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# Princeton Healthcare Community Consultation

February 16, 2016 - Riverside Community Centre, Princeton, BC

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## Background

On January 29, 2013, Dr. Barbara Pesut and her team of research assistants from the University of British Columbia Okanagan conducted the first Community Consultation on Healthcare in Princeton. In her Summary Report<sup>1</sup> she outlined our situation:

*Rural healthcare delivery is complex. Each community, shaped by a unique history, geographic location and social context, has strengths and needs that collectively make up its capacity for care - capacities that shift in relation to population and resources. When healthcare needs outweigh capacities, communities reach critical points requiring focused attention. Such has been the case in the community of Princeton, British Columbia. As Interior Health and strategic partners seek to solve the complex healthcare issues, various advocacy groups have arisen in the community to better understand and support the necessary change. The Save our Hospital Coalition has been one such advocacy group. As part of the work of this Coalition, members sought to better understand the perceptions of the community regarding healthcare delivery. A community based consultation was organized to solicit the perspectives and experiences of a group of Princeton citizens. This was not a fact finding mission in that no attempt was made to verify participant's claims. Rather the purpose of the consultation was to glean the 'story' from the community's perspective, recognizing that this story is an insight into the collective wisdom that forms an essential part of the solution to such a complex challenge.*

Although our community's healthcare delivery remains complex, much has changed since Dr. Pesut wrote her report. To better reflect its goals and vision, Save Our Hospital Coalition changed its name to Support Our Health Care (SOHC) and developed its first Action Plan, focusing on the development of a cooperative and

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<sup>1</sup> The full Summary Report of the 2013 Community Consultation is available on the SOHC website at [www.sohc.ca](http://www.sohc.ca)

respectful relationship with Interior Health. Out of this plan, the Princeton Health Care Steering Committee emerged, with the aim to develop and sustain an effective health care model for the people in and around Princeton. The Steering Committee consists of representatives from Interior Health, doctors, nurse practitioners, professional staff, hospital administrators, the Town of Princeton, RDOS-Area H, community leaders, and SOHC.

As it began its third year of operation, the Committee agreed that it was time to return to the people of Princeton and Area and conduct a follow-up Community Consultation to gather current information on the complex health care challenges facing the residents of Princeton and Area.

### **Important Limitations**

It is important to recognize that the information gathered in this consultation is based on the perceptions of the community representatives that participated in the consultation process. With this in mind, it is understood that everyone's views and stories are valued and form an important sample and vivid picture of the current healthcare strengths and challenges within our community. Although participants shared ideas or suggestions that might provide solutions to identified challenges, it is recognized that without additional research and verification it would be inappropriate to make any recommendations based on these suggestions. Every effort was made to interpret participants' comments accurately from information written by the focus group recorders and audio recordings made during the focus group sessions.

### **Consultation Process**

The consultation, held on February 16, 2016 from 7-9 pm, was coordinated by the Support Our Health Care (SOHC) Society of Princeton. Edward Staples, SOHC President, led the Consultation and analyzed the focus group findings with assistance from the planning committee and the focus group leaders and recorders. The planning committee for this consultation included Susan Brown, Interior Health; Kim Maynard, Princeton Town Council; Bob Coyne, Area H Regional Director; Nienke Klaver, SOHC Secretary; Keith Olsen, SOHC Director; and Edward Staples, SOHC President.

Seventy-three community organizations were invited to send a representative to the consultation (see Appendix 1 for list of invitee organizations). Forty individuals attended and participated in the consultation. These individuals were provided with information beforehand (see Appendix 5) and were asked to solicit feedback from the constituency which they were representing.

