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SPECIAL EDITION THANK YOU TO ALL

Free Publication
Special 2020 Issue



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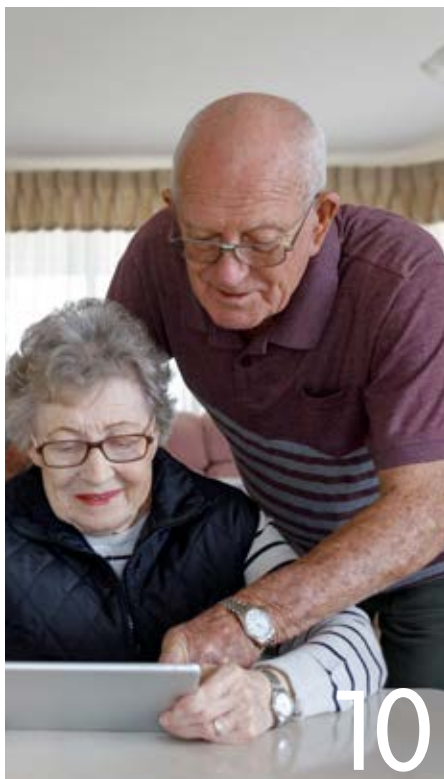
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With great respect and humility, Island Health acknowledges the Coast Salish, Nuu-Chah-Nulth and Kwakwaka'wakw cultural families; whose relationship with these lands remains unbroken; whose homelands Island Health occupies. In making this acknowledgement,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

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MESSAGE FROM THE PRESIDENT & CEO



Communities aren't places. Communities are people with shared experiences.

Through the first wave of the COVID-19 pandemic, we have come together as a community, as neighbours and as health care providers to support and care for each other. In four short months, our lives have changed dramatically. In this special edition of Island Health Magazine, you'll read stories of how communities throughout Island Health responded with compassion, adapted to precautions allowing us to maintain safety and prevent the spread of infection, and how new technologies supported health-care teams to deliver care in innovative ways.

Following the global emergence of COVID-19 in early January, public health officials around the world began planning for its arrival. In BC, our approach from the beginning has been to respond as one health system under the able leadership and guidance of our provincial health officer, Dr. Bonnie Henry. Island Health's first case was confirmed on March 19, and as of the time of writing this article, 131 people have been diagnosed with COVID-19.

Twenty-five people were admitted for treatment at Island Health hospitals, and very sadly five people died due to COVID-19. Their loss will remain with each of us as we mourn together as a community with their families.

Teams across Island Health responded decisively as we began to see positive cases in our region. We quickly established testing and assessment sites, postponed scheduled surgeries and other procedures, implemented visitor restrictions and stopped the practice of staff working at more than one long-term care home. Many of these measures have been difficult on patients, clients, residents and the people who love and care for them, but they were put in place to protect them while readying the system for an expected surge of patients we were seeing in other parts of the world.

There were many uncertainties with this new virus, but Dr. Henry's reminder to "be kind, be calm and be safe" was embraced by people across the province

— especially here in the Island Health region. We have all taken seriously the important measures to prevent the spread of COVID-19 – practicing physical distancing, proper hand hygiene, staying home if we are sick and focusing on protecting those most vulnerable to this virus. These measures have become our new way of living these past months, and will remain with us for the foreseeable future.

Although we had been actively working on expanding virtual health care services prior to the pandemic arriving on our doorstep, physical distancing made this a key priority for our teams to support the delivery of every day health and care. Over the course of just three months, our virtual care team expanded to deliver virtual care for over 100 clinical programs and facilitate more than 7,000 virtual visits between patients and care providers in rural and urban centres.

This technology was also adopted for the first time by our public health teams

“With so much change happening so quickly, we are also incredibly grateful to the people in communities all across Island Health who stood with us.”

as an additional tool to help them monitor more than 50 COVID-19 patients with mild to moderate symptoms who were recovering at home, and more than 500 contacts. We are so thankful for the ongoing work of public health, particularly for their tireless work in testing, tracing and monitoring patients. Their work, along with the support of communities and people across our region, helped to quickly flatten the curve.

The work of public health was also evident when the ‘Namgis First Nation and the Village of Alert Bay implemented a local state of emergency on Cormorant Island. The first cluster within a First Nations community in B.C. would see 30 confirmed cases on the island, with many other confirmed contacts who required daily follow up. The response, decisions and strategies to respond on Cormorant Island were led collaboratively between the ‘Namgis

First Nation, the Village of Alert Bay, and Whe-La-La-U Area Council, with Island Health there to support the community every step of the way. We are incredibly grateful for the opportunity to have worked in partnership with the First Nations leaders and community to assist in quickly getting the outbreak under control.

With so much change happening so quickly, we are also incredibly grateful to the people in communities all across Island Health who stood with us. Organizations donated personal protective equipment (PPE) and retooled their shops to develop new supplies. We saw hearts in windows and on flags, and a touching daily ritual emerged, as people stepped outside at 7:00 pm each night to make noise in support of health care providers and other essential workers. For our health care teams, who were watching as their colleagues around the

world were overwhelmed by COVID-19, your banging, cheers, and messages of support lifted them up, and gave them strength and resolve.

Your support and commitment as a community has made an incredible difference. Our shared experience through the pandemic so far has pulled us together to respond as one. On June 4 as the last COVID-19 patient was released from hospital, we cheered, we cried, and we celebrated. We know this pandemic is far from over and we will see cases being identified over the summer as restrictions are relaxed and a second wave is likely to hit us in the fall. We are prepared, we have better knowledge of the virus, and above all else, we know we have the support and commitment of our communities.

Kathy MacNeil,
Island Health President and CEO



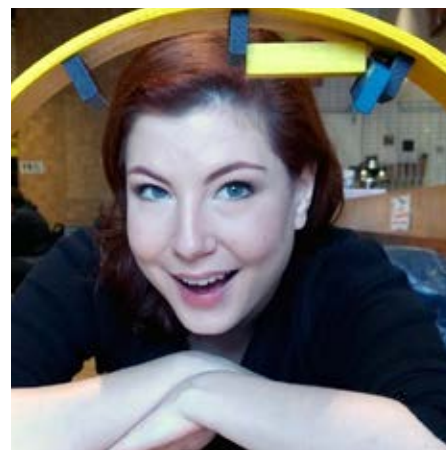
CONTRIBUTORS



Jen Parisi provides communications support for population and public health initiatives at Island Health. She lives in Saanich with her husband, two kids and a pup who likes to chew. Jen has worked in health communications since 2009.



Audrey Larson feels honoured to live, work and learn in Coast Salish territory. As a communications and engagement advisor, she enjoys getting to know people in the communities in which she works. Audrey believes wholeheartedly in the power of collective impact and strives to support community connections that create better health for all.



Emily Staniland is an editor/writer working with Island Health's Enterprise Project Delivery Office to improve project communications and build public awareness about the innovative technologies that support improvements to patient care and the advancement of the Electronic Health Record.

FROM THE EDITOR

Island Health magazine is back.

The magazine was just about ready to go to the printer when the provincial government called a state of emergency over the COVID-19 pandemic and the world as we knew it changed overnight. The decision was made not to move forward with the spring edition. The content didn't reflect our current situation and distribution was going to be an issue.

Like most people, I spent the next few months working from my home office. I learned how to use Zoom for meetings (and my yoga class), held socially distanced walking meetings and was inspired daily by the hard work and dedication of my colleagues. Everyone gave their all to do what had to be done during this challenging time.

I'm so pleased to be able to present this special edition of Island Health magazine. We focus on COVID-19 with relevant articles and information and we also take the opportunity to acknowledge and thank the people in our community along with our health care heroes.

Stay safe and well,



Susan Evans
Editor, *Island Health* magazine
magazine@viha.ca

Supporting safe health-care at hospitals and clinics during COVID-19

As Island Health increases services levels at all of our health-care facilities, we are asking for the public's help to continue to prevent the spread of COVID-19.



Safety is our top priority and practicing physical distancing, frequent hand washing and staying home when sick are still the top ways to prevent transmission of the virus.

Island Health is taking the following precautions at our hospitals and health clinics to keep our patients, staff and medical staff safe:

- Continuing frequent cleaning and infection prevention measures in between clients, promoting hand-hygiene practices, and wearing personal protective equipment as recommended by Worksafe BC, the Public Health Agency of Canada and the BC Centre for Disease Control.
- Reconfiguring waiting areas and cafeterias to support physical distancing.
- Pre-screening clients to determine how best to support them safely during their appointments and triaging patients at risk for COVID-19; and

— Acknowledging the unique experiences of Indigenous peoples and striving to support care settings that are culturally safe and free of racism, discrimination and stigma.

Here are some things you can do to support safe service delivery at your hospital or health centre appointment:

- If you have a pre-arranged appointment and wake up feeling unwell, let us know beforehand and we will arrange to care for you appropriately. Call your care provider or booking office.
- Please plan to arrive on time for your appointment and maintain a physical distance of 2m/6ft from others.
- Visitor restrictions remain in place at Island Health facilities.

