

# currents

Inside Island Health

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island health





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Cover photo: Dr. Kelly Hadfield, a family physician who practices in the Oceanside Health Centre and at Nanaimo Regional General Hospital, founded Ghana Medical Help, a charitable organization that has been improving the quality and availability of basic health care in the marginalized rural communities in northern Ghana. Read how she and 100 other volunteers, including Martin Poulin, Director of Biomedical Engineering, stay busy outside of work (page 16). (photo credit: Curtis Comeau)

With great respect and humility, Island Health acknowledges the Coast Salish, Nuu-Chah-Nulth and Kwakwaka’wakw cultural families; whose homelands we occupy. We also recognize the Inuit, the away from home urban Indigenous people, and the Metis chartered community. In making this acknowledgement, we commit to walk softly on this land and work to uphold the self-determination and health of Indigenous peoples and communities.



## FROM THE PRESIDENT & CEO



At the last Town Hall in October, I was asked to share what keeps me up at night.

This is a good question. Sleep does not come as easily to me these days when considering the state of healthcare today. We face significant challenges with staffing, resources, capacity and access and are navigating evolving expectations. Yet, I am inspired by, and find optimism in the people working in the system – our teams and leaders who are dedicated and passionate about providing the best care possible. I also know our strategic priorities and goals are taking us closer to our vision of excellent health and care for everyone, everywhere, every time. When there are so many needs, I am grateful we have stated priorities to focus our energies on.

Four times a year, *Currents* newsletter highlights the achievements of several people and teams in Island Health. It is important to intentionally take time to celebrate and lift

each other up, especially when the work can be so challenging.

In this edition, we share inspirational stories such as the expansion of the Early Psychosis Intervention Program and the journey of a client turned peer support worker (page 22), and the strenuous efforts made by staff at NRGH, in partnership with BC Cancer Victoria, to support cancer patients in Port Alberni impacted by the Cameron Bluffs wildfires (page 4).

Read profiles of Dr. Marilyn Malone and the impacts she has had on the care of senior citizens across Island Health (page 8), as well as two North Vancouver Island care staff who are appreciative of the team-based care environment at Port McNeill Hospital (page 20).

Demonstrating the benefits of continuous quality improvement, there are stories about new IHealth technology to support safer deliveries for labouring parents and babies at VGH (page 10), active research to support the

growing number of people affected by dementia in Comox Valley (page 18), as well as three projects designed to improve care and supports for people are getting a boost from Island Health's research seed grants (page 19).

October also allowed us to focus on our preparedness at an exciting Code Orange mass casualty drill at VGH that involved many youth volunteers (page 5), and at an emergency scenario drill at RJH during Shakeout BC (see photo on page 25).

Many Island Health staff and medical staff give their time and expertise to support people and communities who are less fortunate than we are. Dr. Kelly Hadfield, a family physician, and the founder of Ghana Medical Help (GMH), and Martin Poulin, Director of Medical Imaging, volunteer their time to improve primary health care in the marginalized rural communities of Ghana (page 16). As well, we catch up with Wayne Bourgeois and Ron Pachet who have returned from their ride to raise awareness and support for mental health, substance use, homelessness, and brain injury (page 6). The commitment to lift-up and help others is inspiring to all of us.

And, for a bit of lightheartedness, check out the photos starting on page 12 from this year's Halloween. I have no doubt that the costumes and camaraderie brought joy and levity to our patients, clients and visitors.

While we face challenges as a health-care organization we must remember, myself included, that there are so many stories, so much work, and so many successes. The teams at Island Health continue to rise to the occasion and serve the people in our health region with innovation, kindness, and compassion. I thank all of you for bringing your best to work each day.

With heartfelt good wishes,

A handwritten signature in blue ink that reads "Kathy MacNeil".

Kathy MacNeil, President & CEO



# HERCULEAN EFFORT SUPPORTS CANCER PATIENTS DURING HIGHWAY 4 CLOSURES

By Trish Smith, Communications Advisor

The impact of the Cameron Bluff wildfires and resulting Highway 4 closures on people living and working in Port Alberni, Tofino and nearby communities was immense, especially for those requiring specialized cancer treatments.

Despite being cut off from the critical medical services they needed, the devoted cancer care teams at Nanaimo Regional General Hospital (NRGH) and BC Cancer in Victoria jumped into action to ensure cancer patients got the care they needed.

“Cancer patients don't have the option of delaying treatment for natural disasters – whether it be pandemics, fires, or flooding,” said Dr. Jason Hart, Medical Oncologist at BC Cancer in Victoria. Hart worked closely with staff at NRGH to identify patients living on the west coast that needed access to lifesaving cancer care.

For Port Alberni resident, Iain Hay, the disconnect caused by the highway closure really hit home. Iain travels to NRGH three times a month to receive chemotherapy for multiple myeloma.

“The cancer located in my plasma cells will require a lifetime of treatment, so when the highway was closed for an undetermined amount of time I was quite stressed about how my treatment was going to continue,” Hay said.

What happened next can only be described as a herculean effort to provide patients with the care they needed. Through tireless work, creative problem solving, and a commitment to provide the best patient care possible, BC Cancer and Island Health staff

pulled together to create a ‘pop up’ chemotherapy clinic at West Coast General Hospital (WCGH) to ensure impacted patients in Port Alberni, Tofino and nearby communities could get the treatments they needed.

Kari O'Hara, Clinical Nurse Leader at NRGH, said that when the call went out for help, everyone stepped up to make it happen.

“We had a physician and three chemotherapy nurses raise their hands to help support the clinics in Port Alberni, and other employees stepped in to fill the gaps when they were away,” O'Hara said. “The logistics were challenging. Chemotherapy medicine has to be premixed and packed into coolers in order to be transported safely, and additional supplies packed. Patient prep was another key priority. There were lab requisitions to order, and patients needed to be informed and scheduled. Even the patient charts had to be copied because their physical charts could not be sent due to the plane's weight restrictions.