The evening began with brief introductions and an explanation of the consultation process by Edward Staples. Participants were divided into five pre-assigned focus groups that met separately for a 75 minute discussion period. A facilitator and recorder led each of the five groups. The focus group session began with each participant writing down the single idea or thought that came to mind when they thought about healthcare in their community. Participants were then asked to identify Areas of Strength, Areas for Development, and Suggestions for Change. The following questions were used to focus discussion:

#### Areas of Strength

- *What healthcare resources are you aware of that are available to you in our community?*
- *What aspects of healthcare are working well in this community?*
- *What positive changes have you observed in the health care services available in Princeton over the past three years? Have these changes impacted you personally?*
- *What healthcare services have you become aware of that you didn't know about two or three years ago (or until recently)?*

#### Areas for Development

- *What are the aspects of healthcare that are not working so well in our community?*
- *What are the health care challenges that our community still faces? What still needs to be done?*
- *In other words, what are the needs of this community? What is causing the need? Who has the need? What are the effects of the need?*

## Suggestions for Change

- *What recommendations do you have for changing healthcare?*
- *What innovations have you heard about in other communities that might be applied to our community?*

Participants were encouraged to share their own views and the views of their constituents while respecting the views of others without debate. Recordors summarized strengths, weaknesses, and potential innovations on flip charts so that participants could ensure their points had been captured accurately. Groups were audio recorded. At the conclusion of the focus groups, participants reconvened in a larger group to hear the summary of each group. Participants were provided with five voting stickers and were instructed to place those stickers on a single item or multiple items they perceived to be most significant to them. This exercise allowed participants to identify noteworthy areas of strength and prioritize areas for development

A summary of this exercise is located in Appendix 2 and 3. Data from the consultation was compiled and sorted by Edward Staples. What follows is a summary of the perceived strengths, areas of development and potential innovations identified and discussed during the consultation.

## **Strengths of Current Healthcare Delivery**

The following is the list of strengths as identified by the focus groups. They are arranged in order of significance, determined by the number of groups that identified a particular item and the number of voting stickers received (shown in parentheses).

### Items identified by all five focus groups:

- Visiting Specialists program - Shared Care project (8)
- Satisfaction with Doctors - General Practitioners (4)
- Emergency Department open 24/7 (4)
- Mental health services (2)

Items identified by four focus groups:

- Satisfaction with Nurse Practitioners (5)
- Physio-therapist available at PGH (1)
- Community Paramedicine program (1)
- Laboratory & X-ray Services (0)
- BC Ambulance Services - Paramedics (1)
- Recruitment & retention (1)

Items identified by three focus groups:

- Care for the elderly - Ridgewood Lodge (1)
- Home Care and Home Support services (1)
- Palliative Care - hospice room, grief counselling & other services (0)
- Satisfaction with facilities - potential for growth (0)
- Rapid Access booking for attached patients (0)
- Princeton Health Care Steering Committee (0)
- HandyDart bus service (0)

Items identified by two focus groups:

- Satisfaction with locums (1)
- Tele-health program (1)
- Community Services (1)
- Cascade Clinic - customer service (1)
- HART - High Acuity Response Team (0)
- Public Health nurse (0)
- Outreach Community Worker program (GP for Me)(0)
- Social worker (0)
- Job satisfaction (0)
- Princeton Family Services (0)
- Alternative medicine (0)

Note: All remaining items that were identified by only one focus group and received two or less voting stickers appear in Appendix 2 on pages 19 & 20.

Participants in all five groups expressed a high level of satisfaction with the healthcare providers serving the community. General Practitioners, Nurse Practitioners, Locums, Nurses, and Professional Staff were identified as critically important assets and received a high number of sticker votes. In general, healthcare providers were described as young, enthusiastic, engaged, and dedicated professionals, providing outstanding care often under difficult and stressful conditions. One group noted the improved customer care at Cascade Clinic, describing the receptionists as friendly, serviceable, knowledgeable, and helpful.

Participants recognized a number of new programs and services available to Princeton and Area residents. Most notable was the *Princeton Access to Specialist Care* program, an initiative that provides improved access to specialist care and supports physicians in providing optimal care for their patients. Most groups also identified the prototype *Community Paramedicine* program as an exciting new addition to the services available to community residents. Several participants cited the addition of a full-time physio-therapist and a full-time mental health and substance abuse counsellor working at the hospital.

Ridgewood Lodge and its professional staff were identified as an important strength and one group cited the great work being done by the Recreation Coordinator at the Lodge. Vermilion Court and the variety of excellent services made available to our seniors through the Princeton Family Services Society and Princeton and District Community Services Society were also identified. Cooperation between the various community organizations providing health care services was viewed as one reason for the excellent continuity of care in Princeton.