Ambassadors are stationed at hospital entrances to keep patients, staff and medical staff safe by limiting visitors, conducting mandatory screening before

entry, and assisting with hand hygiene, mask protocols and wayfinding.

- We ask at this time that you do not accompany others inside to routine appointments. One person can accompany a child; a patient requiring assistance due to hearing, visual, speech, cognitive, intellectual or memory impairments; persons with disabilities, including those requiring emotional or decision-making support; someone who cannot self-advocate, or someone requiring translation assistance. A Cultural Safety advocate will also be supported.
- If you happen to arrive early by vehicle, please wait in your vehicle until 15 minutes before your scheduled appointment to prevent overcrowding in our waiting areas. If you are driving someone to an appointment, please remain in the parking lot so you are nearby when your loved one is ready to be picked up.



DR. RICHARD STANWICK SPEAKS ABOUT THE NEW NORMAL

Dr. Richard Stanwick and his team of Medical Health Officers have been at the forefront of the COVID-19 pandemic. We asked him for his thoughts on Island Health’s “new normal.”

In this new normal, we’re going through the process of securing the positive changes that COVID-19 has brought to us along with mitigating the harms—both direct and unintended. If we are truly committed to creating health for our residents in addition to providing quality “illness care,” this is the moment to not only begin to transform our health services but also to ensure the ongoing health and wellness of our populations.

This will require partnerships to provide the critical support needed to get better food supplies, better recreational opportunities, better transportation, and better efforts around environmental health, climate change and air quality—all things we know make a huge difference in terms of the health of the population.

That’s one thing the pandemic has made clear—the interconnectedness we

have to each other at the health authority level and beyond. We need to make sure we don’t lose our awareness of the need to work together to succeed with a common goal. We need to do more than beat this virus back. We need to have robust health services that are sustainable. We also need to restore and support populations to be as healthy as they can be. Going forward, regardless of the challenge—whether environmental or infectious—we need populations that are fit, we need populations whose mental health is sound, we want populations who are eating right and we want populations that benefit from clean air and water.

This can’t be done alone—partnerships are essential and are the basis of creating healthy public policy. When we work together to develop policies to create health, we can make an impact locally, provincially, nationally or even beyond.

I am privileged to serve as Island Health’s Chief Medical Health Officer and Vice President, Population Health. I’ve been able to work with and share experiences with many wonderful people in Island Health. I am a member of an incredible public health team, including our epidemiologists, harm reduction teams, environmental health officers, licensing teams, public health nurses, nutritionists, audiologists, speech therapists and more—all providing tremendous support to our communities. I would also argue that I have the privilege of working with one of the best teams of medical health officers in the country. British Columbia is very fortunate with the calibre and quality of medical health officers that have served in these roles, and their talents have been reflected in how well the province has done with many, many challenges.

WILL THERE BE A SECOND WAVE OF COVID-19?

Historically, every pandemic we have information on has experienced a second wave. Sometimes the second wave was larger than the first, and sometimes it was smaller.

We know the COVID-19 virus is still circulating and that there is still potential for rapid transmission in our communities.

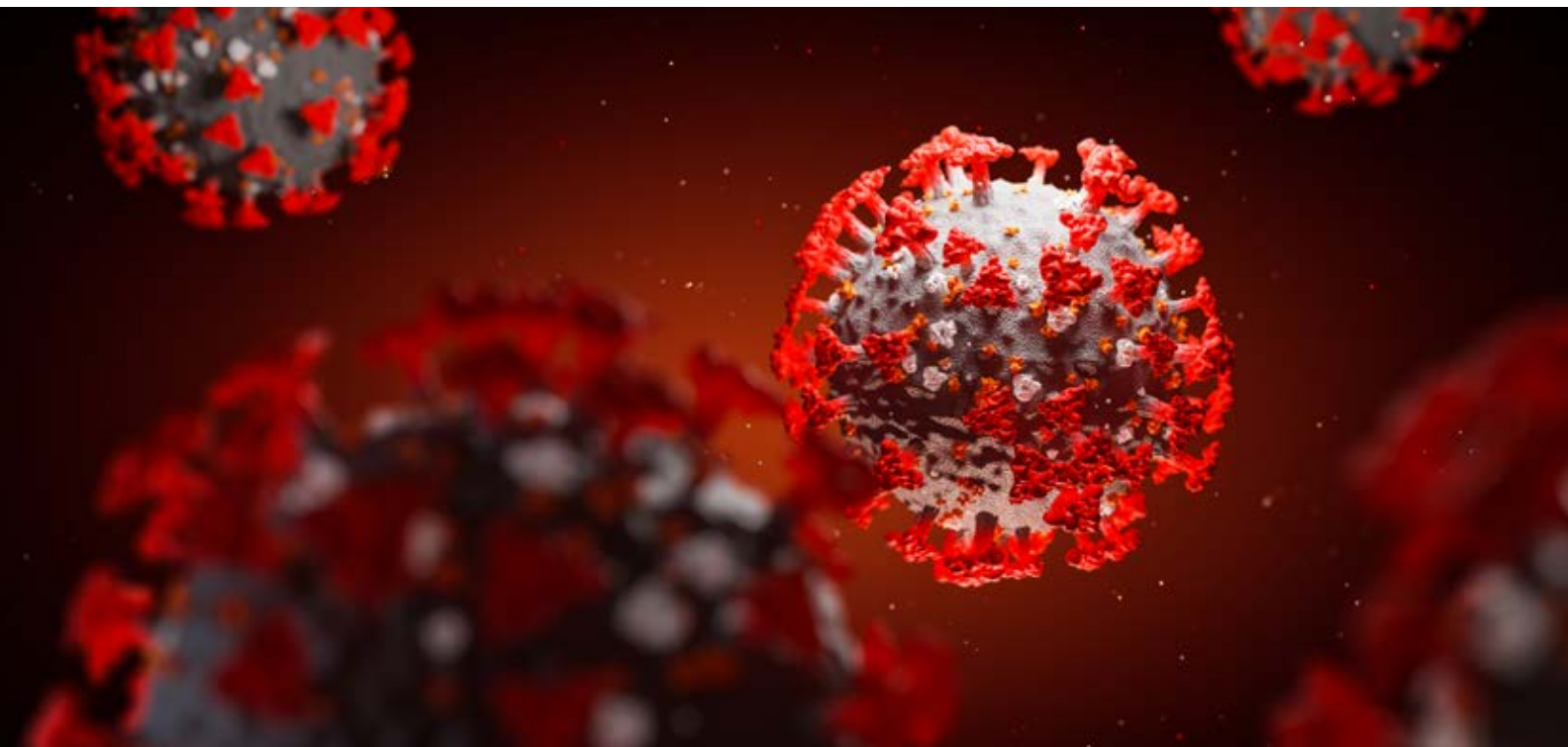
There is a seasonal pattern to respiratory viruses, such as influenza and other coronaviruses. Typically, there are low levels of respiratory viruses in the summer, and a resurgence in the fall and winter months.

There is a chance this will be the case for COVID-19 as well. Seasonal conditions may naturally allow the virus to be transmitted more easily during the fall. Because there is still so much that is unknown about the virus, it isn't clear when a second wave will occur, what size the resurgence will be, if there will be one wave or multiple waves, or if it will become a routine seasonal illness. There may be geographic clustering of viral activity, but it may happen at

different times in different regions, so there may be multiple waves of varying intensity in different locations.

The best ways to prevent transmission continue to be frequent handwashing, maintaining physical distances from others, covering coughs and sneezes and staying home when sick. These measures not only protect ourselves, but also those who are vulnerable to the serious complications of the virus.

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Healthcare at a Distance

by Emily Staniland



Changing from a little-used option to an essential tool overnight, virtual care became a critical part of Island Health's response to the COVID-19 pandemic.

In February 2020, Island Health's virtual care team was planning a slow and careful introduction for their new virtual visit application. Designed to be easy to use from any computer or smartphone, MyVirtualVisit was ground-breaking technology for the virtual care team, as well as for the first practitioner who volunteered to use the new system. After some trials (and some challenges), that practitioner was conducting a few video visits with patients each week. Then, the whole world changed.

Suddenly, patients and healthcare providers were being urged to follow self-isolation and social distancing measures to combat the spread of COVID-19. In hospitals and clinics, carefully managing the supply of personal protective equipment became an urgent concern. One solution became an obvious option:

where appropriate, could virtual care be provided to a patient in their home, instead of at an in-person visit?

While virtual care was not a new practice for Island Health, the existing telehealth infrastructure relied on special equipment located in hospitals or clinics and required the patient to come in person to one of these locations to meet with their care provider virtually. What the COVID-19 response required was virtual visits from the safety of home, and Island Health had just the solution.

