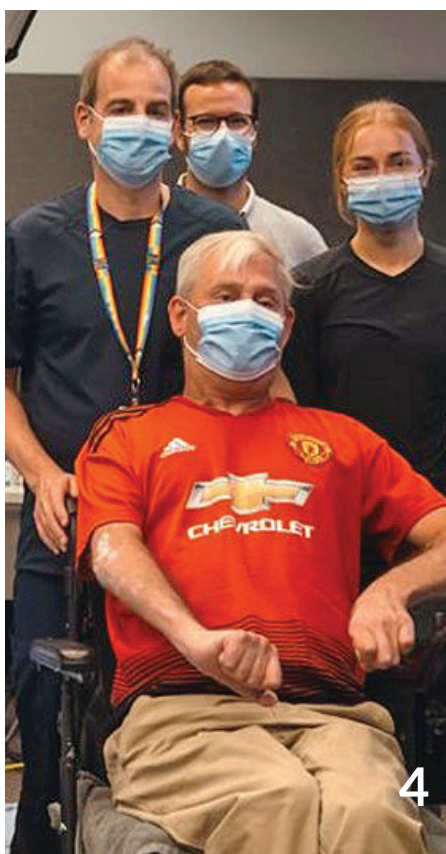


currents

Inside Island Health

Winter 2024





IN THIS ISSUE...

- | | | |
|---|--|---|
| <p>4 IMPROVED CARE & OUTCOMES: EVIDENCE INTO PRACTICE AWARD WINNERS</p> <p>7 MHSU WELCOMES NEW RESEARCH SCHOLAR IN RESIDENCE</p> <p>8 IHEALTH WORLD CAFÉS HIGHLIGHT CLINICAL PRACTICE & EHR</p> <p>10 COWICHAN LODGE WELCOMES MHSU PILOT PROGRAM & LPN LEARNERS</p> | <p>12 WHEN THE STANLEY CUP CAME TO RJH</p> <p>14 MENTAL WELLNESS: WHAT YOU SAID</p> <p>16 WEAR RED DAY FOR WOMEN'S CARDIOVASCULAR HEALTH</p> <p>18 SERVICE LINK PHONE LINE ONE YEAR LATER</p> <p>19 CEDAR ROSE WORKSHOP CONNECTS UPCC STAFF TO INDIGENOUS LEARNING</p> | <p>20 TALENT SERVICES FREE UP LEADER CAPACITY WITH RECRUITMENT SUPPORT</p> <p>22 COMMUNITY RESPIRATORY THERAPISTS: A SUCCESS STORY</p> <p>24 COMOX VALLEY OTs WIN HEALTH QUALITY BC AWARD</p> <p>25 ISLAND HEALTH BOARD & EXEC VISIT THE COWICHAN VALLEY AND NEW CDH SITE</p> <p>26 SCENE & HEARD</p> |
|---|--|---|

Cover photo: Members of the Heart Health team in Victoria wear red to support women's cardiovascular health. L-R: Shannon McGregor-Brown, RN Cardiac Rehab; Robyn Vantreight, RN Cardiac Transplant; Dr Elizabeth Swiggum, Cardiologist; Hilary Hagel, RN Heart Function Clinic (HFC); Andrea Petras, RN HFC; and Dani Patenaude, Medical Stenographer HFC. See more from Wear Red Canada Day on [page 16](#).

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





FROM THE PRESIDENT & CEO

■ February is Heart Month—an opportunity to consider how we look after our own hearts, both physically and holistically, with grace and kindness. It also reminds us to express gratitude to everyone who symbolically sustains the beating heart of Island Health.

This edition of *Currents* highlights the work and achievements of the Island Health family. It reminds us with each success, we move closer to achieving our shared vision of *excellent health and care for everyone, everywhere, every time.*

In this issue, we introduce you to Dr. Colette Smart, our newly appointed Mental Health and Substance Use Research Scholar in Residence, who is helping to generate new evidence to inform care and using existing research evidence to improve access to high-quality services ([page 7](#)).

We celebrate several award winners within Island Health. Read about this year's Evidence into Practice award recipients, who implemented positive, evidenced-based changes to improve outcomes for our patients and communities—including Dr. Paul Winston and the Restorative Health team,

“Thank you all for continuing to meet the day with kindness, curiosity, and, most of all, heart.”



who have received international recognition for their work with children and adults with the pediatric-onset of neurologic disability ([page 4](#)). In the Comox Valley, three Occupational Therapists on the Geriatric Specialty Services Team won the BC Excellence in Quality: Coping with Transition from Life award from Health Quality BC for their Cognitive Stimulation Therapy initiative ([page 24](#)).

In January, to the delight of hockey fans, NHL veteran Geoff Courtnall and his brother Bruce brought the Stanley Cup to Royal Jubilee Hospital for viewing and photos ([page 14](#)) to recognize all who care for patients with mental health challenges. Among the fans were two young players representing *Buddy Check for Jesse*, a charity dedicated to mental health founded by Island Health physician Dr. Stu Gershman, in memory of his son, Jesse ([page 12](#)).

Did you know heart disease is the leading cause of premature death in women in Canada? See photos of staff and medical staff who participated in Wear Red Day to increase public awareness of women's cardiovascular health, and learn more about what you can do to protect your heart health on [page 16](#).

Thank you all for continuing to meet the day with kindness, curiosity, and, most of all, heart.

Warmly,

Kathy MacNeil

IMPROVED CARE & OUTCOMES EVIDENCE-INTO-PRACTICE WINNERS

By Annie Moore, Research Education & Grant Facilitator

■ Island Health’s 11th annual Evidence-into-Practice Awards recognize and celebrate colleagues who have implemented positive, evidenced-based change to improve outcomes for our patients and communities.

GOLD

EVIDENCE INTO
PRACTICE AWARDS

Dr. Paul Winston: Treating Spasticity in Children and Adults with Pediatric Onset of Neurological Disability

Dr. Paul Winston, Medical Director of Restorative Health, and his team won the gold award for treating spasticity in children and adults with pediatric onset of neurologic disability. Spasticity is a disorder of muscle movement that causes stiffness, pain and disability. It's common in children with neurological disorders, affecting 60-70% of children with cerebral palsy, as well as those who suffer strokes, spinal cord injuries, and traumatic brain injuries.

The current standard of care for spasticity is botulinum toxin, which is costly and has to be injected four times a year. It is also known to damage muscles and atrophy tissue. The existing evidence shows that children either need constant injections or major surgical events to manage worsening spasticity as their bodies grow. In BC, that can mean long and costly journeys to BC Children’s in Vancouver; many parents hope to avoid surgical interventions, and many children experience trauma as a result of multiple hospitalizations and ongoing injections. In adults with spasticity, the evidence suggested that not many treatments improve function. Many patients in Dr.



An international audience, L-R: Dr. Hannah Steere, Dr. Priyanca Shah, and Dr. Craig Rovito from Harvard Medical School’s Spaulding Rehabilitation Centre with Dr. Winston, Dr. Romain David, Mahdis Hashemi, and Laura Schatz. Front: patient Alistair Green.

Winston’s care had plateaued in their recovery because they’d stopped seeking care, and had given up any hope of improvement or increased independence.