“The challenges involved in providing alternative chemotherapy services at a hospital that isn't set up for cancer treatment were immense and only worked for very specific patients who could safely continue their treatment,” O'Hara noted. “This was the right thing to do to get our patients the care they needed sooner. I'm really proud of the work our team accomplished.”

Meghan Donoghue, a clerical supervisor with BC Cancer in Victoria connected with affected patients who had been identified as being able to receive temporary treatment in Port Alberni rather than Nanaimo.

“[Patients] were thrilled to have the stress of a long treatment delay lifted,” Donoghue shared. “This was a great collaboration and was far more than just cancer treatments being given in a different location. It is an example of teamwork at its finest.”

“Stress doesn't help cancer. I was so relieved to be able to schedule treatment in my own hometown,” said Hay. “Now that's service!” Δ



WCGH welcomes the care team (L-R): Dari Bennett, RN; Dr. Bruce Robinson; Meg Dives, RN; Derek Keller, WCGH Site Director; Tanya Kuc, Clinical Coordinator ED/ICU/MDC; and Janice Lillywhite, RN



# CODE ORANGE DRILL GETS THE GREEN LIGHT AT VGH

By Tayanna Linden, Communications Advisor

On October 20, close to fifty individuals – victims of a bus crash – were brought to Victoria General Hospital. Badly hurt, the "patients" made their way through triage with wounds ranging from deep lacerations to broken limbs to head injuries.

Staff worked quickly and diligently to assess and treat the group, ultimately calling for a "Code Orange", indicating a mass casualty had occurred.

The scenario was a simulation; the wounded patients were youth volunteers from the community, donning makeup and prosthetics. The reactions and responses of medical personnel involved, however, were very real.

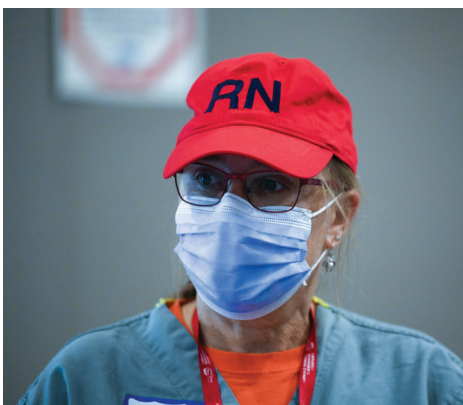
The event was planned, organized, and executed as a "Code Orange" exercise, giving Island Health staff and medical staff the opportunity to experience what a true mass casualty or disaster might look like.

The last "Code Orange" used on Vancouver Island was in 2019, when a bus carrying 45 UVIC students slid down an embankment on the way to Bamfield, killing two individuals and injuring many more. Running practice

exercises with similar scenarios allows healthcare providers the chance to work through simulations as if they were real, replicating the emotions and logistics of different emergency events and testing response protocols and processes. The goal of such an exercise is review and improve the current systems in place so as to best serve the community in the event of a true "Code Orange".

Gillian Kozinka, Executive Director of Clinical Operations at VGH, explained "When we are walking through an exercise like this, we are trying to be as real as possible, to simulate the emotions, the response – coping with family members as well as the victims of an incident".

For the exercise, students from the local community, made use of their free time on a Pro-D day to partake in the drill. As members of Island Health's Step-Up Youth volunteer program, many of these youth are interested in pursuing healthcare careers one day. By participating in simulation exercises like Code Orange, they get exposure to different roles in the medical system, while also acting as a valuable learning resource for healthcare providers. Δ



Staff, medical staff and volunteer youth work together to make the exercise as realistic as possible



# THE BOYS ARE BACK IN TOWN

By Tayanna Linden, Communications Advisor



L-R: Ron Pachat and Wayne Bourgeois celebrate the Road to Recovery ride

After three months on the road and nearly 7000 km traversed, two Island Health staff members, Ron Pachat and Wayne Bourgeois, have completed an epic cross-country cycling trip.

Their motivation? To raise funds for individuals navigating brain injury, substance use, homelessness and mental health struggles – and to shine a light on the complex interconnection of these lived experiences.

Ron, an LPN working in Mental Health and Substance Use (MHSU), and Wayne, a member of the Substance Use Integrated Team (SUIT), stepped away from their jobs in the Cowichan Valley for 14 weeks this summer in order to make the journey across Canada. Despite the distance, their colleagues and community were never far from mind; their cycling trek, titled *The Road to Recovery*, sought to raise funds and awareness for the very issues Ron and Wayne help clients and patients navigate every day. All proceeds raised through their GoFundMe page will go towards the Cowichan Brain Injury Society which offers support, education, and advocacy for those affected by brain injury in the Duncan area.

Departing from Vancouver Island at the end June, with an estimated return date of late September, Ron and Wayne geared up to ride nearly 100km per day in order to complete the trip from Newfoundland back to BC. Rather than stay in hotels, they chose to camp wherever possible. Wayne described the first time they pitched their tents for the night, in a local city park in Newfoundland. “We asked around about places to sleep and were told we could pitch our tents 'here'. We were nervous about it – every time a car drove by, I thought to myself, is this when they tell us to pack out?”

Ron emphasized that choosing to camp provided them with a greater





appreciation for some of the emotional and physical struggles that come with homelessness. “There is a feeling that you could be asked to move on at any time. You are never settled.”

For the duration of the ride, Ron and Wayne also chose to make do with only what they could carry, limiting themselves to whatever fit in their bike bags. Ron described this challenge as a daily struggle for many people they met along the trip. “You find with the homeless population, they are often looking through their belongings, and I found myself doing the same thing. Anytime you need something, you have to dig through your bag to find it.”

Ron made it clear that, however illuminating, they only glimpsed into the lived experience of being unhoused. “We may have had the look sometimes of not having a home, but we could also always pull out our wallets. I don’t want to insult anyone by pretending we know what it’s like to be without housing”.

Wayne echoed those sentiments. “Our driving force is that we had a home to come back to at the end of this trip, and jobs, and money. If we were really stuck, we had the option of staying at a hotel. But this experience motivated me. People move like this every day.”

