

# ISLAND health

LIVE YOUR HEALTHIEST LIFE

INNOVATION IN  
HEALTH CARE

NURSE  
PRACTITIONERS  
AT ISLAND  
HEALTH

HOSPITAL AT HOME EMBODIES  
PATIENT CENTERED CARE



# ISLAND HEALTH TRAVEL ASSISTANCE

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Island Health provides funding to eight contracted transportation providers covering 30 communities across our region:

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Lake Cowichan / Mill Bay  
Pender Island / Salt Spring  
Island / Sidney

If you or someone in your care requires travel assistance for an out-of-community Island Health appointment, staff at the location, clinic, or unit can help you arrange transportation.

If you are unsure about what travel assistance options may be available to you, don't see your community listed, or require assistance connecting with the appropriate supports, please call 1-844-940-6617 or email [Info.Patient.Transportation@islandhealth.ca](mailto:Info.Patient.Transportation@islandhealth.ca).

People seeking travel support to appointments with non-Island Health medical services should access provincial programs:



TRAVEL  
ASSISTANCE  
PROGRAM



BC FAMILY  
RESIDENCE  
PROGRAM



MEDICAL  
TRANSPORTATION –  
PROVINCE OF BRITISH  
COLUMBIA (GOV.BC.CA)



BC CANCER  
TRANSPORTATION  
AND LODGING  
INFORMATION



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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.**

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Front cover image (from left to right): The Hospital at Home Team at Royal Jubilee Hospital includes Shinner Hsu, RN, Kate Wilson, CNE, Dr. Nancy Humber, Julieta Mendoza, CNL, Tracy Bastien, RN and Michael Matys, Pharmacist



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Annie Moore works in Island Health's Research Department to enhance education, engagement and funding opportunities across the region. She works closely with researchers and colleagues to share stories about initiatives that can improve health and care where we live.



Aimee Dolphin moved to Victoria last year from Whitehorse, Yukon, and recently joined Island Health as a communications advisor. Her previous employment includes the Government of Yukon, several Yukon First Nation governments, and the telecommunications company Northwestel. Aimee teaches yoga and enjoys anything related to books, coffee, dogs, and living a healthy lifestyle.

# MESSAGE FROM THE PRESIDENT & CEO

The arrival of spring brings new beginnings, and it is only fitting that this issue of Island Health Magazine shares stories of innovation. It should come as no surprise that our healthcare system needs to find ways to do things differently to meet the needs of patients, clients, communities, and the people who work in healthcare. Hospital at Home (page 6), which provides hospital-level care to patients in their own homes, is a great example of how we are doing things differently. This program is now expanding to Cowichan.

In February, we had the opportunity to visit the site of the new Cowichan District Hospital under construction. We are so excited about how this facility will serve the people of the Cowichan Valley. In addition to improving patient care, the new hospital will be the first fully electric, fossil fuel-free hospital in BC, with an 80% reduction in operational greenhouse gas emissions compared to the current hospital. Read more about this exciting project starting on page 28.

Another innovation to highlight is our expansion of Community Virtual Care. Our world is moving to more virtual services and opportunities to meet demand, and so must we. Island

Health has robust virtual care solutions embedded in all clinical programs, including care visits, remote patient monitoring, on-demand language interpretation services, and other technologies. Steve Horvath shares how Community Virtual Care provided him with the knowledge and tools he needed to improve his health as he lives with diabetes and hypertension (page 12).

We would also like to thank the 70 people who gave Island Health their time and energy for an entire weekend at our fourth Code Hack event (page 10). They brought an amazing array of ideas, inspiration, and innovation – collaborating on solutions for a range of healthcare challenges. From preventing blindness among at-risk and marginalized people to improving communication with patients waiting in emergency departments, Code Hack demonstrated the ingenuity of our staff, physicians, patients, and community members who came together to find new ways to improve care.

With heartfelt good wishes,

Kathy MacNeil,  
Island Health  
President and CEO

*“We would also like to thank the 70 people who gave Island Health their time and energy for an entire weekend at our fourth Code Hack event. They brought an amazing array of ideas, inspiration, and innovation – collaborating on solutions for a range of healthcare challenges.”*





▶ HOSPITAL AT HOME



# Hospital at Home Embodies Patient Centered Care

by Andrew Leyne

Shinner Hsu arrives in the early morning at Royal Jubilee Hospital's Memorial Pavilion in Victoria to begin her workday. Before the sun rises, Shinner reviews patient charts, receives updates from the overnight team and catches up with colleagues. This is a typical morning start for the Hospital at Home team.

**Shinner is a registered nurse in the Hospital at Home program.** This unique program supports hospital patients in receiving medical care at home. Now in its fourth year of operation, the Hospital at Home team has cared for more than 2,000 patients.

Hospital at Home is a voluntary alternative to traditional in-patient admission for acutely ill patients who can safely be cared for in their homes. In general, to be eligible for the program, people must have a known diagnosis that requires hospitalization, including monitoring, a clear plan for treatment and live within a 30-minute drive from Victoria General Hospital or Royal Jubilee Hospital. People can live at home alone or with a partner or caregiver and participation is entirely voluntary.

After reviewing the charts and the vital signs submitted electronically by patients or caregivers of her assigned Hospital at Home patients, Shinner calls several patients directly to check in with them and see how they are doing.

"The morning check-in calls are very important," says Shinner. "Hearing the patient's voice and speaking with them directly lets us connect, listen and learn about their condition, then plan for the day's in-person visit."

With her morning preparation work done, Shinner and the team gather in a meeting room down the hall to discuss any patient concerns and check on the plan for the day. The morning meeting is led by one of the hospitalists on the team,

Dr. Nancy Humber. Dr. Humber trained as a general practitioner-surgeon and practiced in Lillooet, doing everything from maternity care and emergency medicine to clinic and hospital-based medicine before moving to Victoria and joining Hospital at Home in 2022.

As Dr. Humber runs through the patient list this morning, the team—including Clinical Nurse Leader and Nursing Unit Assistant (unit clerk), Occupational Therapist, Clinical Nurse Educator, and Clinical Pharmacists—provide updates to ensure everyone is on the same page. The patient's current conditions, medical orders for tests or treatments, what to look out for and who to connect with are discussed in a group setting. Speech-Language Pathologist and Dietitians can be connected to patients if needed.

Hospital at Home embodies the principles of patient and family-centered care in which patients are true partners in their health and wellness. In the first three years of the program, 97 percent of the patients surveyed said they would choose the program again and 93 percent of patients said they felt completely safe.

While Hospital at Home patients receive comprehensive care in their homes with the help of secure electronic health monitoring tools, some medical imaging and more technical, clinical procedures need to be done back at the hospital. When this is needed, transportation is arranged through Island Health or with the support of a caregiver, and an appointment is made.

Common diagnoses for patients admitted to Hospital at Home include pneumonia, skin and other infections, congestive heart failure, urine tract infection, postoperative treatment, and Chronic Obstructive Pulmonary Disease.

Shinner worked on various units at Royal Jubilee Hospital and then as a community health nurse before joining Hospital at Home when it expanded in 2021.

"I like supporting and helping people," said Shinner. "The unique thing about this program is that seeing patients in their own surroundings allows us to provide a more wholesome care experience in meeting their needs."