To treat both children and adults, Dr. Winston and his team have developed an innovative treatment called cryoneurolysis or nerve-freezing. First, an ultrasound monitor is used to maneuver a needle to the right spot. In order to reduce pain for his pediatric patients, Dr. Winston partnered with Island Health’s pediatrics team to use nitrous oxide (laughing gas) to cause a rapid drop in temperature, the needle then freezes the nerve to -88 degrees C, eliminating the muscle’s ability to contract and easing tension.

The results include muscle relaxation, restored function, and improved quality of life—often in a matter of minutes. Effects typically last one to two years and may even be permanent. Under Dr. Winston’s care, adult patients with spasticity are also regaining useful

movement in their arms, shoulders and fingers; they’re seeing improved gait; and they’re gaining the ability to transfer or receive personal care. After receiving treatment, one man was able to play catch for the first time since his injury. Many children regain their ability to be kids: to run, to play soccer, even to do gymnastics. As they grow, more muscles can be added in the treatment to further extend movement. The team’s motto is to maximize potential and restore function, and Dr. Winston emphasizes what’s possible for patients, giving back movement and strength.

For one patient with cerebral palsy, Dr. Winston’s care approach made all the difference. Says Asha, “I used to feel like none of my doctors took me seriously and that changed when I met [Dr. Winston]. When I first started getting to know [him], I felt safe and heard, which is amazing for somebody who doesn’t always feel that way.”

Asha continues, “I hope that lots of people that are living with cerebral palsy will be able to be patients [of Dr. Winston’s program] in the future and get the same benefits that I’ve gotten. I’m sure plenty of other people will feel very lucky to have a doctor that understands how important it is to believe in yourself and be brave.”

Since 2018, Dr. Winston has received four Evidence-into-Practice awards: two gold and two silver. His team has grown the Victoria Peripheral Nerve and Spasticity Clinic into an internationally-recognized centre for collaborative care, presenting their work at major conferences and publishing results in peer-reviewed journals. In addition, the clinic plays an important role in training and education; clinical fellows are recruited through the University of British Columbia, they have a regular rotation of residents from across Canada, and have trained teams from all over the world, including Harvard and Oxford universities.

Dr. Winston and his team continue to integrate research into clinical practice to enable innovation that’s improving lives locally and globally, and to collect and publish data on outcomes for over 300 patients aged 5 through 95+. The clinic has 10 active research studies, with more pending approval.

Congratulations to Dr. Winston and his team on the success of the program and the well deserved recognition.



Dr. Paul Winston



Left: Lina Al-Sakran. Right: Cowichan Palliative Care Team members Janet Rowilson, LPN, and Joanne Morton, RN flank patient Heather Robb (since deceased).

Lina Al-Sakran: Enhancing Palliative Services in Cowichan

Lina Al-Sakran, Evaluation Consultant for the Cowichan Health and Care Plan, was awarded the silver award for leading the collaborative work of the Cowichan Palliative Network, which includes the Cowichan Health and Care Plan (CHCP), Community Health Services, Cowichan Hospice House and the Palliative End-of-Life Team (PEOL). Lina supported the implementation of enhanced palliative services by applying a learning health systems approach.

Most people—in Cowichan and elsewhere—share a strong preference to receive palliative care and experience end-of-life in their own home. The CHCP worked collaboratively with their partners to improve quality of life and death for palliative clients by honouring individual choices, needs, and values and providing the services and supports they need to respect those end-of-life choices.

Robust research evidence shows that early referral to palliative services and home-based care can decrease hospitalization for clients at end-of-life. Based on this, the CHCP implemented expanded services and enhanced supports for clients during their last 12 weeks of life. Clients now receive

more regular and longer nursing visits, with the option of additional visits in the event of crises. As a result, palliative care nurses have more time to engage in crucial conversations and identify care goals that align with their clients' preferences. Overnight care has also been introduced to provide support any time of day or night. The palliative nursing team is now better connected with hospice services, which makes transitions smoother and faster. Clients are currently admitted to hospice within 24 hours, while before some had to wait up to 72 hours.

As a result of these changes, a decrease in hospital deaths was observed in palliative clients (from 36% in January of 2022 to 10% in June of 2023), allowing more people to receive end-of-life care when they need it and where they choose.

In the words of one grateful family member whose father passed away at home, “This is a level of healthcare that I don't think anyone realizes is a real success. We hear a lot of the negative things about the healthcare system and the pressures, but what we received and what we experienced in Cowichan was truly a blessing and appreciated.”



Members of PORT: Dr. Fraser Black; Charlotte Futcher, Shelley Tysick, and Douglas Ennals.

Palliative Outreach Resource Team for Equitable Access to Palliative Care

Bronze award winners Jill Gerke, Regional Director of Palliative and End-of-Life Care, and the members of the Palliative Outreach Resource Team (PORT) have successfully expanded access to end-of-life care for people experiencing homelessness and other structural inequities in Victoria.

For over a decade, the Island Health Palliative and End-of-Life Care (EOL) program has engaged in research to address inequities in care at the EOL. As a lead member of the Equity in Palliative Approaches to Care (ePAC) community collaborative, they've worked with researchers at the University of Victoria and community partners to conduct research aimed at improving access to quality EOL care for those who face inequities like homelessness, poverty, racism and stigma.

Their research led to the development and sustainable funding of Victoria's PORT, which has reduced emergency department admissions and hospitalizations among its clients while also improving quality of life and care.

Prior to this research, the EOL program rarely encountered people who face inequities and who could benefit from a palliative approach to care. PORT now serves 25-30 vulnerably-housed people at any given time and is providing a model for excellence in equity-oriented palliative care.

This research has galvanized positive change, resulting in committed clinical resources for the PORT services, and catalyzing key community partners to work together toward improving and enhancing care at EOL. Along with evidence informing PORT's development, the research has led to new approaches to advance care planning among vulnerable groups, and educational resources to support Island Health staff and community partners to integrate equity into palliative approaches to care. This collaborative work is recognized nationally and internationally as best practice for equity-oriented palliative care. What began in 2011 as a community-based grassroots initiative to improve palliative care for Victoria's most vulnerable people has now garnered local,

national and international attention, plus over \$4 million in research funding. The extended ePAC research team includes:

- Carolyn Wilkinson, Manager, Palliative Care and End-of-Life
- Shelley Tysick, PORT Nurse
- Kate Leahy, PORT Nurse
- Robyn Kyle, PORT Outreach Worker
- Charlotte Futcher, PORT Outreach Worker
- Doug Ennals, Palliative Care Social Worker
- Dr. Fraser Black, PORT/Palliative Care Physician
- Dr. Christian Wiens, PORT/Palliative Care Physician
- Dr. Kelli Stajduhar, UVic Professor & Canada Research Chair (Tier 1) Palliative Approaches To Care in Aging and Health
- Ashley Mollison, UVic Program Coordinator, Equity & Palliative Care ▲

MHSU WELCOMES NEW RESEARCH SCHOLAR IN RESIDENCE

By Annie Moore, Research Education & Grant Facilitator

■ As of January 2024, Dr. Colette Smart, Registered Psychologist and an Associate Professor of Psychology at the University of Victoria, has been appointed the Mental Health and Substance Use (MHSU) Research Scholar in Residence.

In this role, Dr. Smart will collaborate with Island Health MHSU team members to generate new evidence to inform care and use existing research evidence to improve access to high-quality services.