Beginning the week of March 14, the virtual care team discarded all their existing plans for a slow and steady introduction of MyVirtualVisit. Instead, project delivery and technical staff not already working on urgent COVID priorities were reassigned to help push

the virtual visit tool out to as many clinics and practitioners as possible, as quickly as possible. Over the following 12 weeks, over 3,500 staff and clinicians at more than 100 clinics and programs became MyVirtualVisits users, conducting more than 8,000 virtual visits with patients across the Island Health region. These visits included everything from primary care appointments and prescription refills, community health services assessments and follow-ups, diabetes education sessions, mental health visits, to specialist assessments.

Maya Miguel began using MyVirtualVisit in March. "Families were relieved to know they had that option," she said. "They could still get care while feeling safe. We gave clients the option, and most who could chose a virtual visit." Up to



70% of Miguel's Community Health Services visits were being conducted via MyVirtualVisit throughout the spring.

MyVirtualVisit wasn't the only tool put to use to meet the demand for virtual visits. In hospitals, patients isolated with the virus needed to stay in touch with their families, and practitioners needed a way to access these patients for discussions that didn't require in-person visits (and thus, didn't require the PPE required to be in contact with that patient). Other virtual visit solutions, including Island Health's internal communications tool, Jabber, as well

as Zoom for Healthcare, were put to the task of keeping patients connected within and outside of the hospital.

Chloe Nelson, a nurse in the COVID unit at the Royal Jubilee Hospital, was on shift when a fleet of iPads equipped with virtual visit software was introduced to the unit. She recalls one patient, an elderly gentleman, who relied on virtual visits to stay in touch with his wife. "Neither were familiar with technology or iPads, but with [the virtual care team's] help, they were able to set it up. Every day the patient and his wife would video chat at 3:00 p.m.," said Nelson.

"It was very sweet and endearing." That patient confirmed, "It meant a lot to be able to stay connected with my family."

CARE IN THE TIME OF COVID COVID-19 rapidly added to the challenges of everyday practice. Clinic waiting rooms, usually bustling, had to be emptied. Patients who needed to travel to meet with their specialists instead cancelled appointments. Community Health nurses and allied health professionals—normally eagerly invited into people's living rooms—were being denied entry to see their patients.

"MyVirtualVisit wasn't the only tool put to use to meet the demand for virtual visits. In hospitals, patients isolated with the virus needed to stay in touch with their families, and practitioners needed a way to access these patients for discussions that didn't require in-person visits."

Maya Miguel, a Community Health Services Occupational Therapist based out of the Esquimalt and West Shore Health Units, was an eager adopter of virtual care. “Stress was high, people were saying we don’t want you to come,” she reports. “I was surprised by how many areas of practice I could do over a virtual visit, like home safety assessments, where the spouse or the caregiver points the smartphone at the client and I, through the speaker, could talk to the client and direct them to do different movements, observe their walking, and tour me around their home. I could make recommendations for equipment and submit them remotely. Then after the family picked up the equipment, I could do a reassessment. I could see what difference the equipment made to their function, their safety, their independence, and their quality of life. I wouldn’t have done anything differently if I was in the home. Everything on my checklist I could get done without having to be there. A lot of our clients were stressed about COVID, and they didn’t want anyone visiting, but they still needed help and advice.”

Diane Twa, a Nurse Case Manager based out of the West Shore Health Unit, has

also found ways to use virtual care in her work. Lengthy patient assessments must be reviewed and updated every year for each patient. “It’s easy to do those via virtual visit. To go out to do the in-home visit and the [assessment] review, it usually takes four to five hours. Virtually, it takes two and a half.”

Lillian, the primary caregiver for her 86-year-old mother who lives with dementia, says conducting the assessment review with Twa using MyVirtualVisit was easy, for both her and her mother. “She took it in stride. She just sat down in front of the computer and started talking to Diane.” Lillian adds, “I think it would save a lot of time for care workers, so they can put their time where it needs to be.”

NOT JUST “AS GOOD AS”

Virtual care isn’t appropriate for every patient or every situation, but where it is appropriate, the aim is always to provide the same level of care and service as they would receive in person. What came as a surprise to many practitioners was not just that they could provide that same level of care via MyVirtualVisit, but that they could

sometimes improve that patient’s experience. For some, it was as simple as not having to tidy up before a home visit, for others, less stress related to travel, waiting, or being in a clinical setting. For both patients and practitioners, virtual care has been a significant time-saver.

Better still were the unexpected impacts on some programs and services. Island Health neurologists are now using MyVirtualVisit in their outpatient clinics, as well as for emergency department consults. Previously, the acute neurology clinic in Victoria could only see so many patients, given their limited clinic space and the ability of patients to travel from other communities.

“Our waitlist [for the acute neurology clinic] used to sit at an uncomfortable 5 weeks,” says Dr. Kristen Attwell-Pope, Medical Chief of Neurology. “We are now sitting at less than 2 weeks, and we are seeing more patients!”

Dr. Attwell-Pope also relates how MyVirtualVisit has allowed for an easier arrangement of meetings with patients, their caregivers, their neurologist, as well as other supporting clinicians, such as an MS nurse specialist. “This is very



“The waitlist reduction is a definite positive, [though we are] more excited by the positive impact on patient experience. Patients that have profound challenges with fatigue no longer have to travel and arrive at their appointment exhausted; we can assess them in their homes and see more accurately where they are health-wise. This allows us a much-improved assessment, which is a huge win for quality and patient experience.”

helpful for the delivery of consistent care in our most complex patients.”

Similarly, introducing MyVirtualVisit to the Multiple Sclerosis Program “reduced waiting lists for new patients from one year to a couple of months,” reports MS Clinic Manager John LeRoy. “The waitlist reduction is a definite positive, [though we are] more excited by the positive impact on patient experience. Patients that have profound challenges with fatigue no longer have to travel and arrive at their appointment exhausted; we can assess them in their homes and see more accurately where they are

health-wise. This allows us a much-improved assessment, which is a huge win for quality and patient experience.”

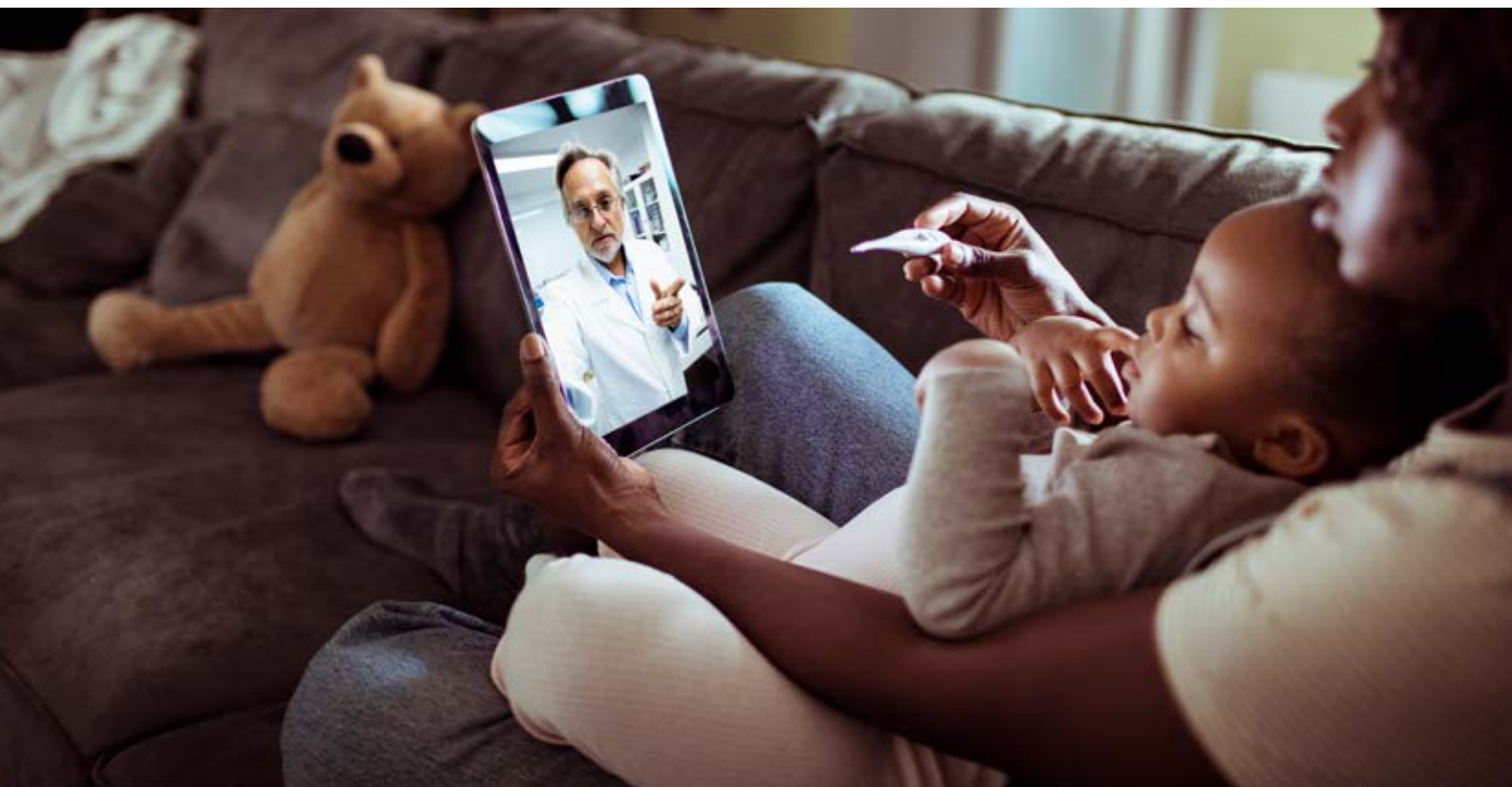
Dr. Morgan Lam, a nephrologist at Nanaimo Regional General Hospital, has also enthusiastically adopted MyVirtualVisit. “Our Renal Program has widely adopted the MyVirtualVisit platform, and we are getting more and more patients used to the platform across our [clinics]. It has provided an excellent way of delivering care to remote communities, [which] has always been a challenge in our widely distributed Renal Program.”

