

INSIDE: MENTAL HEALTH SUPPORT | STAYING ACTIVE DURING WINTER | HEALTHY RECIPES FOR THE HOLIDAYS

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ISLAND HEALTH IN
REMOTE COMMUNITIES

CREATIVE HEALING SPACES

URGENT PRIMARY CARE CENTRE
NURSES EXPAND SERVICES AND CARE

Free Publication
Winter 2025 Issue



PROTECT ME, PROTECT YOU. GET IMMUNIZED FOR THE FLU.

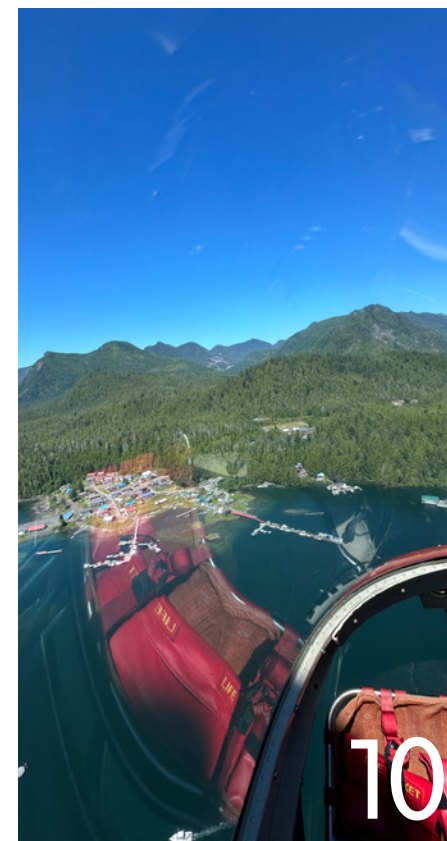
Influenza and COVID-19 Community Immunization Clinics are happening now. All BC residents 6 months and older can get a free flu and/or COVID-19 vaccine.

Once you receive your invite via email or text, you can book an appointment at a pharmacy or Island Health community clinic using the booking link. You can also call the contact centre at 1.833.838.2323

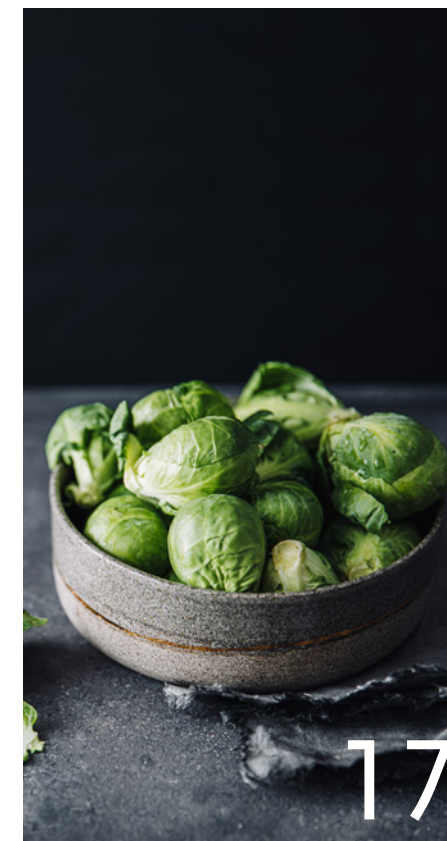
Everyone, including children, must be registered. If you've ever had a COVID-19 vaccine, you are already registered. If not, register at getvaccinated.gov.bc.ca

Vaccines will also be at some doctors' offices.

For more info, visit islandhealth.ca/immunizations or open your phone's camera/QR reader to scan the code.



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With great respect and humility, Island Health acknowledges the Coast Salish, Nuu-Chah-Nulth and Kwakwaka'wakw cultural families; whose relationship with these lands remains unbroken; whose homelands Island Health occupies. In making this acknowledgement, we commit to walk softly on this land and work to uphold self determination of the health of Indigenous peoples.

Island Health magazine is an award-winning free publication, produced in-house by Island Health's Communications and Partnerships Department. **EDITOR** Moira McLean. **PRINT** Mitchell Press. No part of this publication may be reproduced without the written consent of Island Health. The information in this magazine is not meant to be a substitute for professional medical advice. Always seek the advice of your physician or a qualified health professional before starting any new treatment. We welcome all feedback about *Island Health* magazine at: magazine@islandhealth.ca.

On the cover: The nursing team from the South Island Urgent and Primary Care Centre.

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David Carson is grateful to raise his family in Nanaimo on unceded Snuneymuxw territory. He comes to Island Health by way of libraries and several Metro Vancouver local governments. You’ll likely find him and his family combing beaches for sea glass, counting the shades of green in the forest, turning over rocks and then carefully placing them back, hiking high in the alpine, paddling to the next great campsite, or celebrating the rich tapestry of our world.



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MESSAGE FROM THE
PRESIDENT & CEO

As we close 2024 and look ahead to the coming new year, I want to share my heartfelt gratitude for the remarkable people and communities that make up Island Health. Each and every day, I see the strength, kindness, and unwavering commitment our healthcare teams show in providing exceptional care to our patients, residents, and clients. The stories in Island Health Magazine celebrate this.

In this issue, you’ll learn how our patients benefit from three unique types of nursing care provided at Island Health. Our nursing roles are constantly evolving to support better patient care and outcomes. At the South Island Urgent and Primary Care Centres (UPCCs), Registered Nurses are expanding services to include care traditionally provided by physicians and nurse practitioners. It’s an inspiring example of their dedication and adaptability that truly benefits those we serve. You will also meet Nurse Practitioners Koko Tokoro and Mikaela Robertson, who bring their specialized knowledge and expertise to the Heart Health team at Royal Jubilee Hospital in Victoria. And you’ll read about Jennifer Vass, a former emergency and ICU nurse who now brings her incredible skills to one of the most remote settings in the region, Kyuquot.

You will also discover how Island Health’s Bridging Care Program is helping people facing acute and severe mental health challenges get the support they need to improve their lives. This trauma-informed, recovery-focused intensive day treatment program at Royal Jubilee Hospital is making a significant difference in enhancing quality of life. A virtual Bridging Care program is also being developed to support those outside the South Island. You can also read about how youth suicide prevention

has been strengthened with the help of an Island Health Community Wellness Grant. An organization called NEED2: Suicide Prevention, Education, and Support is using the grant to increase in-person workshops and its online crisis chat service, Youthspace.ca.

I believe relationships are at the heart of healthcare – bonds between teams of care providers and their patients, clients, and residents – and collaboration between Island Health and the many community partners we work with. I am deeply grateful for your unwavering support as we work toward our vision of excellent health and care for everyone, everywhere, every time. As we look to 2025, I wish you all a safe and healthy holiday season filled with joy, hope, and peace.

With heartfelt good wishes,

Kathy MacNeil,
Island Health
President and CEO





Nurse-led care supports patients and health care providers at South Island UPCCs

by Shawna Cadieux

Nurses at South Island Urgent and Primary Care Centres (UPCCs) are expanding the type of care they provide by offering several services that patients traditionally receive from physicians and nurse practitioners.

“People in the community might not be aware of just how much nurses can do, which not only supports physicians and nurse practitioners but also opens up opportunities for patients to access care,” said Jennifer Hoffman, a Downtown Victoria UPCC (DVUPCC) nurse with certified practice who also has a background in substance use disorders.

“Our physician colleagues encourage us and trust that we are going to listen to patients, advocate for them when they need it, and act as a sounding board to answer their questions,” she said.

Nurse-led appointments often allow nurses to do a deep dive into a patient’s concerns and collect valuable information for physicians and nurse practitioners.

“Because we have the time, we can unwrap the layers and help to figure out the root of the problem, allowing patients to feel seen, heard and understood,” said Chau Nguyen, a DVUPCC nurse who enjoys family care. “These relationships allow us to relay potential patient benefits to our primary care providers and provide wrap-around care.”

Julie Grant, a nurse at the DVUPCC, agreed explaining how her ability to assess, diagnose and treat certain conditions frees up appointments with primary care providers at the clinic.