Dr. Smart's research focuses on clinical neuropsychology, cognitive-affective neuroscience, and neurorehabilitation. As the Island Health Research Scholar in Residence, she will lead research activities in both hospital and community settings to enhance client care planning and treatment for those who may face significant barriers due to traumatic stress. Says Dr. Smart, "I am absolutely delighted to be the new Scholar in Residence at MHSU. As a scientist-practitioner, I sit at the intersection of research, teaching and clinical practice, allowing me to facilitate dialogue between researchers, care providers and people with lived experience. I am keen to learn about the experiences of providers at Island Health and find opportunities to support the work they are doing, as well as implement and generate new knowledge around complex trauma—an often-misunderstood topic."

"Leading edge research plays a key role in advancing care and treatment for people living with significant mental health challenges," said Dr. Wei Song, Executive Medical Director, Mental



Dr. Colette Smart

Health and Substance Use. "The goal of this research is to better understand relationships between trauma and serious mental health issues, such as psychosis and treatment-resistant depression, to support improved care." "Ensuring the best, research-driven care for our communities is at the heart of what we do," said Minister Jennifer Whiteside, Minister of Mental Health and Addiction. "Insights from researchers like Dr. Smart will help us refine our methods and extend better support across Vancouver Island and beyond."

Island Health has hosted two previous Scholars in Residence, most recently [Dr. Bernie Pauly](#) in MHSU, and Dr. Belinda Parke in Seniors Health. The two-year Scholar in Residence role builds Island Health's capacity to conduct research while facilitating quality care in our communities. For Dr. Smart, it also represents an opportunity to give back. "As an immigrant to Canada, it's personally meaningful for me to be able to work with Island Health and contribute directly to my community and the place I now call home." ▲

IHEALTH WORLD CAFÉS HIGHLIGHT CLINICAL PRACTICE & ELECTRONIC HEALTH RECORD

By IHealth Communications

Grabbing the attention of busy staff and providers for a learning moment isn't always easy in a hospital environment. But with hands-on demonstrations, supportive experts and prizes, the IHealth World Café came to acute hospitals in Victoria in October, then to Nanaimo in December.

World Café events raise awareness of the electronic health record (EHR) and help prepare staff for upcoming IHealth Go-Lives – such as the large activation planned this spring in the South Island. World Cafés also share important information about clinical workflows, practice and patient care initiatives supported by the EHR.

“The World Café was a great opportunity to learn about some recent and upcoming changes in the EHR,” said Michelle Alvarez, a Clinical Nurse Educator at Dufferin Place Long Term Care who attended the one-day event at Nanaimo Regional General Hospital (NRGH) on December 13.

More than 400 staff attended the three World Cafés, and RJH narrowly beat VGH in the proportion of staff who attended.

For those who couldn't get to the live events, the [Virtual World Café web page](#) has something for all medical and clinical staff, wherever you are in Island Health. ▲



Dawn Hara, Clinical Informatics Specialist, gives an overview of the coming IHealth education and training journey for VGH and RJH staff to Kathy MacNeil, President and CEO.



Dr. Rusty Ritenour, Ophthalmology (middle), Dr. Lonn Myronuk, IHealth Physician Lead (right) and Molly Chan, Physician Engagement Specialist with Provider Education and Experience, view information at the Provider Experience station at the RJH World Café.



Sam Stockand (left), IHealth Practice Consultant, goes over practice changes in the EHR with ED Pharmacy Technicians Yan Lan and Amanda Gagne at NRGH.



Alison Verral (right), Senior Specialist Clinical Informatics, provides a demo on Pass Medications to NRGH CNEs Ashley Johnston (left) and Michelle Alvarez (centre).



Alison Verral, Senior Specialist, Clinical Informatics and (from left) Tracy Corwin, Nurse Informaticist, provide a demo of medication barcode scanning to Emily Norman and Shannon Davis, RNs at RJH.



Melanie Gilbey, Senior Specialist, Clinical Informatics, shares information on benefits of adopting IHealth with RJH colleagues Jackie Phillips (centre), a Nurse Navigator and Paula Nias, NUA.



MEET EHRin, IHEALTH'S NEW AMBASSADOR

The character came first... a friendly globe-trotting figure packing a coffee and lunch in an IHealth tote bag. Staff attending IHealth World Cafés at RJH, VGH and NRGH in October and December had lots of positive comments about the character depicted on posters and signs, designed by IHealth communications designer Haolin Liu to catch the eye of staff on event promotional materials.

Next, the character gained an informal name, thanks to Heather Rocheleau, Director, Clinical Informatics, who

came up with the catchy moniker "EHRin" while chatting with her IHealth colleagues.

Look for EHRin on communications materials as the IHealth World Café moves to more sites across the Island Health region in the year ahead!



COWICHAN LODGE WELCOMES MHSU PILOT PROGRAM & LPN LEARNERS

By Tayanna Linden, Communications Advisor, and Shany Simcoe, Clinical Nurse Specialist, MHSU

■ Cowichan Lodge—a 51-bed Tertiary Mental Health facility set in Duncan—piloted two new initiatives this past fall, focused on enhanced Mental Health and Substance Use (MHSU) education for Licensed Practical Nurses (LPNs).

The first initiative, a continuing-competency self-assessment, provided an opportunity for experienced LPNs to reflect on and document the skills and knowledge they have gained while working in MHSU. Core competencies that informed the self-assessment also served as the foundation for a provincial LPN additional education program piloted at Cowichan Lodge, the second of the two new initiatives.

The education pilot came as the result of provincial collaboration to better enable LPNs new to MHSU to meet their regulatory requirements. Delivered in partnership with Douglas College, the pilot aligns with Health Human Resource strategies to support career development and address staffing challenges in MHSU.

Island Health offered two seats in the pilot education program to LPNs who were new to MHSU practice. From amongst the many hopeful applicants, Lesley Walker and Joanna Cooper were selected to participate in the program. Both learners successfully completed the program’s virtual and in-person components, the latter of which was hosted at Cowichan Lodge.

This opportunity would not have been possible without the support of the operational leaders and clinical staff of Cowichan Lodge. It was their willingness to welcome the participants and help to build, test and revise a variety of tools and practices, all amidst regular workload demands that allowed for the successful implementation of both new MHSU initiatives.

“As a nurse and now a Director I have had the privilege to work alongside LPNs in MHSU my entire 26-year career,” said Dana Leik, Director of MHSU Central Island & Tertiary. “I was committed to ensuring formal processes were developed and implemented to meet the educational requirements set forth, to underscore the value LPNs have in MHSU. I’m beyond thrilled to have been a part of the provincial working group, setting the curriculum and developing a process to validate the incredible work LPNs do in Island Health.”

“I’m beyond thrilled to have been a part of... setting the curriculum and developing a process to validate the incredible work LPNs do in Island Health.”

~ Dana Leik, Director



MEET JOANNA COOPER, LPN

What motivated you to pursue this MHSU pilot program?

I had worked with clients with mental health and substance use issues in the hospital and decided I would like to learn more to help this vulnerable population.

What did the program structure and schedule look like for you?

Four weeks of intense online learning through the program at Douglas College and two weeks of preceptorship at Cowichan Lodge.

What were the highlights from your training and education?

I enjoyed all of the course content. It gave us a deeper understanding of medications and mental health. The support from my online peers was great.



What were the biggest challenges during your training and education?

The biggest challenge was completing the online modules before the next session. The material is very detailed and in-depth. It was a matter of picking out the important pieces in a mountain of reading.