A particular moment that sticks in the pair’s memory took place in Sudbury,

Ontario. From a distance, Ron and Wayne witnessed a woman struggling to collect her things on the sidewalk where they’d seemingly fallen. In agreement, they approached the woman to see if she needed help. Upon closer examination, however, they realized that her belongings were not mistakenly strewn about, but rather laid in a line, as the woman went back and forth to move them further down the street. She was “leapfrogging” her belongings, as Ron put it. “That stuck with me. She was likely without housing and was finding a way to move her things. She can’t carry it all. There are people who find solutions, but it’s sad that they need to find solutions at all.”

There were good days and hard days throughout the journey – but the pair took it one day at a time. Ron described his trip highlight as the day they rolled into his hometown in Winnipeg. “My family gathered there, a lot of friends I had not seen for 30 years, all of my brothers. Winnipeg was a watershed moment for me – the trip was ‘before-Winnipeg’ and ‘after-Winnipeg’ in my mind.”

Sometime later, and one province over in Cadillac, Saskatchewan, there came a particularly hard day: having pushed through as far as he could, Wayne had no choice but to withdraw from the ride for the sake of his health. “I’d been

riding with a foot injury for weeks. I’d changed the position on my pedals, in my shoes – and that turned into an Achilles heel issue, and a strain in my calf muscle. I was advised by a doctor that I had to stop so as not to risk rupturing my Achilles.”

Ron cycled the final portion of the trip solo, supported by Wayne all the way to the finish line, which he rode through on September 28, in Duncan, and was met with applause and cheers from a crowd of friends, family, colleagues and admirers.

The story doesn’t end here, though. Wayne plans to travel back to Cadillac next summer, once recovered, to complete the final leg of the ride and finish what he started. “The silver lining in my injury is that we are going to keep this project going. Perseverance is what it’s all about. Despite being pretty disheartened and dejected about my injury, it’s not the end. When we are faced with adversity, it doesn’t have to mean it’s over for any of us. I had the support of my friends, family, Ron and the community. Part of the theme of the work that we do is that people with brain injury and substance use disorder don’t always have enough support.”

The Road to Recovery is helping to change that. Δ

## INTERVIEW WITH GERIATRICIAN DR. MARILYN MALONE

By Amber Addley, Medical Affairs Communications Advisor

After over 10 years as a Medical Director of Seniors Health, Dr. Marilyn Malone is stepping down to concentrate on her clinical practice in geriatrics. We had the opportunity to speak with Dr. Malone about her notable career in geriatrics and the profound impact she has had on senior citizens across Island Health.

Dr. Malone's educational journey began with the attainment of a Bachelor of Science in Biological Sciences from Simon Fraser University in 1990. In 1994, she graduated from UBC Medical School before embarking on a rigorous academic and professional path, completing an Internal Medicine residency in 1997, followed by a fellowship in Geriatric Medicine in 1999. In 2000, Dr. Malone earned a Master of Health Sciences in Health Care and Epidemiology, all of which were accomplished at UBC.

Dr. Malone initially practiced in Vancouver, before moving to the island in 2005, working primarily in Victoria. In 2014, she successfully initiated an interdisciplinary telehealth practice for patients with cognitive concerns when there was a temporary critical shortage of geriatric specialists in Nanaimo. For over 20 years, she has provided geriatric outreach service to many rural communities in northern B.C.

Improving elder care, particularly for seniors with dementia, frailty, or other complex medical issues has been the focus of Dr. Malone's career. She tirelessly advocated to support dementia care in all settings and



A true champion in the field of geriatrics, Dr. Marilyn Malone

helped to establish Island Health's Primary Care Memory Clinics. She is also passionate about combating ageism within the healthcare system. Recently, we had a chance to sit with Dr. Malone to look back over her storied career.

### YOU HAVE AN IMPRESSIVE AND DIVERSE PROFESSIONAL BACKGROUND. HOW DID SENIORS HEALTH BECOME YOUR PASSION?

When I was training as a physician, I learned quickly what I didn't like about medicine. One of the things I was not enjoying was 'cookbook medicine' or protocol medicine: just follow the

recipe, perform all of the tick boxes and you're done. I felt there were parts of internal medicine that were extremely routine and fast paced but the art of humanity and medicine eluded me: I needed something deeper.

I didn't know about geriatric medicine when I first started out because it was not a well-known sub-specialty of internal medicine, but I've always enjoyed older people. I was intrigued why older patients were so challenging for my colleagues and staff. I came to understand that the reason lies in their complexity: they have assorted diseases that did not necessarily fit into a specific medical discipline.



I remember vividly some of my early elderly patients, and when I realized internal medicine alone was not the answer to try and help these people. It was a good start, but I needed to know more about psychiatry and neurology to really figure out how to best care for these people. Then, I discovered geriatric medicine as a way to blend those things – it was perfect. I really landed on the right career for me.

The more I learned about geriatrics, unanticipated challenges surfaced that really intrigued me. For example, I learned how difficult is it for seniors to have the same opportunity to speak their mind and preserve their dignity when in a hospital setting. I also witnessed some mistreatment of older people in my early days: some of it was because of ageism and some of it was due to ignorance on how to care for older people. I felt so bad when I hurt patients myself because of my own ignorance, so it really inspired me to do better. Like everyone, I have a mother and you sometimes see your parents in patients. In trying to be a caregiver for my mom, I was frustrated with the fact that I am just a daughter, but in my professional role, I found it easier in some ways to be a caregiver for older patients with complex medical issues.

### IF YOU CAN SHARE THREE PIECES OF WISDOM TO THE PEOPLE WHO ARE SHEPHERDING SENIOR'S HEALTH, WHAT WOULD THEY BE?

The most important advice I wish I'd received early on in my career is that your success is not measured by your accomplishments, but by the journey. You can make a big difference without holding something up to say 'this is what we did'. It's been frustrating for me over the years because there were opportunities to partner with charitable groups to highlight a miracle case that would inspire people to donate. But these miracle cases do not really exist in seniors' health. Cardiologists

get funding; neurologists get funding, surgeons get funding but geriatricians don't, so we have to conceptualize our achievement differently. In medicine, we like numbers and statistics, such as 'years of potential life lost', which is used to good effect to help younger people with untreatable diseases, but these types of measures do not work in seniors health. Geriatricians need to be open-minded and acknowledge that their influence may not be easily recognized by others.