Other areas of strength included Laboratory and X-ray services, Mental Health Services, BC Ambulance Services, Palliative and Hospice Care, Tele-health, the High Acuity Response Team (HART), Public Health Nurses, and Social Workers.

Allied health services were also identified as important community assets, including the HandiDart bus system, Princeton Fire Department, Search and Rescue, Highway Extracation, first responders in Area H communities, pharmacies, dentists, and alternative medicine services. One participant identified physicians' open-mindedness towards alternative medicines as an asset.

Participants viewed the availability of health care services all under one roof at Princeton General Hospital, Cascade Clinic, and Ridgewood Lodge as an important improvement to the community's health care model. Several participants recognized the physical space available at the hospital for its potential future growth and development. Participants noted that from a patient perspective the level of happiness and enthusiasm amongst health care providers has improved greatly over the past three years.

It's important to note that some items identified as challenges in the 2013 consultation were identified as strengths in this consultation. In particular, the restoration of 24/7 ER services - a rallying cry for citizens dissatisfied with healthcare services in 2013 - was recognized by all focus groups as an important achievement and ongoing strength in our community.

The Princeton Health Care Steering Committee was identified as a strength. Many of the areas of success as outlined in this report are the result of initiatives spear-headed by the Steering Committee over the past three years. They include:

- the placement of defibrillators in all Area H communities and in various locations in Princeton
- the recruitment of doctors, nurse practitioners, and professional staff leading to the reopening of the Emergency Room 24/7
- ongoing recruitment strategies undertaken in cooperation with the practitioners at Cascade Clinic
- renovation of Cascade Clinic to accommodate a full complement of five full time general practitioners and two part-time nurse practitioners

- the implementation of the *Specialists for Princeton* program, providing residents with improved access to specialist services offered at PGH
- recruitment of visiting locums and efforts to retain their services through the *Love a Locum* campaign
- expanded services all housed in one location, including the addition of a full-time physiotherapist and a drug and alcohol counsellor
- the development of an aesthetic improvements plan for PGH and Cascade Clinic; entitled *Art for Health*, the goal of this initiative is to make the facilities more attractive and welcoming for the benefit of patients, visitors, and staff
- the prototyping of the *Community Paramedicine* program in Princeton, one of two communities in Interior Health to be chosen for this project
- the installation of a Tele-health station at the hospital with training provided for the future development of this service
- improved communication between Interior Health, the Steering Committee, and the community it serves
- the establishment of the Princeton Healthcare Sustainability Society, providing funding support for the recruitment and retention of health care professionals for our community
- regular communication through the local newspapers, promoting the development of a more positive community outlook with a focus on a community working together for the improvement of its health care model

## **Areas for Development**

The following is the list of the areas for development as identified by the focus groups. They are arranged in order of significance, determined by the number of groups that identified a particular item and the number of voting stickers received (shown in parentheses).

### Items identified by all five focus groups:

- Information on available services (26)

- Access to primary care provider (7)
- Education - public sessions/seminars on various health topics (6)

Items identified by three focus groups:

- Promote healthy living and wellness (5)

Items identified by two focus groups:

- Need more Nurse Practitioners (2)
- Cascade Clinic reception concerns (2)
- Prescription refills (2)
- Mental health services review (2)
- Coordinated volunteer program (2)
- Recruitment and retention of trained staff (1)

Items identified by one focus group and receiving three or more priority stickers:

- Walk-in clinic for unattached patients (6)
- First responders in all communities (5)
- More acute care beds in hospital (5)
- Redesign ER facilities - issues of privacy (4)
- Out-patient physio-therapy (4)
- Recruit new dentists (4)
- Size of community contributes to lack of services (4)
- St. Camille federal case study (Quebec) (4)
- Drug addictions & lack of help impact crime rate; emergency services; affects community spirit (4)
- Safety for staff when patients get abusive (3)
- Reduced services for home care (3)
- Drug and alcohol counseling services (3)

All remaining items are listed in Appendix 3 on pages 21, 22, & 23.

