

@interiorhealth

A publication for Staff and Physicians of Ilt

WINTER 2019

APNs Celebrate **10 Years**

Engaging with physicians
Connecting as a team
Emphasizing staff safety
Closing the distance

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On the cover: Gloria Big Sorrel Horse is one of three Aboriginal Patient Navigators who has been with the program since the start. Story p. 14.





The @InteriorHealth magazine is a monthly publication created by the Communications Department of Interior Health. Past issues of @InteriorHealth can be found on our website under [About Us/Media Centre/Publications & Newsletters](#).

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Interior Health
Every person matters



IN CONVERSATION, WITH

Susan Brown

@IH: Happy New Year, Susan! It's hard to believe we're already well into 2019. What is on your mind as we turn the page on a new year?

Susan: Happy New Year to everyone across Interior Health! It was certainly wonderful to spend time with family and friends in December and to reflect on the year gone by. We had many successes big and small in 2018. I want to start by saying thank you to our staff and physicians and to acknowledge your hard work each day. I've heard many patients talk about how individual people at IH impact their care experience – whether it is a clinician, support staff, or even someone they meet in a lobby or common area. Each encounter is meaningful.

As I look forward, I'm of course focused on our key strategies. One of the new, exciting initiatives we're planning zeroes in on our commitment to workplace health and safety.

@IH: That does sound exciting! What is the initiative?

Susan: Many people will know that for several years the CEO has toured sites across IH throughout the year. These are an excellent way to connect with our communities in person. This year, I plan to dedicate one of those tours to health and safety. I will talk with staff, leaders, and others about what is working well and where there are questions about health and safety. We'll also look at some specific topics or types of injuries. I am looking forward to hearing from local joint occupational health and safety committees (JOHSCs) and project groups about initiatives underway. Excellent examples include South Okanagan General Hospital JOHSC's campaign to improve incident reporting, [100 Mile District General](#)



Q'wemtsin Health Society (QHS) welcomes IH CEO Susan Brown and Board Chair Dr. Doug Cochrane on Dec. 12, 2018. (L-R) QHS Board Member Orla LeBourdais, QHS Board Member Tracy Hewitt, QHS Health Director Colleen Lessman, IH Board Chair Dr. Doug Cochrane, IH CEO Susan Brown, QHS Board Member Thomas Blank, and IH Health Administrator Cathy Thibault.

[Hospital JOHSC's efforts](#) to communicate safety-related initiatives at their site, and a letter to staff by Andrew Pattison, Director of Support Services, outlining further steps towards creating a healthier, safer IH.

@IH: Can you talk more about psychological safety? What does that mean to you?

Susan: I am so pleased that we are focusing more and more on our overall wellbeing, both physical and psychological. The nature of our work can be high stress. Across IH, several teams and portfolios are looking to build their resiliency. As an example, Medical Affairs holds monthly workshops to foster joy, connection, and meaning in their work. We also have a collaborative working group of leaders and unions that are tasked with improving psychological health and wellness for all staff across IH.

@IH: We talk a lot about cultural safety at Interior Health – how is that connected?

Susan: When touring the Thompson Cariboo Shuswap region with our Board Chair this past December, I was inspired by our First Nations partners. Throughout IH, we are working to make our sites more culturally safe for our Aboriginal patients and staff – where they feel welcomed and their values are honoured. And 2019 is a year of celebration – it marks the 10 year anniversary of our Aboriginal Patient Navigator program, which supports cultural safety and provides direct support to patients.

@IH: Any final thoughts to share on the year ahead?

Susan: I'm confident this is going to be a great year for IH and that together we're going to continue to make a difference in the lives of people throughout our region. It's clear that we are resilient people who care deeply for our communities and our colleagues. Let's continue to make health and safety a priority to ensure every person matters applies to each of us.

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COMMITTEES

Prepare and distribute a list of healthy dining options around your work place



INDIVIDUALS

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WELLNESS IN THE **WORKPLACE**



(L-R) Dr. Alan Vukusic, Dr. Henk Van Zyl, Dr. Joslyn Conley, and Erin McGarvey, Project Manager, Facility Engagement, RIH Physician Association.

Engaging WITH physicians

UNITED VOICES IMPROVE PHYSICIAN ENGAGEMENT

There has been a major shift in physician engagement across Interior Health in the last year.

With physician-administrator dyad partnerships, quality improvement projects, and facility engagement initiatives, physicians have strengthened relationships with administration, are more connected to resources and training to improve the work environment, and have established activities and strategies to improve areas of need at the site level.

"I am incredibly humbled by the work of our medical staff across IH," says Dr. Harsh Hundal, Executive Medical Director, Physician Engagement and Resource Planning. "They are taking the time to have meaningful and constructive conversations about the things that matter and then making positive changes. It is their passion and drive that is having the greatest impact to the work culture, the patient experience, and the quality of care."

Royal Inland Hospital (RIH) and Penticton Regional Hospital (PRH) each have highly engaged medical staff associations (MSAs). Their recent successes are highlighted here.

Physicians break boundaries at RIH

Physicians and medical staff at RIH in Kamloops are full steam ahead on physician engagement. With 22 physician association facility engagement initiatives underway, this team is focused and encouraged to make a culture shift in IH.

"Our facility engagement initiatives have given us an opportunity as a medical staff to come together to prioritize what we need for patient care at the site," says Dr. Joslyn Conley, nephrologist at RIH, president of RIH Medical Staff Association, and president of RIH Physician Association.

"We have a more organized approach to communicate with IH administrators about our needs, which has improved our relationship immensely. As a team, we have decided our priorities and now we are all going in the same direction to reach a common goal."