Registered nurse Tori Scroggs agrees, "By caring for patients in their own homes, we're able to focus entirely

*"I like supporting and helping people. The unique thing about this program is that seeing patients in their own surroundings allows us to provide a more wholesome care experience in meeting their needs."*

— Shinner Hsu





on the patient; many people do much better in their home environments.”

After the morning meeting, Shinner plans her driving route to visit each of her patients that day. Location and medical needs are factored in, as some blood samples need to be delivered to the hospital laboratory quickly after collection. This is partly why patients must reside within a 30-minute drive of either hospital. The distance requirement is also important to allow nurses to travel to patient’s homes quickly if needed.

While the registered nurses visit patients, Dr. Humber and the Clinical Nurse Leader visit patients currently admitted to the hospital to assess their medical eligibility and the logistics of providing care at home. After referrals are received, the Hospital at Home team arranges for admission to the program, usually on the same day. This includes equipment, orientation, and any other medical needs.

On her third patient visit of the morning, Shinner checks in with Pam (not her real

name) at her James Bay condo. Pam is being discharged today. The process is relatively straightforward. Shinner checks her vital signs and shares the results with Dr. Humber. Shinner and Pam review her medication and care plan and instructions for follow-up care if needed. Then, the equipment is packed up, and Pam cuts her hospital bracelet off as she is formally discharged.

“I try to complete patient visits in the morning and early afternoon so that I can assess patients, address any concerns and liaise with physicians and the team as needed in the afternoon,” said Shinner.

All Hospital at Home patients are visited in person once daily and then checked on virtually by the nursing team in the evening. Patients also meet with the physician daily by phone or video. Someone from the care team is available 24/7 to assist patients as needed. Overnight duties may include assistance with intravenous medication or helping a patient with acute medical needs.

Island Health’s Hospital at Home is a unique program that places patients and families in the centre, truly engaging families to lead and engage in their care.

Recently, Hospital at Home broadened its eligibility criteria to include other types of acute medical conditions and patient demographics to expand the reach and accessibility of the program. The specialized services offered include Palliative care, Nephrology, Infectious Disease, Gastroenterology, Respiriology, Internal Medicine, Cardiology, Cardiac Surgery, General Surgery, Urology, and Geriatrics.

More than just the convenience of home, the Hospital at Home program also demonstrates reduced rates of delirium, reduced readmission to hospital and reductions of a broad common indicator of quality “hospital harm” compared to hospitalizations in a traditional acute care site.

Learn more online at [islandhealth.ca/our-services/hospital-home-services/hospital-home](https://islandhealth.ca/our-services/hospital-home-services/hospital-home)



# Diabetes Education & Support

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**South Island:** 1-888-533-2273 **Central Island:** 1-877-734-4101 **North Island:** 1-866-928-4988  
[islandhealth.ca/cvc](http://islandhealth.ca/cvc) | [communityvirtualcare@islandhealth.ca](mailto:communityvirtualcare@islandhealth.ca)

# Family Caregiver Support

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**South Island:** 1-888-533-2273 **Central Island:** 1-877-734-4101 **North Island:** 1-866-928-4988  
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# CODE HACK 2024: CUTTING-EDGE COLLABORATION TO IMPROVE CARE

by Glenn Drexhage

A passion for preventing blindness among at-risk and marginalized groups turned out to be doubly successful at Island Health's Code Hack 2024 event – and in doing so, highlighted the value of innovation in health care.

The “hackathon,” held March 8-10 at the Royal Jubilee Hospital (RJH) campus in Victoria, brought together Island Health staff and medical staff with patients, students, industry experts, coders, builders, designers, and others. Twelve teams competed in the fourth Code Hack since its inception in 2019.

For 24 hours, nearly 70 participants collaborated on innovative solutions to a range of healthcare challenges. At the end of the weekend, final pitches were made, and a panel of judges selected the top three projects.

This year's \$1,500 first prize went to Team Zero Blindness, which focused on preventing blindness among vulnerable populations, including First

Nations, with treatable conditions such as diabetic retinopathy.

Their project proposed the development of easy-to-use “eyeHealth” kits that could be sent to rural and remote locations or urban community centres. The kits include a Bluetooth-connected headset that scans a patient's eyes, with the data uploaded via an app to specialists for follow-up. If needed, a care plan is co-created by the patient and their ophthalmologist.

Team Zero Blindness also received the People's Choice award, which Code Hack participants voted on. The initial idea for the project came from Dr. Hamza Khan, an ophthalmologist. “I've been on staff with Island Health for over 20 years and I've had the opportunity to see a lot of people with vision loss, some of whom could have been picked up earlier and treated,” he says.

Second place and \$1,000 went to Team Fenta-Nil, which pitched a discrete, easy-to-use device that rapidly detects fentanyl

in substances. The idea originated with Anthon Shamapto, a field application specialist with a biotech company.

“Working with a diverse group of doctors, allies, and even a high school student helped me to see the bigger picture and understand that Fenta-Nil is more than just a handheld device,” says Shamapto. “It's a potentially life-saving measure building on the current fentanyl strip detection technology.”

Alyssa Foote, who is pursuing her next role as a health-care data professional, says she would “definitely” recommend Code Hack to others. “I really appreciate that there is a local health-focused hackathon open to the public,” she notes. “Networking is the key to progressing your career, it helps immensely. And this is a great place to network. You never know what doors you're going to open.”

Team Next won third place and \$750 for their project to improve communication between care providers and





*This year's \$1,500 first prize went to Team Zero Blindness, which focused on preventing blindness among vulnerable populations, including First Nations, with treatable conditions such as diabetic retinopathy.*

patients in emergency departments. Their approach included wristbands for patients to track updates on their care and wait times, provided by an app and waiting room screens.

Where feasible, Island Health's **Innovation Lab** will support the winning projects with its equipment and expertise.

"I thought it was fantastic. It was really great to see such an engaged group of people," says Dr. Michelle Weizel, Island Health's executive medical director for medical and academic affairs and a first-time Code Hack judge. "The quality of the presentations was really good, and I learned a lot."

Dr. Weizel also underscored the importance of innovation. "We're at a huge precipice of change in health care. Innovation will happen to us, or we'll be involved in developing it – one or the other. And I think the more involved we are, from the frontline up, the easier the change will be."

The event was supported by several community partners, including Circle Innovation, a non-profit organization focused on healthcare technology. "Code Hack was a great opportunity for Circle Innovation to participate at the ground level with patients, clinicians, technologists and designers to stimulate innovative thinking and solutions for BC health care," says Loki Jörgenson, Circle's senior director of innovation and strategy. "As a non-profit, we build relationships between stakeholders, which is key to healthcare innovation. And that's exactly what Code Hack delivered. We're already looking forward to next year!"

Other partners included Camosun College, Nanaimo & District Hospital Foundation, the University of Victoria, the Centre for Interprofessional Clinical Simulation Learning, Good Earth Coffeehouse, Telus, and Victoria Hospitals Foundation.

Code Hack 2024 also featured the invaluable contributions of about 25

volunteers – some of whom came from Island Health's **Step Up Youth Program**.


"Part of what made this a great Code Hack was that we had a young demographic. Some of our presenters were from high school," says Matthew Miller, a co-founder of the event and Island Health's director of brand, digital engagement, and innovation. "So, we're getting young people with good ideas, influencing, and being influenced by those who have been in the healthcare system for decades," he said.

"I saw really interesting mentoring going on – everyone was leaning into our **C.A.R.E. values** of respect and empathy, understanding where everyone else was coming from," added Miller.