“I have more time in my schedule to spend with patients and to build connections,” she said. “We want people to know that they can come to us with their concerns, and we will do our best to help them navigate the health care system and empower them to take control of their health through patient education.”

Patient education often extends to sexual health services, like those offered by Devan Cooper at the Esquimalt UPCC (EUPCC).

“As a registered nurse with certified practice, I can independently provide sexual health education, assessment, testing and treatment,” she said. “I enjoy creating a rapport with patients and helping to remove some of the stigma around sexual health.”

Jaclyn McDonough has worked at the EUPCC since it opened in 2021. As one of the first nurses with certified practice at the site, she finds working to her full scope to be incredibly rewarding.

“One of my favourite things about my role at the UPCC is the opportunity to work autonomously where I can follow someone’s health care journey while they are a patient at the clinic,” she said. “People seem so grateful that nurses can provide that kind of support,” she said.

In addition to offering services like wound care, suture and staple removal,

and injections, EUPCC nurse Christy Morris also enjoys helping patients better manage their health through special nurse-led projects. This includes a preventative screening program that began at the Gorge UPCC and was launched at the EUPCC earlier this year, aimed at patients over 40 without a primary care provider.

“When people come in for an appointment at our clinic, nurses determine if screening for certain types of cancer, cardiovascular disease, and diabetes is due. We also provide patient education about why screening is important,” she said. “Giving people skills through health promotion, education and disease prevention helps them maintain better health over their lifespan.”

While the EUPCC is becoming known for its sexual health services and partnerships with Island Sexual Health and the Vancouver Island Women’s Clinic, the DVUPCC has implemented several nurse-led programs including Opiate Agonist Therapy, an HIV prevention initiative, and a refugee clinic.

“It’s rewarding to know we have that impact and voice – we will often identify that there is a community need and bring it forward to the team for consideration,” said Alison MacLaggan, a clinical nurse leader who helps to identify and implement nurse-led programs at South Island UPCCs. “It’s a very grassroots approach to service delivery by determining which programs are most needed in each individual community.”

South Island UPCC nurses are passionate about exploring benefits to both their patients and the larger team of caregivers by continuing to suggest and support unique, patient-centred programs and services.

“Patients appreciate the time that nurses are able to spend with them and the kindness they show,” said fellow clinical nurse leader Estephania U. Acebedo. “I am very proud of the compassion, commitment and perseverance that UPCC nurses bring to our clinics each day.”

Other healthcare providers are also grateful for the services being offered by nurses at the UPCCs, which have become known for their integrated team-based care model that includes physicians, nurse practitioners, nurses, social workers, mental health and substance use consultants, and medical office staff.

“Our clinic offers dozens of independent nursing appointments per day, allowing patients access to high-quality primary care,” said Dr. Paul Sawchuk, a physician at the DVUPCC. “Physicians like me benefit from being able to share the workload with trusted colleagues, while nurses find it rewarding to fill such an important role in our health care system.”

Nurse-led appointments for a variety of conditions at South Island Urgent and Primary Care Centres can be arranged by calling 1-833-688-8722 and selecting a UPCC in your area from an automated list.

“Patients appreciate the time that nurses are able to spend with them and the kindness they show. I am very proud of the compassion, commitment and perseverance that UPCC nurses bring to our clinics each day.” — Estephania U. Acebedo, clinical nurse leader

CREATING HEALING SPACES WITH ART IN OUR NEW HOSPITAL

by Audrey Larson



An architectural rendering shows spaces for Indigenous artwork, storytelling and use of wood to reflect nature-based design in the Indigenous Gathering Space at the Cowichan District Hospital Replacement Project. Actual artwork will be decided in collaboration with local Indigenous artists.

As the new Cowichan District Hospital (CDH) continues to take shape, an exciting and innovative arts program is being planned to complement the work of hospital teams dedicated to delivering the very best health care to their community.

Designed to promote healing, the CDH art program is intended to build connections and celebrate the people, places and natural beauty of the Cowichan Valley. The art program aims to create a familiar, comforting hospital in which all patients, staff, volunteers and visitors feel a sense of belonging and safety.

Kathryn Gagnon, curator for the newly launched Art@CDH program, is passionate about this vision and the ability of art to contribute to care and healing. “The presence of art brings comfort and familiarity, qualities we want to infuse into our new hospital,” says Gagnon.

Prior to joining Island Health, Gagnon curated exhibitions which reflected the

diverse history of the Cowichan Valley. Her background informs her approach to the art program at the new hospital, where the goal is to support physical healing as well as fostering emotional and spiritual well-being. “We know there is a mind-body connection, and studies show us that art has the ability to evoke positive physical and

“Art is vital to our Indigenous families it’s part of our storytelling. Through a variety of art forms from house posts to petroglyphs, painted houses to wool and cedar weavings we are sharing the history for our peoples.”

— Xeemulwut (Paula Norris), Indigenous Advisor, CDH Replacement Project

emotional responses,” adds Gagnon. “Art can provide a welcome distraction at a stressful time in people’s lives.”

A significant aspect of this program is its focus on inclusivity. The arts program aims to represent the diverse communities of Cowichan, ensuring that everyone feels valued as a member of the community.

This vision is already sparking excitement among artists and hospital users. One community member shared her experience of art at the hospital while visiting a loved one at the Patient Care Centre in Victoria. “I’d just come from a unit where my friend was receiving care; it was difficult to see her in that state,” she explained. “On my way back to my car, I walked through a hallway filled with art, and felt transformed by the time I reached the end of the hall. It was as if an emotional weight had been lifted off my shoulders.”

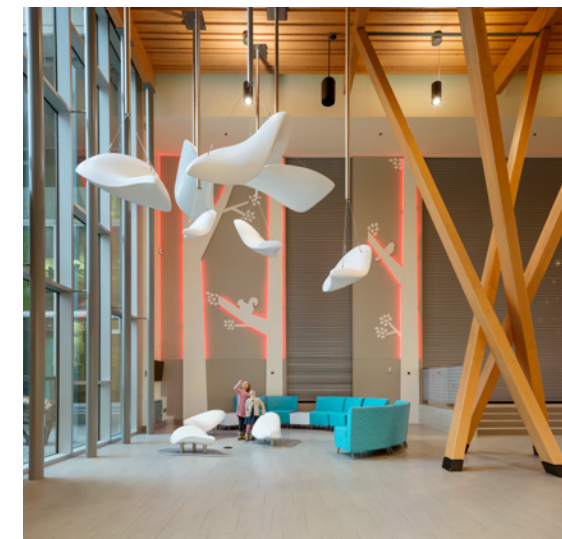
“Art is vital to our Indigenous families it’s part of our storytelling. Through a variety of art forms from house posts to petroglyphs, painted houses to wool and cedar weavings we are sharing the history for our peoples.” Xeemulwut (Paula Norris), Indigenous Advisor, CDH Replacement Project.

Key aspects of the program include space for Indigenous art and cultural representation, and the incorporation of nature-based themes throughout the facility. “Commissioning new welcome figures, created by local Vancouver Island Coast Salish carvers, for our hospital is a wonderful opportunity to build relationships and work together for better healthcare experiences, while honouring the deep history of the Cowichan people, on whose traditional territory and ancestral lands we are building,” said Gagnon.

The art program is about more than just aesthetics. The goal is to create an environment that supports healing and a sense of well-being in every way. “Hospitals are places where people can arrive feeling their most vulnerable when they are in need of care, and where staff regularly support patients, families and colleagues through stressful, challenging situations,” said Dr. Pat Gallagher, Medical Director, CDH Replacement Project. “Art will be there to uplift, calm, and connect us all.”