BUILDING A NEW NORMAL

As the first wave of COVID retreats, in-person visits are increasing; however, the experience with virtual care has patients and practitioners calling for it to become part of the new normal.

Island Health’s virtual care team continues to introduce MyVirtualVisit to more clinicians and patients. It’s clear there is a need for virtual care, not just in emergency response situations, but in the everyday practice of healthcare.

To learn more about MyVirtualVisit, visit www.islandhealth.ca/our-services/virtual-care-services/myvirtualvisit.



A THANK YOU NOTE TO OUR COMMUNITIES

by Audrey Larson

As COVID-19 started to make its way towards British Columbia, health-care teams across Island Health quickly shifted from pandemic planning into action mode. Leaders representing our hospitals and community-based care teams were assigned to emergency operations meetings, where regional staff could provide updates to their peers and work together to respond to the global pandemic at a local level.

While many things seemed unclear as the world learned more about the virus, one thing was certain: people in our communities wanted to lend their support to health-care teams and other essential workers serving on the front lines of the pandemic and we could not be more grateful.

First and foremost, people made deep personal sacrifices and followed the guidelines of our Provincial Health Officer, Dr. Bonnie Henry. Streets became quiet as people answered the call to stay home and practice physical distancing and adapted to new ways of connecting with others while staying apart.

Within the first weeks of the pandemic response, Island Health received hundreds of emails from people in every community. Offers of personal protective equipment (PPE) were the most critical, and they arrived from local businesses,

dental offices, builders and others able to share medical grade equipment to keep our patients and care teams safe. Post-secondary schools also teamed up with local businesses to design and fabricate approved face shields by the thousands. And, throughout the pandemic, letters, photos, emails, painted stones, signs and sounds of support from the 7:00 pm chorus found their way into our hearts and social media feeds.

“The impact of such generosity and ingenuity shown to us amidst this challenging time, has been immeasurable,”

notes Victoria Schmid, VP Pandemic Planning for Island Health. “Knowing that people were willing to help our health-care workers and patients stay safe, despite the impact of the pandemic on their own lives, amplified the depth of kindness and support we felt from our communities.”

We’ve gathered a handful of photo highlights as a token of our gratitude, although we could have filled many pages with names and images illustrating the countless gestures of support we received.

“The impact of such generosity and ingenuity shown to us amidst this challenging time, has been immeasurable.”

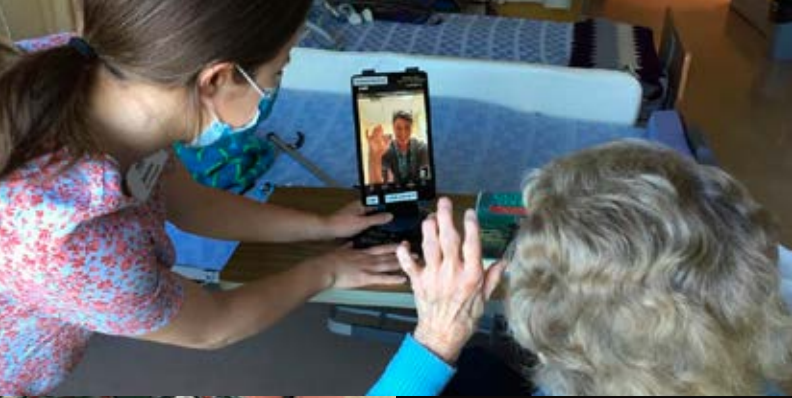
“Knowing that people were willing to help our health-care workers and patients stay safe, despite the impact of the pandemic on their own lives, amplified the depth of kindness and support we felt from our communities.”



Staff came out of retirement to run our COVID-19 call centres from their homes.

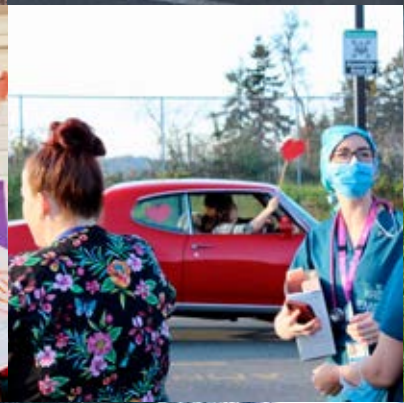


During times of visitor restrictions, Hospital Foundations provided technology to help keep families connected virtually to their loved ones in our acute and long term care facilities.



Island Health received thousands of units of personal protective equipment donations, which are critical to ensuring the ongoing safety of our patients and care providers.





Youth and post-secondary institutions demonstrated their ingenuity in creating medical grade equipment and assisting with child care and grocery deliveries for staff.

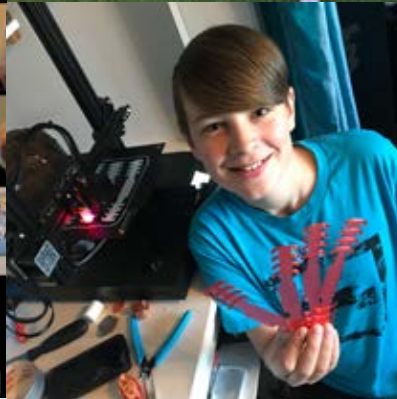




Our Foundation partners, along with local businesses and community organizations, delivered food to our sites to sustain staff and keep them nourished.



Municipalities, elected officials and service groups showed their immeasurable impact throughout the pandemic.



We received many offers of accommodation for health care workers who may need a place to self-isolate so their loved ones can stay safe.



THANK YOU TO OUR COMMUNITIES
AND OUR HEALTH CARE
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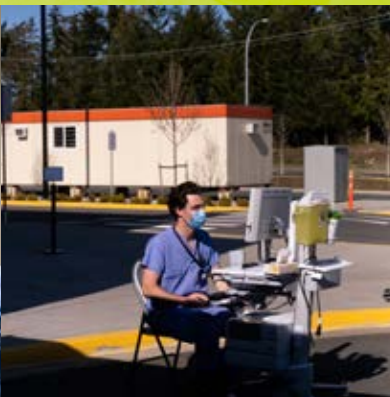
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Shopping, cooking and eating in the time of COVID-19

by Susan Evans



A surprising consequence of the COVID-19 pandemic was its impact on the way we eat. The result of most people staying home was more cooking and eating at home. And all that cooking led to a lot of grocery shopping. Not only did this result in shortages of some popular items (like most baking ingredients), it also made many of us take a long, hard look at our cooking skills. When you can't run out and grab fresh produce or a can of chicken stock whenever you need it, you learn to improvise with what you have on hand.

“Before COVID-19, people often went to the grocery store several times a week. Now, as we reduce our trips to the store, our staples are what we turn to for making easy and healthy meals,” says Helene Dufour, Registered Dietitian, Island Health.

IT'S ALL ABOUT PLANNING

Staples are items you cook with regularly that last a long-time—either on the shelf like canned or packaged goods or in the fridge or freezer. It's a good strategy to stock up on non-perishable food items to have on hand if you get can't go out or want to reduce your trips to the grocery store. It's easier on the supply chain if people gradually build up their household supply instead of buying in bulk all at once. To do this, add a few extra pantry items to your grocery cart every time you shop.

Dufour's number one piece of advice for those who want to limit their shopping trips: make a shopping list. “Plan your meals and make a list ahead of time to help you stay focused when you get to the store to get the items you need and keep your shopping trip shorter,” says Dufour.

She also suggests you check out the foods you already have in your refrigerator, freezer and pantry, making sure to watch for the expiration and best-by dates. Plan meals around what you already have, limit the number of trips to the grocery store and avoid spending money on items you don't need. Aim to prepare a shopping list that will cover your household for two weeks.