The main area for development brought forward during the evening centred on communication and education of the public on health care services currently available to Princeton and Area residents. Many participants came away from the focus group sessions pleasantly surprised at the number and range of health care services offered in our community and felt that there needed to be more information available to the public that educated them on available health services. All groups suggested several ideas that would inform and educate the public on ways to access current services, including the development of a brochure and information posted on various community websites. Participants also suggested that public sessions could be offered on a variety of health topics, including training for home caregivers, diabetes, health and wellness, mental health strategies, our relationship with Penticton Regional Hospital, flu season, appropriate use of ER, nutritionist tours of supermarket, and others.

Another concern identified by participants was access to primary care providers. All focus groups discussed the problems resulting from not having a family physician or nurse practitioner. Long wait times for appointments, dependence on locums who may not know your medical history, and frequency of appointments needed for prescription refills were seen as strong indicators of the need for patient attachment. Many participants expressed their pleasure with the announcement that a new doctor had recently joined the Cascade Medical group and they were hopeful that this would mean more patients would become attached. Ongoing recruitment and retention was recognized as an important priority to complete and sustain the full complement of practitioners needed in our community.

Although mental health services were identified as a strength by many participants, there were concerns expressed over the recent closure of the mental health patient drop-in centre and its affect on available services. Some participants were aware of the upcoming review of mental health services and were hopeful that this would result in the reopening of the centre and an improvement of services offered.

Two focus groups discussed the vital role that volunteers played in our community's model of health care. The shortage of volunteers that provide

transportation assistance was considered a serious problem by some participants. It was suggested that Princeton follow the model being used in other BC communities and hire a Coordinator of Volunteers who would coordinate recruitment efforts and organize volunteer services based on need. The shortage of volunteers at Ridgewood was discussed in one group; it was suggested that recruiting high school students would address the need to develop a younger volunteer base.

The use of the ER as a replacement for a “drop-in clinic” was considered inappropriate use of the service by some participants. It was suggested that a “walk in” clinic for unattached patients could be offered once a week through Cascade Clinic. Other suggestions included the development of First Responder services in all communities. One group discussed the concern that both of our community’s dentists are approaching retirement and could result in a loss of local service. It was suggested that efforts be made to be proactive in this area and find replacements in advance.

There was considerable discussion about current facilities and many suggestions were made regarding improvement. A suggestion was made that issues of privacy in the Emergency Room could be addressed by redesigning the facility. The number of acute care beds at the hospital was also identified as a concern; the number of patients at the hospital is often over capacity and it was suggested that more beds were needed.

One focus group discussed a Catch 22 situation, where the size of the community contributes to the lack of services and the lack of services contributes to the size of the community. It was suggested that all residents had a responsibility to help the community grow and prosper which would result in the overall improvement of services provided. The same group suggested that our community look at a federal case study about the community of St. Camille, Quebec that despite its small size has been able to develop a vibrant community with a full range of services.

Safety for health care providers was identified as an important issue that needs to be addressed. Although uncommon, patients who become verbally or physically abusive present difficult challenges for front-line workers such as paramedics, fire-fighters, and receptionists, as well as nurses and primary care providers. Particular

mention was made of difficult situations arising in ER. It was suggested that a safety protocol be developed that covered the full range of exposure, supported by appropriate training for all workers.

It's important to note that some areas of concern were also identified as areas of strength. Examples include home care services, drug and alcohol counselling services, emergency response services, and others. This emphasizes the need to increase community awareness regarding the services that are available and how to access them. It may also indicate that even though services may be available, there may be a need to review the scope and determine the ease of accessibility.

## Summary and Conclusion

As pointed out in Dr. Pesut's 2013 Summary Report, "*The purpose of this consultation was to gather collective community wisdom and perceptions about the strengths and challenges of healthcare delivery in Princeton.*"

In the discussion on **current strengths**<sup>2</sup>, the consultation process revealed a high level of satisfaction with health care services across a wide range. Primary care providers received consistently high praise and were described as a group of young and dedicated professionals. Nursing staff, medical office assistants, laboratory and x-ray services, physio-therapy, counselling, social workers, ambulance services, and seniors caregivers were all identified as strengths.