Dr. Conley explains that having a connected and engaged medical staff has also helped increase the physician leadership positions at both local and regional levels.

"Physicians are stepping into leadership roles knowing they are supported and united with other medical staff, and have the ability to bring things to the forefront with administrative leaders. We are energized by the opportunity for improvement and change."

Last year, 52 per cent of RIH medical staff were involved in a facility engagement initiative or provided feedback on a project. This year, the goal is 80 per cent.

"Seeing this many medical staff working on a project to improve patient care or the work environment is fantastic," says Dr. Conley.

Dr. Paula Lott, obstetrics/gynecology physician at RIH, says she chose to become involved to improve patient care and Royal Inland Hospital overall for the community.

"After working in Kamloops for 10 years, I have seen many areas for improvement in our hospital," says Dr. Lott.

"My colleagues and I had ideas to improve care for our patients, but no opportunity to bring our ideas forward or ways to implement them. Through facility engagement initiatives, and our local physician association, we now have access to administrative leaders to try to implement physician-generated ideas. My engagement in our facility is reinvigorated, I feel listened to, and that I am making an impact for change."

Dr. Alan Vukusic, emergency medicine physician, with Dr. Henk Van Zyl, Department Head for emergency

medicine, are co-leading a facility engagement initiative that has improved and expanded an emergency department patient care area (streaming). The aim is to reduce wait times and provide a safer, more comfortable, and private environment for patients, family, and staff.

This initiative has enabled Dr. Vukusic to conduct background research to ensure the basis of the concept fits the RIH facility; compare ideas with other sites in B.C.; conduct early pilot trials to guide design; and, help ensure the construction meets patient care and staff goals.

"Preliminary results are very positive," says Dr. Vukusic. "I am grateful to the facility engagement initiative for making it efficient, easy, and feasible for me to set aside some of my clinical time to be part of guiding positive change at RIH."

Facility engagement also provided an avenue for Dr. Simon Treissman to attend the Sauder School of Business and then develop an all-electronic, emergency-surgery scheduling system at RIH. His project, called On Time Operating Room (OR) Scheduling, presents a representation of a dynamic, multi-priority emergency surgery waitlist over the internet in real time.

"All of this could not have been possible without the RIH Physician Association and Facility Engagement funding," says Dr. Treissman. "The funds were used for the training and support of surgeon users of the system, which made it possible to manage the change, and truly supported the engagement of surgeons, anesthesiologists, obstetricians, and pediatricians in the project."

On Time OR Scheduling is a clinical trial is running from Dec. 1, 2018, to Feb. 28, 2019.

"I am very hopeful this new emergency-surgery scheduling system will lead to a substantive improvement in the care of emergency-surgery patients by providing the framework for intelligent load sharing within a surgical network," says Dr. Treissman.

Dr. Conley says these engagement initiatives, both complete and underway, are supporting positive changes within RIH and Interior Health physicians now have the opportunity to be a part of the solution and they are embracing it.

"We are creating a vision at RIH and if we continue with this momentum and get more people involved, there is no limit to what we can accomplish."

Continued on p. 8.

Innovative thinking improves physician recruitment, retention, retirement at PRH

Continued from previous page.

It is estimated that within the next two to five years, every medical department at Penticton Regional Hospital (PRH) will need to recruit at least one or more physician.

With this in mind, new efforts are underway to enhance recruitment and retention, and to ensure those who are retiring are supported and can transition their knowledge to the next generation.

The PRH Physician Recruitment, Retention and Retirement (R3) project supports Interior Health recruitment efforts by including the physician voice and combining resources from the community to help recruit and retain new physicians.

"To date, most of our physician recruitment efforts have been non-formal, lacking time and expertise to properly provide recruitment, retention, and retirement support," says Dr. David Stoll, R3 project physician co-lead.

"The R3 project aims to formalize this process in a way that is physician-led and provide a medical perspective to clinical practice while living in Penticton."

Having just begun, the R3 project team has already formed an advisory committee with influential community leaders representing: PRH, Chamber of Commerce, City of Penticton, School District 67, Okanagan College, South Okanagan Similkameen Medical Foundation, and Outdoor Lifestyle/Tourism.

Together, committee representatives will mobilize resources and supports for potential and current physicians (including locums) related to childcare, housing, spousal employment, and leisure options.

"Everyone who lives in Penticton and the surrounding area knows why we chose to live, work, and play in this community," says Dr. Stoll. "Now, we need to share why we love

it here so others can see themselves and their families flourishing in this community as well."

The R3 project lays out a clear roadmap to support physicians throughout the work-life cycle at PRH.


When a department identifies a need for a new physician, R3 supports the recruitment process and bringing new doctors to Penticton. After a site visit takes place, R3 will follow up with the potential physician (in consultation with IH) for feedback and to offer further support.

Once a new physician is hired, R3 will coordinate support for physician retention and liaise with the advisory committee to ensure integration into the community is successful. When a physician is ready to consider retirement, R3 will link in with Doctors of BC retirement resources to offer support related to patient-care transfer, leaving a practice, and file storage.

Dr. Michelle Scheepers, R3 project physician co-lead, says she is already seeing impacts of the project and the immediate on-the-ground support helping her plan for a potential recruit's visit at the end of January.

"This new process will give us a significant edge over other locations and drive physician retention going forward."

This facility engagement project, supported by the Penticton Physician Medical Society, began in January 2019 and will run until March 31, 2020.

To learn more, contact Amy Woodruffe, Project Manager, Facility Engagement, Penticton Physician Medical Society. 

Facility Engagement initiatives are funded by the Specialist Services Committee, through Doctors of BC and the Ministry of Health. To read other IH success stories or to learn more, visit www.facilityengagement.ca.