How has this program changed your experiences and where do you hope this will take you in the future?

The program altered my experiences as an LPN by changing the setting and the focus where I work. I feel that now I get to spend more time with my clients and work with them on the program of their healing and recovery. I feel I'm more invested as I get to know the clients for a longer period of time and can help make a difference.

What advice would you give to other LPNs interested in pursuing the additional MHSU education?

Absolutely go for it! The passion I've found for this field is exciting to me. I really feel like I can make a difference and help my clients. I love growing these connections.



MEET LESLEY WALKER, LPN

What motivated you to pursue this MHSU pilot program?

After volunteering for a few years with Meals On The Ground, I grew to see a need in the community for mental health and addictions support. When I saw this posting I was immediately

interested, but apprehensive about leaving the comfort of my position at the hospital. When I found that the position included the necessary education, I decided to apply.

What did the program structure and schedule look like for you?

The program is completely online with self-directed study periods, including readings, assignments, and activities. We met regularly on Zoom for discussions and to solidify what we'd covered on our own. I engaged with the material over the first three-weeks, followed by a two-week preceptorship at Cowichan Lodge. The final week consisted of bringing everything together, consolidating our learning through LMS, videos, more readings and assignments and daily check-ins.

What were the highlights from your training and education?

The best part for me was meeting and connecting with our clients. There are so many different personalities and abilities, and I really enjoyed getting a glimpse into the lives of people I would be working with. After volunteering in the community for a few years, it was interesting to get a better understanding of what some people live with day in and day out. Getting the education and learning more really helped to destigmatize people who are struggling. The highlight of the training is that I now feel like I get to be part of a solution.

What were the biggest challenges during your training and education?

The content was significant and condensed to suit the program. Some of it was admittedly emotional. The regular Zoom sessions helped keep me on track and able to explore the material and concepts with other professionals.

How has this program changed your experiences and where do you hope this will take you in the future?

The program really highlighted for me the opportunities within my own

community of LPNs. I am happy to be working at the Cowichan Lodge and I'm not sure where this education will take me in the future, but I do know that I am passionate about working in mental health and addictions.

What advice would you give to other LPNs interested in pursuing additional MHSU education?

It's fulfilling work, and something that is desperately needed. I have a very busy life, and the program was a lot, but it has opened the door for me and opened my heart to those who are vulnerable and need care and support. Staff who work in this field really know how to take care of one another. So, if you're thinking about it, we are ready for you!



THANK YOU to everyone involved in helping this project come to life.

- **Human Resources:** Laraine Wiese, Pam Laurenciano and Jennifer Gutzmann
- **Professional Practice:** Christina Berlanda, Sandy Judge and Sonya Rinzema
- **Cowichan Lodge:** Dana Leik, Sheena Nolli, Brigitte VonBattenburg, Alex Leggott, Angie Briggs, Terry-Ann Kendrick, Silvija Erakovic, Angie Eyford and Stephanie Sand Δ

WHEN THE CUP CAME TO RJH

By Tayanna Linden, Communications Advisor

■ Affectionately dubbing itself the “birthplace” of the modern game, Canada reveres no other sport quite like ice hockey. Since the very first Stanley Cup game was played in 1893, the sport has been uniting Canadians in more ways than one. Whether it be for a Timbits team or the NHL, on a frozen pond or in an arena full of fans, ice hockey gives us the opportunity to come together.

Most recently, it gave Victoria-based fans a cheery reason to visit the Royal Jubilee Hospital (RJH). On January 18, as part of the 24th Annual Scotiabank Hockey Day in Canada celebrations, the Stanley Cup made a trip to RJH where it was available for public viewing and photos. Escorting the Cup were former professional hockey players Geoff and Bruce Courtnall, alongside Phil Pritchard, known fondly as the “Keeper of the Cup” for the Hockey Hall of Fame.

The Cup made its RJH debut outside the Archie Courtnall Centre—a specialized care area providing emergency psychiatric services to incoming ED patients—before travelling indoors for a private visit within the inpatient psychiatric unit, after which the Cup was available for public viewing in the Patient Care Centre Atrium. The tour was of great personal significance to Geoff and Bruce Courtnall, who run the Courtnall Society for Mental Health, and whose charitable efforts funded the opening of the Archie Courtnall Centre in 2004. The Centre bears the name of the Courtnall brothers’ late father, Archie Courtnall, who lost his life to suicide in 1978. When given the opportunity to show off the Stanley Cup as a part of Hockey Day celebrations, the Courtnall brothers chose to share the national treasure with staff, medical staff, volunteers, patients and families at RJH.

In the Atrium, hundreds of excited fans in their favorite team jerseys waited eagerly for a chance to touch the Cup and get a photo with it and Geoff Courtnall. It was a day many will never forget thanks to the Courtnall brothers, Victoria Hospital Foundation and Scotiabank Hockey Day in Canada.

Amongst the crowd were Max and Zak Gershman, brothers who share a particular connection with the Courtnalls—they too are avid hockey fans and players, and they too have lost a loved one to suicide. Standing for a photo with Geoff, Max and Zak proudly wore their hoodies with the name of their family’s charity emblazened in green; *Buddy Check For Jesse*. It is an organization founded in Victoria and expanding across Canada, established by their father Dr. Stu Gershman, an Island Health Physician, following the passing of his son and Max and Zak’s brother, Jesse, in 2014 by suicide. Buddy Check For Jesse uses the color green—the color for mental health—in its branding, which focuses on the unique role that coaches and teammates can play in raising awareness for mental



Buddy Check for Jesse members (L-R): Max Gershman, Zak Gershman, Owen Goulet and Lindsay Goulet stand with Geoff Courtnall and the Stanley Cup

health issues by opening up the conversation in sports environments. "I'm proud to honor my older brother with our family charity. 'Buddy-checking' is a regular activity in my friend group and it allows Jesse to remain an important part of our family," said Zak. Though the movement started with ice hockey it has since expanded to other sports such as softball and soccer.

It was impactful for the Gershman brothers to see the Stanley Cup in person at RJH, where Jesse had previously received care. "Sports have provided me with a great sense of community throughout my life and everyone here at the Buddy Check for Jesse Society is striving to create open conversations surrounding mental health in these spaces. Mental health is an extremely important subject and I'm grateful to be able to honor my late brother Jesse," added Max.

Though Stu was out of town at the time of the event and unable to attend, he was proud to know his sons were there representing Buddy Check For Jesse, alongside the

charity's social media manager Lindsay Goulet and her son Owen, a Youth Buddy Check Ambassador for whom the program has been life-changing.

"Hockey is where our charity established its initial roots, and it is fitting that the Stanley Cup viewing was at the Patient Care Center where Jesse spent some time as an inpatient when he was struggling with his mental health," said Stu. "Our team considers it a privilege to have the opportunity to impact the mental health conversation and work alongside the Courtnall society for Mental Health. And now we're proud to welcome a new member to our Buddy Check For Jesse team, the honorable Mr. Stanley Cup!" Δ

To learn more about Buddy Check For Jesse, visit: www.buddycheckforjesse.com.

To learn more about the Courtnall Society for Mental Health, visit: www.courtnallsociety.org.