“Art humbly connects us to each other, and the land we share and respect. Healing is at the heart of our culture and teachings. Our Salish Art will

“Art humbly connects us to each other, and the land we share and respect. Healing is at the heart of our culture and teachings. Our Salish Art will be inviting to our members, but also create the opportunity for the general public to understand this ancient land and peoples.” — Qwiyahwult-hw (Stuart Pagaduan), Indigenous Advisor, CDH Replacement Project



“Flight of Doves,” a sculpture by Marie Khouri, soars above and at seating area, on the ground in the Teck Acute Care Centre Save-On-Foods Atrium at BC Children’s Hospital. Photo courtesy BC Children’s Hospital. Photo Credit: RAEF Architectural Photography.

be inviting to our members, but also create the opportunity for the general public to understand this ancient land and peoples.” Qwiyahwult-hw (Stuart Pagaduan), Indigenous Advisor, CDH Replacement Project.

As the art program takes shape, there will be opportunities to incorporate feedback from the community. Representatives from the local arts and healthcare sectors, diverse groups of all ages will be invited to continue to lend their voices, helping shape a program and a hospital that serves the community’s healthcare needs for generations.

To receive updates about opportunities to participate in the Art@CDH program, please register at islandhealth.ca/newcdh/arts.

Building care in a remote community

by David Carson

For more than 75 years, a tiny island in one of the most remote regions of British Columbia has served as a vital lifeline for fishers, forestry workers, adventure tourists, and residents of the primarily Indigenous community of Kyuquot. Okime Island — one of approximately 10 densely forested islands surrounding the isolated village — is a beacon of care and community in this wild west coast region of Vancouver Island.



Okime Island is the site of a Red Cross outpost hospital, and just offshore is the dock for the helicopters, planes and boats that transport patients. The dock, which is owned by Island Health, “is the only point of contact to that particular outpost hospital,” explained Island Health’s North Island Facilities, Maintenance and Operations (FMO) Manager, Tom LeMesurier. “Anybody brought in by air or boat, anybody brought in for treatment— it could be a marine incident, it could be a logging incident — they would be attended to at that dock.”

The west coast of Vancouver Island is infamous for its powerful storms, so it’s no surprise that a weather event limited the dock’s functionality. “In January 2023, a significant storm swell damaged the dock to a very precarious level,” said Tom. “It was determined at that time, both by our contractor and by the helicopter pilots themselves and the facility, that it was no longer safe to land a helicopter on that dock. It listed to a point where it was just too dangerous. We were one storm swell away from that dock entirely disintegrating.”

From that point on, with helicopters no longer able to land on the dock, access to the hospital was limited to boat or seaplane only.

Within days of the swell, the critical work of replacing the dock got

underway. The team needed an engineer who could meet the urgent delivery timeline and work with the complex aviation and engineering requirements. “Many people say they can build a dock,” Tom said. “There’s probably only a couple of qualified people who could build that dock.”

Fortunately, the FMO team found a Campbell River-based engineer with the specific skill set needed to build the dock.

“So, it was constructed in Campbell River at the site of the old pulp mill, and then it was broken back down again in sections and pulled up in a big rig to Fair Harbour,” said Mark Roberts, North Island Maintenance Supervisor with FMO. “Then it was craned into and rebuilt in the harbour in March 2024.”

The team then needed to wait for the right weather window to complete the journey to Kyuquot, and that window opened in April. By May, the dock was fully operational and once again able to transport and welcome patients by helicopter.

The new dock sits further from the shore, making it safe to land helicopters again. Where the old dock was built from wood and Styrofoam floats, by contrast, the new dock has a galvanized steel structure with new state-of-the-art floats and pressure-treated decking and railing. A new reinforced and stable

40-foot ramp now connects the dock back to Okime Island, and gone are the boom-sticks that once had to be used to orientate the dock — the dock is now held in place by chains and adjustable galvanized stabilizers mounted to concrete foundations on the shoreline above the high tide mark.

“It is more than just a dock, it serves a medical purpose, an aviation purpose, and absolutely a vital for life purpose.”

— Tom LeMesurier, Island Health North Island Facilities, Maintenance and Operations (FMO) Manager

Looking back on the whole experience, Tom appreciated the support and dedication Island Health showed for the remote community, and to all the people who helped make it happen. “It is more than just a dock,” he said. “It serves a medical purpose, an aviation purpose, and absolutely a vital for life purpose.” Tom, who lives on the North Island and understands how interconnected the communities and people are in the region, said it took a village to make it happen, “and we just happen to live there.”

If the new dock is keeping access to healthcare afloat, the Island Health medical professionals who serve the community are critical anchors of care. Take Jennifer Vass, an emergency and ICU nurse who cut her teeth in the urban hospitals of Metro Vancouver and the Okanagan. Jennifer has worked at the outpost hospital in Kyuquot for nearly four years. “I was probably running away from home,” she said when asked what brought her from the large teaching hospitals of the mainland to a community only accessible by air, water, or a precarious two-hour drive on a logging road.

“In January 2023, a significant storm swell damaged the dock to a very precarious level. It was determined at that time, both by our contractor and by the helicopter pilots themselves and the facility, that it was no longer safe to land a helicopter on that dock. It listed to a point where it was just too dangerous. We were one storm swell away from that dock entirely disintegrating.” — Tom LeMesurier



“It’s a place where the kids come. I’ll come home from work many a day and see all the young people lined up around the dock, jigging for fish and catching things, and it’s just so heartwarming — it’s for everyone to enjoy.”

— Jennifer Vass, Emergency and ICU nurse

“You become very creative out here,” she said. “You get to practice to the full scope of your abilities.” Some of those creative interventions included removing an earring embedded inside an ear, unhooking untold fishhooks pierced through fingers and nails, and dressing head lacerations and illnesses from remote logging camps, fish farms and offshore vessels.

In Jennifer’s experience, Kyuquot’s new dock is both a symbol of Island Health’s commitment to the community and a community gathering place. “It’s a place where the kids come,” she said. “I’ll come home from work many a day and see all the young people lined up around the dock, jigging for fish and catching things, and it’s just so heartwarming — it’s for everyone to enjoy.”

In addition to its medical purposes, the dock is helping Jennifer build relationships and trust among the younger members of the community. But in a tight-knit place like Kyuquot, building those relationships takes time and commitment and as Jennifer explained, trust sits at the core of remote nursing. She made sure she was out and involved in the community, getting to know people in the places they gathered and making sure they knew she wasn’t going anywhere. “It’s been a long road,” she admitted. “But I think Island Health and partners have worked really hard, and I would say in the last three years, I’ve

seen some massive bridges being built out here, and it shows because they’ll come to me, they’ll talk to me.”

When she thinks about how far she has come, her emotions are palpable. “People here have shared stories and it’s just been so humbling that they’ve trusted me enough to talk to me,” she said, fighting back tears. “It has helped me grow as a person and be a better ally, be a better person, be a better advocate and a bigger voice. I went from just thinking I was taking a job out here to this is the hill I’m going to die on. I will fight for the people here.”