Dr. Michelle Scheepers (top photo) and Dr. David Stoll



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On resiliency, Medical Affairs

makes like a

The day began with stories. Gina Sloan, Dr. Mike Ertel and Dr. Harsh Hundal of the Medicine & Quality leadership team didn't talk about workloads or efficiencies or productivity – they talked about their lives outside of work. Listening were approximately 80 people from the Medical Affairs team and Medicine & Quality leaders from across Interior Health, who gathered in Kelowna for a day workshop called "Build Resiliency in Self and Teams." By revealing their struggles and showing vulnerability, members of the leadership team opened the conversation on the topic of resiliency.

"Everyone has both a story at home and a story at work," says Gina. "These impact each other."

A greater awareness of this, both in ourselves and others, is a step towards building resiliency, variously defined as the ability to rebound from setbacks and overcome adversity. Dr. Hundal expands on this idea.

"Community, we know from research, protects us from depression, anxiety, and burnout," he says. "Real community comes from seeing people as people, not as roles. We often have stereotypes of people in certain roles, and we need to see beyond these to the person and what matters to him or her."

Simply bringing the Medical Affairs team together in one place helped to build that sense of community, as many of the team had never before met face to face. They also learned about the neuroscience of stress and approaches and tools to foster resiliency individually and in their teams. Anna Meyers, Medical Administrative Assistant, has adopted a number of tools that help her respond to stressful situations.

"The S.T.O.P. practice – stop, take a breath, observe, proceed – is a way to take a moment for yourself rather than just react," says Anna. "Also, knowing that things are only temporary puts them in perspective."

Individual and team resiliency go hand in hand. For Anna, mentoring colleagues is mutually empowering.



(L-R) Dr. Harsh Hundal speaks on resiliency with the help of his llama sidekick. Courtney Low returns to work after her wedding. Michelle Stuttard takes shelter from a leaky ceiling.

“State of mind is everything.”

“I am most grateful when people reach out to me,” says Anna. “I find mentoring increases my effectiveness and happiness with my job.”

Participants were also pleased to see the Medical Affairs Leadership Team model resiliency behaviours learned in the workshop such as disconnecting from non-urgent email when away from work, going for a walk at lunch, expressing honesty with each other about how we are and how our day is going, being candid, and having fun at work.

Linking an individual or team’s work to meaning is key for resiliency. For Interior Health employees and medical staff, meaning most often comes down to making a difference for patients and families. The Medical Affairs team heard about their impact in the form of selfie videos produced by physicians with whom they work.

In a selfie by Dr. Mark Masterson, Chief of Staff at Kelowna General Hospital, he praises Medical Affairs support for physician time to work with allied health and administration to build a new care path for hip replacements. The collaboration on the patient pathway meant that more patients could go home from the hospital on the same day or the next day, as compared to the usual three to four day hospital stay.

“The patients’ long-term outcomes are the same, but they have faster recovery and lower costs for the operation.

Without support for the many hours of work, it would have been very challenging to develop this,” says Dr. Masterson. “Unfortunately, Medical Affairs staff – and many of the other people supporting the work of IH – often don’t directly see the end result of the hard work they put in.”

Another way Medical Affairs acknowledged the tremendous efforts of their team is through the adoption of their own mascot – the llama. Dr. Norm Kienitz, Executive Medical Director IH West, once remarked that the Medical Affairs members are like llamas: that is, they have qualities of resiliency such as adaptability, persistence, patience, balance, and curiosity. The team now passes around a llama stuffy – affectionately referred to as Norm in his honour – to staff who demonstrate these values in action.

The resiliency workshop was not a one-off. Medical Affairs has committed to an hour workshop once each month to continue to build on their resiliency. But it was important to Gina that the workshops be conducted by and for the Medical Affairs team members.

Peggy Scott and Courtney Low, Project Leads in Medical Program Transformation stepped up in January to deliver their workshop, “Joy at Work.” Along with good, actionable advice, they blended humour and fun into their workshop.

“State of mind is everything,” says Peggy. “We really get fulfilment at work from finding meaning and connection as a team.” 🐫



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*Traditional Territory
Acknowledgements*

What's in a name?