Innovation is a key priority for Island Health, and involves translating the input and ingenuity of our staff, physicians, partners and patients into new ideas and solutions that address health-care challenges and improve people's lives.

# Your health in your hands: the empowering effect of virtual care

by Aimee Dolphin



The COVID pandemic gave a boost to the virtual world as many people opted to work remotely. Education and healthcare services were also delivered online. For 64-year-old Steve Horvath, Island Health's Community Virtual Care program was vital in providing him with the knowledge and tools he needed to unlock new levels of healing in his journey with type 2 diabetes and hypertension.

**Horvath's virtual care journey started after** his doctor informed him that his blood pressure and blood sugar levels were very high and placed him on medication.

Horvath is the first to admit he didn't know much about diabetes. He was told to cut back on foods high in carbohydrates, like pasta and bread, so he cut back from two and a half plates of pasta to one big plate. After not seeing much progress on the medication, he admits

his efforts weren't enough. Horvath's doctor offered another solution, referring him to Community Virtual Care.

**Community Virtual Care** is a free program that focuses on education, coaching, and remote patient monitoring. It includes chronic disease management, palliative support, caregiver support, and acute illness monitoring. Horvath was referred to the chronic disease management

program, which provides individualized support and education, as well as a series of seven diabetes education classes delivered virtually.

Jase Rollins, a Community Virtual Care nurse, worked with Horvath during the program. "What was most extraordinary about Steve was that his situation was precarious," said Rollins. "His blood pressure and blood sugars were quite elevated. Knowing the potential



*“I’ve seen a lot of deaths in my family, and knowing what people had to go through, I don’t want to be there. That’s what drove me the most. I believe in the medical profession, and I could see that I had to do something to help myself.”* — Steve Horvath

long-term implications compelled me to support him as best I could.”

Rollins believes Horvath’s enthusiasm, coupled with the need to create change, drove his results.

After taking the series of classes called *Living Well with Diabetes*, Horvath began the monitoring program. Clients are sent the equipment needed for the program, including a blood pressure cuff and a tablet to report results. Rollins also encouraged Horvath to get a glucometer to test blood sugar levels. Clients continue to meet virtually once a week with Community Virtual Care clinicians, including nurses and health care professionals such as a nutritionist and pharmacist. This part of the program typically spans about three months, but it was extended to six months in Horvath’s case. Together, Rollins and Horvath created a plan that focused on diet and looked at other lifestyle factors like sleep, exercise, stress management, and maintaining other areas of health such as vaccinations to avoid getting sick.

Horvath said having the equipment at home to test his blood pressure and sugar levels himself was an eye-opener and motivated him to make necessary changes to see results. “I’ve seen a lot of deaths in my family, and knowing what people had to go through, I don’t want to be there. That’s what drove me the most. I believe in the medical profession, and I could see that I had to do something to help myself,” he said.

Rollins says Horvath showed tremendous self-discipline at this stage—and the proof was in his results.

“An extraordinary thing occurred,” Rollins recalled. “It almost looked like a plane was landing – there was a peak in his levels and then it gradually came down to a beautifully low level.”

Rollins added the results were not from any other interventions or an increase in medications but instead through Horvath’s sustained efforts in addressing lifestyle changes. “For someone like me who really values situations where clients see success, his results were extremely gratifying.”

Horvath’s doctor was also pleased with his results—he was able to stop taking one of the two diabetes medications right away. More recently, Horvath has continued on the path towards reducing or even stopping his other medications as his health continues to improve.

For Horvath, the one-to-one support from the Community Virtual Care clinicians was the most helpful. “If it weren’t for this program, I wouldn’t be where I am today,” he said. “The workshop gave me a lot to digest and as I understood more, the more the team could help me address my lack of knowledge.”

Rollins also acknowledges that Community Virtual Care’s team effort helped move the needle in this case. “These are not easy changes to make. Our team helped to cement Steve’s understanding of why he needed to adhere to this lifestyle,” Rollins said. “When we all work together, we’re going to provide the greatest possible benefits to our clients. It’s not just a success story for me, or for Steve, but for Island Health.”

Pam Rasmussen, program manager for Community Virtual Care, said although

her team’s offerings aren’t new, they have seen an uptick in interest since the pandemic. Admissions have increased more than 75% over the last fiscal year. “I think COVID made people realize there are different ways we can deliver healthcare—virtual care doesn’t replace anything, it’s just another option.”

Though there has been increased interest in Community Virtual Care, Rasmussen stresses that there are no waitlists. Clients do not need a primary care provider to participate in this service.

Referrals to the chronic disease management program and diabetes education classes are accepted through self-referral or by healthcare professionals or family members. There is a 12-week support and education program for people diagnosed with chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), diabetes, heart failure, or hypertension.

Another program provides symptom support using remote patient monitoring equipment (provided) and the phone, to people with mild to moderate symptoms of influenza, COVID-19, heat-related illness, wildfire smoke inhalation or a progressive, palliative illness.

To find out more and to register for one of these programs, call your local Community Access Office. The phone numbers are North Island 1-866-928-4988 / Central Island: 1-877-734-4101 / South Island: 1-888-533-2273. You can also visit [islandhealth.ca/our-services/home-care-services/community-virtual-care](https://islandhealth.ca/our-services/home-care-services/community-virtual-care).

# SERVICE LINK PHONELINE MAKES A DIFFERENCE

by Tiffany Akins

“The most important call I’ve made in my life” is how one Service Link caller describes their experience with the new information line. This is exactly the kind of feedback Island Health’s Mental Health and Substance Use program hoped for when the phone line began operating a year ago.

**Staffed by addiction and recovery workers,** Service Link connects callers to mental health, substance use, harm reduction, treatment, and recovery resources in their community. Approximately 40 callers a month use the service including people who use substances, family members seeking support for loved ones, and clinicians exploring options for patients/clients.

“Often 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 shouldn’t be stigmatized.”

According to McCormick, “Service Link follows a person-centred 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, callers can remain anonymous,” she said.

Service Link was implemented alongside the **decriminalization** of people who use drugs in B.C. This resource line supports a public health approach, with the goal of directing people who use drugs toward health and social support. Service Link is part of a larger strategy to reduce the 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,





Larissa McCormick

harm reduction, treatment, recovery, and relapse prevention,” says Sheila Leadbetter, executive director, 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 is an addictions and recovery worker and mental health worker who also answers the Service Link phone line.

She wants anyone considering calling the line to know that “you are very much not alone in your experience, and a problem shared is a problem halved.”

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

The Service Link number is 1-888-885-8824. An addictions and recovery worker answers calls daily 8:30 a.m. to 4:30 p.m. If a call isn’t answered, callers may leave a message and be contacted later that day or the next day. If someone is unable to get through HealthLinkBC 8-1-1 is available 24/7.

Learn more about all of Island Health’s mental health and substance use services on our website, **Mental Health & Substance Use Services | Island Health.**

*“We provide a resource people can engage with before it gets ‘too bad.’ This early engagement helps reduce the number of cases that devolve into mental health crises, drug poisonings/overdoses and police encounters. Service Link helps people to help themselves.” —Lin Lloyd, Island Health Mental Health Worker.*

# NEW INTENSIVE DAY PROGRAM OPENS FOR YOUTH WITH MENTAL HEALTH CONCERNS



Youth living with complex mental health needs and behavioural challenges now have access to an intensive day program that provides therapeutic and educational services to support recovery while maintaining close, ongoing connections with their home communities.