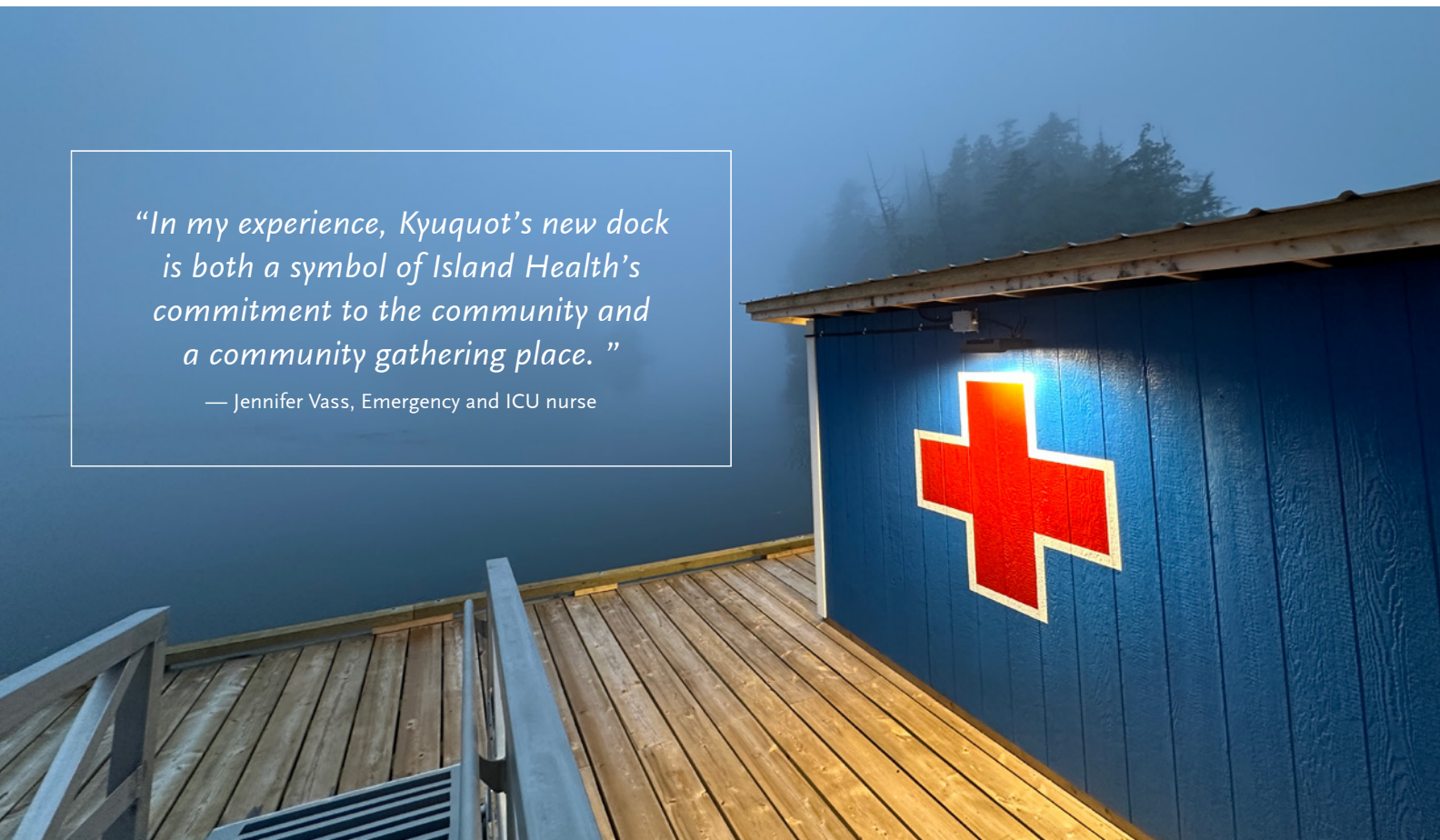
While the actual cost of the new dock was approximately \$355K, it’s what the dock symbolizes about Island Health’s investment in the community and well-being of people there that resonates with staff and community members alike.

“It’s a massive amount of trust that Island Health has gained through the services that they have allowed us to provide out here and the financial support and in every aspect of care,” said Jennifer. “It’s showing in the trust of the bigger system.”

For Jennifer, the clearest example of that trust was when she came back to the community after taking some time away. “The biggest moment when I knew I’d gained their trust is when they said, ‘welcome home.’”

“In my experience, Kyuquot’s new dock is both a symbol of Island Health’s commitment to the community and a community gathering place.”

— Jennifer Vass, Emergency and ICU nurse



“The biggest moment when I knew I’d gained their trust is when they said, ‘welcome home.’” — Jennifer Vass





One electronic health record improves care for long-term care residents

Hospital staff now have access to the electronic health record (EHR) of residents from an increasing number of LTC homes owned and operated by Island Health.

When you arrive at different healthcare settings, the ability of a healthcare provider to view your medical history, including medications, affects your care and experience in our health system. This is especially true for long-term care (LTC) residents and their loved ones if a resident is transferred to or from an acute care setting. Paper medical history and medication lists typically accompany residents arriving at a hospital, such as Nanaimo Regional General Hospital, Royal Jubilee Hospital or Victoria General Hospital. Now, hospital staff have access to residents' electronic health records (EHR) from an increasing number of LTC homes owned and operated by Island Health.

As more LTC facilities shift to electronic clinical documentation, better communication during transitions in care settings ultimately improves the quality of care. Currently, the LTC homes with electronic clinical documentation are Dufferin Place in Nanaimo, The Summit, The Priory, Aberdeen, Glengarry, and Gorge Road LTC in Victoria. There are plans to convert all Island Health-owned and operated LTC homes in the near future.

ELECTRONIC HEALTH RECORD FOLLOWS THE PATIENT BETWEEN FACILITIES
At Aberdeen Hospital, Site Manager Jehiah Chalifour explains what it

means to have electronic health records follow LTC residents through the healthcare system.

"Our documentation will now work to serve the residents when they present at another Island Health care venue, such as the emergency department or a transfer to another LTC home also on the electronic health system," says Chalifour. While paper notes rarely tell a resident's whole story and, in the worst case, can get lost, electronic records provide a more seamless transition between care settings.

Dr. Ian Bekker, a specialist in long-term care, is enthusiastic about showing fellow physicians and nurse practitioners

how to view this information in residents' electronic health records. "This will eliminate hunting through consult notes or calling family to figure out the patient's background," says Dr. Bekker.

GOING DEEPER WITH DOCUMENTATION IMPROVES QUALITY OF PATIENT CARE AND PLANNING

Joyanne Plewes, Site Manager at Glengarry Hospital, notes how having all the information in the EHR will not only help individuals but will also give healthcare leaders insight into the quality of care for groups of residents in a long-term care unit.

"It's one point of access where you can really find out how an entire unit of residents are doing," she said.

As an example, Plewes points to a function in the system called Resident Overview. "I can pull it up, and there are columns that include medical orders for scope of treatment, bowel care, and antipsychotics. All that information is available at a glance, instead of flipping through the paper charts," said Plewes.

COMMUNICATION CONTRIBUTES TO BETTER RESIDENT CARE
Meanwhile, on the units, having this information readily available improves

communication between care team members, which contributes to a higher level of resident care.

At Glengarry Hospital, Occupational Therapist Jenny Zedel is glad to use the EHR as a communication tool between herself and the rest of the healthcare team. "Communication lines are a lot stronger between all the different disciplines. It's easier to get multiple different messages out to people," says Zedel. "I think communication and an interdisciplinary team is the backbone of good care," said Zedel.

"Having all the information in the EHR will not only help individuals but will also give healthcare leaders insight into the quality of care for groups of residents in a long-term care unit." — Joyanne Plewes, Site Manager at Glengarry Hospital

New e-health record system

The increased safety of bar-code verified medications is just one of the patient care benefits that come with Island Health's most recent upgrade to the electronic health records system at Victoria's two largest hospitals.

When Lauren and Bryan McNeil arrived at Royal Jubilee Hospital (RJH) in June for Bryan's outpatient surgery, they were aware that a new electronic health records system had recently been put in place.

"I think it's about time. It's even safer now for patients," said Lauren, who heard about the new system and its safety measures from her sister, a nurse at RJH. "It makes sense," added Bryan. "Now I know for sure I'll be given the right medication rather than someone else's."

The increased safety of bar-code verified medications is just one of the patient care benefits that come with Island Health's most recent upgrade to the electronic health records system at Victoria's two largest hospitals.

"To have these tools at our fingertips to stop us in our tracks when an error is about to unfold is life-changing not only for the patient but also supports us as care providers," said Gillian Kozinka, executive director for clinical operations at Victoria General Hospital (VGH).

Nurses will now use a handheld device to first scan the patient's identification wristband and then the medication they are about to receive, to verify the correct match.

"It's like having a second set of eyes all the time," said Mackenzie Rampton, RN in renal care at RJH. "You can go into the patient's file on the computer and see when the medication was scanned. It's another warning, another flag."

The new system replaces handwritten paper orders. Instead, orders for a patient's medications, tests, imaging and other requests are instantly shared with healthcare colleagues so they can see and act upon them, saving time, decreasing errors and improving safety. Electronic orders can also help prevent patients from being sent for unnecessary or repeated tests and provide a more robust picture of a patient's care in the hospital to their primary healthcare provider.

