

BC Quality Awards - 2024 Submission  
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Submission ID: 1241

## Nomination

*Select your nomination category from the drop-down list.:*

Excellence in Quality: Strengthening Health and Wellness Award

### Excellence in Quality: Strengthening Health and Wellness

*Please provide a summary of the initiative and how it has made a difference in this care area.*

*(This information may be used by HQBC for promotional purposes and potentially for media purposes):*

The "Inter- and Intra-Health Authority Relocation (IIHAR) Toolkit" initiative represents a ground-breaking advancement in enhancing the resilience and responsiveness of health services during climate-related emergencies. This innovative toolkit, designed in response to the severe challenges posed by the 2021 wildfire season, focuses on the efficient, patient-centered, and culturally safe relocation of residents from long-term care (LTC), assisted living (AL), and independent living (IL) facilities.

The IIHAR toolkit emerged from a collaborative effort involving Health Emergency Management BC (HEMBC), regional Health Authorities, the First Nations Health Authority, and the Ministry of Health Emergency Management Unit. This extensive collaboration ensured the toolkit was comprehensive, addressing all aspects of emergency evacuations, from logistical coordination to the nuanced needs of diverse and high-risk patient populations. The toolkit includes 21 tools and resources designed to standardize and enhance evacuation processes, covering areas such as activation, coordination, evacuation preparedness, transportation, and reception.

The toolkit's development was driven by the necessity to improve emergency management and disaster preparedness in health care systems, particularly in the context of the increasing frequency and severity of climate-related disasters. The IIHAR toolkit is grounded in a patient-centered, culturally safe, and risk-based approach, ensuring that the unique needs and well-being of patients are prioritized while acknowledging and respecting their diverse cultural backgrounds.

The implementation of the IIHAR toolkit during the 2023 wildfire season demonstrated its profound impact on the quality of care in emergency situations. The toolkit facilitated the

safe evacuation of approximately 850 residents from various health care facilities, ensuring continuity of care and minimizing harm. Key to its success was the clear definition of roles and responsibilities, improved management and sharing of information, and effective communication among all stakeholders.

A significant feature of the toolkit is its emphasis on cultural safety and patient-centered care, particularly for Indigenous communities. During the evacuation of patients from the Northwest Territories in 2023, Indigenous Health Liaison Teams were activated to provide culturally safe support. Indigenous Patient Navigators welcomed evacuees, and medicine bundles prepared in ceremony were provided, ensuring a culturally respectful and supportive environment. This culturally sensitive approach significantly mitigated the trauma associated with evacuation, especially for Indigenous patients with historical traumas linked to forced relocations.

The IIHAR toolkit also introduced innovative practices such as "STOP CHECKS" during transportation phases to reassess the necessity and safety of continued movement, thereby integrating patient feedback and maintaining patient-centered care principles even under emergency conditions. Furthermore, the creation of a "Family Support Line" during evacuations addressed the need for effective communication with families, enhancing the overall care experience.

The IIHAR toolkit represents a significant advancement in emergency preparedness and response within the health care system. By fostering collaboration, ensuring cultural safety, and prioritizing patient-centered care, the toolkit has substantially improved the quality of care during evacuations, setting a new standard for emergency management in health care. Its successful implementation and ongoing refinement highlight the importance of continuous improvement and the potential for this initiative to serve as a model for other regions facing similar challenges.

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*What dimension(s) of quality are being addressed?*

*Select all that apply:*

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Accessibility, Appropriateness, Effectiveness, Efficiency, Equity, Respect, Safety

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*Please note the dimension(s) of quality which were addressed.*

*For more information on the dimensions of quality, please review the [BC Health Quality Matrix](#).*

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**Respect:** Grounded in a theoretical framework, the IIHAR toolkit emphasizes a patient-centered, culturally safe, and risk-based approach that prioritizes the individual needs, values, and choices of patients throughout the evacuation, transportation, and reception process. The framework ensures that the unique needs and well-being of patients are prioritized, while also acknowledging and respecting the diverse cultural backgrounds and values of those affected by evacuations. The IIHAR toolkit includes identification of cultural background and planning for cultural safety at all stages of evacuation, stay, and repatriation. For example, the toolkit includes protocols for engaging Indigenous Health Liaison Teams, and to provide culturally appropriate support during evacuations.