**Located at Queen Alexandra Hospital** for Children’s Health, the Adolescent Intensive Day Treatment program supports 14–18-year-olds with challenging needs who require more intensive care and support.

Participants are referred to the service through Island Health’s Child Youth Family Mental Health and Substance Use Program. The program is voluntary and intended to support young people with high needs who do not need to be in the hospital. This strength-based program builds on each participant’s capacity and ability. It is trauma-informed, focusing on resiliency, competency, and recovery.

“Youth in the program come to the Garden House at Queen Alexandra every day to receive services in a healing environment which was renovated and redecorated

to provide the best care possible for our youth,” said Shauna Kazeil, Clinical Services Director, Child, Youth and Family Mental Health and Substance Use Services, Island Health. “Through a multidisciplinary staff model that includes physicians, therapists, counselors, allied health and education providers, participants get a half-day of therapeutic services one-on-one or in a group setting, with the other half-day spent on schoolwork and building life skills.”

Youth attend the Day Program Monday – Friday from 8 a.m. to 3 p.m. Cohorts include 10 participants and run February to June and September to January to align with the school semester.

“This new program addresses an important gap in the continuum of mental health services and supports for young

people on Southern Vancouver Island – it will provide a bridge of interventions for youths who may have finished an acute care stay but who are not ready or able to participate in less intense community-based services such as outpatient care and counselling,” said Leah Hollins, Island Health Board Chair. “Our goal is to build on learnings from the start-up of this service in Victoria and expand to Central Island, likely Nanaimo, in the future.”

The Adolescent Intensive Day Treatment Program was developed with input from patients and parent/family/caregiver feedback advisors, as well as clinical staff and medical staff. The program also sought input and is building an ongoing relationship with the Songhees Nation, Esquimalt Nation and Island Métis Family and Community Services Society.



# The deliciousness of spring

by Susan Evans

**Spring has arrived here on Vancouver Island.** That means longer days, sunshine, milder temperatures, and the start of gardening season. Along with the change in the weather, I like to start changing up my dinner menus, looking for lighter meals—more fresh produce and less braising and roasting.

Think spring peas, tender asparagus, and local rhubarb. These are only in season for a few short weeks, so be sure to hit your local markets to take advantage.

Most grocery stores carry some local produce. I also like to visit farmers' markets and roadside produce stands to pick up whatever is fresh and then look for recipes that incorporate these items. It can be as simple as a salad made from local greens and herbs topped with grilled chicken, or risotto with fresh peas. Desserts made with rhubarb and local berries are a big hit at my house—check out the recipes in this issue of Island Health magazine for inspiration.

## FARMERS' MARKETS

While many farmers' markets are open all year round, this is the time of year when most go into full outdoor operation. Here, you will find locally made baked goods and preserves, along with local produce and meat, as well as a number of other delicious food items, flowers, and crafts. These markets often feature entertainment and coffee bars and are a wonderful way to spend a morning.

Look for markets in your area—BC Farms and Foods ([bcfarmsandfoods.com](http://bcfarmsandfoods.com)) is a great resource with information about farm locations and the food grown in BC, lists and maps showing farmers markets and roadside produce stands, and information about what is in season and when.

Make sure to put a visit to a local market or farmstand on your summer to-do list this year.

## GROW YOUR OWN

The Vancouver Island region is known for its gardening enthusiasts. You can find home gardeners who have transformed their entire backyards into a farming enterprise filled with vegetables that feed them all year round to people (like me) who have a few tomato plants on their deck.

Whether you have a lot of space, or a little, growing your own food is as satisfying as it is delicious. If you want to start small, try a few containers in a sunny spot on your deck. Some varieties of tomatoes, greens and herbs are perfect for container gardens although they still need regular watering, fertilizing and care. If you don't have a deck or balcony, look for a sunny spot on your windowsill for pots of herbs. There are resources online to help you get started.

If you want more than a container garden but don't have a yard to work with, there are other options. Many communities on Vancouver Island offer community gardens. There are common gardens, which are maintained by community volunteers and can be harvested by all residents. There are also allotment gardens with individual garden plots, which are maintained and harvested by individual gardeners. Check with your community to see if there are resident garden options available.

Whether you grow your own produce, or shop at local markets and produce stands, now is the time to enjoy fresh, delicious spring offerings.





# Roasted Salmon Salad Nicoise

Makes 8 servings

This salad looks like spring. Lots of fresh herbs, tender asparagus and bright flavours make this the perfect spring-time meal. Roasted broccoli, green beans or red peppers could be used instead of, or in addition to the asparagus.

## INGREDIENTS:

4 tbsps	olive oil, divided
1 tbsp	chopped fresh rosemary, or ½ tsp dried
½ tsp	each salt and pepper
2 lb	baby potatoes, cleaned and halved
6	plum tomatoes, cut in wedges, or 2 cups cherry tomatoes
2	heads garlic
1 lb	asparagus, trimmed
2 lb	salmon filet in one piece, skin removed
⅓ cup	balsamic vinegar
8 cups	mixed greens
2 tbsps	chopped fresh (or ½ tsp dried) tarragon or basil
4	hard-cooked egg whites, coarsely chopped
1	small bunch chives, cut into 2-inch lengths

## DIRECTIONS:

1. Preheat oven to 400°F.
2. Combine 2 tbsps oil, rosemary, salt, and pepper. Toss potatoes with half this mixture.
3. Arrange tomato wedges, skin side down, and potatoes in a single layer on a parchment-lined baking sheet. Cut top quarter off heads of garlic and wrap in foil. Roast potatoes, tomatoes, and garlic in a preheated oven for 40 minutes. Remove from oven, scatter asparagus over potatoes and tomatoes. Roast in preheated oven for 10 to 15 minutes, or until potatoes and garlic are tender and asparagus is bright green.
4. Coat salmon with remaining oil/rosemary marinade and place on another baking sheet lined with parchment. About 20 minutes before vegetables are ready, place salmon in oven and roast for 15 to 18 minutes, or until just cooked through.
5. For dressing, squeeze roasted garlic into vinegar and whisk until pureed. Whisk in remaining 2 tablespoons of oil.
6. Arrange greens over large platter. Arrange potatoes down centre and tomatoes and asparagus along sides. Place salmon on top of potatoes. Drizzle dressing over salad. Sprinkle with tarragon, egg whites and chives.



Adapted from *The Best of HeartSmart Cooking*  
from the Heart and Stroke Foundation of Canada



# Garlic-Ginger Chicken Stir-Fry

Makes 4 servings

Garlic is in season, so what better time to make a delicious garlic-ginger chicken stir-fry.