The second piece of advice I'll share is that geriatrics is a very challenging profession, and it is not for everyone. A person's health is simplest at birth, and with every passing year it gets more complicated to provide patient care because of the breadth of life that happens to elderly people. If you find yourself in this area of medicine, you must be comfortable with uncertainty. Geriatrics is a challenging and complex profession and there are no quick wins or fixes. It's not for everyone – and that's okay.

The final piece of advice I'll offer is the importance of self-care and self-compassion. My patients have taught me if you don't have self compassion, it won't be easy to age well.

### WHAT PROFESSIONAL ACHIEVEMENTS ARE YOU MOST PROUD OF AND WHY?

There is one professional achievement that gave me a deep sense of accomplishment because no one else was doing it at the time. About 10 years ago, NRGH had lost their geriatrician that was affiliated with seniors' health and there was a huge care need for older patients with cognitive concerns. At that time, interdisciplinary teams didn't have a physician to work with. I came up with the idea to conduct a virtual geriatric medicine clinic out of Nanaimo. Numerous people told me, including the geriatric team, that I wouldn't be able to do it – it would be

impossible. I moved to Nanaimo two days a week to mentor the geriatric team and prepare them for this new telehealth clinic. It was hard. We had plenty of support from Island health and virtual care, but the team lacked confidence. They had to overcome the fear of providing this level of care without having a doctor in the room. Those who were fearful had to get out of the way for the people who wanted to give it a shot, and we succeeded! We shifted the needle on virtual care in 2014 and patients benefited. The team did a fantastic job, and we made a dramatic difference.

### VANCOUVER ISLAND HAS A RISING NUMBERS OF SENIOR CITIZENS. HOW DO WE BEST PREPARE FOR THIS AS A HEALTH AUTHORITY?

This is the *raison d'être* of the Seniors Health team and we have outlined priorities for Island Health leadership. It's important to acknowledge that the world has changed: people are living longer but not necessarily living better. Our advice to best prepare for an ageing population is to not assume that all old people are the same. Also, the importance of caregivers for older adults cannot be underestimated – they must be part of the care plan. We emphasize this in seniors' health to try and help Island Health move forward in a way that makes sense and will actually work.

### DO YOU HAVE ANY TIPS TO HELP OLDER ADULTS TO AGE WELL?

- Look after your body.
- Eat well and exercise.
- Don't drink too much.
- Look after your mind and spirit.

In a person's later years, when the body and mind start to slip, attitude counts for a lot. Nice people do live better in the end. Δ

# VGH LABOUR & DELIVERY TEAM WELCOMES TECHNOLOGY TO SUPPORT SAFER DELIVERIES

By Shari Bishop Bowes, IHealth Communications Leader



L-R: Dr. Hayley Bos and Laura Warmington, CNL review real-time data on babies and labouring parents on the central monitoring board.

A woman in labour tries to catch a few precious minutes of sleep in the hospital room where she will eventually give birth. Just beyond the door to her room in the Labour and Delivery (LDR) unit at Victoria General Hospital (VGH), the care team confers around a large screen to view her baby’s heartbeat and her own vital stats in real time.

The screen, called a central monitoring board and located at the main nursing station, offers a central location away from the bedside where nursing and medical staff can view the information that can make the difference in critical care decisions for a parent in labour.

“There are a lot of people glancing at it and we’re all there with the same goal,” said Dr. Hayley Bos, Maternal-Fetal Medicine Specialist and Medical Director at VGH. “We just want a safe delivery for mom and baby.”

VGH is now one of three labour and delivery units in the region with a central monitoring board, joining Nanaimo Regional General and Cowichan District Hospitals.

## CENTRAL MONITORING BOARD IMPROVES TEAM COMMUNICATION AND COLLABORATION

The central monitoring board at VGH has improved communication and collaboration among care team members and has supported high-quality care for labouring patients.

“I can continually watch it without having to be at the patient’s bedside, which is much more reassuring for them,” said Dr. Bos, “There is evidence that the more stressed moms get in labour, the more pain they experience with contractions.”

Laura Warmington, RN and Clinical Nurse Lead in the LDR unit at VGH,

said the addition of the central monitoring board offers not only valuable real-time information but also opportunities for nursing staff to learn from one another.

“It allows for a more collaborative look at some of our fetal heart tracings,” she said. “Whereas previously, the nurses brought their tracings out for collaborative view, which is part of our practice and culture, now the board supports that to happen a little more seamlessly.”

Dr. Bos also points to the “mini-educational opportunities” now available, where nurses and physicians can review together and discuss the central monitoring board patient data.



“I think it makes staff more comfortable to talk about the uncertainty of the tracing away from the bedside,” she said, “The point is for staff to have as much education and understanding as possible. For example, there are some variations and patterns that are actually normal but can look alarming to someone who doesn't have a lot of experience.”

In an environment that can go from relatively quiet to hectic in moments, with more than one patient on the unit either delivering or requiring additional support, the central monitoring board is a welcome addition that is continuously monitored by the charge

nurse stationed there to support labouring patients in all eight rooms.

“It's a very busy unit,” said Warmington. “Our average number of deliveries is over 3,000 babies a year – or roughly 10 deliveries in a 24-hour period.”

VGH is the Island's largest LDR unit offering specialized maternal-fetal medicine, where many patients present with challenges that range from high blood pressure or gestational diabetes to other health challenges that can complicate a pregnancy. The unit also sees many parents who are either past their due dates or labouring too early.

“...it makes staff more comfortable to talk about the uncertainty of the tracing away from the bedside. ...there are variations and patterns that are actually normal but can look alarming to someone who doesn't have a lot of experience.”