Geoff (with the Cup) and Bruce Courtnall (to his right) share the Stanley Cup with members of the Psychiatric Emergency Services (PES) care team. L-R: Kirsten, Manager; Kylie, RN; Jenna, NUA; Maryellen, Clinical Coordinator; Jon, RN; Dr. Hendri-Charl Eksteen, Acute MHSU Medical Director; Hilary, RN; Jaycerie, Mental Health Worker, Karen, NUA; Sylvia, SW; and Tasha McElvey, Director, MHSU SI

MENTAL WELLNESS: WHAT YOU SAID

■ In January, former NHL player Geoff Courtnall and Phil Pritchard (aka: the “Keeper of the Cup”) brought the Stanley Cup into the RJH Patient Care Centre for viewing and photos, in recognition of all who care for patients with mental health challenges. With the captive audience awaiting their chance to touch the Cup, we asked Island Health staff.. How do you check in with your colleagues at work? AND What do you do to protect your own mental well-being at work?



“Our team has a chat every break to see how everyone is doing. The rule in our office is we don’t talk about work during coffee time or lunch break. It’s all about having fun and ensuring everyone is ok.”

~ Martin Schicchi (left), Head Electrician FMO



“It’s high stress in the ED. My colleagues and I check in with each other every day and maybe walk around the building if we need to take a breather.”

~ Jennifer Townsend (right), Pharmacy Tech, Emergency

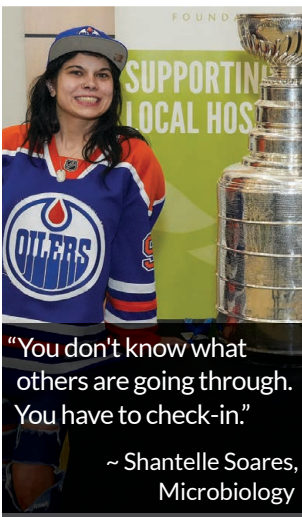




"We are very good about letting each other know if we need a hug or a little extra love on any given day."
~ Kelly Norman (green jersey), Nuclear Medicine Technologist, Medical Imaging



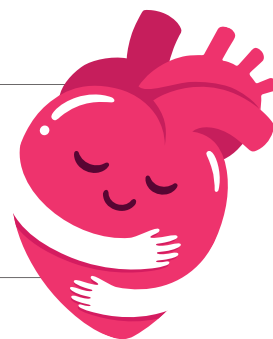
"I take time to think about my family. We're all nurses and we have a group chat where we can support each other."
~ Esme Cull (Canucks jersey), RN, Renal Services



"You don't know what others are going through. You have to check-in."
~ Shantelle Soares, Microbiology



WEAR RED DAY FOR WOMEN'S CARDIOVASCULAR HEALTH



February 13 was Wear Red Canada day—an opportunity to raise awareness about women's cardiovascular health.

Did you know that cardiovascular disease impacts one in three women globally and is the leading cause of death for women in Canada? It's true, and yet women remain under-studied, under-diagnosed, under-treated and under-aware.

When it comes to gender-based risks, women:

- are often under-represented in heart disease treatment trials;
- are at greater risk if they are Indigenous, of certain ethnic backgrounds or low socioeconomic status;
- are at greater risk if they have diabetes, are pregnant, menopausal or taking hormone therapy;
- often have symptoms misattributed to psychological causes;
- are more likely to prioritize family health over their own, rationalize symptoms away and defer seeking treatment when they have health issues; and
- are less likely to enroll in cardiac rehabilitation, have lower adherence, and higher drop-out rates even though they experience similar or greater benefits than men who participate in such programs.¹

In fact, gender disparities even exist when it comes to receiving cardiopulmonary resuscitation (CPR) in a public place, with men being more likely than women to receive CPR from a bystander—and more likely to survive.²

Despite these challenges, the most significant health benefits come from basic prevention, and prevention starts with knowing how at-risk you are. According to the Heart & Stroke Foundation, nine in ten Canadians have at least one risk factor for heart disease and stroke.³ Almost 80% of premature heart disease can be prevented through healthy behaviours that lower your risk, such as:

- Staying active and moving more,
- Maintaining a [healthy diet](#) and body weight,
- Managing stress effectively,
- Quitting smoking and/or vaping,
- Limiting alcohol intake, and
- Scheduling regular check-ups.

For more information on heart health and for tips and resources to support your health journey, visit: www.heartandstroke.ca.

1. [BCCDC/PHSA](#), Heart Disease: One of 3 Leading Causes of Death Among Women in BC, 2009.

2. [Blewer et al.](#), Gender Disparities Among Adult Recipients of Bystander CPR in the Public, 2018

3. [Heart & Stroke](#), Risk and Prevention



Catherine Novak (above) and her mother, Anne (right), a former heart patient. With Anne's health turned around, the two plan to travel to Hawaii this summer.

"I'm wearing red today and sending a shout-out to Dr. Iqbal and the entire cardiac care team, who gave my mother nine stents in 2020. She is living a wonderful life now at 85!"

~ Catherine Novak
IHealth Communications



Dr. Aisling Young, Pediatric & Fetal Cardiologist



Dr. Marie Claude Gregoire, Medical Director, Community Health Services & Primary Care



CVH Echo team (clockwise): Megan Longland, Cardio Tech; Sandra Taylor, Sonographer; Christina Welp, Echocardiographer and Sarah Brunelle, Sonographer



Victoria Hospitals Foundation staff L-R: Barb West, Kevin Scott, Beth Cairns, Gaelle van Erp, Amber Schinkel, Dawn Robson and Lilin Buchanan



NRGH Floor 5 LPNs (L-R): Amber Branchi and Shania Wheat



Members of the RJH Heart Health team: Back L-R: Devon Douglas, SW; Shannon McGregor-Brown, RN; Jennifer Casey, PT; Hilary Hagel, RN; Andrea Petras, RN; Dani Patenaude, Med Steno; Kelsi Kinsman, Med Steno; Christina Kosar, Med Steno; and Cody Forssell, PT. Front L-R: Brittany Weber, RN; Dr. Elizabeth Swiggum, Cardiologist; Robyn Vantreight, RN; and Lindsay Burnell, Medical Genetics

SERVICE LINK PHONE LINE ONE YEAR LATER

By Tiffany Akins, Communications Advisor

■ “The most important call I’ve made in my life,” is exactly the feedback Island Health’s Mental Health and Substance Use program was hoping to hear following the launch of the Service Link phone line one year ago.

This comment, recently submitted to Island Health by a Service Link caller, speaks to the need this new information line is filling. Staffed by addiction and recovery workers, Service Link connects callers to mental health, substance use, harm reduction, treatment and recovery resources in their community. The roughly 40 callers a month include individuals, family members seeking support for loved ones and clinicians exploring options for patients and clients.

“Often times the people who phone Service Link are reaching out for the first time to get help and don’t know where to start,” said Larissa McCormick, an addictions and recovery worker who has answered hundreds of calls since the service started January 31, 2023. “Every day we talk with people struggling with mental health and substance use. Accessing help should not be stigmatized.”

“Service Link follows a person-centered approach giving the caller choices. We can transfer people directly to services and make sure they connect with a person to talk to and not just another phone tree, or we can pass along the information and they can choose when they want to call. Either way, they can remain anonymous,” McCormick said.

Service Link was implemented alongside the decriminalization of



Service Link Phone Line staff (L-R): Larissa McCormick, Addictions & Recovery Worker and Lin Lloyd, Addictions & Recovery and Mental Health Worker

people who use drugs in BC. This new resource line supports a public health approach and the goal of directing people who use drugs towards health and social supports. Service Link is one part of a larger strategy to reduce stigma of those who use substances, reduce injury and death from the unregulated drug supply and increase access to care and treatment for people who want support.

