and provide appropriate ACSE. In collaboration with IH Medicine and Quality, the Aboriginal Health team will also work with physician groups to develop a relevant, tailored curriculum.

Aboriginal Health will continue to work closely with regional Administrators and Managers to ensure that high quality learning opportunities are offered across the IH region on an ongoing basis.

EVALUATION

Progress will be reported to SET on a quarterly basis, ensuring accountability for training targets (attached). These reports will be aligned with the evaluation framework embedded within the Aboriginal Health & Wellness Strategy 2015-2019, which is supported by the IH Director, Health Systems Evaluation.

ALTERNATIVES

N/A

CONSULTATION

Position	Date Information Sent	Date Feedback Received	Type of Feedback
Angela Trif, Business Consultant Medicine & Population Health	February 22, 2017	March 27, 2017	Information
Lauren Hristoski, Project Assistant to Mal Griffin VP, Human Resources	March 16, 2017	April 20, 2017	Consultation
James Coyle, Director – Health Systems Evaluation	April 24, 2017	April 24, 2017	Information
Carrie Desjarlais, Recruiter, Talent Acquisition & Marketing	March 16, 2017	March 17, 2017	Information

TIMELINES

Milestone	Lead	Date of Completion
Decision brief written	Vanessa Mitchell, Aboriginal Cultural Safety Educator	April 20, 2017
Assessment of communication requirements	<name of lead for this task>	<date>
Presentation to Strategy and Risk Management Council	<name of lead for this task>	<date>
Presentation to SET	Dr. Trevor Corneil	May 15, 2017
Presentation to the Board	Dr. Trevor Corneil	June 6, 2017

ENCLOSURES

Declaration of Commitment May 2017

ACSE 3-YR Plan

REFERENCES

N/A

APPROVAL OF RECOMMENDATIONS

Name for Approval / Endorsement	Signature	Date

DECLARATION OF COMMITMENT
May 3, 2017
Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People Served By Interior Health

Our Declaration of Commitment is an important step toward embedding cultural safety and humility within Interior Health, and specifically the Cariboo Memorial Hospital and Community Health Services for First Nations and Aboriginal people in Williams Lake and surrounding areas. This commitment reflects the high priority we place on cultural safety and humility as essential dimensions of quality and safety within the health services for which we are responsible.

The Declaration of Commitment is based on the July 16, 2015 Declaration of Commitment signed by the Ministry of Health, First Nations Health Authority, and each Health Authority in BC, including the guiding principles of cultural safety and humility:

- Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Cultural safety must be understood, embraced and practiced at all levels of the health system including governance, health organizations and within individual professional practice.
- All stakeholders, including First Nations and Aboriginal individuals, Elders, families, communities, and Nations must be involved in co-development of action strategies in the decision-making process with a commitment to reciprocal accountability.

Our joint commitment to creating a climate for change; engaging and enabling stakeholders; and implementing and sustaining change is evidenced in our meeting today.

Interior Health, First Nations Health Authority and the Chiefs of the Dãkelh Dené, Nuxalk, Secwepemc, and Tsilhqot'in Nations commit to local health and First Nations and Aboriginal representatives in:

- Identifying opportunities together
- Engaging in open and honest dialogue
- Allowing organizations and individuals to raise and address problems without fear of reprisal
- Empowering local leaders and individuals to develop and foster an environment of cultural safety and humility
- Leading and enabling actions to embed cultural safety and humility in the Williams Lake Hospital and Community Health Services
- Identifying and removing barriers to achieve this goal
- Tracking, evaluating and visibly celebrating accomplishments

Our signatures demonstrate our long term commitment to providing culturally safe health services for First Nations and Aboriginal people in Williams Lake and its surrounding areas. In addition, we will engage our people in championing the processes required to make this vision a reality.