Other identified strengths included the *Access to Specialist Care* program, the soon to be launched *Community Paramedicine* program, Hospice and Palliative Care, Tele-health, improvements made to facilities, and the services provided through Princeton Family Services and Princeton Community Services. All focus groups shared their appreciation for the continuity of services provided by 24/7 ER.

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<sup>2</sup> see Appendix 2

The Princeton Health Care Steering Committee was identified for its role in the development of the cooperative relationship between Interior Health, the health care providers, and the community. Its success in recruiting and retaining health care professionals was recognized as an important ongoing priority.

Discussion on current challenges and concerns revealed many **areas for development**<sup>3</sup>. Communication and education of the public was identified by all groups as the most important area that needs to be addressed. Suggestions included the development of a healthcare services information brochure, information on community websites, and information sessions on a range of health care topics.

All groups shared concerns about the number of community residents who lack attachment to a primary care provider. It was hoped that the recent addition of a doctor to the Cascade Medical group would help to alleviate this situation. It was recognized that until our community has a full complement of practitioners, timely access to a family physician or nurse practitioner will remain a problem.

Many other areas for development were identified and discussed, including mental health services, the role of volunteers, the role of Allied Health services, safety issues for health care providers and front-line workers, and improvement of facilities, to name a few.

Dr. Pesut's final comments in the 2013 Community Consultation Summary Report provide an appropriate conclusion to this report:

*"This consultation is one contribution to a much larger strategy to solve the identified issues. The willingness of citizens to participate, and the conversations that occurred, revealed the degree of engagement of the community. Engagement at this level is a powerful resource for change, which bodes well for the future of healthcare delivery in Princeton."*

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<sup>3</sup> see Appendix 3

The 2016 Community Consultation provides the Princeton Health Care Steering Committee with a wealth of information to be used in the future development of our community's model of health care.

## Acknowledgements

Several individuals and organizations contributed to the successful completion of the 2016 Princeton Healthcare Community Consultation. Their contribution is outlined below.

**Barbara Pesut, PhD RN; Associate Professor, School of Nursing, Faculty of Health and Social Development, UBC Okanagan.** Dr. Pesut coordinated the first Healthcare Community Consultation held in Princeton in January, 2013 which served as the model for the most recent Consultation. The 2013 Summary Report written by Dr. Pesut served as a framework and provided material for the writing of this document.

**Susan Brown, Interior Health Administrator for the South Okanagan and Co-chair of the Princeton Health Care Steering Committee.** Susan served on the organizing committee for the Consultation and was one of the focus group leaders.

**Nienke Klaver, Secretary of the Support Our Health Care (SOHC) Society of Princeton.** Nienke served on the organizing committee and was a focus group recorder.

**Walter Despot, former Mayor of Keremeos and Chair of the Okanagan Similkameen Hospital Foundation Board.** Walter served as a focus group leader.

**Kim Maynard, Princeton Town Councillor and Co-chair of the Princeton Healthcare Steering Committee.** Kim served on the organizing committee and was a focus group recorder.

**Brad Hope, former Regional Director for RDOS Area H and founding member/past Co-Chair of the Princeton Health Care Steering Committee.** Brad served as a focus group leader.

**June Hope**, former resident of Princeton/Area H and past Chair of the Princeton Hospice & Palliative Care Society. June served as a focus group recorder.

**David Durksen**, Co-chair of the Ashcroft Wellness and Health Coalition. David served as focus group leader.

**Lynn Wells**, Hedley community leader and Director on the SOHC Executive. Lynn served as a focus group recorder.

**Keith Olsen**, former Mayor of Princeton and Director on the SOHC Executive. Keith served on the organizing committee and was a focus group leader.

**Lori Thomas**, Princeton community leader and Manager of the Princeton Tourist Information office. Lori served as a focus group recorder.

**Bob Coyne**, Area H Regional Director. Bob served on the organizing committee.

**Edward Staples**, President of SOHC and member of the Princeton Health Care Steering Committee. Edward served as chair of the organizing committee and wrote this report.