“Island Health is working to meet people where they are. This includes prevention and early intervention, harm reduction, treatment, recovery and relapse prevention,” says Sheila Leadbetter, Executive Director of Mental Health & Substance Use. “Together, these initiatives tackle an incredibly complex public health emergency and support people who fall across the continuum of substance use to prevent, treat, manage and help recover from substance use disorders.”

Lin Lloyd, an addictions and recovery worker and mental health worker who also answers the Service Link phone line wants anyone considering calling to know: “You are very much not alone in your experience, and a problem shared is a problem halved.”

Lloyd says Service Link also serves as an important preventive tool, “We are able to provide a resource with which people can engage before it gets “too bad”. This early engagement helps reduce the amount of cases that devolve into mental health crises, drug poisonings/overdoses and police encounters. Service Link helps people to help themselves.”

Service Link is available daily from 8:30 a.m. to 4:30 p.m.

Call: 1-888-885-8824

If a call is not answered, callers can leave a message and will be contacted later that day or the next day. ▲

CEDAR ROSE MAKING WORKSHOP CONNECTS UPCC STAFF TO INDIGENOUS LEARNING

■ On Sunday, January 28, members of the South Island UPCCs participated in an Indigenous experiential learning workshop through cedar rose making.

The session was held at the Downtown Victoria UPCC and led by Natasha Underwood of the Cowichan Tribes and WSÍKEM (Tseycum) First Nation. Natasha taught staff how to weave cedar, a traditional learning she got from her mother Angie Underwood.

After a round of introductions, the UPCC team were lead through a grounding meditation before being invited to touch the cedar.

Dozens of cedar roses were made while learnings about the harvesting rituals and the preparation that goes into ensuring the cedar is ready for weaving were shared. Through the sharing of stories, food and thoughtful questions the team learned about the importance of cedar to Indigenous ways of living and healing.

“Huy ch q’u to Natasha for sharing her knowledge, her family’s stories, and her time with us on a foggy Sunday in January,” noted Elizabeth McGrath, Manager of the Downtown UPCC. ▲



TALENT SERVICES FREE UP LEADER CAPACITY WITH RECRUITMENT SUPPORT

By Trish Smith, HHRS Communications Leader



L-R: MacKenzie Gavidia Alas, Nurse Manager at RJH and Lori Tattle, Recruiter with Talent Services

■ To achieve Island Health's vision of providing *excellent health and care for everyone, everywhere, every time*, we need a robust and healthy workforce. While our staffing numbers continue to grow, it hasn't kept up with the increasing demand for services. To address this, a new partnership between leaders and Island Health's Talent Services team aims to improve how we hire and retain employees, leading to better workforce engagement and improved care for patients.

Kris Nielsen, Executive Director of Workforce Strategy and Talent Services explains, "With our growth in health services, changing workforce preferences and a competitive labour market, leaders are spending a lot of their time on recruitment activities. As part of the Health Human Resources (HHR) Sustainability Initiative, our Talent Services team has introduced a new, centralized, full-service recruitment model. This model helps leaders fill job openings more efficiently with recruiters taking the lead across eight core recruitment activities like preparing job postings, sourcing and screening candidates, conducting interviews, doing reference checks—right up to the final offer and even onboarding."

By deferring much of the recruitment process to the Talent Services team, operational leaders can spend more time supporting their teams and less time on recruitment activities.

Operational leaders like MacKenzie Gavidia Alas saw a huge boost to her


productivity with this new model. MacKenzie is an 8th floor nurse manager at Royal Jubilee Hospital who oversees 200 staff and has 50 vacant positions. "Recruitment is just one of the things I look after," she says. "It was challenging for me to manage hiring while managing so many other important tasks. Our unit was asked to take part in Phase 1 of the project with the Talent Services team, and it has been the BEST experience!"

MacKenzie teamed up with recruiter Tori Tattle from Talent Services and together, they successfully hired several licensed practical nurses and registered nurses. They are currently working on recruiting for various roles, including nurses, healthcare assistants and nursing unit assistants.

"We want to give managers time back in their day by having the recruiters take on core recruitment activities, such as sourcing candidates through various hiring platforms, performing initial screening, and participating on the interview panel," Tori explains. "Managers are still part of the hiring process, but by having recruiters take the lead, they can focus on leading. It's about freeing up leader capacity and making the hiring experience the best it can be for our candidates."

MacKenzie and Tori collaborated to update job descriptions for the unit, focusing on what nurses want to know about the role rather than just listing job responsibilities. MacKenzie adds, "It's nice to know we have someone there to help when our workload gets too much. Tori has been a lifesaver, and I am so grateful for her help!"

If you would like more information about how the Talent Services team can help with your recruitment activities, contact your recruiter or email TalentAcquisition@islandhealth.ca.

Read about the four HHR strategies and join the conversation on the discussion board. Visit: intranet.islandhealth.ca/org/annual-priorities/hhr. 

Talent Acquisition Service Delivery & Roadmap

Committed to the delivery of excellent recruitment and selection services, informed by data and best practices, to create capacity for leaders and provide an exceptional candidate experience.



COMMUNITY RESPIRATORY THERAPISTS: A SUCCESS STORY

By Theresa Chaboyer, Communications Leader



Mid-island Community RT team (L-R): Jennifer Sterckx, Sherri Kozubal, Rob Blackburn, Jessica Lee, Valerie Shaver and Joanne Terry

■ In 2022, a two-year pilot was launched to embed respiratory therapists (RTs) into Community Health Services to provide in-person and virtual home visits to help clients living with Chronic obstructive pulmonary disease (COPD) to develop an action plan and manage their symptoms. As the pilot wraps and the program is operationalized, we take another look at this successful initiative.

Through visits at home for assessments, treatments, education, rehab and care planning, patients have gained a renewed sense of confidence in their ability to manage symptoms and take care of themselves.

“I just love her. Val's taking care of me and I look forward to her visits. If I'm getting short of breath in my yard, I know the steps I need to take,” said client Gary Hood during a home visit. “She's shown me the techniques and I've been given the information I need to have a good quality of life.”

The Val that Gary is so fond of is mid-island RT Valerie Shaver. “My job is so rewarding and people thank me every day. I give them guidelines and routines that are life-changing for them, and I make sure they have medication if symptoms flare up so they're prepared.”

“We're filling a need in healthcare and we're changing people's lives. It's so rewarding,” said Joanne Terry, RT, also from mid-island. “Our patients get

quite emotional and we've seen tears of relief because now they have a personal connection and someone to reach out to when they are scared.”

One of the other benefits of going into people's homes, either in person or virtually, is that RTs are also building a sense of community and helping people overcome social isolation. By teaching techniques to breathe better people can continue to do the things they love without fear.

“COPD is an isolating illness. Many clients don't leave their house because they're too short of breath or they are scared of getting sick. We're building a community,” said Jessica Lee, RT from the mid-island team.

By putting control back into clients' hands they feel more comfortable going back out into the community to join local activities at seniors' centres, or to go walk the mall.

"I worked in acute care and when you send someone home you wonder how they're going to make out. There was a gap in services once a patient left the hospital, and you worry about these people," Jessica adds.