~ Dr. Hayley Bos

## COMING IN 2024: FETALINK WILL BRING NEW EFFICIENCIES AND PATIENT BENEFITS

In February 2024, the Victoria General Hospital will be the first Island Health site to implement new technology called FetaLink, which will link the labouring patient's continuously updated data to their chart in the electronic health record (EHR). FetaLink will be introduced at VGH as part of a facility-wide IHealth activation.

With FetaLink, physicians will be able to view fetal heart tracings and a labouring parent's data remotely, with access from any computer, either onsite or outside the hospital.

Dr. Bos said she looks forward to accessing this important, in-the-moment patient information from any location – a potential time saver for physicians and a benefit to care teams seeking advice.

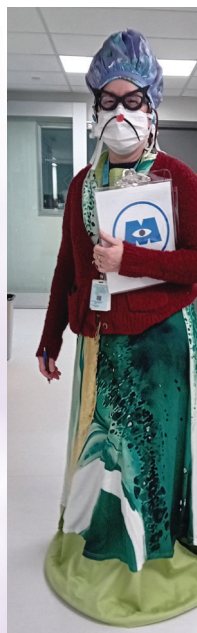
“FetaLink will enable more appropriate triage of the providers' resources, because they are stretched so thin,” she said.  $\Delta$



L-R: Alexandra Power, RN reviews fetal heart rate tracings with labouring mother Megan Berg – a bedside, paper-based method that will be replaced by FetaLink in 2024.



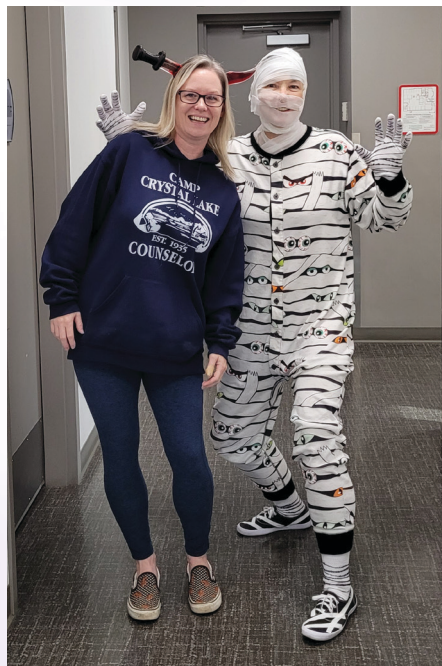
# Happy Halloween

















## ISLAND HEALTH STAFF MAKE A WORLD OF DIFFERENCE IN THEIR OFF TIME

By Tiffany Akins, Communications Advisor



Front right: Martin Poulin captures the energy at the GMH conference

“They were accepting and happy to have the help. It’s rewarding that I’m able to, with my background and experience, provide them with guidance to improve healthcare in Ghana.”

~ Martin Poulin, Director of Biomedical Engineering

Martin Poulin departed Royal Jubilee Hospital with a suitcase packed with pliers and portable ultrasound units and returned with fond memories and the motivation to continue making a difference.

Island Health's Director of Biomedical Engineering spent a week in Ghana this summer, using his professional engineering skills while volunteering with international humanitarian non-profit, Ghana Medical Help (GMH).

“Actually meeting the people I’d been connecting with over Zoom, email and WhatsApp was fabulous. They were accepting and happy to have the help,” says Poulin. “It’s rewarding that I’m able to, with my background and experience, provide them with guidance to improve healthcare in Ghana.”

For the past three years, Poulin has been volunteering one to two hours a week with GMH to support the development of a clinical engineering program, including the creation of a standardized inventory database and management system and a train the trainer model. The project is aimed at addressing the basic foundation and long-term, local sustainability of health services in Ghana, gaps not seen in developed countries.

“As Canadians, we are privileged to have access to quality healthcare and education,” says Christine Swain, Island Health HR Partner and Poulin’s colleague. “Martin uses the knowledge he has gained through this privilege, to assist others in improving the health of their communities. His actions can inspire us all and I am really proud to be part of his team!”

Since 2010, when Dr. Kelly Hadfield, a family practice physician on Vancouver Island, founded Ghana Medical Help, the charitable organization has been improving the quality and availability of basic health care in the marginalized rural communities that are home to nearly two million people in northern Ghana. From equipping 16 rural district hospitals with basic lifesaving equipment, to creating continuous medical education and training opportunities for physicians, nurses, and biomedical engineers, to delivering community health education programs, Kelly and the 100 volunteers have been busy.

“Three kids to a bed. One doctor for 86,000 people. The region is understaffed, undertrained and lack even the simplest tools like pulse oximeters and blood pressure cuffs,” says Dr.



Hadfield. “When I first came to these hospitals, they would look at you and guess your blood pressure because the sheer number of patients would wear out their limited supply.”

While volunteering as the executive director of GMH, Dr. Hadfield runs a family practice in Qualicum Beach, a walk-in clinic at Qualicum First Nation, and provides maternity care at Nanaimo Regional General Hospital. To beat burn-out, she relies on the team of volunteers that includes Poulin, to keep projects running well.

“Nothing is more fun than working on projects that improve rural health equity with a diverse team of like-minded people who want to contribute their unique skillsets in a meaningful way.”

Volunteers from Ghana also speak highly of Island Health volunteers’ efforts. Dominic Akaateba, Director of GMH operations, says, “Ghana Medical Help has brought about a remarkable transformation in rural healthcare delivery in northern Ghana. Collaborating with individuals like Martin and Dr. Hadfield, Ghana Medical Help not only imparts crucial maintenance skills to clinical engineers but also enhances overall healthcare capabilities, ensuring sustained, effective equipment operation.”

Island Health supports its many staff who contribute their free time to volunteering.

“Working directly with colleagues throughout the world broadens my understanding of their challenges and it’s also rewarding working as a team to improve healthcare with a global focus,” reflects Poulin.

For more information, and to learn about volunteer opportunities with Ghana Medical Help, visit <https://ghanamedicalhelp.com> or email [khadfield@ghanamedicalhelp.com](mailto:khadfield@ghanamedicalhelp.com). Δ

Images from the GMH website depict the Hospital Project, the Clinical Engineering Project and Dr. Kelly Hadfield in the field.