## Appendix 1: Invitees

Allison Lake Community Association  
Ambassadors  
Area G Regional Director (RDOS)  
Area H Regional Director (RDOS)  
BC Emergency Response Services  
BC Lung Association  
Canadian Red Cross Services  
Cascade Medical Clinic  
Cattleman's Association  
Chain Lake Community Association  
Chamber of Commerce  
China Ridge Trails  
Coalmont Community Association  
CoGen Pellet Plant  
Copper Mountain Mine  
Crisis Assistance Society  
Eastgate Community Association  
Erris Community Association  
Erris Volunteer Fire Assn.  
Fellowship Baptist Church  
Firemaster (SBC)  
Friends of the Similkameen  
Ground Search and Rescue  
Hayes Creek Firefighters  
Hospital Auxiliary  
Hospital Employers Union  
Interior Health  
John Allison Elementary School Principal  
Living Waters Four Square Church  
Member of the Legislative Assembly for Fraser-Nicola  
Member of Parliament for South Okanagan-Similkameen-Nicola  
Missezula Lake Community Association  
Okanagan-Similkameen Healthy Living Coalition  
Old Age Pensioners Organization  
Osprey Lake Ratepayers Association  
Pentecostal Tabernacle  
Princeton and District Community Services Society  
Princeton Community Arts Council  
Princeton Family Services  
Princeton Fire Department  
Princeton General Hospital  
Princeton Healthcare Sustainability Society  
Princeton Hospice & Palliative Care Society

Princeton Legion  
Princeton Mayor and Council  
Princeton Recreation  
Princeton Secondary School Principal  
Princeton Secondary School Students  
Princeton Skills Centre  
Princeton Teachers Union  
Princeton Tourist Information  
Princeton Wood Preservers  
Public Health Office  
RCMP - Princeton Detachment  
Regional District Okanagan Similkameen - Board Chair  
Ridgewood Lodge  
Princeton Rotary Club  
School Board (S.D. #58)  
Senior Citizens (Branch #30)  
Similkameen Valley Planning Society (SVPS)  
Social Services  
Support Our Health Care Society (SOHC)  
South Okanagan Similkameen Medical Foundation  
St. Paul's United Church  
St. Peter's Catholic Church  
Steel Workers Union  
Princeton Healthcare Sustainability Society  
Tulameen Community Club  
Tulameen Firefighters  
Upper Similkameen Band  
Vermilion Forks Elementary School Principal  
Vermilion Forks Field Naturalists  
Vermilion Trails Society  
Weyerhaeuser

## Appendix 2: Areas of Strength

Area of Strength	Identified by Focus Group #	Number of Stickers
Visiting Specialists program (Shared Care project)	1, 2, 3, 4, 5	8
Satisfaction with Doctors (General Practitioners)	1, 2, 3, 4, 5	4
Emergency Department open 24/7 - satisfactory coverage	1, 2, 3, 4, 5	4
Mental health services - counselling, full time mental health nurse, Anchorage, drug/alcohol addiction, seniors	1, 2, 3, 4, 5	2
Satisfaction with Nurse Practitioners	2, 3, 4, 5	5
Physio-therapist available at PGH (occupational therapy)	1, 2, 3, 5	1
Community Paramedicine program - prototype program BCAS; health care team referral for home care	1, 2, 3, 4	1
Ambulance Services - Paramedics	2, 3, 4, 5	1
Laboratory Services & X-Ray Services	2, 3, 4, 5	0
Recruitment & retention - doctors, nurse practitioners, locums, staff - vacancies filled quickly	2, 3, 4, 5	1
Care for the elderly - Ridgewood Lodge	2, 3, 5	1
Home Care and Home Support services	2, 3, 5	1
Palliative Care - hospice room, grief counselling & other services	1, 3, 5	0
Satisfaction with facilities - potential for growth	1, 2, 3	0
Rapid Access booking for attached patients	1, 2, 3	0
Health Care Steering Committee - cooperative relationship between all stakeholders - IH, SOHC, Town, health care providers, administrators	3, 4, 5	0
HandyDart bus service	2, 3, 5	0
Satisfaction with locums	2, 5	1
Tele-Health program	2, 4	1
Cooperation between various community health care service organizations	2, 3	1
Satisfaction with Cascade clinic - customer service	2, 3	1
High Acuity Response Team (HART)	1, 3	0
Public Health nurse	2, 5	0
Outreach Community Worker program - GP for Me	2, 3	0
Social worker	2, 3	0
Job satisfaction - happier relationships at hospital, clinic and IH - noticeable positive work environment, caring & enthusiastic attitude of hospital workers	2, 5	0
Princeton Family Services - victim services, safe homes, etc.	3, 4	0
Alternative medicine - chiropractic, Reiki, massage, acupuncture	3, 5	0
Availability of defibrillators in Princeton and Area H communities	1	1
Equipment additions at PGH and Ridgewood Lodge	5	2
Electronic medical records for all Cascade patients	4	1