**Safety:** Patient safety is paramount in the IIHAR toolkit, which incorporates risk-based approaches and ethical decision-making frameworks to minimize harm during evacuations. The toolkit includes detailed guidelines and checklists for each evacuation stage, prioritizing patient safety. STOP CHECKS (SC) at various points during

transportation exemplify this commitment by reassessing and ensuring the safety and appropriateness of ongoing efforts. Transportation poses the highest risk for patients, making SC crucial before and after transport to avoid unnecessary evacuations and assess changes in condition. These checks prevent tunnel vision by pausing to determine if patients should be moved to the designated site. Moreover, SC allow for active patient-centered care by engaging with patients, seeking their input, and explaining the process. The IIHAR toolkit also emphasizes completing the full sending site list, ensuring comprehensive data during evacuations. This holistic approach, integrating SC and comprehensive documentation, ensures care is appropriate, safe, and context-specific.

A report from the Standing Committee on Indigenous and Northern Affairs found that evacuations of Indigenous communities were conducted in insensitive and non-culturally safe manners, with the Committee hearing that;

“In particular, witnesses from British Columbia and Manitoba said that the way the evacuations are conducted triggered the traumatic memories of being taken away to residential schools and/or the “sixties scoop.” According to Chief Tammy Cook-Searson of the Lac La Ronge Indian Band, it reminded people of “when they were forced onto buses, separated from families, waited in long lines, took instruction from strange authorities, and bunked in congregate shelters.” (p.22)

Such testimonies highlight the importance of trauma-informed, culturally safe evacuations. Traditional healthcare and disaster management have often been rooted in colonial and patriarchal ideologies, with decision-making dominated by providers and responders. Conventional emergency management frameworks frequently lack the flexibility and resilience needed for cultural safety. The IIHAR toolkit offers an innovative and equitable solution by prioritizing cultural safety principles and patient-centered care (PCC). It focuses on recognizing and respecting patients' cultural identities, training healthcare providers to be culturally competent, and tailoring interventions to meet the specific needs of different cultural groups, especially those marginalized or at higher risk during emergencies.

PCC is an approach where patients are seen as individuals within their social contexts, listened to, informed, respected, and involved in their care, with their wishes honored. Research shows PCC leads to better patient outcomes. While true PCC can be challenging during large-scale disasters, the IIHAR toolkit embeds PCC principles throughout, supporting a return to these principles during responses. This ensures patients are respected, and their choices, needs, and values are prioritized, even during evacuations.

**Accessibility:** The IIHAR toolkit enhances accessibility by streamlining the processes for relocating patients to safer facilities, ensuring that they receive continuous care despite the disruption caused by emergencies. The toolkit's coordination and communication strategies facilitate efficient and timely evacuations, reducing the barriers to accessing necessary health services during crises. This approach ensures that even during emergencies, patients can reach the appropriate healthcare settings without undue delay.

**Appropriateness:** The IIHAR toolkit demonstrates best practices for emergency management during climate-related disasters by ensuring care is appropriate and evidence-based. Key evidence includes: a comprehensive development process, PCC and culturally safe approach, continuous improvement and feedback, cultural safety and equity, and sending site list. By integrating these best practices, the IIHAR toolkit optimizes care to achieve health and wellness goals, balancing benefits, and risks to

prevent overuse or underuse of treatments.

**Effectiveness:** The effectiveness of the IHAR toolkit is demonstrated through its successful implementation during the 2023 wildfire season. The toolkit facilitated the seamless evacuation and continued care of hundreds of patients, showcasing its capability to achieve intended outcomes even under extreme conditions. The structured and comprehensive approach of the toolkit ensures that evacuations are conducted efficiently and that patient care continuity is maintained, leading to positive health outcomes even in crisis situations.

**Equity:** Equity is a fundamental aspect of the IHAR toolkit, ensuring fair access to emergency health services for all, especially those disproportionately affected by disasters. Older adults are a priority due to their heightened vulnerability to adverse health outcomes and increased susceptibility to environmental stressors. Ensuring their safety and well-being is imperative during evacuations.