All three of the Island's largest acute care hospitals – RJH, VGH and Nanaimo Regional General Hospital (NRGH) – have fully transitioned to the new system.

"The electronic health record provides care teams with a comprehensive source of data on their patients, all readily



“Our patients are at the centre of this change that continues to expand through Island Health sites and services. Information and functionality in the EHR not only provide benefits for each patient but also gives us with a deeper understanding of the population of patients we serve.” — Dr. Mary-Lyn Fyfe, Island Health’s Chief Medical Information Officer

available at their fingertips,” said Melanie Gilbey, an RN and senior specialist in clinical informatics who supports medical and clinical teams as they begin using the new system. “Care teams across all disciplines can access the same chart simultaneously to provide effective and efficient care. They can view a patient’s previous consultations, lab results and documentation from community care teams.”

Other benefits for patients include reducing the need to repeat their medical history and medications each time they transfer between units or even to an increasing number of other sites and services owned and operated by Island Health, for example, in community health services or long-term care.

In her role as an obstetrician and gynecologist at NRGH, Dr. Regina Renner has worked with this system for a number of years and came to support colleagues in the Labour and Delivery unit at VGH in their first days of using the new system.

Dr. Renner points to smoother transitions in care with the new system.

“The nice thing is that the receiving physician can review the documentation, the notes, the medications, the orders all before the patient even arrives,” she said, adding this detailed, immediate information can make a difference in care decisions that are made while the patient is en route, thereby ensuring a smoother transition in care for both patient and providers.

Dr. Mary-Lyn Fyfe, Island Health’s Chief Medical Information Officer, has been a champion for quality improvement and safer patient care through full use of the EHR for many years.

“Our patients are at the centre of this change that continues to expand through Island Health sites and services,” she said. “Information and functionality in the EHR not only provide benefits for each patient but also gives us with a deeper understanding of the population of patients we serve. We then can partner across the region to deliver improvements in the way we deliver healthcare.”

For more information on IHealth, see IHealth.IslandHealth.ca.

► HEALTHY EATING

Lighten up your holiday table

by Susan Evans

The holiday season is party season, and whether you are hosting your own event or attending a party, delicious food is always part of the magic.

Party food favourites often only appear this time of year and tend to be less-than-healthy choices. Think cheese balls, shortbread cookies and more chocolate than anyone needs.

Try a healthier choice for your appetizer table and consider an upscale veggie board. I’m not talking about plunking down the pre-made grocery store veggie tray that everyone has seen before; instead, create your own delicious platter of veggies with a twist.

Use vegetables like snap peas, radishes and cherry tomatoes on the vine. Use heirloom purple carrots for more colour; try parboiling French green beans and halved baby potatoes until they are slightly cooked, then cool. Instead of the usual Ranch dressing, try a creamy, herb-scented white bean dip or homemade Green Goddess dressing.

And don’t just fill your platter with veg; add some salty, soft cheeses like a marinated sun-dried tomato feta or mushroom pâté. Add assorted olives and cornichons. Garnish with walnuts and herbs like fresh dill or thyme. Your veggie board will be a feast for the eyes as well as the tastebuds. Bon appétit!

Our recipes in this issue feature three appetizers to go along with your

show-stopping vegetable platter. These are lighter takes on classic favourites, including white bean crostini, mini baked brie tarts and chicken meatballs. Easy to make and oh-so-festive. Serve them at your holiday party or take them along to share.

In fact, this is a wonderful time of the year to share the entertaining burden by giving or participating in a potluck. Not only is the work shared, but everyone has a hand in making the party a delicious success.

What makes a good potluck dinner offering? There should be enough for a crowd, it needs to be relatively portable and easy to serve (no messing around in the host’s kitchen with last-minute cooking and carving), and most importantly, your offering should be a crowd-pleaser (this is not the time to test out recipes with unrecognizable ingredients).

While casseroles and dips tend to rule the potluck table, glamorous salads can take centre stage. We include recipes for two delicious salads that feature hardy greens that will stand up for hours on a table, complete with colourful ingredients designed with a festive flair.

Enjoy the holidays and all the deliciousness of this time of year.





Quinoa Salad with Kale, Cranberries and Mint *Makes 6 servings*

This hearty salad holds up well and is perfect to take along to a potluck or offer on your holiday buffet. Add cucumber or avocado for extra veggies or add cheese, such as feta or goat cheese.

INGREDIENTS:

1 2/3 cups water
1 cup quinoa, tricolor or red, rinsed and drained
3/4 tsp kosher salt
1 cup coarsely chopped kale, packed
1/3 cup dried cranberries
1/3 cup coarsely chopped fresh spearmint leaves
2 tbsp extra virgin olive oil
1 large lemon, juiced
1/2 tsp lemon zest
1 medium scallion, thinly sliced

DIRECTIONS:

1. Bring the water and salt to a boil in a saucepan over high heat.
2. Add quinoa, reduce heat to medium-low, cover, and simmer until the quinoa is tender and the liquid has been absorbed, about 18 to 20 minutes.
3. Fluff quinoa with a fork and set aside to cool.
4. Once cooled, in a large bowl combine the kale, dried cranberries, mint, olive oil, lemon juice, lemon zest and scallion.
5. Refrigerate until ready to eat. Serve chilled.

White Bean Crostini *Makes 34 pieces*

Crostini are bite-sized appetizers made of toasted baguette slices topped with something delicious. This recipe is for a white bean spread with fresh thyme and balsamic vinegar. You can toast the bread and make the bean spread in advance. Healthy and yummy.

INGREDIENTS:

FOR THE WHITE BEAN SPREAD:
2 cups canned Cannellini or Northern Beans, drained and rinsed
2 tbsp olive oil, extra virgin
4 tbsp water
1 tbsp fresh thyme
1 clove garlic
kosher salt, and fresh pepper

CROSTINI:
8 1/2" piece of baguette, 4 oz total) sliced into 1/4" thin slices
1 garlic clove
olive oil spray
extra fresh thyme for garnish
balsamic vinegar or balsamic glaze, for drizzling

DIRECTIONS:

1. Cut the bread into 1/4" thin slices.
2. You can toast these in the oven with a little olive oil spray at 400°F turning once until toasted or grill them with a light spray of olive oil until golden.
3. Once the bread is toasted, lightly rub it with a garlic clove cut in half. Now your bread is ready to top.
4. Pureé in a small blender or magic bullet all the ingredients for the white bean spread. If it's too dry you can add a little more water.
5. Top each piece with 2 teaspoons of the white bean puree and garnish with fresh thyme.
6. Drizzle with a touch of balsamic right before serving.

Recipes adapted from [Skinnytaste.com](#)

Shaved Brussels Sprout Salad with Pears and Pomegranate *Makes 6 servings*

You can't have too many salads this time of year and this beautiful, shaved Brussels sprout salad would look great on your holiday table. Juicy pears and crunchy pomegranate seeds add colour and flavour.

INGREDIENTS:

3 tbsp extra virgin olive oil
1 tbsp minced shallots
2 tsp Dijon mustard
3 tbsp apple cider vinegar
4 cups thinly shredded Brussels sprouts, 12 oz total
1/4 tsp kosher salt and black pepper, to taste
1 large ripe red pear, cored and diced
3/4 cup pomegranate seeds
1/4 cup pepitas, toasted
1/4 cup crumbled goat cheese, or feta

DIRECTIONS:

1. For the dressing, whisk olive oil, Dijon, shallots and vinegar with a pinch of salt and black pepper.
2. Pour the dressing over the shaved Brussels sprouts in a large mixing bowl and season with 1/4 teaspoon salt and black pepper, to taste.
3. Toss well then transfer to a large salad bowl and top with pears, pomegranate, pepitas and cheese.

Recipe adapted from [Skinnytaste.com](#)



VARIATIONS:

GREENS: Sub kale for the shredded sprouts.