For people living remotely, the benefits are compounded as the logistical challenges associated with travel are eliminated, saving time and money, and reducing stress.

"Virtual visits are so awesome for me, being on a fixed income and living in a remote part of the Island past Zeballos. It's an eight hour drive for me to go to Campbell River and back," said Michael Atchison, patient living with COPD and neuromuscular dystrophy. "This has made a huge impact on my life giving me the information to get the help I need and just knowing when to get help."

Of course, no successful project takes hold without a solid strategy and execution plan. Julia Wilson, Project Portfolio Director in the Enterprise Project Management Office says, "I manage projects that increase proactive community care services and decrease hospital use by seniors. This project was selected because it aligns with [Priority 6](#) in our strategic framework, which challenges us to increase the sustainability of our health and care system. Due to a high population of people living with chronic disease, we saw an opportunity to help restore clients' ability to have a better quality of life with better outcomes."

Definitely an achievement worthy of celebration. Δ

Hear more from RTs [Joanne Terry](#), [Sherri Kozubal](#) and [Rob Blackburn](#), and Admin Assistant [Jennifer Sterckx](#).



South Island RTs – Diana Nurmanova, Stephanie Grexton, Shelley McCulloch and Aaron Kendall



Above: COPD Patient Gary Hood displaying his plan and resources at home on his fridge - and below during a visit with RT Valerie Shaver.

SNAPSHOT: COMMUNITY RTs

THE PROBLEM:

- Prior to the program, Island Health saw 14,000 inpatient days for COPD annually, 37 ED visits per day, and inpatients had an 8-day average stay.

THE SOLUTION:

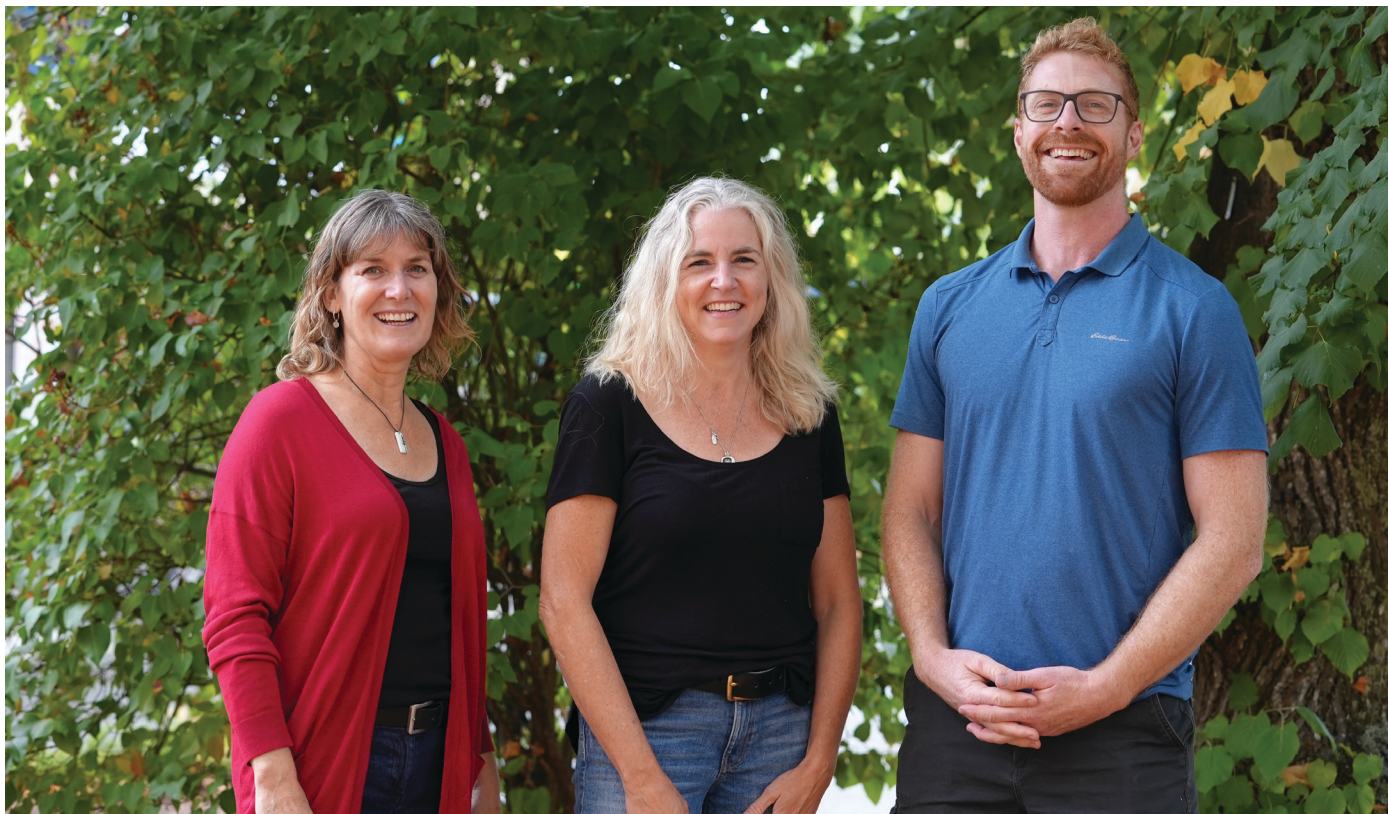
- In 2022, a 2-year project launched to place 12 RTs into Community Health Services.

THE RESULTS:

- With this home-based service in place for patients with respiratory illness, there are fewer ED visits and shorter lengths of stay in hospitals.
- Patient satisfaction with the virtual RT 8-week program: 102%
- 12 RTs serve patients in communities throughout the Island Health region.

COMOX OCCUPATIONAL THERAPISTS WIN HEALTH QUALITY BC AWARD

By Moira McLean, Leader, Communications & Partnerships



BC Excellence in Quality award recipients, and Comox Valley Geriatric Specialty Services OT's L-R: Alison Ritchie, Laurel Steed and Kyle Hillman

■ Congratulations to Alison Ritchie, Laurel Steed, and Kyle Hillman—Occupational Therapists on Island Health's Comox Valley Geriatric Specialty Services Team, who won the [BC Excellence in Quality: Coping with Transition from Life award from Health Quality BC](#), for their Cognitive Stimulation Therapy initiative.

Cognitive stimulation therapy (CST) is the only evidence-based, non-pharmacologic intervention for mild to moderate dementia with sufficient evidence to be recommended by the UK's National Institute of Health and

Clinical Excellence. Research shows that CST can improve cognitive functioning, mental health, and quality of life; it also provides respite and support for family caregivers.

The trio recognized a gap in care and sought CST training so they could offer it to their clients. Through Jim McCaffrey's generous donation to the Comox Valley Healthcare Foundation in his deceased wife's memory, the team was able to facilitate a CST program with two groups of participants. After two months, participants reported improved cognition and quality of life (+8.5%), with universally positive feedback. In the words of one participant:

“The program is so worthwhile. No one is uncomfortable, and we learn a lot while laughing and having fun. The negative thoughts I had about myself went away when I was with others experiencing similar difficulties.”

The initiative was also the gold medal winner in Island Health's Evidence into Practice Awards in 2022. With the support of Island Health's Research Department, the team was also awarded a \$50,000 Spark grant from The Centre for Aging + Brain Health Innovation.