Canada's Indigenous population, including First Nations, Métis, and Inuit, faces unique challenges due to colonial legacies that have caused lasting impacts, such as loss of land, children, language, and cultural heritage. Systemic racism has perpetuated a cycle of marginalization and oppression, further exacerbating the challenges faced by these communities. Approximately 80% of Indigenous communities are in the wildland-urban interface at high risk for wildfires, meaning that Indigenous communities are expected to confront a significantly increased risk of wildfires and evacuations.

The toolkit's development involved broad collaboration and consultation with diverse stakeholders, including representatives from Indigenous communities and patient advisory groups. The equitable distribution of services and resources during evacuations, as facilitated by the toolkit, ensures that no group is left behind, addressing disparities in emergency healthcare access.

**Efficiency:** Efficiency is achieved through the IHAR toolkit's systematic approach to emergency management, which optimizes the use of resources to yield maximum value. The toolkit's detailed checklists, flowcharts, and job action sheets streamline the evacuation process, reducing redundancy and ensuring that resources are utilized effectively. The coordination and preparedness measures embedded in the toolkit enhance the overall efficiency of emergency responses, enabling healthcare providers to manage evacuations swiftly and effectively, even with limited resources.

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*What results did this initiative achieve? How has it made an impact for clients, families and/or communities?*

*Include both quantitative (process, outcome, and balancing measures) and qualitative (story) measures as applicable.:*

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The IHAR toolkit initiative has profoundly impacted clients, families, and communities by enhancing emergency preparedness and response during wildfire evacuations. The results of this initiative are demonstrated through both quantitative and qualitative measures, showcasing significant improvements in the quality of care provided to patients, families, and communities impacted by evacuations.

**Efficient Evacuation Coordination:** During the 2023 wildfire season, the IHAR toolkit facilitated the successful evacuation of approximately 850 residents from long-term care (LTC), assisted living (AL), and independent living (IL) facilities within the Interior Health

region, with 53 of those evacuees relocated to Lower Mainland Health Authorities. The toolkit's structured approach ensured timely and coordinated evacuations, minimizing disruptions to patient care.

**Comprehensive Evacuation Management:** The toolkit's implementation during the 2023 wildfire season in the Northwest Territories (NWT) highlighted its versatility. Over 40 patients from Stanton Hospital were safely evacuated to Lower Mainland facilities using the IIHAR framework. The seamless coordination between various health authorities and emergency services underscored the toolkit's effectiveness in managing complex, large-scale evacuations.

**Cost Efficiency:** By standardizing and streamlining the evacuation process, the toolkit has contributed to cost savings. The IIHAR toolkit helped reduce unnecessary transportation and logistical expenses by ensuring that evacuations were carried out only when absolutely necessary, supported by rigorous STOP CHECKS at various stages.

**Improved Patient Safety and Reduced Morbidity:** Multiple studies have shown significant negative impacts to the physical, medical, and mental health of long-term care residents in the weeks following evacuation. The IIHAR toolkit decision making framework and STOP-CHECK incorporated throughout ensure that patients are evacuated only when necessary, and thus only choosing evacuation when all other options such as sheltering-in-place have been explored.

**Positive Patient and Family Feedback:** Feedback from patients and their families has been overwhelmingly positive. Anecdotes collected from open-ended surveys and interviews reveal that the patient-centered approach of the IIHAR toolkit significantly alleviated the stress and anxiety associated with evacuations. For instance, one family member noted, "The coordination was exceptional, and the staff kept us informed every step of the way, which made a very stressful situation much more manageable."

**Indigenous Community Support:** The IIHAR toolkit's emphasis on cultural safety and trauma-informed care was particularly impactful for Indigenous communities. During the NWT evacuations, Indigenous Health Liaison Teams played a critical role in ensuring culturally safe and supportive environments for Indigenous evacuees. Beverly Lightfoot, the coordinator for the Indigenous Health Liaison Team, highlighted the positive impact, stating, "Having Indigenous representation and cultural safety embedded in evacuations is vital for our community's well-being. It acknowledges our unique experiences and helps mitigate trauma."

**Staff and Healthcare Provider Testimonials:** Healthcare providers involved in the evacuations have praised the toolkit for its clarity and comprehensiveness. One healthcare worker shared, "The IIHAR toolkit provided a clear roadmap for us during the evacuations. The detailed checklists and decision-making frameworks were invaluable in ensuring we could deliver the best care under challenging circumstances."