# HEALTHY AGING PRIORITIES IDENTIFIED FOR THE COMOX VALLEY

By Annie Moore, Research Education and Grant Facilitator

On September 13, the Comox Valley Community Foundation, Comox Valley Healthcare Foundation, [Island Health Research](#) and its embedded [BC SUPPORT Unit Island Centre](#) hosted a research priority-setting workshop to support the growing number of people affected by dementia in the Comox Valley.

The Comox Valley Community Foundation made this workshop possible through a generous contribution from the Robert and Florence Filberg Fund (held at the Vancouver Foundation and facilitated by the Comox Valley Healthcare Foundation).

The workshop's [patient-oriented research](#) approach brought together community members, researchers, health care providers, and leaders, and engaged people with lived experience as equal partners, from setting priorities to ensuring that the results will improve outcomes. Speakers at the workshop shared an overview of current research in the Comox Valley and focused on the need for collaborative community-based dementia care.

In dialogue together, participants imagined the ideal future state of dementia care in the Comox Valley and identified priority areas to inform future research, including: staying at home longer, caregiver supports and respite, dementia-friendly communities, and navigating supports and services.


"We're thrilled that the Comox Valley Community Foundation and the Comox Valley Healthcare Foundation are supporting research collaborations with patients and communities," said Cindy Trytten, Director of Research.

For Max Jajszczok, Executive Director, Rural and Remote Strategy, "The Filberg Medical Research Grant will empower the people who receive our services to identify their research priorities for aging and dementia care by bringing them together with researchers, clinicians and health system leaders to improve experience and outcomes."

The remaining funds will support future grant and fellowship opportunities targeted at the priority areas identified by the community. Stay tuned to hear more in 2024!

## HOW TO GET INVOLVED

There's more to health research than participating in a study. Whether you have personal experience of a health condition or care for someone who does, whether you're a researcher or a student, a healthcare provider or a decision-maker, we need your perspective and expertise!

Interested in getting involved? Find more information on our website: [www.islandhealth.ca/research-capacity-building/patient-oriented-research](http://www.islandhealth.ca/research-capacity-building/patient-oriented-research), or email us at [islandcentre@islandhealth.ca](mailto:islandcentre@islandhealth.ca). 



Research Director Cindy Trytten hears directly from people with lived experience



The workshop involved Island Health leaders and clinicians, and community members including patients and family



# RESEARCH SEED GRANT WINNERS: IMPROVING CARE & SUPPORTS FOR PEOPLE

By Annie Moore, Research Education and Grant Facilitator



L-R: Lina Al-Sakran, Meara Brown and Jennifer MacKenzie

The results are in for Island Health’s 2022-23 research seed grant competition! Congratulations to the three successful applicants, who received \$7,500 each for the following projects.

## IMPROVING FRAILTY CARE IN COWICHAN

Lina Al-Sakran, Evaluation Consultant for the Cowichan Health & Wellness Plan, will take a patient-centred approach to improve community care and services for people living with frailty in the Cowichan Valley. This study aims to understand the needs of Cowichan Valley seniors and identify opportunities to improve services that will support older adults to live independently in the community.

## SUPPORTING PATIENTS BEFORE LIFE-CHANGING SURGERY

Meara Brown, Speech Language Pathologist, will map the care journeys and counselling experiences of patients who have total laryngectomies: the

complete surgical removal of the voice box. Drawing on the help and expertise of the laryngectomy community, this is a first step towards building a counselling framework to better support patients before a life-changing surgery with profound social, economic, and health consequences.

## ENGAGING INDIGENOUS YOUTH TO MEASURE CONNECTIONS TO CULTURE AND LAND

Jennifer MacKenzie, Regional Youth MHSU Nurse Clinician and Youth Intensive Case Management team coordinator, as well as Andrea Mellor and Cecelia Benoit from UVic, will engage with Indigenous communities in Victoria and Cowichan to evaluate a meaningful way of measuring connections to culture and land for Indigenous youth who access mental health and substance use services. Cultural interventions take a whole-person and strengths-based approach, and measure hope, belonging, purpose, and meaning.

Funding for this competition was provided through the Victoria Hospitals Foundation’s *Emerge Stronger* campaign. We are grateful to the VHF and their donors for continuing to support health research that improves care and services in our communities.

## CALL FOR APPLICATIONS: 2023-24 SEED GRANT COMPETITION

Applications for the 2023-24 research seed grant competition – six grants of up to \$12,500 – are being accepted. To be eligible, projects must create new health knowledge or evidence, and/or apply existing knowledge or evidence in a new way (or context). Projects may also engage people in planning research. Applications are due by December 18th at 4 p.m. Get all the details and guidelines at: [www.islandhealth.ca/research-capacity-building/funding-agreements/internal-grant-opportunities](http://www.islandhealth.ca/research-capacity-building/funding-agreements/internal-grant-opportunities) or email [Isabel.Moore@islandhealth.ca](mailto:Isabel.Moore@islandhealth.ca). Δ



## PORT MCNEILL HOSPITAL STAFF ENRICHED BY STRENGTH OF TEAM-BASED CARE

By Shawna Cadieux, Senior Communications Consultant



L-R: Elizabeth Daos, RN and Danielle Lloyd, HCA

Elizabeth Daos' journey as a registered nurse (RN) has followed a long and winding path. Born in the Philippines, Daos is an Internationally Educated Nurse (IEN) who achieved her nursing degree, and later her master's degree, in her home country. However, it would be five years after she arrived in Canada before she became licensed to practice here.

Daos settled in Port McNeill with members of her family, first working as a private caregiver, then as a care aid with Island Health, before finishing a one-year IEN re-entry program Kwantlen Polytechnic University and joining the care team at Port McNeill Hospital (PMH) as an RN in 2019.

"When I was hired at Port McNeill Hospital, I was part of Island Health's new grad program," she said. "After doing some of my clinical rotations at large hospitals in Burnaby, Surrey and Langley, it was comforting to work in a place with fewer patients, where there is always room for continuing education. When courses are available, we are encouraged to take them."