The award will be presented at Quality Forum in April. [Read the news release](#) and see all winning initiatives. ▲

ISLAND HEALTH BOARD & EXECUTIVE VISIT COWICHAN VALLEY NEW CDH SITE

By Tayanna Linden, Communications Advisor

■ With hard hats fastened, safety vests adorned, and steel-toe boots laced, Island Health's Board of Directors toured the Cowichan District Hospital Replacement Project (CDHRP) grounds in early February as part of their latest board engagement day. The new hospital is expected to open for patient care in 2027.

Throughout the day, the Board met with local leaders, partners and community members to discuss Island Health's care in the Cowichan Valley region. The day began with a partnership breakfast in Cowichan Bay, where the CDHRP Alliance participants—including Island Health, EllisDon Corporation, Parkin Architects, BC Infrastructure Benefits, Infrastructure BC, and the Cowichan District Hospital Foundation—met. The alliance is an innovative, first-of-its-kind project delivery model in BC hospital construction, fostering collaboration to support best-for-project decision-making.

A public forum was then held at the Cowichan Exhibition grounds. Attendees heard presentations from CEO Kathy MacNeil and Dr. Réka Gustafson, VP of Population and Public Health & Chief Medical Health Officer, as well as CDHRP Principal Architect Shane Czpyha and Project Medical Director Dr. Pat Gallagher, who presented an overview of the CDHRP's future Emergency Department, highlighting the collaborative User Group design process.

“This is the culmination of a lot of effort, over many months, that's resulted in a really terrific, innovative design solution, highlighting patient and staff comfort and safety,” said Czpyha.

The new ED footprint will be three times larger, with 45 care spaces, compared to 17 in the current hospital. It will include two trauma bays, a fast-track streaming space, and a psychiatric zone with seclusion rooms. Feedback from patient partners and varied staff has been heavily valued and incorporated into the architectural design process. Once completed, the new hospital will be three times larger than the current CDH and increase patient capacity to 204 beds with seven operating rooms and nine surgical procedure rooms. The CDHRP will also be the first fully electric and fossil-fuel-free hospital in BC, allowing

for an 80% reduction in greenhouse gas emissions, as compared to the current CDH.

After the public forum, Island Health's Board of Directors hosted a luncheon to thank the CDHRP Indigenous Advisory Council for their ongoing contributions to the hospital replacement process. Members of the Council include representatives from the Cowichan Valley Métis Nation, the Hiiye'yu Lelum House of Friendship serving urban Indigenous populations in the community, and the communities of Ditidaht, Pacheedaht, Ts'uubaa-asatx, Stz'uminus, Penelakut, Lyackson, Halalt, Malahat and Cowichan Tribes. The new CDH will include spaces to accommodate cultural practices and traditional foods, including a Gathering Space, an Indigenous Kitchen, and an Indigenous Health Department.

“The foundation of this facility will be respect and meaningful relationships,” said Cowichan Tribe Elder Albie Charlie. “We have a long future ahead, working together.”

Follow the CDHRP's construction progress at www.islandhealth.ca/newcdh/news or email the team, newcdh@islandhealth.ca. ▲



L-R: Westley Davidson, Chief Project Officer, CDHRP; Bubba Qwulshemut, Indigenous Coach/Cultural Advisor, BC Infrastructure Benefits; Dr. Pat Gallagher, Medical Director, CDHRP; Dr. Ben Williams, VP Medicine, Quality & Chief Medical Executive; James Hanson, VP Clinical Services, Acute Care North & Community Services; Kathy MacNeil, President & CEO; Kim Kerrone, VP Support Services & CFO; Ron Rice, Board Member; Leah Hollins, Board Chair; and Anne Davis, Board Member

SCENE AND HEARD THE MANY FACES OF ISLAND HEALTH



L-R: Erin Hohl, SPH Site Director; Jane Fox, Indigenous Liaison RN; Dawn Thomas (Aa ap waa iik), VP Indigenous Health & DEI; Lucia Bartleman, Indigenous Patient Navigator; and Catherine Claiter-Larsen, VP Strategy & Chief Information Officer



Campbell River General Echo Team Sonographers L-R: Alfredo Ganancial and Tamara Thompson



Media & Government Relations Advisor, Andrew Leyne, gets into position for Shakeout BC in October



Medical Stenographers L-R: Dean Foreman, Dani Pantenau, Kelsi Kinsman and Moishe Beronstein



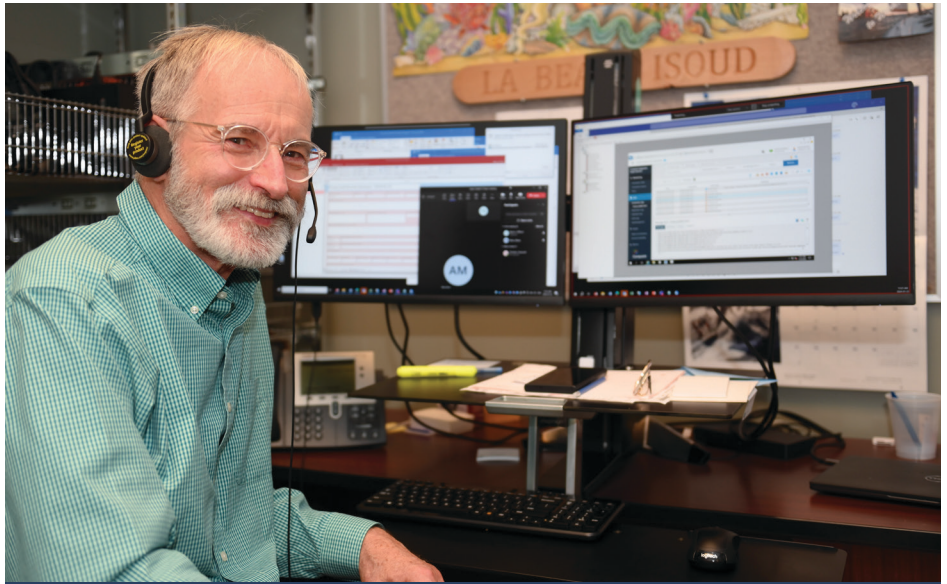
WCGH Spiritual Health Practitioner Lydia Collin



SPH Rehab L-R: Stacy, Rehabilitation Assistant; Ina, Physiotherapist; Alecia, Occupational Therapist; and Moira, Physiotherapist



Tony Manku from Victoria Regional Laundry



Cliff Quinn, Heart Health Technology Team Leader



T'Naigha Wannamaker from Victoria Regional Laundry



L-R: Kevin Scott, VHF; Maddison Chartier, MHW; Stephanie Mcdermott, Team Lead; Heather Lowrey, MHW (recipient of the Island Savings MHSU Award); Jeremy Hendrix and Lorena Milkert of Island Savings, and Andrew Rowlyk, Coordinator



RNs Brianna Konkin and Vicky Rice build a snow cat outside the James Bay UPCC



CDH Electrodiagnostic Services Cardio Techs celebrate Cardio Technologist Day L-R: (Back) Kyla, Robyn and student Elysia, (Front) Alisa, Bonnie and Carly

Online Scheduling

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

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

TELUS Health

Island Health's Employee & Family Assistance provider

How to book an appointment



1

Go to one.telushealth.com or download the TELUS Health One app

2

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

3

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

4

Enter your personal information and contact details

5

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