**Enhanced Preparedness and Resilience:** The IIHAR toolkit has significantly bolstered the preparedness and resilience of healthcare facilities against climate-induced emergencies. By providing a standardized approach to evacuations, the toolkit ensures that all stakeholders are well-prepared and can respond effectively, thereby safeguarding the health and well-being of priority populations.

**Equity and Cultural Sensitivity:** The toolkit's incorporation of equity, diversity, and

inclusion principles ensures that all patients, regardless of their background, receive respectful and culturally appropriate care. This focus on cultural safety has been particularly beneficial for Indigenous communities, who have historically faced systemic inequities and trauma during evacuations.

**Continuous Improvement and Sustainability:** The iterative development process of the IIHAR toolkit, guided by ongoing feedback and after-action reports, ensures that it remains a dynamic and evolving resource. This commitment to continuous improvement fosters a culture of learning and adaptation, essential for addressing the increasing challenges posed by climate change.

**Community Trust and Confidence:** The successful application of the IIHAR toolkit during recent wildfire seasons has helped build trust and confidence among communities and families in the healthcare system's ability to manage emergencies effectively. This trust is crucial for ensuring community cooperation and support during future evacuations.

The IIHAR toolkit initiative has demonstrated clear qualitative and quantitative evidence of improving the quality of care provided to patients during climate-related emergencies. By enhancing coordination, ensuring cultural safety, and prioritizing patient-centered care, the toolkit has not only improved immediate evacuation outcomes but also contributed to the long-term resilience and preparedness of healthcare systems in British Columbia and beyond. The initiative's success underscores the importance of innovative, equitable approaches in addressing the complex challenges posed by climate change.

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#### *What has been done to ensure the sustainability of the results?:*

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The IIHAR toolkit is designed to ensure the sustainability of its results through several key strategies and ongoing updates, making it a living document adaptable to different needs.

#### **Planning for Sustainability and Norm Establishment**

To ensure the project's new ways of working and improved outcomes become the norm, several comprehensive strategies have been implemented. These strategies focus on embedding the toolkit's principles and practices into the daily operations and emergency protocols of health care systems.

**Health Authority Integration:** The IIHAR toolkit is integrated into the standard operating procedures of health authorities across British Columbia. This integration ensures that the practices and processes introduced by the toolkit are not seen as temporary measures but as fundamental aspects of emergency preparedness and response. By embedding these processes into the operational framework, health care providers can routinely follow the best practices established by the toolkit.

**Education and Training:** Continuous education and training sessions are conducted to familiarize staff with the toolkit and ensure its principles are well-understood and applied. This includes an initial learning campaign, educational seminars, and just-in-time training for urgent evacuations. By regularly updating these educational materials and incorporating feedback from stakeholders, the toolkit remains relevant and effective. Local health care emergency management committees incorporate IIHAR education into their routine training schedules, ensuring that staff members are well-versed in the toolkit's principles and applications. This ensures that the toolkit becomes a standard part of emergency preparedness and response procedures and culture, ingraining its practices

into the organizational culture.

**Stakeholder Engagement:** The development and ongoing refinement of the toolkit involve broad consultation with a diverse group of stakeholders, including health authorities, emergency services, and community partners. This inclusive approach ensures that the toolkit addresses the needs and challenges of all involved parties, fostering a sense of ownership and commitment to its principles.

### Strategies for Continued Sustainability

To ensure the project's continued sustainability, several strategies are in place:

**Ongoing Review and Updates:** The IIHAR working group is committed to continuously updating and improving the toolkit. Following each use, debriefs with stakeholders and end-users capture lessons learned, which are then incorporated into an after-action report. This feedback loop allows for the identification of successes and areas for improvement, ensuring the toolkit evolves based on real-world experiences. This ongoing review process is essential for maintaining the toolkit's relevance and effectiveness in a rapidly changing environment.

**Transition to Operational Group:** As the toolkit becomes integrated into regular operations, the working group is transitioning from a project-based group to an operational group. This operational group will be responsible for the ongoing review, education, and maintenance of the toolkit, ensuring it remains up-to-date and effective. This transition signifies the toolkit's move from a developmental phase to a sustainable operational phase, where it becomes a permanent fixture within health care systems.