## INGREDIENTS:

1-inch	knob fresh ginger (minced)
1/3 cup	reduced sodium soy sauce
2 tbsps	rice vinegar
6	cloves garlic (minced)
1 tbsps	granulated sugar
2 tbsps	toasted sesame oil
1 1/2 tbsps	cornstarch
2 to 3 tsps	chili paste (to taste)
1 1/2 lbs	thin sliced boneless chicken breast cutlets (sliced into thin strips)
1 tbsps	vegetable oil
1	medium red onion (cut into 1/2-inch chunks)
15 ounces	baby bok choy (roughly chopped (about 6 cups))
1/2 cup	fresh Thai or traditional basil (torn)
1/3 cup	dry-roasted peanuts (crushed, for garnish), optional
	Coconut jasmine rice (or cauliflower rice, optional for serving)

## DIRECTIONS:

1. In a bowl whisk together the ginger, soy, vinegar, garlic, sugar, sesame oil, cornstarch, and chili paste. Stir to combine. Remove 1/3 cup of the marinade and set aside.
2. Add the chicken to the remaining marinade and let sit for at least 15 minutes up to 4 hours.
3. Heat a large, heavy cast-iron or stainless steel skillet with a lid over high heat.
4. Pour 1 teaspoon of the vegetable oil into the pan and swirl to coat.
5. Use a slotted spoon to add half the chicken to the skillet and stir and scrape the bottom with a wooden spoon.
6. Cook chicken for about 2 to 3 minutes on each side, until golden brown. (Cover briefly, as needed, to prevent splatters.) Transfer to a plate and set aside.
7. If your skillet has caked-on starch or burned garlic, return it to the heat and add a cupful of water to help scrape it off. Discard into the sink and wipe the skillet dry with paper towels.
8. Heat another 1 teaspoon of oil. Repeat with the remaining chicken.
9. Clean the skillet once more and pour in the remaining teaspoon of oil. Once hot, stir in the onions and sauté them until they are lightly charred but still retain some crunch, about 2 minutes.
10. Add the chicken back in.
11. Pour in the remaining marinade and add 1/2 cup water.
12. Cook for another minute, then stir in the bok choy until wilted
13. Transfer to a platter and top with the crushed peanuts and basil.
14. Serve over rice, or cauliflower rice, if desired. Makes 8 cups.





## Creamy Orzo with Asparagus and Peas

Makes 5 servings

This delicious, creamy orzo pasta dish with asparagus and peas is fresh, bright, and lemony – the perfect spring dinner. Plus, it's vegan and dairy-free.

### INGREDIENTS:

1/4 cup	extra-virgin olive oil
2	leeks (white and light green parts, chopped (3 cups)
1 tsp	kosher salt
1/3 cup	dry white wine
2	garlic cloves (grated)
12 ounces	orzo pasta
3 1/2 to 4 cups	vegetable broth
2 tsps	lemon zest (plus more for garnish)
1 bunch	asparagus (trimmed and chopped into 1-inch pieces)
3/4 cup	fresh or frozen peas
2 tsps	fresh lemon juice (plus wedges for serving)
	Fresh herbs (basil and/or tarragon, for garnish)
	Microgreens (for garnish) optional
	Freshly ground black pepper

### DIRECTIONS:

1. Heat 3 tablespoons of the olive oil in a medium Dutch oven over medium heat.
2. Add the leeks, 3/4 teaspoon of the salt, and several grinds of pepper and cook for 5 minutes, or until softened. Stir in the wine and let it cook down for 30 seconds.
3. Reduce the heat to low and add the garlic, orzo, and 3 cups of the broth. Stir, cover, and let cook for 10 minutes, stirring occasionally to prevent sticking.
4. Uncover and stir in the lemon zest and another 1/2 cup of the broth. Cook, stirring, over low heat for 2 to 4 minutes, or until the mixture is creamy and the orzo is cooked through.
5. Meanwhile, bring a medium pot of salted water to a boil. Drop the asparagus and peas into the boiling water and blanch for 1 to 2 minutes, or until tender but still bright green. Drain, transfer to a kitchen towel, and pat dry.
6. Transfer the vegetables to a large bowl and toss with the remaining 1 tablespoon olive oil, the remaining 1/4 teaspoon salt, the lemon juice, and several grinds of pepper.
7. Before serving, check the orzo's consistency. If it has thickened too much, stir in the remaining 1/2 cup broth.
8. Portion the orzo into bowls and top with the vegetable mixture. Garnish with fresh herbs, lemon zest, and microgreens, if using. Season to taste and serve with lemon wedges.



Adapted from [Skinnytaste.com](http://Skinnytaste.com)





## Strawberry Rhubarb Crisp

Makes 8 servings

Now is the time to take advantage of spring rhubarb and strawberries—the perfect combination of sweet and tart. The orange adds a delicious citrus touch to this dessert favourite.

### INGREDIENTS:

#### FOR THE FILLING:

20 ounces strawberries (hulled and quartered)  
12 ounces rhubarb stalks (about 5 or 6 cut into 1-inch pieces)  
1/2 orange (zested and juiced)  
1 tbsp cornstarch  
1/4 cup honey

#### FOR THE TOPPING:

3/4 cup quick oats  
1/3 cup 100% whole wheat flour  
2.25 ounces light brown sugar  
1/2 tsp cinnamon  
3 tbsps butter (melted)

### DIRECTIONS:

1. Preheat oven to 375°F.
2. Combine strawberries and rhubarb in an oven-safe dish.
3. Add honey.
4. Then orange juice and orange zest; sprinkle with cornstarch and toss until fruit is well coated.
5. Mix remaining ingredients for the topping in a medium bowl then spread over fruit.
6. Bake until topping is golden brown, and fruit is bubbling, about 40 minutes.
7. Serve with a scoop of frozen yogurt or whipped cream if desired.





# Island Health nurse practitioners take a unique approach to patient care

by Shawna Cadieux

*“We consider many aspects of our patients’ lives. I enjoy hearing their stories and try to understand their backgrounds and collaborate with them to help overcome some of their challenges.” — Tanya Petryk*



According to Aharon Arnstein, “the secret sauce for becoming a nurse practitioner is having that experience working with patients as a nurse first.” Arnstein has been a nurse practitioner (NP) for a decade and currently provides primary care to older patients at Island Health’s Health Point Care Centre in Victoria. Arnstein is one of 74 NPs employed by Island Health. The health authority also contracts dozens of other NPs to work in places like Urgent and Primary Care Centres.

“I enjoy the autonomy that my profession provides in being able to think through problems and come up with solutions,” he said. “Patients can expect the same quality of care from an NP as they would from a family physician.”

All nurse practitioners work as registered nurses for at least two years, later completing a master’s degree or higher education in nursing that includes integrated medical sciences and then fulfilling a licensing process. Here in British Columbia, NPs have among the broadest scope of practice in the country. They are licensed to:

- Assess patients, including ordering tests and interpreting test results.
- Diagnose and treat diseases and conditions by prescribing medication and other therapies.
- Consult with and refer patients to other health care providers such as specialists.
- Monitor treatment plans to ensure they are effective.

Island Health NPs most often provide primary care, typically as part of a collaborative team that can include registered nurses, physicians, social workers and mental health and substance use clinicians. In addition to patient-facing care, as advanced practice nurses, NPs participate in quality improvement, research, advocacy, and leadership.

“Ours isn’t just a caring profession, it’s a knowledge profession,” said Janice Robinson, Island Health Clinical Lead, Nurse Practitioners, Strategy and Practice. Robinson, a nurse practitioner for 13 years, added, “Our work is evidence-informed, whether in diagnosing or educating patients about their acute or chronic illness or collaborating with operational leaders to introduce new NP roles.”





Tanya Petryk has been a nurse practitioner since 2010. Her practice at the Comox Valley Nursing Centre's Health Connections Clinic and as part of the Positive Wellness North Island team focuses on people with complex medical conditions such as HIV and Hepatitis C.