STAPLE SUGGESTIONS

Examples of shelf-stable foods include different types of pasta, rice, legumes, nut butter, dried and canned goods and tetra-packs of soup stocks. Frozen options to think about might be loaves of bread, meat and poultry, both whole cuts and grinds, vegetables, fruits and even milk.

Plan for a mix of fresh, frozen and shelf-stable foods. Eat your fresh food first. Stock your freezer and pantry with items you can eat in the second week and beyond. Good items to stock up on that are perishable but have long

shelf lives include root vegetables (carrots, onions, potatoes, winter squash of all kinds, garlic), citrus and apples (refrigerate to increase shelf life).

For high-protein foods, choose plant proteins such as dried or canned beans (like chickpeas, kidney beans and lentils), as well as canned fish and seafood. Powdered milk, alternative fortified beverages, nuts, seeds and nut butters are also useful staples. Aged cheese (like Parmesan), tofu and yogurt last longer in the fridge than many soft cheeses. Freeze poultry, meats and fish as well as leftover meals to use later.

LIMIT FOOD WASTE

Recently, the University of Guelph in Ontario found that “families with growing children waste nearly 3 kg (6.6 pounds) of edible food each week, which can cost them over \$1,000 a year.

They created a free recipe book divided into three categories: 2-in-1 recipes, fridge clean-out recipes, and zero-waste recipes that use more of the individual ingredients, including parts that people often throw away.

You can find the cookbook online by googling “*University of Guelph Rock What You've Got: Recipes for Preventing Food Waste.*”

The other important piece of the food puzzle is to store your produce properly to make it last longer. Interior Health has a great resource with tips on how to store produce that you can find by googling “Interior Health Store It.”

WHAT TO COOK?

While at home together, many people find simple meals and familiar tastes comforting, while others want to try new recipes and explore new flavours. Meals don't need to be anything that takes a lot of time—you can make a well-balanced meal in a matter of minutes. Here are a few ideas from Dufour, along with a selection of recipes in the following pages.

MINI PITA PIZZAS: Spread with tomato sauce, chopped veggies, black beans, and shredded mozzarella, then bake or microwave.

TASTY SALMON CAKES: Mash together potatoes, canned salmon, chopped chives, a little mayo and shredded cheese. Fry patties in a pan and serve with sliced cucumber and ranch dressing or tzatziki.

SCRAMBLED EGG ON ENGLISH MUFFINS: Toast English muffin, add sliced tomato and scrambled egg. Eat as a sandwich.

QUICK MAC AND CHEESE: Cook a box of mac and cheese, add frozen vegetables and canned tuna, then top with shredded cheese and chopped parsley.

“While there is no single food or supplement that will prevent a COVID-19 infection, there are many nutrients that contribute to the normal functioning of the immune system,” notes Dufour. “Eating a diet rich in vegetables and fruit, protein foods and whole grains is as important for a strong immune system as other healthy lifestyle habits like getting enough sleep, being physically active, not smoking and managing stress.”

HELPFUL TOOLS:

- Use My Food Guide to help you plan your meals: food-guide.canada.ca/en/
- Try My Menu Planner from the Dietitians of Canada: www.cookspiration.com/menuplanner.aspx
- Take a hands-on approach to family, food, and fun! www.bettertogetherbc.ca/
- Use Meal-O-Matic, a meal app and website useful for inspiration when you're feeling short on cooking creativity. You choose the meal you want to make and like magic it gives you a recipe using only the ingredients you have on hand! recipes.doctoryum.org/en/makers
- Watch a video – Well Stocked Fridge and Kitchen Cupboards for Quick and Easy Meals: vimeo.com/channels/rohkschoolnutrition/116923405





Pantry Meals

Keeping your pantry stocked with things like canned tomatoes (along with tomato sauce and paste), canned fish, soup stocks and beans (such as black, kidney and white beans) along with an assortment of spices means that you have the basic items to make a number of different recipes.

Vegetables like onions and squash keep for months in the fridge and you can often substitute fresh vegetables for frozen (like peas or broccoli) or canned (like mushrooms). Take a look in your cupboards and fridge and you may be surprised what you can make for dinner tonight!

Sloppy Joes *Makes 7 servings / Recipe courtesy of Skinnytaste.com*

INGREDIENTS:

- 1 medium onion, minced
- 2 cloves garlic, minced
- 1 carrot, minced
- ¼ cup (60 mL) red bell pepper, minced
- 4 oz (113 g) mushrooms, minced
- 1¼ lbs (565 g) lean ground beef or turkey
- 1 tbsp (15 mL) steak seasoning or seasoned salt
- 1 tbsp (15 mL) red wine vinegar
- 1 tbsp (15 mL) Worcestershire sauce
- 2 cups (475 mL) tomato sauce
- 2 tbsp (30 mL) tomato paste

DIRECTIONS:

1. Finely chop all the vegetables, using a chopper or food processor.
2. Heat a large skillet over medium high heat.
3. Add the meat to the pan and break it up as it cooks.
4. Season with steak seasoning and cook the meat until it browns.
5. Add onion, garlic, carrots, red pepper, and mushrooms to the skillet.
6. Reduce heat to medium and add red wine vinegar and Worcestershire sauce. Cook 5 more minutes.
7. Add tomato sauce and paste to pan, stirring to combine.
8. Cover, reduce heat to simmer and cook an additional 5 minutes.
9. Using a measuring cup, pile ½ cup (125 mL) of sloppy meat onto toasted buns.



Mexican Baked Eggs on Black Beans Makes 6 servings / Recipe courtesy of the Heart and Stroke Foundation.

INGREDIENTS:

| | |
|----------------------|--|
| 1 tbsp (15 mL) | canola oil |
| ¾ cup (175 mL) | minced onion |
| 1 tsp (5 mL) | chili powder |
| ½ tsp (2.5 mL) | ground cumin |
| ½ tsp (2.5 mL) | crushed red pepper flakes (or to taste) |
| 1 (19 oz/540 mL) can | low sodium black beans, rinsed and drained |
| 1 (19 oz/540 mL) can | low sodium diced tomatoes |
| 6 | eggs |
| ¼ cup (60 mL) | grated cheddar cheese |

DIRECTIONS:

1. In large saucepan, heat canola oil over medium heat. Add onion and sauté for about 5 minutes. Add chili powder, cumin and red pepper flakes and stir for 2 minutes. If you like it extra spicy, add more red pepper flakes to taste.
2. Add black beans and tomatoes. Stir. Bring to a simmer, cover and cook for 15–30 minutes until thickened to desired texture. While mixture cooks, preheat oven to 350°F (180°C).
3. Lightly brush 6 ramekins (placed on a baking sheet) or one 2-quart (2.25 L) casserole dish with canola oil or cooking oil spray. Mash bean mixture well and evenly divide amongst the dishes. Make a shallow hole in the middle of each one.
4. Carefully crack one egg on top of each dish. Sprinkle lightly with cheese. Bake for 15 minutes or until egg is cooked to desired doneness.

Tuna Noodle Casserole

Makes 6 servings

INGREDIENTS:

| | |
|---------------------|---|
| 6 oz (170 g) | no-yolk noodles, whole-wheat pasta, or brown rice pasta for gluten free |
| 1 tbsp (15 mL) | butter |
| 1 | medium onion, finely minced |
| 3 tbsp (45 mL) | flour (for gluten free, use rice flour) |
| 1¾ cups (425 mL) | fat-free chicken broth |
| 1 cup (250 mL) | 1% milk |
| 1 oz (30 mL) | sherry, optional |
| 10 oz (283 g) | sliced cremini mushrooms |
| 1 cup (250 mL) | frozen petite peas, thawed |
| 2 cans (5 oz/140 g) | tuna in water, drained |
| 4 oz (113 g) | 50% reduced fat sharp cheddar butter-flavoured cooking spray |
| 2 tbsp (30 mL) | Parmesan cheese |
| 2 tbsp (30 mL) | whole-wheat seasoned breadcrumbs |

DIRECTIONS:

1. Cook noodles in salted water until al dente, or slightly undercooked by 2 minutes. Set aside.
2. Melt the butter in a large deep skillet. Add onions and cook on medium heat until soft, about 5 minutes.
3. Add the flour and a pinch of salt and stir well, cooking an additional 2–3 minutes on medium-low heat.

4. Preheat oven to 375°F (190°C). Lightly spray a 9 x 12 casserole dish with butter-flavoured cooking spray.
5. Slowly whisk in the chicken broth until well combined, increasing heat to medium and whisking well for 30 seconds, then add the milk and bring to a boil.
6. When boiling, add sherry if using, mushrooms and petite peas. Adjust salt and pepper to taste and simmer on medium, mixing occasionally, until it thickens (about 7–9 minutes).
7. Add drained tuna, stirring another minute.
8. Remove from heat and add cheddar, mixing well until it melts. Add the noodles to the sauce and mix well until evenly coated.
9. Pour into casserole dish and top with Parmesan cheese and breadcrumbs. Spray a little more cooking spray on top and bake for about 25 minutes.
10. Place under the broiler a few minutes to get the crumbs crisp (careful not to burn).