High School health clinic - Nurse Practitioner once/week	1	0
Location of PGH - convenience of "one stop shopping" - on major highway	1	0
Confidence in health care system	1	0
Cooperation between first responders	1	0
Increased training opportunities for health care professionals	1	0
Professional response to difficult (upset, frustrated, angry) patients	1	0
Meals on Wheels	2	0
Social Services for Youth	2	0
Hayes Creek Fire Dept. - first responders	2	0
Volunteer drivers	2	0
Dietician at PGH	2	0
Customer service at Cascade Clinic	2	0
Improved communication between IH, Steering Committee, and Community	2	0
Good leadership in IH, SOHC - working well together	2	0
Community worker	3	0
Allied Health services - dentists, optometrist, pharmacists	3	0
Health related services - fire department, highway extracation, search & rescue	5	0
Access to necessary services	4	0
Healthcare Sustainability Society fundraises & supports recruitment and retention of practitioners	4	0
Community intervention and involvement	4	0
Surgery recuperation beds at PGH	5	0
New Beginnings program - Community Services	5	0
Residential Housing - Community Services	5	0
Hospital Auxiliary Thrift Store - provides funding support	5	0
Recreation Coordinator at Ridgewood Lodge	5	0
Collaborative and Cooperative relationship with Interior Health	5	0

## Appendix 3 - Areas for Development

Concern or Idea	Identified by Focus Group #	Number of Stickers
Information on available services - increased communication; consistent information in brochure, websites, etc.	1, 2, 3, 4, 5	26
Education - public sessions/seminars on various health topics, e.g. training for caregivers, diabetes, healthy living, taking charge of own health, mental health strategies, relationship with Penticton Regional, flu season, appropriate use of ER, nutritionist tours of supermarket	1, 2, 3, 4, 5	6
Access to primary care provider - unattached patients, wait time for appointments	1, 2, 3, 4, 5	7
Promote healthy living and wellness - active life style, community infrastructure e.g. sidewalks	1, 3, 5	5
Coordinated volunteer program - driver/escort/guardian program needed; Ridgewood volunteers (younger base); Coordinator of Volunteers (paid position like in Keremeos)	3, 5	8
Cascade reception concerns - phone access to Clinic; need more staff	2, 4	2
Prescription refills - why only 3 months at a time? no fax or email of prescriptions	2, 4	2
Mental health services review - closure of Arbour House drop in centre; Mental Health Crisis Team to involve RCMP, ambulance, and others; access to services	3, 4	2
Need more Nurse Practitioners	1, 5	2
Recruitment and retention of trained staff	1, 5	1
Walk-in clinic for unattached patients	5	6
First responders in all communities - Princeton and Area H	3	5
More acute care beds needed in the hospital	5	5
Redesign ER facilities - issue of privacy for patients	1	4
Out patient physio-therapy	3	4
Recruit new dentists - present ones are close to retirement	3	4
Size of community contributes to lack of services - community needs to grow to provide additional services - Catch 22: additional services will attract more people	4	4
St. Camille federal case study (Quebec)	4	4
Drug addictions & lack of help impact crime rate, emergency services, and affects community spirit	4	4
Reduced services for home care - fewer hours; liability issues; downloading home care to family or neighbours	4	3
Drug and alcohol counselling services - for inpatients and high school students (proactive approach)	1	3