"Team-based care is essential for managing complex patient populations. Our team huddles twice a day to review patient cases together," she said. "Being able to see things from different perspectives, to support and learn from one another is so valuable."

"In this clinic, I have a roster of patients, and when a primary care provider on our team is away, I can cover their patients, and they can cover mine," said Arnstein. "We work collaboratively

and consult with one another about the people we care for."

Offering patient-centred care is integral to a nurse practitioner's role. They focus not only on diagnosing and treating disease but also on understanding how the social determinants of health—things like poverty, access to care, transportation, housing, and food security—impact their patients in order to provide comprehensive, holistic care.

"We consider many aspects of our patients' lives," said Petryk. "I enjoy hearing their stories and try to understand their backgrounds and collaborate with them to help overcome some of their challenges."

As an NP who works primarily with seniors, Aharon Arnstein finds the

greatest rewards during his patients' end-of-life journeys.

"I have the privilege of building relationships with my patients. Getting to know people and supporting them at the end of life is an amazing experience. I am always grateful when I can be a part of someone's last days," he said.

Being a nurse practitioner is not without challenges, but NPs say it is an incredible profession and plays a key role in the healthcare landscape.

"NPs are an important part of the health care family," said Arnstein. "If you are a nurse who enjoys patient education, leadership, and building your knowledge base, consider taking the next step and becoming a nurse practitioner."



▶ HEALTH PROMOTION

# *Spring into Action*

by Susan Evans







Spring is here and there is so much to look forward to in the coming months. Now is a great time to think about changing up your routine and adding in more activity and outdoor time. Here are a few tips and ideas for making the most of the spring and summer.

### GO PLAY OUTSIDE!

Health Canada recommends that adults, including seniors, accumulate at least 150 minutes of moderate to vigorous physical activity per week.

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HEALTHLINK BC FEATURES INFORMATION ON GETTING ACTIVE. YOU CAN ALSO FIND OUT HOW TO CONNECT WITH A PHYSICAL ACTIVITY EXPERT AT 8-1-1.



make sure you can be seen by wearing reflective clothing and using a flickering light (even during the day), and ensure your bike and tires are in good condition.

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FOR MORE CYCLING SAFETY TIPS AND INFORMATION TO BE ROAD SAFE FROM PARTICIPATION.



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There are many ways to be active, including going for a walk outside. A number of studies demonstrate the positive effects of spending time in nature—everything from reducing stress and anxiety and improving sleep to lowering blood pressure and improving cognitive abilities.

Parks Canada offers a program called PaRx to encourage people to spend time in nature and experience the benefits of a “nature prescription.”

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FOR MORE INFORMATION ON THIS PARKS CANADA PROGRAM PROGRAM AND SPENDING TIME IN NATURE.



### GEAR UP FOR GARDENING

Gardening is a wonderful way to be active and spend time outdoors. It can also be hard work and it’s important to start slow and be prepared. Avoid marathon gardening sessions and take care when bending and lifting. Make sure to use the right tools for the job. And of course, be sun smart and stay hydrated.

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HEALTH CANADA OFFERS INFORMATION AND SAFETY TIPS FOR GARDENING SAFELY.



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SUGGESTIONS FOR WALKS AND HIKES ON VANCOUVER ISLAND FROM EASY TO EXCITING.



### IMMUNIZATION INTELLIGENCE

Spring is a great time of year to review your family’s immunization status and make sure immunizations are up to date. Planning to travel this year? You can also check for information on any immunizations required at your destination.

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LEARN MORE ABOUT IMMUNIZATIONS AND WHAT YOU AND YOUR FAMILY NEEDS.



### THE JOY OF CYCLING

Cycling is another popular activity on Vancouver Island, and there are many bike trails, both urban and rural, available for cyclists of all levels. Safety first—wear a properly fitting helmet,

*“In ten minutes, a car’s interior temperature can increase by 20 degrees, quickly hitting 38°C. Dogs don’t have sweat glands and can only cool themselves by panting and releasing heat through their paws—something they can’t do in a car that has become an oven.”*

## TICK TALK

It wouldn’t be spring on Vancouver Island without talking about ticks. Most ticks don’t carry diseases, and most tick bites don’t cause serious health problems. But it is important to avoid and check for ticks, and to remove a tick as soon as you find one.

To avoid ticks when in the woods or tall grass, walk on cleared paths. Apply insect | repellent containing DEET to uncovered skin and tuck your top into your pants and your pants into your boots in places where ticks might be.

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FOR MORE INFORMATION ABOUT TICKS AND HOW TO PROTECT YOURSELF VISIT HEALTHLINK BC.



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FOR MORE INFORMATION ON SUN SAFETY AND HOW TO PROTECT YOURSELF FROM THE SUN’S RAYS.



## SUN SAFETY

With all that time spent outdoors, it’s important to be sun smart. There are a few simple rules to follow.

- Wear a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30. Apply at least 20 minutes before going outside.
- Cover up with loose-fitting clothing. Wear a wide-brimmed hat and sunglasses.
- Find shade, especially between 11 am and 4 pm when the sun is strongest.
- Drink plenty of water.





## EXTREME HEAT

As we have seen in recent years, temperatures can hit extremes in the spring and summer months. Too much heat can be harmful to your health and cause heat-related illnesses. Watch for Heat Warnings from Environment Canada and visit HealthLink BC to learn how to prepare for extreme heat events.

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VISIT HEALTHLINK BC FOR TIPS ON HOW TO STAY COOL WHEN IT'S HOT OUTSIDE.



## HOT DOGS

Pets should not be left in parked cars.

On hot summer days, and even days that are mild, the inside of a car can quickly turn into an oven, with potentially deadly consequences.

In ten minutes, a car's interior temperature can increase by 20 degrees, quickly hitting 38°C. Dogs don't have sweat glands and can only cool themselves by panting and releasing heat through their paws—something they can't do in a car that has become an oven.

Dogs can only withstand high temperatures for a few minutes before suffering irreparable brain damage or death.

Leave pets at home with lots of cool water.

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VISIT BCSPCA FOR MORE INFORMATION ABOUT PETS DURING HOTTER MONTHS AND WHAT TO DO IF YOU SEE A DOG IN A HOT CAR.



# Caring for patients while caring for the planet

by Audrey Larson

New Cowichan District Hospital raises the bar on environmental sustainability.

Island Health is responsible for providing health care in one of the most naturally spectacular regions in Canada, and our ground-breaking new hospital in Cowichan combines top quality medical care with an unwavering commitment to environmental sustainability. The future 204-bed Cowichan District Hospital (CDH) – which marked its first year under construction in the Cowichan Valley this March – promises world-class patient care with a focus on becoming the first fully electric, fossil fuel-free hospital in B.C. when it opens in 2027.

Hospitals are among the highest users of energy, requiring round-the-clock

operation of life-saving equipment, climate control systems, ventilation and lighting to support safe patient care. Single-use materials, medical equipment, and disposable items all contribute to waste generation.

“Our vision to build a more environmentally responsible new hospital began early in the planning process to replace CDH,” said Pierre Iachetti, Director Energy, Environment & Climate Change. “Going fully electric means we won’t be burning fossil fuels in the day-to-day operations of our future facility.”

Additional measures that support environmental sustainability are featured

in the infographic below and include:

- Rooftop solar panels
- The ability to capture energy and reuse heat produced by mechanical systems to preheat water and air
- Highly-efficient air-source heat pumps to heat and cool the facility
- LED lighting which uses 75% less energy than incandescent bulbs
- A high performing building envelope to minimize heat loss; and
- Ventilation that provides healthy outdoor air to interior spaces.