**Seasonal Readiness Practices:** The toolkit is integrated into ongoing seasonal readiness practices via local health care emergency management committees. This integration ensures that the toolkit is reviewed and updated regularly and that staff are continually trained in its use. By embedding the toolkit into these routine practices, health authorities can maintain a high level of preparedness for emergencies. This seasonal readiness ensures that the toolkit is always aligned with the latest best practices and emerging threats, keeping health care systems prepared for any eventuality.

**National and Global Sharing:** The IIHAR working group aims to socialize and share the toolkit with other health care providers both nationally and globally. This broader dissemination helps to establish the toolkit as a standard in emergency preparedness and response, encouraging other regions to adopt and adapt its principles. Sharing the toolkit on a wider scale not only enhances its impact but also facilitates the exchange of best practices and innovations in emergency management.

### Continuous Improvement

Continuous improvement is a cornerstone of the IIHAR toolkit's sustainability. By holding regular debriefs and creating after-action reports, the toolkit is continually refined based on the latest experiences and feedback. For example, the introduction of a "Family Support Line" during the 2023 wildfire season, based on stakeholder suggestions, highlights the toolkit's adaptability and responsiveness to emerging needs.

The IIHAR toolkit ensures the sustainability of its results through a combination of strategic integration into health care operations, continuous education and stakeholder engagement, ongoing review and updates, and a commitment to cultural competence and

patient-centered care. By treating the toolkit as a living document and fostering an environment of continuous improvement, the IHAR working group ensures that the toolkit remains relevant, effective, and adaptable to different needs, ultimately strengthening the resilience and responsiveness of health care systems in the face of climate change-induced emergencies.

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*How did the project team demonstrate effective and meaningful engagement with patients, front line providers, and/or communities? (ie. Who did they engage with, and how, etc.):*

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Engagement with patients, frontline providers, and communities was paramount in the development and successful implementation of health care initiatives, especially those addressing complex challenges like evacuations. The project team exemplified effective and meaningful engagement by involving a diverse range of stakeholders throughout the project's lifecycle. This approach ensured that the perspectives and needs of patients, families, caregivers, and health care professionals were integrated into the project, fostering a sense of ownership and commitment among all participants.

### Engagement with Patients and Families

To ensure that the project was patient-centered, the team actively engaged with patients and their families at various stages. This included:

- **Focus Groups and Surveys:** Conducting focus groups and surveys with patients and families to gather their insights and experiences related to climate-induced health challenges and evacuations. This feedback was crucial in shaping the project's strategies and ensuring they met the real needs of those affected.
- **Patient Advisory Committees:** Establishing patient advisory committees that included family members and caregivers. These committees provided ongoing feedback and played a pivotal role in reviewing and refining project tools and protocols.
- **Cultural Sensitivity Training:** Incorporating cultural sensitivity and trauma-informed care training for all team members, ensuring that the engagement process was respectful and inclusive of the diverse cultural backgrounds of the patients, particularly Indigenous populations.

### Engagement with Health Care Professionals

Frontline providers were integral to the project's success. The team engaged with health care professionals through:

- **Workshops and Training Sessions:** Organizing workshops and training sessions for health care workers to familiarize them with the new emergency preparedness and response tools. These sessions provided hands-on experience and facilitated direct feedback from those who would be using the tools.
- **Collaborative Working Groups:** Forming collaborative working groups that included clinical and operational staff from various health authorities. These groups were involved in the co-development of the toolkit, ensuring that it was practical and feasible for real-world application.
- **Continuous Feedback Loops:** Establishing continuous feedback loops where health care professionals could report on the toolkit's effectiveness and suggest improvements. This iterative process ensured that the toolkit evolved based on frontline experiences and insights. Feedback from debriefs are compiled into after-action reports. These reports highlighted what worked well and what needs improvement, providing a clear roadmap for future updates. This iterative process ensured that the toolkit evolved based on real-world



experiences, maintaining its relevance and effectiveness.