PEAR: Swap the red pear with a Bartlett or Bosc pear or an apple, like Pink Lady or Honeycrisp.

POMEGRANATES: Substitute dried cranberries or dates.

PEPITAS: Use toasted pecans or walnuts.



Buffalo Chicken Meatballs Makes 26 meatballs

Buffalo Chicken wings are a party staple but aren't always the healthiest option. And what about all those chicken bones on your party table? Instead of wings, try buffalo chicken meatballs. Full of flavour, easy to prepare and serve, these meatballs are a hit for potlucks and parties.

INGREDIENTS:

oil spray, I used my mister
1 1/4 lb ground chicken
1/4 cup panko crumbs
1 large egg
2 scallions, chopped
1/3 cup finely minced celery
1/3 cup finely minced carrot
1 clove crushed garlic
kosher salt and freshly ground black pepper, to taste
1/3 cup Franks Hot sauce
1/4 cup skinny blue cheese dressing, optional
finely chopped celery leaf for garnish, optional

DIRECTIONS:

1. Preheat the oven to 400°F.
2. Lightly spray a non-stick baking sheet with oil.
3. In a large bowl, combine the ground chicken, panko crumbs, egg, scallions, celery, carrot and garlic; season with salt and pepper, to taste.
4. Using clean hands, mix until combined. Roll the mixture (1/8 cup each) into 26 round meatballs.
5. Place meatballs onto prepared baking sheet and bake until cooked through and golden, about 16 to 18 mins.
6. Place the meatballs in a bowl, add the buffalo sauce and gently toss to combine.
7. Serve immediately, drizzled with blue cheese dressing, if desired.



Baked Brie Phyllo Cups Makes 15 servings

These delicious Baked Brie Phyllo Cups are perfect for the holidays. Easy to make and oh-so-festive. Serve them at your holiday party or take them along to a potluck.

INGREDIENTS:

3 oz light brie, skin removed
cut into (15) 1/2-inch cubes
4 tbsp raisins
4 tbsp chopped walnuts
or pecans
2 tbsp honey
15 Mini Phyllo Shells, Athens

DIRECTIONS:

1. Preheat oven to 325°F.
2. Combine raisins, chopped nuts and honey in a bowl and mix well.
3. Arrange mini shells on a baking sheet.
4. Fill mini shells with cheese (each piece of cheese weighs about 0.2 oz).
5. Top with sticky raisin/nut mixture and bake 5-7 minutes, or until the cheese melts. Serve immediately.



Mental Health: Island Health’s Bridging Care Program

by Theresa Chaboyer



People with acute and severe mental health challenges significantly impacting their day-to-day lives are getting the care and support they need to improve their quality of life through Island Health’s Bridging Care Program. The program offers recovery-oriented, trauma-informed intensive day treatment at Royal Jubilee Hospital.

The Bridging Care program provides short-term (1-4 weeks) skills-based services and transitional support to people who might otherwise need to be hospitalized for inpatient psychiatric care.

Client Nadia Estrada was referred to the program following a visit to the Emergency Department seeking help for depression and suicidal thoughts, which started after her mom passed away.

“Bridging Care taught me you can change what you’re thinking,” Nadia says. “I learned that I am normal and now understand when to reach out for help instead of punishing myself at home alone.”

Clients are referred by healthcare professionals. Admission is based on the seriousness of the issue and the person’s suitability and willingness to attend the intensive day program. About 26 referrals are made each month, and people enter the program within five days of referral.

The program’s interdisciplinary team includes psychiatrists, occupational and recreational therapists, nurses, and peer support workers. The team shares techniques for mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness.

Bridging Care participants must be safe in the community without needing 24-hour supervision. They must also be able to meaningfully participate in short-term skill-based learning and be willing to learn recovery-orientated skills in a group environment.

Participants attend daily group sessions, participate in discussions, and learn new skills to support their goals. Outside of group work, they complete homework and receive one-on-one counselling to practice and reinforce what they have learned. Clients also have access to consultation with psychiatry while participating in the program. Before discharge,

clients create a plan to continue supporting their wellness and goals.

“My binder with practical tools and my safety crisis plan helps me manage my depression and anxiety every day,” says Nadia. “I am grateful for my son and husband. The Circle of Control enables me to understand what is in my control and what is not in my control. I also write a pleasant event down every day, like lunch out with my husband, and I write my weekly SMART goals.” (SMART goals are Specific, Measurable, Achievable, Relevant and Time-bound.)

In addition to bridging hospital and community-based services, the Bridging Care Program also connects people to further support in the community – these may include Urgent Short-Term Assessment and Treatment, Mental Wellness Day Programs, or transition to primary care/GP.

Bridging Care Program team leader Jennifer Sandberg says clients have told her the program is just what they need. “We invite people to do hard things. To let go of existing ways of coping, be brave and learn new skills. We encourage people to pursue the recovery of the things that are important to them so they can re-establish meaning in their lives.”

A virtual Bridging Care program is under development to support people outside of the South Island region.

“Our goal is to ensure equitable access to mental health services so no matter where people live, they can benefit from recovery programs to better manage their mental health and daily quality of life,” said Tasha Mckelvey, Clinical Director, MHSU.

For more information on the program, please contact MHSUBridgingCare@islandhealth.ca or call 250-370-8039.

“Bridging Care taught me you can change what you’re thinking. I learned that I am normal and now understand when to reach out for help instead of punishing myself at home alone.” — Nadia Estrada



Staying active in winter weather



Try a snow-related activity like cross-country skiing, snowshoeing or snowboarding.

Ah, winter. Everyone's favourite time of year to hunker down in front of the fireplace or the TV. Anywhere but outside in the rain and the cold.

While staying curled up on the sofa may feel like the best plan, being active is important to maintain a healthy body. Health Canada recommends 150 minutes a week of moderate to vigorous physical activity. And research shows the positive effects of spending time in nature—everything from reducing stress and anxiety to improving sleep and lowering blood pressure.

So, dress for the weather and go play outside. Your mind and body will thank you.

DRESS FOR SUCCESS

It's best to be active outdoors while it's still light out, but shorter days make that

challenging. If you exercise outside while it's dark, wear reflective materials on your clothing to stay safe. Consider the wind chill factor when planning your outerwear—it might feel much colder than the thermometer reads. Here's what to wear:

- Layers of clothing. Layering will help keep you warm. Wear waterproof outer layers to keep you dry.
- A warm hat. If it's very cold, you also may want to wear a covering for your face, such as a scarf.
- Clothing made of wool or synthetic (not cotton) fabric. These will keep you from losing body heat even if the fabric gets wet.

- Wool or synthetic (not cotton) socks and waterproof shoes. Socks and shoes should fit closely but should not be too tight.
- Mittens rather than gloves. This way, your fingers are together so you can roll them into a fist for warmth.
- The right footwear for the weather—waterproof shoes or boots. You can buy “grippers” for your shoes or boots to help keep from slipping on icy walkways.
- Make sure you can be seen during dark and rainy daylight hours. Wear clothing with reflective patches.

EMBRACE SNOW DAYS

Island Health's region doesn't see much snow during the winter months, but if it does appear, make the most of it (first, make sure you are fit enough to tackle the activity).

- At-home snow activities include shovelling your driveway and sidewalks. Remember to help your elderly neighbours by shovelling their walkways as well. Build a snowman with all the snow you've just piled up.
- Try a snow-related activity like cross-country skiing, snowshoeing or snowboarding.
- Sledding isn't just for kids. There are sleds and toboggans built for adults so you too can whoosh down the local hills.

WORDS TO THE WINTER-WEATHER WISE

- You can still get sunburned in winter. Your risk increases if you are surrounded by snow, which can reflect sunlight. Always wear a product that blocks both UVA and UVB rays with at least 30 SPF, and a lip balm with sunscreen.
- You are more likely to become dehydrated in cold weather because cold air tamps down thirst. While you may not need the same fluid intake as during summer, you still need to stay hydrated.
- Think about working out with a friend. According to research, if people meet up with friends to exercise, they are more likely to show up.