Signed on this date: May 3, 2017

This Declaration of Commitment is endorsed by Interior Health, First Nations Health Authority and the Chiefs of Ulkatcho, Tsq'escen', Esketemc, Stswecem'c Xgat'tem, T'exelc, Xatsull, ?Esdilagh, Tl'esqox, Tl'etinqox, Tsi Del Del, Yunesit'in, and Xeni Gwet'in
Signatories for the Interior First Nations

Signatories for the Interior First Nations

Ulkatcho	*Tsq'escen'*	*Esk'etemc*
Stswecem'c Xgat'tem	*T'exelc*	*Xatśūll*
?Esdilagh	*Tl'esqox*	*Tl'etinqox*
Tsi Del Del	*Yunesit'in*	*Xeni Gwet'in*
Nuxalk		

Signatories for the First Nations Health Authority

Joe Gallagher, *CEO, FNHA*	*Dr. Evan Adams,* *Chief Medical Officer, FNHA*

Signatories for Interior Health

Chris Mazurkewich, *CEO, IH*	*Dr. Trevor Corneil,* *Chief Medical Health Officer, IH*

The Three-Year Aboriginal Cultural Safety Education (ACSE) Plan 2017/18-2019/20

STRATEGY: Advance cultural competency and cultural safety within Interior Health (IH) through ACSE	
Objectives • Provide ACSE using multiple learning platforms • Develop ACSE in collaboration with internal (IH) and external (community) partners • Engage physicians and community • Conduct evaluation (of ACSE and Organizational Self-Assessment Tool)	*In-person ACSE Training (per educator)* Capacity per session: 24 Sessions per year: 25 *Local Areas with high Aboriginal populations:* Williams Lake, Okanagan, Merritt, Lytton, Lillooet, Creston

PRIORITY GROUPS FOR TRAINING		
Risk Level[1]	**Staff Group**	**Requirements**
HIGH	1. CEO & SET 2. Mental Health & Substance Use (MHSU) 3. Emergency Department (ED) 4. Registration staff in all hospitals (RH) [2] 5. Human Resources (HR)[3]	• 9 hours in 3 part series • 8 hours of Provincial Health Services Authority (PHSA) Indigenous Cultural Safety (ICS) • 0.5 hours of introductory online module • Nation-specific training (availability to be determined)
MEDIUM	1. HR 2. Patient Care Quality Office (PCQO) 3. Maternal Child Care	• 8 hours of PHSA ICS • 0.5 hours of introductory online module • ACSE online education (availability to be determined) • Nation-specific training (availability to be determined)
LOW	1. All other IH staff[4] 2. New staff[5]	• 0.5 hours of introductory online module

Table 1. Anticipated number of Staff Trained in ACSE 17/18-19/20

PRIORITY GROUP	**HIGH**			**MEDIUM**			**LOW**			**TOTAL**
YEAR	**Y1**	**Y2**	**Y3**	**Y1**	**Y2**	**Y3**	**Y1**	**Y2**	**Y3**	
CEO & SET	10									**10**
MHSU	300	300	325							**925**
ED	140	140	135							**415**
Registration Staff	44	44	46							**134**
HR	13	13	14							**40**
HR				42	42	44				**128**
PCQO				3	3	3				**9**
Maternal Child Care				3	3	2				**8**
All Other Staff								~19000		**19000**
New Staff									~2990	**2990**
TOTAL	**507**	**497**	**520**	**48**	**48**	**49**	**0**	**19000**	**2990**	**23659**

[1] The potential for harm to aboriginal clients through unsafe practice.
[2] Number of registration employees represents Acute Centralized Registration.
[3] Numbers are specifically Human Resources Business Partners and Leads, Recruitment, and Labor Relations.
[4] Low Risk: In Y2, the current requirement of Job Ready has a plan in place to add the low/30 min ACSE course into the required content for all IH. The number in the low column indicates 19,000 but it is acknowledged that it is an approximation as there are many factors involved, including course readiness for implementation, the number of employees who may complete it upon launch of course and prior to it becoming a required course.
[5] The priority target group in Y3 is new employees, who are defined as brand new hires to the organization (excluded and non-excluded) and identified from completed *Hire Employee* events in eStaffing.