*Cultural
Safety*

Sacred Spaces

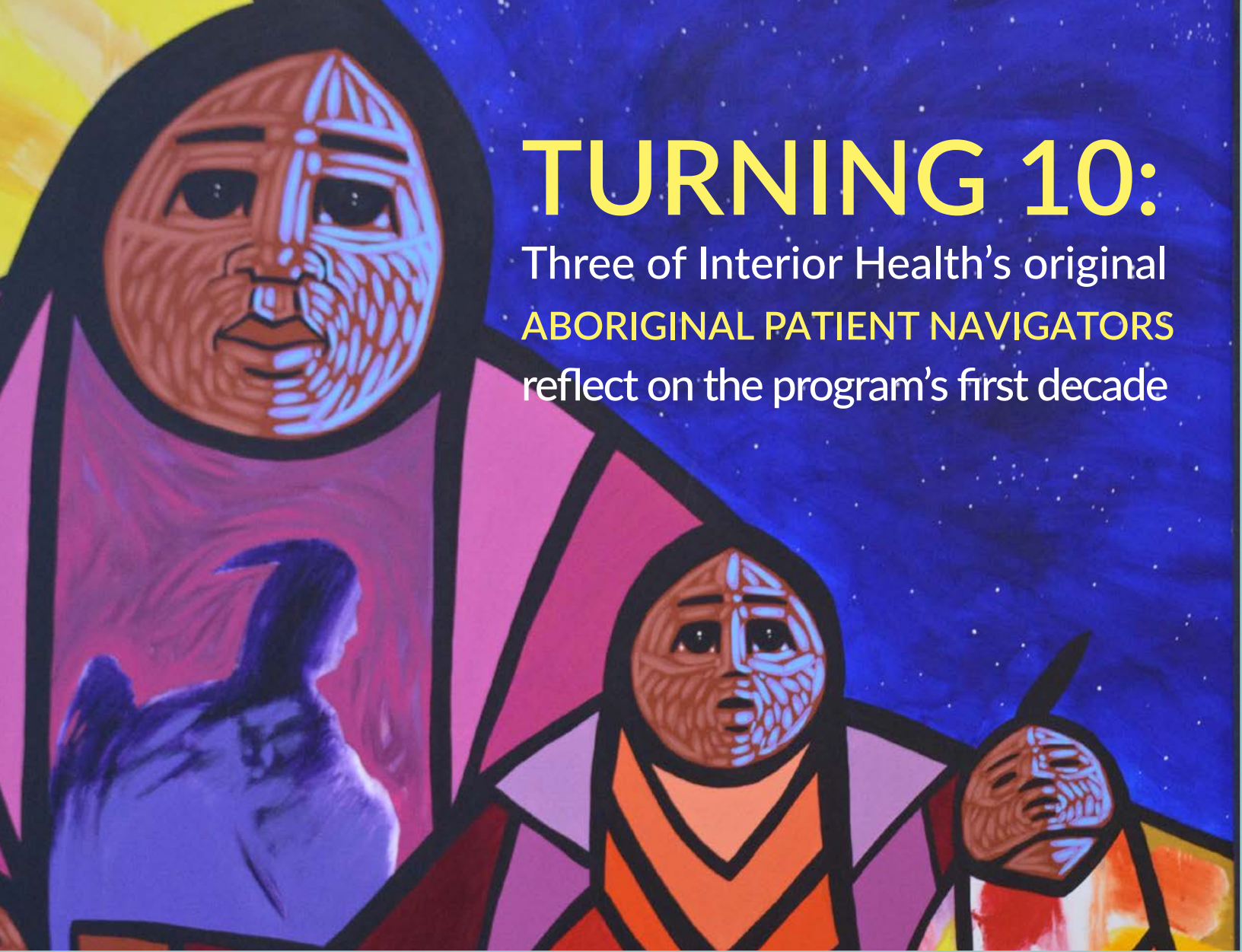
*Aboriginal
Patient Navigators*

Being an effective ally



Bi-weekly episodes available on iTunes and InteriorHealth.ca/InteriorVoices.





TURNING 10:

Three of Interior Health's original
ABORIGINAL PATIENT NAVIGATORS
reflect on the program's first decade

Detail from a painting by
Jerry Whitehead on display at
Kelowna General Hospital.

Our health-care system can be complicated. Factors such as language barriers, huge geographic distances, and cultural differences can make it even more so.

Ten years ago, Interior Health committed to addressing some of these challenges with the creation of the Aboriginal Patient Navigators (APNs).

The APNs have become valued members of the care team in hospital and community.

"Often our APNs work closely within a multi-disciplinary team to ensure our Aboriginal patients' needs are met in a welcoming and culturally safe manner," says Brad Anderson, Corporate Director of Aboriginal Health. "I am always so impressed by the level of care, compassion, and systems awareness that they bring to their work daily to ensure our Aboriginal patients feel safe and welcomed. Congratulations on 10 years of providing amazing care and support."

An increased focus on education, cultural safety, and spiritual care are some of the changes witnessed in the last 10 years.

The APNs support patients and families in hospitals and communities, helping connect them to appropriate health-care services and providing cultural support. They also collaborate with other health-care workers in early identification and assessment of patient needs, and participate in discharge planning to support patient care and independence.

After 10 years in the role, Debra Donald (Simpson First Nation) says she loves being an APN and can't imagine doing anything else. She is based at Royal Inland Hospital (RIH) in Kamloops, where she says there has been a lot of positive change. She finds APNs are increasingly invited to sit at various tables to consult about policy and practice.

"The cultural agility at RIH has increased. It's really good for our patients and families who feel they are in a safe place. For example, the family of one of our patients who was palliative and on comfort measures was quite spiritual and cultural," says Debra. "They wanted to have a smudge and an end-of-life ceremony in hospital. I wasn't on shift but management and medical staff knew how to facilitate that process. They were willing and able to do what they needed to allow that family to practise their cultural belief and spirituality. The family appreciated that their relative was able to pass away observing First Nation customs despite being in a hospital setting."


Interior Health started with one APN in Williams Lake and the program expanded over 10 years to include nine APNs working throughout Interior Health, along with one Ktunaxa Nation-based APN.

Gloria Big Sorrel Horse (Blood First Nation in Southern Alberta) was also among the first Aboriginal Patient Navigators.

"I enjoy it," says Gloria, who now works at Kelowna General Hospital. "It's a good experience for me because of my history. I'm a residential school survivor and a 60s scoop survivor. It's important to know this history because it impacts a lot of our First Nation people. It impacts their health, because they are fearful of institutions and the hospital is an institution. So they have a lot of trust issues coming here and seeking help, especially our elders. I feel that I'm here as a support. I can advocate for them."

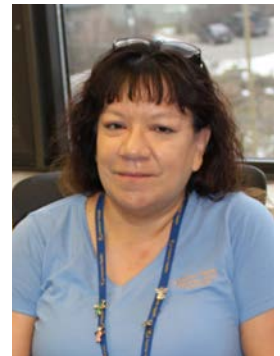
Diana Moar, the third of the original APNs, works at Vernon Jubilee Hospital. "Our family is Anishnawbe, Saulteaux and Métis ancestry, and members of the Berens River First Nation in Manitoba. The teachings shared by our Ancestors and family members are to respect, honour, love and be kind regardless of who we are and where we come from," says Diana.