At-home snow activities include shovelling your driveway and sidewalks. Remember to help your elderly neighbours by shovelling their walkways as well. Build a snowman with all the snow you've just piled up.



WHEN YOU JUST CAN'T GO OUTSIDE

Too rainy, too cold, too wet, too dark. Some days are just not made for outdoor activity. You don't have to join an expensive gym to get your workout done; here are some suggestions for indoor activities:

— Most local community centres offer exercise and activity classes for reasonable prices. Try something new like Zumba (a Latin dance/exercise class) or a spin class where you work out on a stationary bike. There

is usually a selection of classes for every fitness and age level. Often, discounts are available for seniors and students check with your local rec centre for more information.

— Try a workout at home – there are many YouTube workout videos available to stream for free. Everything from high-intensity aerobics and jazzercise classes to relaxing yoga. Something for every interest and every mood.

Try a workout at home – there are many YouTube workout videos available to stream for free. Everything from high-intensity aerobics and jazzercise classes to relaxing yoga. Something for every interest and every mood.

— Create a home gym. You can easily set up a workout area in your living room or basement. Buy inexpensive equipment, such as stretch bands and a stability ball. Find simple exercise routines online.

— Recreation centres offer many different activities. Swim laps at your local pool or try ice skating at your local rink. There are also many group activities you can participate in like curling, water aerobics, volleyball or floor hockey.

— Take a walk at the mall with a friend. Remember, the goal is to keep moving, not shopping.

— If all else fails, clean your house. Bending, squatting, reaching, running up and down stairs, picking up, vacuuming, and floor washing will all get you moving. Put on your favourite music and try some dance moves while pushing the Swiffer around.

► NURSE PRACTITIONERS



Nurse Practitioners on Heart Health team deliver world-class care

by Katie Phelan

As primary care providers who also take on specialty roles, NPs have a unique skill set that combines the practice of medicine with the practice of nursing. NPs are licenced to practice without supervision, although collaboration with other providers, team members, and specialists is common.

“As NPs, our approach to care combines a nursing perspective with an advanced understanding of physiology—we bring a uniquely compassionate and comprehensive perspective to patient care.” — Mikaela Robertson

In British Columbia, NPs typically work in either family, adult, or pediatric care. From diagnosing medical conditions and prescribing medication to ordering tests and initiating specialist referrals, NPs are primary care providers for an increasing number of British Columbians. Acute care NPs work in hospitals and other clinical settings, delivering exceptional specialized care to their patients. Two nurse practitioners, Koko Tokoro and Mikaela Robertson, recently shared more about their work within the Heart Health team at Royal Jubilee Hospital in Victoria.

Tokoro and Robertson have 15 years combined working in the post-cardiac surgery unit at Royal Jubilee Hospital. While an interest in cardiovascular health is essential for the job, being comfortable with change is equally important—acute patient care requires nimble responses at every stage of recovery. A background in emergency helped to prepare Robertson for the pace and diverse nature of work on 3NW (the post-cardiac surgery ward). Tokoro’s experience as an RN in critical care has given her a unique perspective on patient needs in her NP capacity.

“In intensive care, you often can’t communicate with your patients because of the nature of their illness or injury. I now know when a patient is struggling or if something is not quite right, even if normal communication pathways aren’t possible,” Tokoro said.

Tokoro and Robertson work as part of an interdisciplinary team—a collaborative group of healthcare professionals with specialist knowledge across multiple roles. From surgeons and nurses to NPs, dietitians, physiotherapists, and social workers, the Heart Health team at Royal Jubilee Hospital supports

patients and their families using a holistic model of care.

Typically, patients arrive on 3NW from post-cardiac surgery intensive care. NPs play a key role in managing this phase of patient recovery by providing comprehensive medical care seven days a week. Given the diversity of patients, their diagnoses, and the associated complexities of their treatment, each day on 3NW is unique. However, according to Robertson, some tasks are typical of the NP role on the ward. “Day-to-day, I help develop care plans and prescribe and manage medications to ease post-operative pain. I might also be involved in reviewing diagnostic tests and lab results—generally monitoring recovery, diagnosing any post-operative complications and, preparing patients for discharge,” said Robertson.

“I always try to put myself in my patients’ shoes—how can we make things easier and more manageable for them to get well and get back to enjoying life.”

— Koko Tokoro

Advanced medical strategies, including diagnostic tests, lifesaving drugs, and state-of-the-art equipment, are available to patients with heart disease or arrhythmia at Royal Jubilee Hospital. However, a human-centric approach means being a good listener and an inspiring teacher. Both Tokoro and Robertson value the relationships they

build with patients and champion the importance of patient education alongside cutting-edge medical interventions like surgery and medication.

Once a week, Tokoro and Robertson take part in an outpatient clinic for 3NW’s discharged patients. Often, surgery marks the beginning of significant lifestyle changes for patients. Through the outpatient clinic, the NPs lean into their responsibilities as educators while maintaining a connection to the patient and their families. For Tokoro, celebrating small victories with her patients is one of the most rewarding aspects of her work. “Heart disease is not something that we can immediately cure. It is an ongoing, chronic illness, so patient and family education and engagement are crucial. I always try to put myself in my patients’ shoes—how can we make things easier and more manageable for them to get well and get back to enjoying life,” she adds.

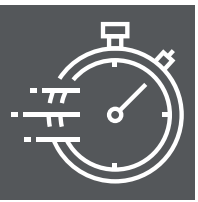
Highlighting the role NPs play in delivering exceptional patient care is a task Tokoro accepts with pride. “Sometimes patients will mistakenly refer to me as a doctor, but I always remind them that I am a nurse practitioner. My physician colleagues are incredibly talented experts in their field, but we each have our skillsets,” said Tokoro.

Robertson is keen to advocate for the NP role within her patients’ care team. “On 3NW, we provide continuity for patients, families, and the wider clinical team. As NPs, our approach to care combines a nursing perspective with an advanced understanding of physiology—we bring a uniquely compassionate and comprehensive perspective to patient care,” she said.



HEART ATTACK WARNING SIGNS

85% OF HEART DAMAGE TAKES PLACE WITHIN THE FIRST 2 HOURS OF A HEART ATTACK

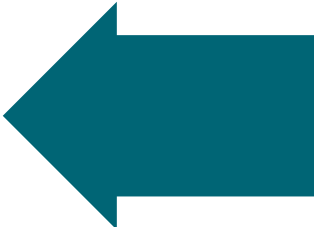


KNOW THE SYMPTOMS & CALL 9-1-1 IMMEDIATELY



MEN vs. WOMEN

SYMPTOMS THAT COME AND GO AND FINALLY BECOME CONSTANT AND SEVERE:



SHORTNESS OF BREATH

FATIGUE

JAW PAIN

CHEST PRESSURE, BURNING, ACHING OR TIGHTNESS

PAIN THAT TRAVELS DOWN ONE OR BOTH ARMS

ANXIETY

BACK PAIN

FEELING OF FULLNESS

NAUSEA



UNUSUAL FATIGUE

LIGHTEADEDNESS AND FAINTING

DISCOMFORT IN ONE OR BOTH ARMS, NECK, SHOULDER, JAW OR STOMACH

CHEST PRESSURE, SQUEEZING PAIN IN THE CENTER OF THEIR CHEST

UPPER ABDOMINAL PRESSURE OR DISCOMFORT

FEELING OF FULLNESS

NAUSEA/VOMITING

COLD SWEAT



“
The most
important
call I’ve made
in my life



**Mental Health & Substance Use
Service Link 1-888-885-8824**

Available 7 days a week

*Talk to an experienced call taker
to get help finding local services.*



► SUICIDE PREVENTION

Island Health grant to expand youth suicide prevention program

A youth suicide prevention program that has supported thousands of young people in Greater Victoria is expanding to more school districts on Vancouver Island, thanks in part to the Island Health **Community Wellness Grant Program**.

The program, provided by **NEED2: Suicide Prevention, Education and Support**, offers in-person workshops for three Victoria school districts and also runs **Youthspace.ca**, an online crisis chat service. NEED2 has offered its services for more than two decades.