STAKEHOLDER ENGAGEMENT

Report to the Board

June 2017

Background

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

Stakeholder Engagement by Portfolio:

- **Support Services & CFO –** The City of Kelowna and Interior Health continue to meet to discuss phase 2 of the Kelowna General Hospital (KGH) Hospital Area Plan; attended BC Association of Healthcare Auxiliaries Conference on Apr. 25.
- **Medicine & Quality –** Corporate Director Medical Affairs and EMD, Community presented to representatives from Doctors of BC, Divisions of Family Practice, and Medical Staff Associations Apr. 27 on IH priorities and organizational structure.
- **Human Resources –** External recruiters attended the National Aboriginal Youth Conference called "Gather Our Voices 2017"; VP, HR met with MOH representative on May 10 (via videoconference) to discuss 2017/18 provincial workforce planning.
- **Hospitals & Communities** – Partnership work is occurring with IH, Okanagan College, and the Health Foundation in Revelstoke to bring the Health Care Attendant course to Revelstoke. This will increase local participation which will aid staffing needs for Home Support and Residential Care. This course is scheduled to start in September, 2017 and will host 12 students.
- **Clinical Support Services and CIO –** All B.C. health authorities and BC Clinical and Support Services (BCCSS) Customer Service Committee Joint Chairs met on May 3 in Vancouver to discuss the new service agreement.
- **Population Health & Chief Medical Health Officer –** A meeting between REL8 and Living Positive Resource Centre and Men's Health Initiative was facilitated to support people living with HIV in the region.

Stakeholder Engagement by Community Liaisons:

IH West:

- Acute Health Service/Site Manager for Revelstoke attended District Health Foundation Helipad Fundraising Committee Apr. 12; led meeting May 2 with Okanagan College, Home Health managers, and Residential Care manager for upcoming health-care attendant course coming to Revelstoke in Sep. 2017; attended first meeting May 30 for new Revelstoke and area Emergency Management Program Committee with representatives from City, fire department, Columbia Shuswap Regional District, schools, RCMP, BCEHS, BC Hydro, Revelstoke Mountain Resort, Search and Rescue and Parks Canada.
- Acute Health Service Director for Cariboo attended Leaders Moving Forward meeting which includes Mayor of Williams Lake, Cariboo Regional District Chair, and RCMP Community Liaison; participated in Cultural Safety Planning Forum meetings May 3-4 that included representatives from IH, First Nations Health Authority, and the Tsilhquot'in, Secwepemc, and Ulkatcho First Nations.
- Community Health Service Administrator for Thompson Cariboo Rural completed presentations to mayors and municipal councils, including: Logan Lake, Lillooet, Barriere, Clearwater, and Clinton; participated in Cultural Safety Planning Forum meetings May 3-4 that included representatives from IH, First Nations Health Authority, and the Tsilhquot'in, Secwepemc, and Ulkatcho First Nations.
- Acute Health Service Administrator for Thompson Cariboo Shuswap presented to Shuswap Hospital Foundation Board; participated in Cultural Safety Planning Forum meetings May 3-4 that included representatives from IH, First Nations Health Authority, and the Tsilhquot'in, Secwepemc, and Ulkatcho First Nations.
- Acute & Community Health Service Administrators from Thompson Cariboo

IH Central:

- KGH Health Service Administrator partnered with RCMP and School District 23 to host P.A.R.T.Y (Prevent Alcohol & Risk-related Trauma in Youth) on May 8, which is a one-day injury awareness and prevention program for youth age 15 and older.
- Acute Health Service Administrator for South Okanagan attended a meeting with new RCMP Staff Sergeant and City of Penticton officials in May.

IH East:

- Acute Health Service Director for East Kootenay attended Kootenay East Regional Hospital District meeting on May 5; also attended East Kootenay Foundation for Health board meeting.
- Community Health Service Director for East Kootenay attended a Ktunaxa Nation Assembly in April, which included representatives from the First Nations Health Authority and RCMP. The day focused on information sharing.
- Acute Health Service Administrator for Kootenay Boundary led a tour on Apr. 12 of KBRH's ICU for IH Board Director Pat Dooley and Trail mayor Mike Martin; attended Connected Communities meeting in Nelson on Apr. 28.
- Community Health Service Administrator for Kootenay Boundary attended Trail Health and Environment Committee meeting Apr. 18 with representatives from Teck and City of Trail; attended Perinatal Advisory Committee meeting with Kootenay Boundary Division of Family Practice on Apr. 24; attended Connected Communities meeting on Apr. 28 in Nelson.

Stakeholder Engagement by Community Health Facilitators (CHF):

- IH East CHF facilitated a Lower Columbia Healthy Communities Planning workshop in Trail on Apr. 19, which was attended by 30 people, including local government representatives; also facilitated a Local Food Matters forum in Golden, which was attended by 50 people, including local government representatives.