The new CDH is also on track to achieve CAGBC Zero Carbon Building Standard and LEED® Gold Certification.

SUSTAINABILITY STRATEGIES

## The First Fossil Fuel Free Hospital in British Columbia

The new hospital will be all-electric, meaning that it will not burn any fossil fuels for its power supply, and will have an **80% reduction** in operational greenhouse gas emissions compared to the existing facility. The hospital is set to be the first healthcare project to achieve CAGBC Zero Carbon Building Standard, and is also targeting a LEED® rating.

The hospital is incredibly efficient in large part because of how the energy is captured and reused:



**Energy Capture and Reuse**  
Heat produced by the mechanical systems, like heating and cooling systems, is captured and used to preheat water and air, reducing overall energy consumption.



**Efficient Heating / Cooling**  
A highly efficient air-source heat pump provides additional heating and cooling needs. An electric boiler provides backup heating.



**Indoor Air Quality**  
Ventilation strategies provide patients and staff with healthy outdoor air in the interior spaces. The exhaust air utilizes heat recovery to pre-heat the outdoor air supply.



**Carbon Savings**  
Onsite solar panels provide carbon-free power, supplying more than 2% of the hospital’s energy needs. The carbon savings are the equivalent of taking 38 passenger cars off the road each year.



**Reduced Energy Demand**  
LED lighting will be used throughout the hospital, using 75% less energy than incandescent bulbs.



**Minimized Heat Loss / Gain**  
A high performing building envelope minimizes heat loss. This includes insulated walls and roof and triple-glazed windows to the south and west of patient tower to minimize solar heat gain.



Image: ZGF Architects





“The health of the air, water and soil in our communities has a direct connection to the health of people and all living things,” adds Dr. Brandon Yau, Resident Public Health Physician for Cowichan Valley.

Complementing this holistic approach to design is the landscape plan for the hospital, which begins with the wish for all patients, staff and visitors to feel cared for, welcomed, and appreciated from the moment they arrive at the site.

With a Project vision to create the most welcoming place of healing and hope, the design aims to instill the hospital and grounds with a deep sense of caring and respect, inspired by the Hul’q’umi’num ethic of Si’emstuhw, which means “respect,” as shared by Indigenous knowledge-holders.

“Landscape offers the potential for powerful, healing experiences wherein caring and respect is not a one-way experience, but a reciprocal relationship that benefits all parties, notes Scott Murdoch, Principal, MDI Landscape Architects, Inc. “By respecting the site and its ecological values through nature-based landscape solutions, we increase the potential for the site to contribute to the physical, social, and emotional health of the people using it.”

The Cowichan District Hospital Replacement Project is the first



*Retained/enhanced forest, wetland landscape and integrated rain gardens manage parking lot and roof runoff, ensuring water is clean and cool to protect natural habitats.*

*Nature-based design: An accessible path network, therapeutic gardens, and healing courtyards for mental health inpatients promote health and wellness in outdoor spaces.*

healthcare infrastructure project in B.C. being delivered under an alliance project model. The Nuts’a’maat Alliance represents a unique partnership between Island Health, EllisDon Corporation, Parkin Architects, BC Infrastructure Benefits and Infrastructure BC. This innovative delivery approach supports deep collaboration and respectful relationships to bring about best-for-project decision-making.

“These solutions would not be possible without the significant contributions from local Indigenous knowledge sharers and project partners ZGF Architects and MDI Landscape Architects,

working together,” notes Sean Quimby, Alliance Project Manager with EllisDon.

When the new facility opens for patient care in three years, it will reduce CDH’s operational greenhouse gas emissions by 80 percent compared to the current hospital.


In addition to supporting world-class health care, Island Health is taking steps to reduce its environmental footprint on the planet, with a commitment to reducing its greenhouse gas emissions Island-wide by 50% from 2010 levels by 2030. To learn more, visit: [www.islandhealth.ca/newcdh](http://www.islandhealth.ca/newcdh)



*Urban forest canopy*

*Nature-based landscaping includes the use of native and pollinator species to enhance biodiversity.*

*Green roof @ rooftop café*



# Making connections for climate action: recapping the Climate Change and Community Health Gathering

by Glenn Drexhage

**Empowering, collaborative, embracing, inclusive** – these are just some of the descriptions that highlight the impact of a Climate Change and Community Health Gathering in Nanaimo in late January.

The two-day event, co-hosted by Snuneymuxw First Nation and Island Health, brought together people from Indigenous communities, municipalities and Island Health to share their stories, programs, projects and experiences related to climate action. About 170 participants gathered to learn about the effects of climate on health, foster and strengthen partnerships, learn about community needs, and boost health and well-being through a holistic approach.

Key to this approach is the importance of developing a shared path to climate resilience with Indigenous Peoples – one that supports the value and recognition of bringing together Indigenous knowledge and Western science. Walking a

shared path is critical to climate resilience, as presented in B.C.'s **Climate Preparedness and Adaptation Strategy**.

The Gathering's outlook was intergenerational, cross-sectoral and multicultural. It focused on the links between water, climate change and health, because water – and particularly droughts – highlight the vulnerabilities of islands to the changing climate.

"I was inspired by the many participants who enrolled and shared their stories and their journeys within their communities," says Elder Geraldine Manson of Snuneymuxw First Nation, who was instrumental in providing cultural guidance for the planning of the Gathering. "Involving youth is vital because youth will be the next stewards of the land." Elder Manson also took part in a presentation that explored the health of the Nanaimo River and the well-being of surrounding communities.

"Being from a younger generation, having my voice heard - it's an honour to be included in this gathering," says Bartley Jones, a fisheries technician with the Snuneymuxw First Nation Marine Division. Jones spoke at the Gathering about his role in monitoring fresh and saltwater systems, using remotely operated vessels to examine underwater environments, and employing drones to view the land from above. He also stressed the importance of incorporating traditional knowledge from Elders into his work.

"I liked hearing everybody's thoughts," he says. "There's so much value in being together and sharing our voices. It is needed."

Stella Peters, a member of the Executive Council for Huu-ay-aht First Nations, participated in an absorbing panel on climate change, water, and health. "I found it very informative and very opening to a lot of people," says





Peters, who is also involved in the planning advisory committee. “People have different interests, different concerns, but overall, what I think we’re doing is coming together to look at a problem that’s going to impact everybody.”

Connections – with each other and with our planet – were also highlighted by Duncan Mayor Michelle Staples. “As something that’s been said at this conference, we are the land, we are the water, we are the air. And yet we act and move in this world like we’re disconnected from that, and it’s not a part of us, and it’s something we have to control,” she says. “Hearing from people from an Indigenous worldview – really reminds us that we have to remember that connection. It’s vital for us taking care of the planet now to help build a stronger environment for the future.”

Staples, a member of the **Cowichan Watershed Board**, was joined by former

Chief Lydia Hwitsum of Cowichan Tribes (also the board’s co-chair) to speak about the board’s collaborative governance structure. Staples also highlighted efforts underway in the Island region to create healthier communities through the **Vancouver Island and Coastal Communities’ Climate Leadership Plan**, which she co-chairs.