"These teachings guide our work. We are honoured by our patients, families, community members, and health-care staff to be a part of their health journey and to walk with them on their path to health and wellness. Most important is having their trust and for them to know they are safe to be open and honest by sharing their stories and knowing they can be confident that there is a safe place for their voices to be heard."

To learn more, please contact [Aboriginal Health](#) or an [Aboriginal Patient Navigator](#). 



Watch for an interview with APNs Debra Donald and Cassie Michell in Episode 3 of *Interior Voices*, IH's new Aboriginal Health and Wellness podcast series coming Feb. 5.



Diana Moar (top photo), Debra Donald (centre), and Gloria Big Sorrel Horse reflect on the APN program.

NEW Traditional Territory Acknowledgement Policy



As a step towards reconciliation, Interior Health acknowledges the land that we live, work, and play on as the traditional territories of the Dakelh Dene, Ktunaxa, Nlaka'pamux, Secwepemc, St'at'imc, Syilx, and Tsilhqot'in peoples.

It is with humility that we continue to strengthen our relationships with the First Nation, Métis, and Inuit peoples of the Interior.

5 TIPS TO PREVENT THE Spread of Illnesses

1. Stay home if you are feeling unwell.
2. Get the influenza (flu) shot.
3. Wear a mask, located at facility front entrances, if you have not been immunized against influenza.
4. Cover your cough or sneeze with a tissue or your elbow.
5. Wash your hands frequently with soap or hand sanitizer.



Children and individuals over 65 years of age are particularly vulnerable.

Who will you protect?

Thank you for doing your part to keep the people in our care safe.



Interior Health
Every person matters

EMPHASIZING

Staff Safety

Our Protection Services team recently introduced and updated several safety policies to address threats and instances of violence at Interior Health.

Used in combination, the [Active Deadly Threat Response](#), [Restricted Access](#), and [Threat Management](#) policies will support manager and staff decision making, while keeping with Interior Health's goal of increasing safety for everyone.

Speaking with @IH about the new Active Deadly Threat Response policy is Craig Paynton, Manager of Protection, Parking and Fleet Services.

@IH: Tell us more about an active deadly threat.

An active deadly threat is a person entering an IH facility with a weapon, or something that can be used as a weapon, and is actively engaged in trying to seriously harm or kill others. It is a very clear distinction between a code white (aggression), where a person may have a weapon, versus a person actively using the weapon to seriously harm staff, patients, or anyone in the facility with the intent to kill.

@IH: What is the main difference between a code white and active deadly threat response?

A code white draws people in to an area, to deescalate an instance, or potential instance, of violence. In an active deadly threat, the intent is to immediately get people out of the area.

@IH: Is there a specific code for an active deadly threat?

There is no code colour. An announcement would be made stating 'Active Deadly Threat' followed by the area in which the situation is occurring. This ensures everyone in the building understands the severity of the threat and the necessary response.

@IH: What should employees do if an active deadly threat is called?

The main principles are run, hide, or fight. Run if you are in the immediate vicinity where the threat is happening. If you are in an adjacent building, floor, or room and cannot run, you would barricade or hide in that space. This includes turning off lights and silencing phones. The last option would be fight, if there are no other alternatives.

Craig Paynton,
Protection, Parking and
Fleet Services Manager



@IH: How does this apply in a health-care setting, while providing patient care?

This is challenging in health-care settings if, for instance, staff are in the midst of providing patient care and there is little option to run. In these cases, emphasis is placed on barricade-in-place to prevent the threat from moving about freely and gaining entry into other areas. When the decision is made to run, the main component is to get as many people as you can to go with you, but you can't wait. In an active deadly threat situation, there is no expectation for any IH employee to put himself or herself in harm's way out of a duty to provide care.

@IH: Why is this new policy important for staff?

The Active Deadly Threat Response policy is in place to guide staff on a worst-case scenario event. It will provide staff with more awareness, a framework to work from, and hopefully build confidence or understanding of best practices to keep everyone safe.

@IH: Any final comments to share with our staff?

It is important for employees to be familiar with the policies that address violence in the workplace, understand their processes, and actively engage Protection Services in the event of any threat management situation. We take staff safety very seriously and part of this is to ensure staff have the knowledge and guidance to react to any instance of violence or threat, should the situation arise.

@IH: Where can we learn more?

A [Threat Management i-Learn module](#) is available for all employees and takes approximately 15 minutes to complete. The Vancouver Police Department shares a good example of the run, hide, fight principles in their [Active Deadly Threat video](#). These policies are located on the [Protection Services web page](#) on InsideNet, as well as on the [public website](#). We are also planning table top exercises to practice scenarios and responses when an active deadly threat is called. Questions about any of this information can be directed to [Craig Paynton](#) or the [local Protection Coordinator](#) for your area. 🙋

If you experience **disrespectful, violent, or aggressive behaviour...**

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VIOLENT, OR
AGGRESSIVE
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WORKPLACE
ENVIRONMENT
[AU1000](#)



ASSESSMENT &
MANAGEMENT
OF TARGETED
VIOLENCE
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*Threats from any other sources,
including planned acts or expressions
of intent to inflict harm against a
specific person or workplace
(written or symbolic)*



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DEADLY THREAT
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A HEALTHIER SAFER IH

Creating a culture of safety at

SOUTH OKANAGAN
GENERAL HOSPITAL



Kaila Ingram (L) and Sara Evans champion workplace safety at SOGH.

SOGH is making a name for itself when it comes to safety – that’s in large part thanks to the passionate leadership of registered nurse Kaila Ingram.