TIPS:

- Substitute chicken in place of tuna for a chicken casserole.
- Use any vegetables you have on hand—try broccoli, carrots, or asparagus.

Recipe courtesy of Skinnytaste.com





Butternut Squash Chili

Makes 6 servings

INGREDIENTS:

- 1 butternut squash (about 2¼ lb/1.125 kg)
- 1 tbsp (15 mL) canola oil
- 1 onion, chopped
- 3 cloves garlic, minced
- 2 tbsp (30 mL) chili powder
- 2 tsp (10 mL) each ground cumin and oregano
- ¼ tsp (1.25 mL) cayenne
- 1 each red and green bell peppers, chopped
- 1 can (28 oz/796 mL) tomatoes with juices
- 1 cup (250 mL) sodium reduced vegetable broth
- ¼ cup (60 mL) no salt added tomato paste
- 1 can (19 oz/540 mL) no salt added chickpeas, drained and rinsed
- Shredded cheese (optional)
- Sour cream (optional)

DIRECTIONS:

1. Cut squash in half and peel. Remove seeds and cut into 1-inch (2.5 cm) cubes; set aside.
2. In a large saucepan, heat oil over medium heat. Cook onion, garlic, chili powder, cumin, oregano and cayenne for about 5 minutes or until softened. Add cubed squash and peppers; stir to coat. Add tomatoes, breaking up with spoon, along with broth and tomato paste; bring to a boil. Stir in chickpeas and simmer, covered, for about 20 minutes or until squash is tender.
3. Ladle into bowls and serve with a sprinkle of cheese and a dollop of sour cream, if desired.

TIP:

— Squash can last 1 – 3 months in the refrigerator so consider it another staple in your fridge.

Recipe courtesy of the Heart and Stroke Foundation.

NUTRITIONAL INFORMATION | Recipe images do now show exact recipe.

Sloppy Joes

per svq: (½ cup/125 mL)

| | |
|---------------|---------|
| Calories | 121 |
| Protein | 13.7 g |
| Fat | 3.7 g |
| Saturated Fat | 1.5 g |
| Cholesterol | 31.5 mg |
| Carbohydrate | 9.9 g |
| Fibre | 2.1 g |
| Sugars | 5 g |
| Sodium | 470 mg |

Recipe courtesy of Skinnytaste.

Mexican Baked Eggs on Black Beans

per svq: (1 egg and ¾ cup/175 mL bean mixture)

| | |
|---------------|--------|
| Calories | 190 |
| Protein | 12 g |
| Fat | 9 g |
| Saturated Fat | 2.5 g |
| Cholesterol | 190 mg |
| Carbohydrate | 19 g |
| Fibre | 5 g |
| Sugars | 5 g |
| Sodium | 300 mg |

Recipe courtesy of the Heart and Stroke Foundation.

Butternut Squash Chili

per svq: (1 ½ cups/400 mL)

| | |
|---------------|--------|
| Calories | 250 |
| Protein | 9 g |
| Fat | 4 g |
| Saturated Fat | 0.3 g |
| Cholesterol | 0 mg |
| Carbohydrate | 49 g |
| Fibre | 10 g |
| Sugars | 12 g |
| Sodium | 350 mg |

Recipe courtesy of the Heart and Stroke Foundation.

Tuna Noodle Casserole

per svq: (⅓ of casserole)

| | |
|---------------|--------|
| Calories | 318 |
| Protein | 27.3 g |
| Fat | 7 g |
| Saturated Fat | 4 g |
| Cholesterol | 34 mg |
| Carbohydrate | 34.3 g |
| Fibre | 3.6 g |
| Sugars | 6 g |
| Sodium | 660 mg |

Recipe courtesy of Skinnytaste.

HOME FOR THE HOLIDAYS

by Susan Evans





Looks like Summer 2020 will be the year of the staycation. It helps that Vancouver Islanders live in one of the most beautiful places on earth so it's no hardship to stay home this summer. Here are a few ideas for enjoying summer in our own backyard.

START AT HOME

Summer is all about being outside and what better place to be than your own backyard.

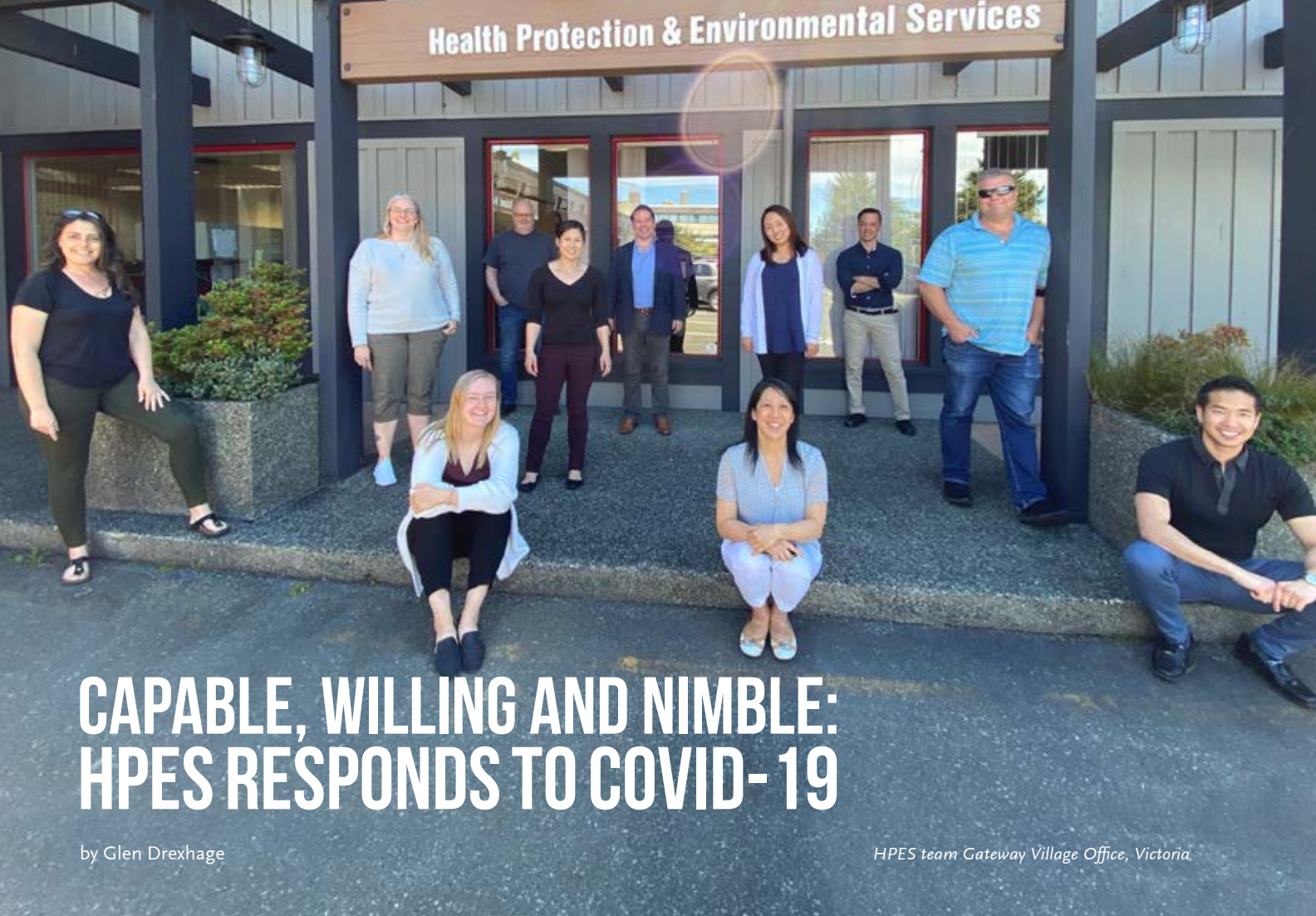
- Set up outdoor games that kids and parents can play together like bocce ball, croquet and badminton. Move your ping pong table outside during good weather and keep a basket with playing cards and board games handy.
- Have a picnic. Instead of eating at your patio table, throw a blanket on the grass and bring a picnic basket.
- Set up a tent and have a family sleepover in your own backyard. Make it feel like camping—eat outside, use flashlights in the dark and tell (not too) scary stories.
- Try setting up your very own outdoor movie theatre. Use a projector unit and hang a sheet for a screen.
- Arts and crafts are just more fun when done outside and offer easy clean-up for messy painting projects.
- Sprinklers, Slip 'N Slides and water tables – this one is probably geared more to little kids but who doesn't love a good Super Soaker on a hot day?
- Host neighbours and friends in small groups outside—on your deck, in your yard or driveway (there is something to be said for entertaining without having to clean your house first). Keep social distancing rules and sorry, no potluck this year. Everyone can bring their food and drink—the important part is sharing community.