Daos works with Danielle Lloyd, a nursing assistant at PMH. The two love their roles within a larger care team of staff from numerous departments within the hospital, working closely with one another for the benefit of their patients.

"We all have a voice; we all check in and listen to one another. We have developed this incredible flow," said Lloyd. "We have relied on one another through some intense times. We really care about each other."





“In the Philippines there is a hierarchy within the hospital, but I don’t feel that here – I feel like I am part of a team and everyone is equal,” said Daos. “Further, whenever challenges arise, our nurse lead, Eric Head-Chen is very approachable. He listens to us and does his best to accommodate our needs.”

One of the most unique aspects of nursing at PMH is the opportunity to work in both acute care and in the emergency department (ED). Nurses take turns caring for patients on the floor, and rotating through the ED.

“It helps us to broaden our skills and all of our physicians are so great to work with and learn from. Two new physicians were added to our team last year and it helped a lot with the workflow at the hospital,” said Daos.

As a nursing assistant, Danielle Lloyd enjoys helping out in all areas of the hospital.

“I’m involved in so many departments, helping x-ray, helping physio. We are such a tight team,” said Lloyd. “For example, I know Randy in the x-ray department and might be assisting him, but I’ll also know the patient getting the x-ray because I have been

caring for them all week. Sometimes, a nurse will walk by as I am unloading some supplies and they’ll give me a hand, or I’ll make my way through the ED and just say “hey, I’m here if you need me.”

While being a front-line healthcare provider during the COVID-19 pandemic was not easy, the PMH team rallied to support one another and get through their most challenging moments together.

“It was scary. I remember when I got my first COVID patient, I was so nervous,” said Daos. “But we are well trained, well equipped and had the necessary skills to keep ourselves and our patients as safe as possible.”

Something that both Daos and Lloyd are grateful for is the addition of Protections Services Officers (PSOs) to the PMH care team. Well trained in de-escalation techniques and culturally safe, trauma-informed care, PSOs support safe and secure environments for Island Health staff, patients and visitors.

“They are such an important part of our team, here to support us,” said Daos. “I feel safer and more comfortable having them around.”

“It really makes such a difference having them here. Their presence is invaluable,” said Lloyd.

As members of a small but mighty team, Daos and Lloyd value so many things about living and working in a close-knit rural area.

“It’s a great place to be – there might be some people who think you need to start in a bigger hospital and then transfer to a rural hospital once you have more experience, but I disagree,” said Daos. “Here, we have the opportunity to continuously learn from one another and develop rich relationships with our co-workers and our patients.”

“I love the quiet and the simplicity of North Vancouver Island life,” said Lloyd. “You have your family at home and then you go to work to be with your other family. It’s nice to know your co-workers, check in and hang out after work!”

For more information about work opportunities in North Vancouver Island, please visit: <https://www.islandhealth.ca/careers/north-vancouver-island>. Δ



## “WE’VE GOT YOUR BACK”: VICTORIA’S EARLY PSYCHOSIS INTERVENTION PROGRAM

By Glenn Drexhage, Communications Advisor



The team behind Victoria's Early Psychosis Intervention Program

Cameron Webster is living proof that life sometimes has a way of coming full circle. In 2014, Webster became a client of Island Health's Early Psychosis Intervention (EPI) Program in Victoria after being diagnosed with psychosis; a year later he was diagnosed with schizoaffective disorder, which features symptoms of schizophrenia and mood disorders.

Today, he's a peer support worker for the same Victoria program, which has since expanded and is set to move into a new, bigger space this December. The team features two peers; in his role, Webster uses his understanding to reach out and support other young people in the community or a hospital setting who are EPI clients. He may take them out to participate in a game of soccer or basketball, play chess or chat over a cup of coffee. The key is to interact and connect.

"I never thought when I first got sick that years later, I'd be coming back as a worker and trying to help others who go through the same thing I went through," says Webster, 28. "It feels good. I get to help people who are dealing with the same issues I did in the past by using first-hand knowledge and experience."

It's a remarkable story, and one that led to a 2022 MHSU Community Service Award for Webster (his journey is also documented in a short film called [Follow My Brain](#)). He notes that while his time with psychosis marked the hardest part of his life, it also had unforeseen benefits. "I've had jaw surgery. I've boxed. I've gone through painful things – but psychosis is definitely at the top," he says. "But having gone through it, there were some positives in terms of more direction in life, more compassion for others."

Following his recovery, Webster studied mental health and addictions at Victoria's Camosun College, and joined the Victoria EPI program as a peer support worker in 2021. "I find it quite rewarding," he says. "Now I get to try and have an impact on others."

Early psychosis intervention evolved in the 1990s in various countries as a way to treat those experiencing their first episode of psychosis, a condition that impacts the brain and can affect someone's ability to determine what is real and what isn't. About three per cent of people experience psychosis during their lifetime. It often develops during adolescence and early adulthood; psychotic onsets tend to occur earlier in males than females. Some of the most common disorders associated with psychosis include



schizophrenia, schizoaffective disorder, bipolar disorder and major depression.

When psychosis surfaces, it's crucial to provide treatment as soon as possible. "A lot of these individuals are at very significant developmental stages in their lives – forming their identity, forming their social path and their path in life. And if they become really disconnected from that, it's a real setback," says John Braun, Manager of the Victoria EPI program. "We know that the earlier we intervene, the shorter the duration of untreated psychosis, the better the outcomes – the less damage to the brain that occurs, less family disruption. We can keep people better engaged socially, educationally, vocationally if we engage early."

The Victoria EPI team is the largest in the Island Health region, and consists of range of roles, including nursing, social work, occupational therapy, peer support and psychiatry. The goal is to work with clients between 13 and 35 years of age and follow them for two to three years; the team currently supports an estimated 200 clients. "EPI is a very attractive field for people to work in," says Braun, who joined the Victoria team in 2010. "It's hopeful. It's meaningful. You're working with the entire family system. You're seeing positive results."