“The expansion will involve connecting with additional school districts on Vancouver Island and building relationships with them,” said Sabrina Studney, NEED2’s executive director. “Making sure they understand our programming, our intention, as well as our success within Greater Victoria.”

“We try to bring to light the importance of communication regarding suicidal ideations, to decrease the silence and stigma regarding suicide, and provide space for those experiencing suicidal ideations to feel safe and seek support – rather than suffering in isolation, said Studney.”

Part of NEED2’s plans include a program expansion featuring mindfulness

workshops for elementary schools. “We’ve developed a program that’s more age-appropriate for elementary-age students,” said Studney. “We hope to put that out this year if possible.”

NEED2 received a \$10,000 grant from Island Health; planning and hiring is underway for the expansion project, with a timeline that runs to the end of June 2025.

“Resources, education and providing a safe space for youth to reach out, talk and share their feelings – rather than having to struggle in silence – can make such a difference,” says Dr. Murray Fyfe, one of Island Health’s medical health officers. “Island Health is honoured to support NEED2 and its expansion plans, which will provide invaluable support and services for more young people on Vancouver Island.”

During the last school year, NEED2 provided workshops to more than 3,600 students in Greater Victoria,

and Studney expects that figure will near 5,000 in the next school year. Meanwhile, over the past year, the **Youthspace.ca** chat service served more than 4,500 clients nationally, with B.C. accounting for more than 1,650 of those.

These resources and supports are vital, as suicide is a leading cause of injury-related death for youth in B.C. aged 10-24. According to the **2018 BC Adolescent Health Survey**, 18 percent of youth surveyed in south Vancouver Island had “seriously considered suicide in the past year,” while 19 percent reported missing out on “needed mental health services.”



LOOKING FOR HELP?
LEARN MORE ABOUT NEED2
SUICIDE PREVENTION,
EDUCATION & SUPPORT.

New Research Collaboration Promises Positive Changes for Seniors Care

by Annie Moore

Dr. Amy Salmon has been named the inaugural Conconi Family Foundation Distinguished Scholar in Seniors Care. Thanks to the support of three Island foundations, her research will make positive changes in how we care for our seniors, starting with the North Island.

By 2041, seniors will comprise almost 25% of the province's population. How can we ensure our seniors' care system is resilient enough to meet this increased demand? This can be done by improving the quality of life for older adults through a robust network of integrated community care options that support their wellbeing at home and in their communities.

With the support of the Conconi Family Foundation, Providence Living, the Centre for Advancing Health Outcomes, the Comox Valley Healthcare Foundation, Nanaimo & District Hospital Foundation, the Eldercare Foundation and Island Health, the Conconi Family Foundation Distinguished Scholar is a key element in a community of care dedicated to seniors. Funds will support dedicated leadership by Dr. Salmon and the work of a full team

of seniors' care researchers from January 2024 to January 2034. "The purpose of the Scholar is to ask the questions that matter and find the answers needed to create systems that provide better seniors' care now and for generations to come," says Dr. Salmon.

Dr. Salmon is a Clinical Associate Professor in UBC's School of Population and Public Health. She has long been

recognized for her leadership in participatory, community-engaged research and developmental evaluation. As Scholar, she will be embedded in the health system to support the adoption of new evidence and innovation across the province. Now living in the Comox Valley, Dr. Salmon has existing research collaborations with Island Health, community organizations, and collaborators from North Island College and the University of Victoria. Dr. Salmon is partnering with Island Health on two grant-funded projects: one on integrating mental health and substance use support for residents in long-term care (based in Victoria) and one to map the Comox region's integrated community care ecosystem for older adults living with dementia.

Dr. Salmon is also leading an evaluation of The Views, the new dementia-friendly village in Comox. As the first care facility of its kind in Canada, this innovative approach can and should be shared far and wide to inspire positive change. The potential impacts of this research within long-term care, acute care, and integrated community care are far-reaching. Dr. Salmon will play a key role in knowledge transfer across the

Island and from coast to coast, sharing what has worked in one care setting with another that could benefit and providing the tools to implement these initiatives.

What's exciting about the Scholar program? It's all about the people and the partnerships: "It's really exciting to see everyone coming together with a real willingness to do things differently, to do things better," said Dr. Salmon. "Capturing that and supporting that work through our research is something I'm excited about."

"Building research and innovation capacity on the North and Mid-Island has been a long-time goal of Island Health, and this partnership with Dr. Salmon and the participating Foundations is an empowering enabler," said Cindy Trytten, Director of Research and Strategic Partnerships at Island Health. "The Scholar program adds momentum to the newly launched North Island Research and Innovation Hub," she said.

The North Island Research and Innovation Hub seeks to build capacity for research and innovation across the North and Mid-Island, with a physical

location in the North Island Hospital - Comox Valley. The Hub will focus on rural and non-urban priorities, health-care sustainability, and – in its first year – on seniors' health, community services and well-being, and mental health and substance use research. Dr. Salmon's research program is perfectly aligned with the Hub's focus and the needs and priorities of the Comox community, promising better care and services for our seniors.

"As the cost of health service delivery continues to rise, sustainability of the publicly funded health system is paramount. Research and innovation are key to identifying cost-effective, sustainable and novel ways to deliver services," said Max Jajszczok, Executive Director, Centre and North Island Community Hospitals and Rural and Remote Strategy and Operations at Island Health. "We are excited about the partnership with Dr. Salmon and the growing efforts of the Research and Innovation Hub to support small to medium-sized communities, including rural and remote areas, and meet the health service needs of their current and future residents," he added.

How can we ensure our seniors' care system is resilient enough to meet this increased demand? This can be done by improving the quality of life for older adults through a robust network of integrated community care options that support their wellbeing at home and in their communities.

"It's really exciting to see everyone coming together with a real willingness to do things differently, to do things better. Capturing that and supporting that work through our research is something I'm excited about." — Dr. Amy Salmon



Would you like support to manage your chronic disease?

Community Virtual Care’s Chronic Disease Program offers support to manage these chronic conditions

- **Chronic Kidney Disease (CKD)**
- **COPD** (Chronic Obstructive Pulmonary Disease)
- **Diabetes**
- **Heart Failure**
- **Hypertension** (High blood pressure)

A Registered Nurse will monitor your symptoms and help you improve how you manage your health, all from the comfort of your home.

The program is **free** and equipment to monitor your health will be loaned to you at no cost. The program lasts about 12 weeks. Please contact us to find out if the program is right for you.

Community Virtual Care

islandhealth.ca/cvc
communityvirtualcare@islandhealth.ca

Register

South Island: (250) 388-2273
Central Island: (250) 739-5749
North Island: (250) 331-8570



Family Caregiver Support

1:1 Counselling | Skill Building Groups | Peer to Peer Counselling



South Island: 1-888-533-2273 Central Island: 1-877-734-4101 North Island: 1-866-928-4988

islandhealth.ca/cvc | communityvirtualcare@islandhealth.ca



WHAT’S TAKING SO LONG?

Emergency Department Wait Times Explained

Wait times don’t reflect how many people are waiting; they reflect how sick other patients are in the emergency department. Here’s how it works...

Level 1—Critical

Examples include:

- Serious car crash
- Heart stopped beating
- Suspected stroke

Level 2—Very Urgent

Examples include:

- Suspected heart attack
- Severe trouble breathing
- Large broken bones

Level 3—Urgent

Examples include:

- Asthma attack
- Stomach pain
- Fainting or seizure
- Temp. 40C+
- Allergic reaction
- Head injury

Level 4—Less Urgent

Examples include:

- Needs stitches
- Broken ankle or arm
- Sore ear, eye or throat

Level 5—Non Urgent

Examples include:

- Removal of stitches
- Renewing a prescription
- Cough or congestion

Mental Health Crisis

A mental health crisis is assessed differently than the previous physical health examples. An emergency department triage nurse makes the initial assessment followed by a physician who determines if the patient needs to be seen by a psychiatrist.



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