AWAY FROM HOME:

- Visit the farmers market—find one new food to try.
- Go for a drive and an ice cream cone after dinner. Especially fun if little ones get to go in their PJs.
- Head to the beach but try a different time of day—go for a picnic dinner or first thing in the morning with your coffee.
- Go berry-picking then head home to bake a pie.
- Hiking, kayaking and canoeing are all great outdoor activities that allow for social distancing.
- Vancouver Island has an abundance of beautiful and varied cycling routes. From a short jaunt on a dedicated trail to a 100km tour of Greater Victoria, there's something for everyone – mountain biking in Nanaimo, Cumberland and behind the Hartland landfill and extended road cycling trips from Metchosin to Sidney and beyond. Check online for route ideas to hit the pavement and trails.

The province has moved into Phase Three and BC residents are now allowed to travel around the province. There are many interesting places to visit – find out more at hellobc.com.

Learn what you can do to travel safely at: www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/travel



CAPABLE, WILLING AND NIMBLE: HPES RESPONDS TO COVID-19

by Glen Drexhage

HPES team Gateway Village Office, Victoria

The impressive efforts of Health Protection and Environmental Services (HPES) are another example of how teams across Island Health have come together in inspiring ways to meet the challenges of COVID-19 in our communities.

HPES members work closely with Island Health’s Medical Health Officers (MHOs) to carry out its work. Its purpose is to ensure the health and safety of the population through education and enforcement of provincial laws – which involves keeping our air and water supply, the food we eat, and the environments where we live and play safe, clean and healthy. The team includes leaders, practice consultants, environmental health officers, public health engineers, administrative support and data analysts, who are based at eight offices across Vancouver Island.

HPES has responded admirably to the complexities and challenges posed by COVID-19. “People have been amazing – they just step up and do it,” says Cole Diplock, Regional Manager of HPES. “What stands out has been the ability of the group to organize and implement the needed tasks in a short period of time and come together as a team.”

Indeed, HPES reacted rapidly to the Orders and oft-evolving messaging released by Dr. Bonnie Henry, the Provincial Health Officer. This involved various tasks, including developing lists of key contacts at a broad range

of community facilities and businesses in order to share mass amounts of information and updates quickly.

Over a two-week period beginning in mid-March, HPES conducted more than 1,000 in-person checks with facilities to ensure that they complied with requirements and recommendations (encouragingly, compliance rates were high). HPES also provided education and advised owners/operators of these facilities, which include food outlets, tattoo and piercing providers, and gyms and recreation centres.



“Staff have also connected with food producers and distributors – such as food banks, soup kitchens and meal programs – to ensure that food is produced and distributed appropriately, given food safety and COVID-19 considerations.”

In addition, HPES has helped support efforts to serve vulnerable populations. Several team members have visited shelters to review the sites, and provide education and guidance regarding risk reduction, physical distancing, and cleaning and sanitation. Staff have also connected with food producers and distributors – such as food banks, soup kitchens and meal programs – to ensure that food is produced and distributed appropriately, given food safety and COVID-19 considerations.

As restrictions have eased, HPES has changed gears and worked with facilities

that are re-opening. Since Phase 2 was introduced, HPES has completed more than 900 compliance and complaint Inspections at sites such as food facilities, personal service establishments (such as barbers), gyms, pools and other facilities. “It can be a challenging balance – understandably people want to get back to work and back to some sense of normalcy, but COVID-19 remains a major concern,” says Diplock.

The program has also provided guidance on plans for all sorts of activities and events, ranging from drive-in

movies, fairs/exhibitions and farmers markets to weddings, funerals, grad ceremonies, block parties and sporting events.

Moving forward, HPES will continue to collaborate with MHOs, other health authorities, WorkSafeBC and other agencies. It’s been a hectic time, but the HPES team has risen to the occasion. “They did it by being capable, willing and nimble,” says Diplock. “Each member recognized their role and completed their responsibilities professionally.”

“What stands out has been the ability of the group to organize and implement the needed tasks in a short period of time and come together as a team.”

Island Health partners to Help Fill A Dream

by Jen Parisi

Getting healthy food on the table has been a challenge for many of us over the past months during the pandemic. And for families with medically frail and immune-compromised children—some of whom are also dealing with income loss—even buying groceries has been extraordinarily difficult.

Island Health's public health team in the West Shore worked with the Help Fill a Dream Foundation to fill that gap. With funding from the Hyatt Foundation, Help Fill a Dream was able to offer grocery bags to 80 families with medically frail children across the Island. Staff members Areli Hermanson and Mary Ellen Raven from the West Shore Health Unit provided space, volunteer coordination, ordering and distribution of the vegetable bags for families in Greater Victoria.

"Public health has a role in promoting good nutrition as an important part of health and wellness," said Kathy Easton, Public Health Manager, West Shore and Cowichan Valley, "and this partnership

allowed us to not only improve food security for these families but also pilot a food distribution system that could improve access to food in the West Shore."

On Wednesday mornings, eight volunteers gather at the health unit. They wash their hands, don their cloth masks, put on gloves and stand at a distance. The volunteers pack 50 bags of groceries in under 40 minutes every week. The bags are then loaded into vehicles and the volunteer drivers deliver the fresh fruit and vegetables to families. The volunteers are friends, neighbours and family members of staff from the health unit and volunteers from Help Fill a Dream—all willing and eager to lend a hand.

"Nutritious food is the foundation for good health. Every family deserves to be able to eat well," said Craig Smith, Executive Director, Help Fill a Dream. "We underestimated the profound and immediate impact these deliveries would have on our families. It appears that the simple act of providing a selection of fresh fruit and vegetables was exactly the tonic that was needed for these families at this time."

"Not having to go and get things is a huge relief for me. Making sure we all stay safe and healthy, especially [for our son] Riley," said a family member. "Today to receive ANOTHER delivery of fresh veggies and fruit brought tears to my eyes."



Who knew such a simple, thoughtful delivery would have such an impact?"

The staff and volunteers supporting the project also benefitted from the opportunity to do something positive in the midst of a stressful time. "This opportunity lightened everyone's spirits.

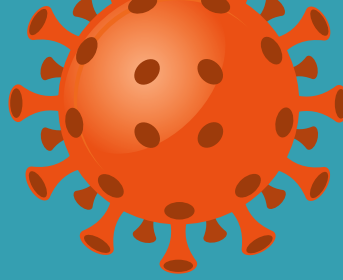
Everyone involved is going the extra mile, smiling. They're having a lot of fun, and it's such meaningful work," said Easton. "The ability to give back is re-energizing for everyone and is lifting spirits not only for the families who receive the bags but also for everyone who is working on the project."

The West Shore Health Unit and Help Fill A Dream will continue to provide families with grocery bags while donations last.

To learn more visit helpfilladream.com



Table 2
Pict



CARE, INNOVATION, AND EVIDENCE: COVID-19 RESEARCH AT ISLAND HEALTH

by Annie Moore

The COVID-19 pandemic demanded a decisive response to reduce spread and minimize impact on the health system. One integral part of that system pivoted with lightning speed to respond to the novel virus: the health research community. Researchers across the Island, across the country and around the world have mobilized to improve diagnosis and treatment and address the impacts of COVID-19.

“Island Health’s research response has been as broad in scope as the challenges raised by the pandemic,” says Cindy Trytten, Director of Research. “We’ve expedited clinical trials and other COVID-19 studies. We’ve summarized emerging evidence on personal protective equipment, nursing policy and more. We’ve developed data management solutions to receive donations, streamline logistics and evaluate health service changes. And we’ve partnered with universities and community groups to submit more than two dozen grant applications.” If funded, these grants can help Island Health adapt community services for seniors, enhance predictive modelling, develop better diagnostic tests and more.

CLINICAL TRIAL COLLABORATIONS

“Unprecedented times require unprecedented cooperation. That’s what we’ve seen in the COVID-19 collaborations across Canada and globally,” says Fiona Auld. Auld is a critical care clinical research nurse in Island Health’s

Clinical Trials Unit. She and her colleagues are working with staff and physicians to bring promising new treatments to COVID-19 patients on Vancouver Island. These investigational therapies are only available through clinical trials.

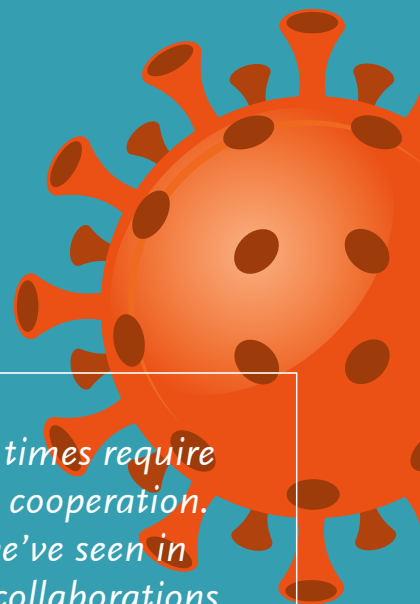
“The only way we’re going to learn what therapies are effective is by doing research,” says Dr. Daniel Ovakim. Ovakim is a critical care physician and Principal Investigator on the three COVID-19 trials underway at Island Health.