The Gathering provided vital input and insights to Island Health, which is working to support climate action, resilience and community health. “This event is the first step and the foundation for the next 10 to 15 years of work in our new Healthy Environments and climate change programs, and we wanted to start building it on the input of communities in the region we serve,” says Dr. Réka Gustafson, vice president of Population and Public Health and chief medical health officer. “It was two days that spoke to our hearts, to our souls and to our minds.”

Dr. Paivi Abernethy, manager of Island Health’s Healthy Environments program, sees the Gathering as an important and invigorating beginning. “This was a collective endeavour – people came and participated, they joined. That’s what is so powerful,” she says. “I see our role as being this connector – connecting communities, First Nations and non-First Nations, to support a shared path. And connecting communities with our staff and local data to support decision-making. I don’t know where we’re going to go just yet but this Gathering was the start of our journey to improve community health by addressing climate resilience through a health lens, together.”

Island Health is committed to making a positive contribution to environmental sustainability and supporting community preparedness and resiliency for climate emergencies. We are taking action to reduce our greenhouse gas emissions by 50% from 2010 levels by 2030.

# Freedom from Lifelong Migraine Pain through a Clinical Trial

by Annie Moore

Migraine is a complex neurological disease with recurrent attacks that can last anywhere from 4 hours to 3 days. People with migraine can experience mild to severe pain accompanied by nausea, vomiting, and sensitivity to light and sound. People who experience 14 or more days with migraine every month suffer from chronic migraine. 4.5 million Canadians live with chronic migraine, and 7 million workdays a year are lost to the disease.

Despite its high costs, migraine is one of the most under-treated neurological pain conditions. Island Health's Clinical Trials Unit is working with Dr. Corrie Graboski to offer new treatments to local patients. Dr. Graboski is a physiatrist specializing in physical medicine and rehabilitation, with an interest in headaches. A new kind of migraine medication is being developed and studied. The new medications block the effect of CGRP, a peptide (small protein) found in the sensory nerves of the head and neck. CGRP is involved in pain transmission, and levels increase during a migraine.

From 2019-21, Island Health participated in a study named PROGRESS, which evaluated whether a drug called Atogepant—one of the new medications—can reduce or prevent chronic migraines. Data from Island Health's study participants helped to demonstrate that Atogepant significantly reduces

migraine frequency, allowing people to return to everyday life without pain.

Dr. Graboski is now leading a follow-up study, PROGRESS\_OLE, which will run through this year to evaluate the long-term safety and tolerability of Atogepant. Those who enrolled in PROGRESS are eligible to continue in PROGRESS\_OLE. Em Trotter and Stephen Zmetana are two of those participants.

Em's migraines began when she was five years old and had just started school. Her parents and teachers assumed that the fluorescent lighting was the cause, but making changes didn't seem to make any difference in the migraines. Headaches and migraines became a normal part of her life, primarily because she was too young to rely on medication for treatment. As a teenager, she went through multiple tests to find the cause but came up empty-handed. As an adult, the medications Em was prescribed

dampened the migraines but created pain in other parts of her body. "I was also unable to work under the influence of it," Em says, "and my career as a paramedic is very mentally and physically demanding."

Stephen began to experience migraines in his late twenties. Standard medications had no effect, and going to work when he could barely see, or think was unbearable. He thought he might have to stop working altogether but found a medication that allowed him to tolerate most migraines. When he turned 50, though, the medication stopped working, and he had to give up running marathons because he'd wake up with a blinding migraine after every run. His migraines felt completely unpredictable and brought on near-debilitating nausea. He lived in constant fear he might get a migraine at any time, "I used to travel frequently for work, and it was awful not knowing whether I would be able to get up in the morning and meet customers and colleagues, or present at seminars."

Why did Em and Stephen enroll in the studies? "I have been desperate to find anything that would help mitigate the pain I've lived with since childhood," says Em. "If there was any chance this study could be that for me, it deserved a shot." Stephen felt the same: he was willing to try anything to reduce his migraines and thought it could be an interesting experience. It's been "eye-opening to find out about the strict protocols and diligence that go into studies like this," Stephen says, "and the study staff are extremely professional, friendly, and supportive."

The impact of participating in the study has been life-changing for both.

"I am living proof that this medication works when nothing else has," says Em. For Stephen, "it's been a life-altering





*“It’s been a life-altering experience. I’ve virtually abandoned my old rescue medication. I haven’t missed a day of work or a social gathering in a couple of years now. It all makes me feel like I’ve rejoined the land of the living, and it’s pretty wonderful.” — Stephen Zmetana*

experience. I’ve virtually abandoned my old rescue medication. I haven’t missed a day of work or a social gathering in a couple of years now.” He’s also started running again, and on a recent trip to Europe, he was migraine-free the whole time. “It all makes me feel like I’ve rejoined the land of the living, and it’s pretty wonderful,” he says.

Not only did the study give Em and Stephen their lives back; volunteering to be part of clinical research is about paying it forward. “I hope to give other people in my situation the opportunity to try this drug,” says Em, “and I want it to be available to those who didn’t have the chance to participate in the study as I have.”

Now they can: based on the positive results of studies like PROGRESS, Health Canada approved Atogepant for treating episodic migraine in January 2023, and is in the process of approving it for chronic migraine.

Interested in participating in research? Find opportunities on [www.reachbc.ca](http://www.reachbc.ca).





*Dr. Vamshi Kotha (left) and Beth Pucsek, Nuclear Medicine Technologist, preparing for a TARE procedure.*

# INNOVATIVE LIVER CANCER TREATMENT ON VANCOUVER ISLAND

by Trish Smith

An advanced therapy that targets tumours with a high dose of focused radiation while sparing surrounding healthy tissue is now available in Island Health, providing liver cancer patients with a treatment option closer to home.

The treatment, Transarterial Radioembolization, or TARE for short, uses tiny beads containing radioactive material to slow the growth of liver tumours and help alleviate symptoms.

“This procedure is delivered to the tumour through a catheter placed into the hepatic artery that supplies blood to the tumour,” said Dr. Ashley Freeman, Medical Oncologist with BC Cancer – Victoria. “A radioactive agent is infused and delivers high-dose radiation inside the liver tumour while minimizing exposure to the rest of the liver. It is a targeted radiation therapy that can destroy tumour cells and slow the growth of the tumour with minimal side effects, often with a single treatment.”

Before Island Health offered this procedure, liver cancer patients who were ideal candidates had to travel to other parts of the province to receive treatment. Now, patients can receive care on Vancouver Island and return home the same day.

“This is a great example of the partnership between Island Health and BC Cancer,” said Dr. Freeman. “It is through teamwork that we are able to work together to ensure latest innovations in cancer care are available to Island Health patients.”

The team is made up of members from Interventional Radiology, Transplant Surgery, Nuclear Medicine, Hepatology, Medical Physics, Radiation Safety, and Medical/Radiation/Surgical Oncology. Together, they determine each patient’s unique cancer treatment plan.

“Using TARE therapy for our liver cancer patients brings us on par with major healthcare centres across the world,” said Dr. Vamshi Kotha, a leader on the Interventional Radiology team who introduced the procedure to Island Health. “In a large majority of patients, liver cancer is now very treatable by such minimally invasive techniques.”

Patients meeting the criteria for this procedure will be referred by their BC Cancer – Victoria Oncologist to Island Health for treatment.



# Future you will thank you.

Getting the HPV vaccine when you're young can protect against several cancers later in life. It's safe, effective and free for youth ages 9-18.



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