Jody Simpson, Team Lead of the EPI program in Victoria, loves her role. "I feel very, very lucky," she says. "When you meet somebody, there's that initial contact, and they're scared. Their families are scared. And there's something really rewarding about being able to say, 'I got you, we've got your back here, we're going to help you navigate this.'"

Simpson has been with the Victoria program for more than a decade. The team has grown considerably during that time, thanks especially to provincial funding that enabled it to meet provincial standards, provide more in-house supports such as counselling and social work, and increase peer

and family supports. "Family is a huge part of an early psychosis program because a lot of these folks are young, and being able to have a family counsellor and run a group specifically for parents has been very well received," she says. "They can learn alongside what's going on, how do I cope with this, and how do I work with my young adult or adolescent child who's experiencing these things."

The move to a bigger space in Saanich, scheduled for December 2023, is another exciting step for the Victoria program. Braun notes that its services are currently divided between two locations – one for those aged 13 to 23, and the other for those aged 23 to 35. The upcoming move, however, will bring together all programming in-house and in one location to serve the full age range.

Previously, as clients aged, they had to transition from the child and youth service to the adult service. "Now it

will be just one service – and less likely for people to fall through a gap or become disengaged," he says. "There's not a whole new engagement process that has to happen. Just bringing the team together under one roof is huge as well, in that we can work in a much more team-based way."

Anyone in the community can refer to the Victoria EPI program, including self-referrals from youth and young adults, or referrals from family or friends. To connect with the program, individuals and care providers can:

- Call the EPI referral line to speak with a team member: 250-519-1936
- Fax a referral to 250-370-8199
- Ask a health practitioner for a referral to the EPI service

For more information, watch [videos of alumni from EPI programs in BC](#) speaking about their experiences. △

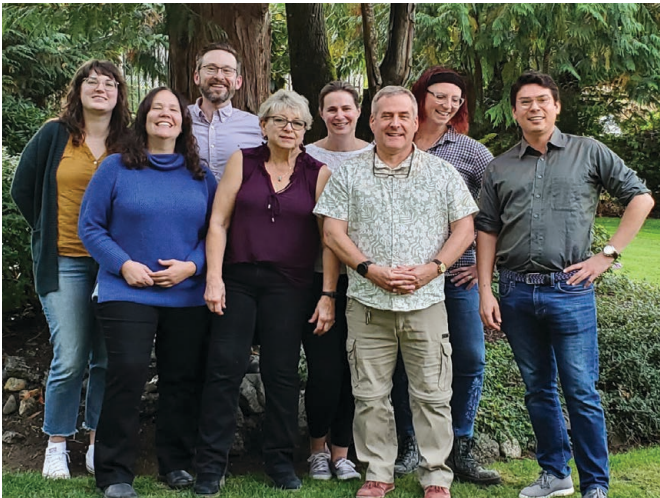
## 8 THINGS TO KNOW ABOUT PSYCHOSIS

- Psychosis describes conditions that affect the mind, in which people have trouble distinguishing between what is real and what is not.
- Approximately 3 in 100 people will experience an episode of psychosis in their lifetime.
- Psychosis affects genders equally and occurs across all cultures and socioeconomic groups.
- Psychosis usually appears in a person's late teens or early 20s – but tends to affect women at a later age than men.
- On the whole, women respond better to most treatments; however, the risk of relapse for women is greater.
- Each person's experience of psychosis varies greatly.
- Psychosis can come on suddenly or develop gradually.
- Psychosis can be treated, and many people make a good recovery, especially if they get help early.

Source: Centre for Addiction & Mental Health (CAMH) [www.camh.ca/en/health-info/mental-illness-and-addiction-index/psychosis](http://www.camh.ca/en/health-info/mental-illness-and-addiction-index/psychosis)



# SCENE AND HEARD: THE FACES OF ISLAND HEALTH



L-R: Community Respiratory Therapists for Central and North Island - Jessica, Linn, Rob, Val, Sherri, Brett, Joanne and Eddy



L-R: United Way's Darcy and Cindy celebrate the annual campaign kick-off with Island Health Campaign Associate Catherine Marrie



L-R: Danielle Nye, RTR; Alison Gurney, Sonographer and Olann Thornett, MRT at Port Hardy Hospital



L-R: CDH Replacement site crew - Paolo, Jamie, Terre and Romi



L-R: Staff and teams celebrate the 1-year anniversary of working at the new Duncan Norcross Drinkwater Road (DNDR)





Staff (in front) and students (background in blue) come out for the Pink Picnic on World Sepsis Day at VGH



Dr. Stephen Griffith-Cochrane, Primary Care Physician at the Comox Valley Nursing Centre



Clockwise from top/back: Megan, Erin, Michelle, Cynthia and Jessica at the CDH BBQ



L-R: Alex He and Doug Emes, Sterile Supply Procurement Aides in MDRD at NRGH



Island Health's Health Emergency Management BC team used 'ShakeOut 2023' to train healthcare leaders in emergency roles and test new technologies that can aid in keeping our communities and hospitals safe.



L-R: NRGH staff Janice Lillywhite, RN; Meg Dives, RN; Dr. Bruce Robinson and Dari Bennett, RN travel to Port Alberni (see pg 4)



L-R: Jeremy Hendrix, Island Savings; Kevin Scott, Victoria Hospitals Foundation; Justin Loveless (holding his MHSU Hero Award); and Lorena Milkert, Island Savings



# Online Scheduling

Take control of your mental health journey with self-service scheduling

Online scheduling provides you with more control and choice when seeking telephonic counselling.

## TELUS Health

Island Health's Employee & Family Assistance provider

### How to book an appointment



1

Go to [one.telushealth.com](https://one.telushealth.com) or download the TELUS Health One app

2

Click on the Book a Counsellor link and enter your organization name

3

Answer the risk question, and if there is no risk, then select the area of your life you need help with

4

Enter your personal information and contact details

5

The available appointment times will populate the screen. Select the counsellor and language you prefer and select your preferred time