## Engagement with Indigenous Communities

The IHAR working group was an active participant in PHSA's commitment to eradicating Indigenous-specific racism and discrimination and creating a culturally safe environment for Indigenous patients, families and staff, the project team prioritized their engagement through:

- **Partnerships with Indigenous Organizations:** Building partnerships with Indigenous health organizations and community leaders. This collaboration ensured that the project was culturally appropriate and addressed the specific concerns of Indigenous populations.
- **Community Consultations:** Conducting community consultations to understand the historical and ongoing impacts of climate change on Indigenous communities. These consultations informed the development of culturally safe evacuation and response strategies.
- **Incorporating Indigenous Knowledge:** Integrating Indigenous knowledge and practices into the toolkit, particularly in areas related to land use and traditional emergency response methods. This approach not only enriched the project but also fostered a sense of respect and reciprocity.

## Application During 2023 Wildfire Season

The engagement strategies were put to the test during the 2023 wildfire season, the most destructive in B.C.'s history. The team's comprehensive engagement approach facilitated:

- **Effective Evacuations:** Coordinated and culturally safe evacuations of special populations, including 850 patients/residents from long-term care (LTC) and assisted living (AL) facilities. The involvement of Indigenous Health Liaison Teams ensured that Indigenous evacuees received culturally appropriate care and support.
- **Seamless Coordination:** Effective coordination among health care providers across different health authorities, facilitated by the training and collaborative relationships established through the project's engagement activities.
- **Real-Time Feedback and Adaptation:** Real-time feedback from evacuees, health care workers, and community members enabled the team to adapt and improve their response strategies dynamically.

The project team's commitment to meaningful engagement with patients, frontline providers, and communities has been central to its success. By prioritizing the voices and needs of those affected, the project has developed and implemented tools that are practical, culturally sensitive, and patient-centered. This collaborative and inclusive approach not only enhances the project's effectiveness but also fosters resilience and preparedness among all stakeholders, ensuring that health care systems are better equipped to face the challenges posed by climate change.

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*Attach your appendices such as charts, reports, etc. here.*

*You must combine your appendices into one single document (Word or PDF) that is no more than three pages total.:*

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Provided

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**Tool reference guide**  
Inter- and Intra-Health Authority Relocation

Phase	Tool/document	Purpose	Primary user(s)	
			Clinical	Site/regional leadership
Activation	Decision-making framework	Outline of shared principles and values of relocation and considerations for ethical decision-making.		X
	Evacuation decision support tool	A risk-based tool to help determine whether to evacuate a health care facility.		X
	Roles and responsibilities	Outline of high-level roles and responsibilities of key agencies involved in relocation.		X
Coordination	Evacuation process flowchart	Overview of evacuation process and critical actions at each phase.	X	X
	Evacuee flowchart	Overview of flow of evacuee movement.	X	X
	Emergency response structures	Overview of emergency response structures that may be activated during an evacuation.		X
	Contact list	Template to ensure effective contact information sharing.		X
	Health Systems Operations Centre (HSOC)	Overview of levels of activation of provincial, inter-health authority coordination structure.		X
Evacuation preparedness	Sending site list	Process for identifying and tracking patient/client/residents who require evacuation.	X	X
	Checklist: Preparation for relocation	Guide to preparing patient/client/resident for evacuation in order to ensure all critical actions are completed.	X	
	Job action sheet: Evacuation coordinator	Outline of high-level actions that the site-level evacuation coordinator must accomplish.		X

	Patient/client/resident identification	Process for identifying patient/client/residents and their belongings.	X	
Transportation	Considerations for transport	Outline of clinical considerations for choosing the best mode of transport for patient/client/residents.	X	X
	Checklist: Loading/unloading	Checklist to ensure patient/client/resident and their belongings are safely loaded and unloaded for transport.	X	
	Checklist: During transport	Checklist to ensure critical actions are taking place while in transit with patient/client/residents.	X	
Reception preparedness	Checklist: Receiving site preparation	Checklist to ensure the receiving site is prepared for incoming patient/client/residents.		X
	Job action sheet: Reception coordinator	Outline of high-level actions that the site-level reception coordinator must accomplish.		X
	Psychosocial considerations	Outline of psychosocial considerations and resources for evacuated patient/client/residents and staff.	X	X
Staffing	Considerations for staffing	Outline of level and type of staffing requirements at various stages of evacuation.		X
	Mobilized staff tracker	Process for tracking staff that accompany patient/client/residents during evacuation.		X
	Mobilized staff form	Form to be filled out for each staff that accompanies patient/client/residents during evacuation.	X	