Kaila is the employee co-chair and union steward on the site’s Joint Occupational Health and Safety Committee (JOHSC), and has made it her personal mission to make sure that everyone at South Okanagan General Hospital (SOGH) is working in a safe environment.

The site has done a tremendous job over the past few years in highlighting and tackling issues around violence risk. In 2015, SOGH completed a \$100,000 project to add card readers, move offices, and change public access to various parts of the site.

Today it is hard to imagine a time prior to having these enhancements in place.

“When people visit SOGH, it is sometimes referred to as Fort Knox,” jokes Sara Evans, Site Manager and JOHSC co-chair.

The committee meets monthly to review safety-related issues and reports, and mitigate any risk factors to prevent

recurrence of safety incidents. The team also looks for potential issues and ways to manage risk and prevent incidents from occurring in the first place.

Kaila’s been in the committee co-chair role for almost two years, picking up where others have left off. She says that ongoing education on safety standards plays a big part in making sure that the site is up-to-date.

“We’ve all made a commitment to educating ourselves – with the more education we get, we understand what the role is and our ability to make change.”

To help employees become more familiar with the site JOHSC, Kaila and Sara launched a visibility campaign in November 2018.

The goal was to introduce themselves and spread awareness about “what the committee does, how to reach us, make sure people know how to properly report concerns, and educate all members on what their rights are,” Kaila explains.

“This was done mainly to achieve Kaila’s goal of 100 per cent on our new JOHSC evaluation and it was very successful,” Sara says.

"It was a simple strategy where employer and employee dyads roamed the site," Sara adds.

"For those that we didn't catch in the walkabouts, we added a contest where staff could record 10 things they do to promote safety – reminding the team that safety is everyone's responsibility. The campaign was so well-received, we may make this an annual occurrence."

Their work has had a noticeable impact.

Violence prevention is an issue that comes up frequently and the site has seen strong results on this front: a higher number of incident reports. This might not sound like a win, but incidents were under-reported in the past and, without the information, issues couldn't be properly addressed.

"When our first violence risk assessment was done, there were seven violent incidents reported in three years for the entire campus, which was obviously not accurate," Sara says.

"Reporting has gone way up – 17 events in the last reporting year, so we are pleased with this in the sense that it feels more accurate and gives us a better way to evaluate what we are doing."

Kaila believes this is because employees know that, culturally speaking, SOGH takes safety seriously and that their managers will always take the time to investigate issues.

Employees, in turn, feel their input matters and have been bringing issues forward more often.

"They seem to have more of a voice and are speaking out more," Kaila says.

Speaking out has led to action on musculoskeletal injuries, too – an issue that everyone was having but no one was really talking about, says Kaila.

When employees did eventually bring up their concerns, it sparked new i-Learn videos and new protocols – and, this year, there will be a musculoskeletal injury awareness campaign at the site.

On the whole, staff feel comfortable asking for help when they need it, but safety isn't without its challenges.

Kaila points out that although people understand the issues, sometimes getting the pieces in place – the right people and supports – is hard.


But to her, this is a good challenge and one that she's excited to face head-on.

"Kaila's enthusiasm is contagious! She routinely dials in to committee meetings from home or between night shifts. She is a valued partner in this important work," says Sara.

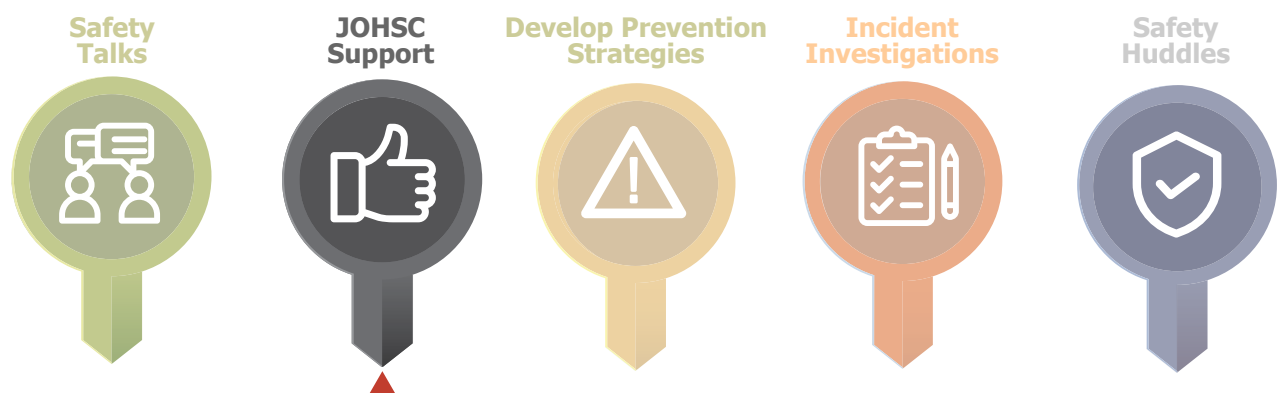
Kaila and Sara credit their success so far to the fact that it's a truly collaborative effort. There are many voices and ideas on board and no hierarchy, which allows for open and honest communication.

"It's not about who's at fault or who's in charge. It's about making our site safe," says Kaila.

"SOGH has shown a dramatic decrease of injuries and Time Loss incidents at the facility over the past three years – with this, there has also been an increase of reported incidents at the site," says Richard Richter, Advisor, Health Safety and Prevention. "The significance of increased reporting is that it offers opportunity to investigate those near miss incidents, provide corrective actions to prevent further incidents and implement those corrective actions. Workplace Health & Safety tips their hats to the team at SOGH and the JOHSC for the work they have done to Injury Prevention."