“We mobilized our existing infrastructure and a highly experienced team to move quickly from clinical trials in intensive care, dementia, C. difficile and migraine to COVID-19,” Auld notes. She is the lead research nurse coordinator on the CATCO trial (short for Canadian Treatment of COVID-19). CATCO compares three antiviral drug treatments to standard care for patients hospitalized with COVID-19. Anyone hospitalized with COVID-19 at Royal

Jubilee and Nanaimo Regional General hospitals will be offered the opportunity to enroll.

CATCO is the Canadian arm of the global SOLIDARITY trial, coordinated by the World Health Organization (WHO). On a recent teleconference, WHO recognized the Canadian research community for its ongoing contributions to clinical research, especially the Ebola vaccine. “Not only does clinical research benefit Canadians, it also develops lifesaving treatments for countries that may not have the infrastructure to conduct trials,” says Gayle Carney, a clinical nurse research coordinator.

Island Health is also participating in the ATTACC study, which seeks to reduce the heightened risk of blood clot formation in patients with COVID-19. For Deborah Parfett, Clinical Nurse Research Coordinator on the study, it’s an exciting opportunity. “Because the blood thinner used in ATTACC is widely available, it could have rapid impact if results prove positive,” she says.



“Unprecedented times require unprecedented cooperation. That’s what we’ve seen in the COVID-19 collaborations across Canada and globally”

The third study, called CONCOR, treats hospitalized patients with convalescent plasma. “This study gives people who have recovered from COVID-19 an opportunity to donate their plasma. Convalescent plasma may lead to the discovery of antibodies that can reduce risk and improve outcomes,” says Tracey Roarty, a clinical research nurse.

Island Health is also contributing to global observational studies. These studies are collecting data on COVID-19 symptoms, outcomes and impact. Medical and nursing student volunteers are supporting data entry for one

of those studies, including Registered Nurse and medical student Sarah Douglas. “Working on a global study during the pandemic has been a privilege,” says Douglas. Data from over 50,000 patients worldwide is already providing valuable information on how to manage and treat the virus.

BUILDING A BIOBANK

To empower translational research (from the lab bench to the bedside), Island Health is establishing a Vancouver Island COVID-19 biobank, in collaboration with the BC Cancer Agency and other health authorities.

The biobank will gather data and biological specimens (such as blood and plasma samples) from COVID-19 patients across the region.

These samples will enable new insights into the virus. Early research will focus on tests to better detect the coronavirus and identifying features relevant to diagnosis and personalized treatment. The samples will also help researchers understand the complications of the disease over the long term.

The biobank will be accessible to researchers across the country, and builds significant capacity for research

“We’ve expedited clinical trials and other COVID-19 studies. We’ve summarized emerging evidence on personal protective equipment, nursing policy and more. We’ve developed data management solutions to receive donations, streamline logistics and evaluate health service changes. And we’ve partnered with universities and community groups to submit more than two dozen grant applications.”



in the region. Dr. Michael Chen, a clinical pathologist with Island Health, will lead the biobank: “As the fight against COVID-19 continues, our biobank will play an integral part in improving population health, advancing care and enhancing research collaborations,” he says.

The biobank was made possible through funding from the Victoria Hospitals Foundation and the UBC Faculty of Medicine, with additional support and expertise from Island Health’s Research Department. Avery Brohman, Executive Director of the Victoria Hospitals Foundation, notes that “This funding will develop the Island’s first biobank, a much-needed resource to conduct research to improve care for COVID-19 patients. We are grateful to our donors who have supported our COVID-19 response efforts and continue to do so.”

WELLNESS FOR HEALTH CARE PROVIDERS

Dr. Shannon Dames wants to enhance resilience and improve mental wellness for health care providers who work in trauma-laden environments. Dames knows the mental health effects of those environments firsthand; in addition to being a Nursing professor at Vancouver Island University, she is a forensic nurse examiner with Island Health. “Health care providers already face higher rates of depression and post-traumatic stress disorder (PTSD) than other professions,” she notes, “and the pandemic is further inflaming that distress.”

Dames has been awarded a \$50,000 grant from the Canadian Institutes of Health Research to improve treatment options for health care providers living with treatment-resistant depression or PTSD. The study will combine ketamine-assisted therapy with Dames’ evidence-informed communities of practice. Called Roots to Thrive, these communities of practice reduce stress by enhancing mindfulness, self-compassion and authentic relationships. Dames will collaborate with Dr. Wei



Song (Head of Psychiatry at Island Health) and the Vancouver Island Centre team, who support patient-oriented research in the region. Patient-oriented research engages people with lived experience as equal partners throughout the research process—in this case, health care providers themselves.

THE POWER OF PATIENT PARTNERS

Lisa Ridgway is many things: a lawyer, a podcaster extraordinaire, a mental health advocate and a passionate patient partner. She recently shared that passion as a panelist during a virtual conference focused on COVID-19 and attended by 1,400 people across the country.

Ridgway spoke to the critical importance of engaging patient partners in COVID-19 research. “To step out on a national stage made me nervous!” she admits. “But I thought about the patient experience and patient-oriented research across Canada, how we are all going through this together, and how the strong leadership at Island Health has kept me, my family and our communities safe. So, I stepped into a brave space and tapped into my passion.”

Now, she’s working to help create a local funding opportunity so patients and families can get involved in COVID-19 research.

RESEARCH ETHICS IN A PANDEMIC

None of this research would be possible without the expertise and commitment of Island Health’s two Research Ethics Boards and the team that supports their work. In the six weeks following

the outbreak, the boards reviewed 18 new COVID-19 studies. Working as part of a broader provincial and national response, the boards met virtually to coordinate and accelerate reviews. The remarkable speed and integrity of these reviews protects study participants while providing access to new therapies and valuable data about how the pandemic is affecting our communities.

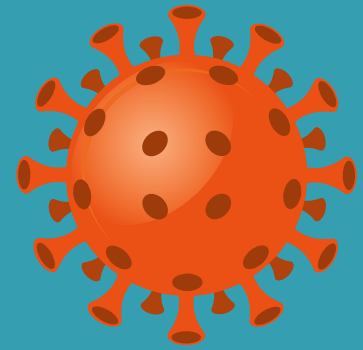
MOVING FORWARD: A RESEARCH MARATHON

In early March, Island Health had nearly 350 active research studies in a wide range of areas. By the end of March, research unrelated to COVID-19 had been suspended to ensure the health and safety of patients, staff and research teams. Now those studies are slowly resuming as the health system and society re-open, complete with safety plans to reduce risk.

As we emerge from the first wave and prepare for future waves, the number of COVID-19 studies will grow. In addition to clinical trials in hospitals, vaccine trials are on the horizon, along with studies that will establish effective treatments for people who have recovered from COVID-19 but face long-term complications. Island Health will also learn more about the impact of the pandemic on staff, patients and communities, and will use this evidence to support planning and decisions.

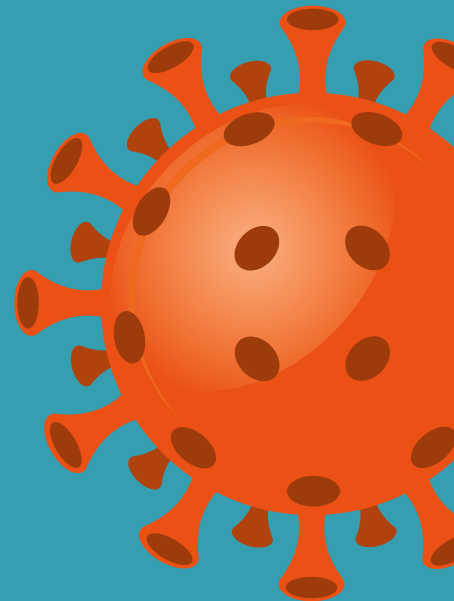
Whether in the midst of a pandemic or in navigating a new normal, research plays an essential role, enabling Island Health to provide the best possible care and services to patients and communities.

“None of this research would be possible without the expertise and commitment of Island Health’s two Research Ethics Boards and the team that supports their work.”



GET INVOLVED

- Find study opportunities across the province through REACH BC: www.reachbc.ca. Sign up as a research volunteer and help to create a stronger and healthier BC! REACH BC is currently adding COVID-19 research opportunities and other studies that allow participation by phone or online.
- Help to improve care and fund research by contributing to the Victoria Hospitals Foundation: www.victoriahf.ca/research.
- Sign up for Island Health’s research newsletter or volunteer to become a research patient partner at www.islandhealth.ca/research.



'I didn't think I would lose him,
but then it happened.'



89% of Opioid Deaths happen Alone.

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