Safety is an ongoing journey. SOGH, with everyone's help, is moving in the right direction. 

Key actions to support a Healthier, Safer IH



IH has identified five actions for creating A Healthier, Safer IH including support of local JOHSC to help improve day to day site safety.



CLOSING THE DISTANCE

Dr. Michael Humer

Interior Health surgeons are saving time, expenses, and travel risk for patients by practising telemedicine in remote communities. This collaboration uses virtual consultations with amazing results, benefiting cancer patients, caregivers, and doctors.

A cancer diagnosis and urgent need for major surgery can be devastating.

Now, imagine living in a remote community and needing to drive hundreds, if not thousands of kilometres, in wintery conditions to hear this news from a specialist.

Heavy snow and ice on British Columbia's mountain highways lead to treacherous and unpredictable conditions during the long winter months. Even with good weather, wildlife and other hazards on remote roads and highways make driving dangerous, especially over great distances.

Using the modern practice of telemedicine, an innovative team of IH thoracic (chest) surgeons, with UBC's Southern Medical Program, are rapidly improving access to quality medical care in small and rural B.C. communities.

"In one day, I can see patients in Kamloops, Prince George, Dawson Creek, and Oliver, review their medical images in real time, and determine appropriate treatment plans

from our telemedicine office at the Kelowna General Hospital," says Dr. Michael Humer, thoracic surgeon at KGH and Clinical Assistant Professor, UBC Southern Medical Program.

Communicating from a distance via modern technology has already saved time, expenses and travel risk for thousands of regional patients in the Interior and Northern B.C. regions. Telemedicine now represents 50 per cent of the group's practice, enabling surgeons to connect with patients with a few clicks of a button. On average, 33 patients in 11 different communities are seen virtually each week.

"Patients, especially those who are elderly, are grateful to receive quality care while being spared the cost and stress of a multi-hour trip."

Behind the scenes, Dr. Humer says, the commitment of Interior Health and extensive collaboration with health professionals, office staff, and information technology specialists ensures the timely and reliable delivery of the vital service for people living across vast regions.

"We have removed distance from being an impediment to access to care for our patients."

For more on this story, visit the [Southern Medical Program website](#).

This story includes excerpts from UBC Southern Medical Program.

Got Receipts?

- ✓ expense reimbursements (i.e., travel, etc.),
- ✓ petty cash reimbursements, and
- ✓ purchases not requisitioned with purchase orders

must be received for payment in

ACCOUNTS PAYABLE BY
FRIDAY, MARCH 22, 2019

to be included in your department's
2018/19 expenditures.



Review the Jan. 3 all staff memo for more information.

focus foundations



South Cariboo
Health Foundation

**An interview with Brenda Devine, Public Relations/Fundraising Coordinator
South Cariboo Health Foundation**

Tell us about the focus of your Foundation and why what you do is important.

The South Cariboo Health Foundation supports the 100 Mile Hospital acute care and its adjoining residential care facilities: Fischer Place and Mill Site Lodge. Monies raised go to purchase equipment and to support health programs such as hospice, mental health, and meals on wheels.

Do you have any favourite fundraising campaigns?

Our annual Starry Nights fundraiser runs from November to January and brings in a large percentage of donations for the year. The entire hospital complex is decorated with Christmas lights and stars representing our “Be a Health Star” contributors. The campaign begins with a festive light-up-the-hospital ceremony. Care aides bring down several dozen residents to enjoy our event. It brings a smile to all those who participate.

Is there a particular donation over the years that stands out?

Around 2008, the foundation was bequeathed over \$800,000. The money was used for a complete renovation and upgrading of the hospital’s emergency department.

Any parting words?

The foundation’s dominant message to donors is that all money raised stays within the community. Our hospital supported by the health foundation has provided stability to our community. The South Cariboo Health Foundation has a great working relationship with Interior Health staff, which makes all the difference with our mutual goals.



The South Cariboo Health Foundation includes (Back Row L-R): Ralph Fossum, Doug Dent, Chris Nickless, Craig Lee, Konrad Schmid-Meil; (Front Row L-R): Mary Shennum (Chair), Joyce Rowe (friend of the foundation), Dr. Joanne Lapin, Debbie Hollowell. Missing from photo: Burdick Smith, Lynda Lewis, Margaret Zielonka, and Nancy Martin.

Favourite Foundation video:

Check out the Starry Nights fundraiser on YouTube.



YouTube.ca > [Starry Nights 2018 South Cariboo Health](#)

\$3m

Donations to IH since 2002

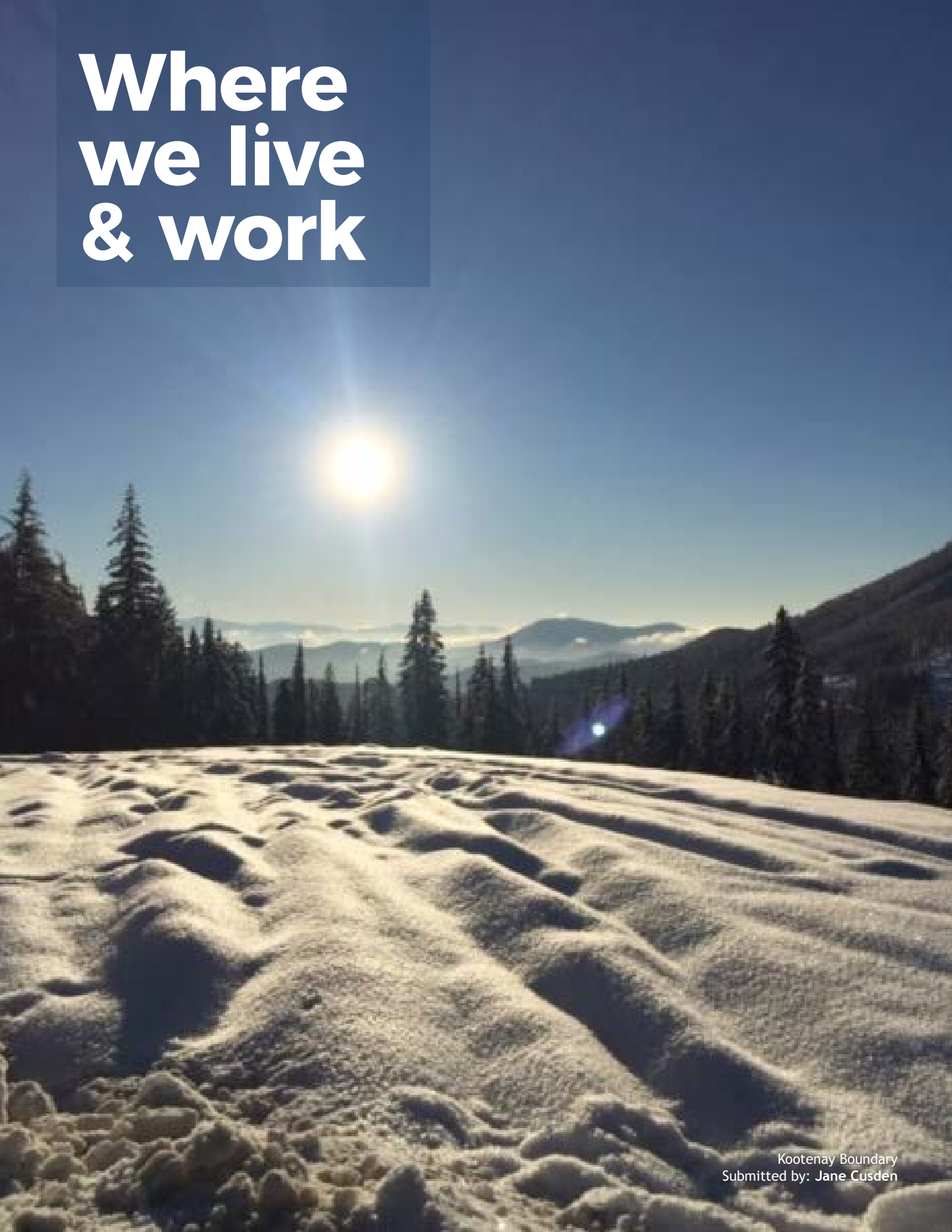
\$145k

Donations to IH in 2017/18

2002

Year Foundation founded

Where we live & work



Kootenay Boundary
Submitted by: Jane Cusden



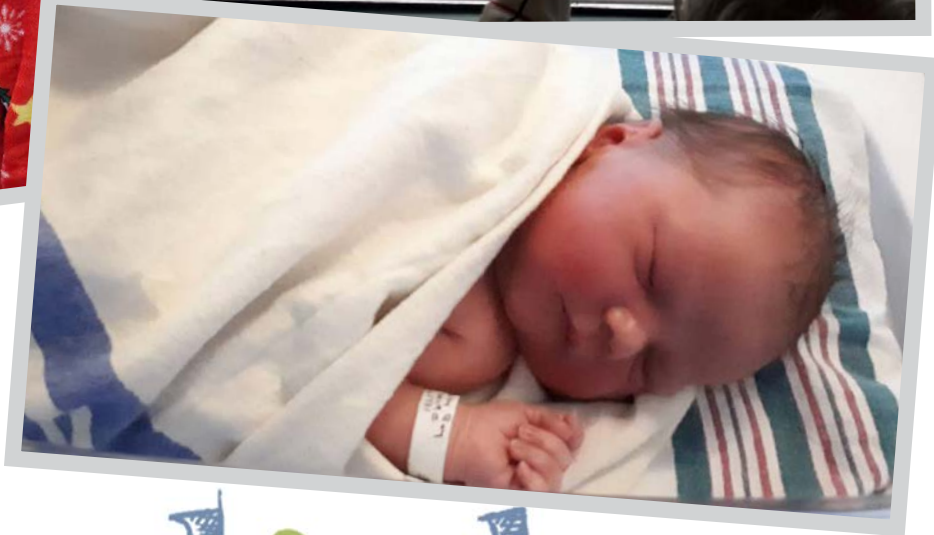
Cranbrook
Submitted by: Shellie Stevely



Enderby
Submitted by: Giselle Ricard



Gardom Lake
Submitted by: Deborah Marshall



clicks

snapshots from the region



Visit Facebook to see
more of the faces in IH.

clips

health & wellness videos

Extreme Grandpa

Trail resident John Carter lives an happy, active, and inspiring life at 90 years young.

YouTube.ca > [World's Most Extreme Grandpa](#)



Changing the Conversation

"It's incredible what you can do when you stand together," says Tribal attorney and Couchiching First Nation citizen Tara Houska. "Stand with us — empathize, learn, grow, change the conversation."

ted.com > [Tara Houska](#)

Portraits of Kindness — Meet Michelle

In anticipation of Pink Shirt Day on Feb. 27, please remember that a little kindness goes a long way.

pinkshirtday.ca > [Portraits of Kindness](#)





OPERATION: **Surgical Care For** *Life* Goal \$3.6 Million

By increasing surgical capacity at Vernon Jubilee Hospital we will reduce wait times, increase access and improve outcomes for the people of the North Okanagan.



How can you help? *Give.*

Online vjhfoundation.org | Phone 250-558-1362

Mail VJH Foundation | 2101—32nd Street | Vernon BC