Safety for staff when patients get abusive	1	3
Education opportunities for nurses and professional staff	1	1
Communication of test results to patients - locums	1	1
Communication from IH to community needs improvement	4	2
Helipad needed - apply for federal government grant	1	2
Specialist access - how to get referral	1	0
Donation information - where the money goes	1	0
More community involvement by docs/primary care providers	1	0
Recruitment - develop student interest in medical professions	1	0
Subsidize housing for medical students	1	1
Financial incentives - provide student bursaries/scholarships with return of service agreement	1	1
Security at Ridgewood Lodge - follow Keremeos model	1	
Safety protocol for firefighters and ambulance to deal with violent patients	1	1
In house food services	1	0
Develop a vision - proactive approach to improve things	1	0
Patient-nurse ratio when operating at over capacity	1	0
Privacy for patients when at end of life	1	1
Adequate facilities for providing primary care? - consultation rooms, acute care beds, etc.	1	0
Salaried contracts for doctors instead of fee for service	1	0
Young professionals tend to leave Princeton	1	0
Improved home health nurse services	1	0
Resurrect RN first call	1	0
Walk with your doc program (primary care provider)	1	0
Health report card - annual report	1	0
Physiotherapy float pool - critical care patients	1	0
Promote positive attitude in Town	1	2
EMTs on call not paid well enough (needs review)	2	0
Physical access to mammogram bus - needs wheelchair lift	2	0
No maternity ward	2	0
Unable to get physical exam	2	0
Dissatisfaction with some locums	2	0
High stress level for doctors	2	0
Patients need to be considerate and patient with locums	2	0
Mental health services for seniors - research cooperation with UBC Okanagan	3	1
Decentralization vs. centralization	4	1
Fiscal inefficiencies	4	1
Unnecessary consultation	4	0
Conflict between services provided by clinical practice & ER	4	0
Need safe houses, safe drop-ins	4	0
Community Nurse for children	5	0

Determine what would entice doctors to stay longer at end of their contract	5	1
Treat doctors and all health care professionals appropriately when they are met in public	5	1
Swimming pool w. therapy pool/jacuzzi	5	1
Midwives or RNs for births	5	0
Ambulance - faster back filling for ambulance service, i.e. a third older ambulance that can sit here for on-call	5	0
Lack of ultrasound at PGH – need a portable unit and a technician to run it	5	0
Short stay flex beds at Ridgewood - educate community on availability and add more beds once demand increases	5	0

## Appendix 4: Invitation to Community Representatives

Dear \_\_\_\_\_,

In partnership with the Town of Princeton, Regional District of Okanagan Similkameen (Area H), Interior Health Authority, and the Support Our Health Care (SOHC) Society, the Princeton Health Care Steering Committee would like to invite you to attend a **Community Healthcare Consultation** to be held on the evening of **February 16, 2016 beginning at 7:00 pm at Riverside Community Centre**. The purpose for this consultation is to identify and celebrate the successful changes and accomplishments of the past three years and to gather new information that may be used to continue the work to improve our community's model of health care.

In January of 2013, the community came together to participate in the first Consultation on Health Care conducted by Dr. Barbara Pesut from UBC Okanagan. The information provided by the participants was the beginning of a process that led to the formation of the Princeton Health Care Steering Committee, now in its third year of operation. Much has been accomplished since that initial Consultation and the Steering Committee feels that it is now time to return to the community for a second consultation.

In this follow-up Community Consultation, participants will be asked to give their views on the present state of health care in our community. We recognize the value of the collective wisdom of our community and know that it will guide the Health Care Steering Committee in its future efforts to find stable solutions to the complex health care challenges facing the residents of Princeton and Area.

We look forward to your participation in this important event. Please let us know at your earliest convenience if you or a member of \_\_\_\_\_ will be attending. Further details will be forwarded to you in the near future.

Sincerely,

Edward Staples

Chair of the 2016 Health Care Community Consultation Committee

email: [edwardstaples8@gmail.com](mailto:edwardstaples8@gmail.com)

telephone: [250-295-0822](tel:250-295-0822)

## Appendix 5: Information Sent to Participants

Princeton Healthcare Community Consultation  
Tuesday, February 16, 2016, 7:00 - 9:00 pm  
Riverside Community Centre

Dear Community Representative,

Thank you for accepting our invitation to participate in the Princeton Healthcare Community Consultation. You are one of 70+ community representatives identified by our committee. The organizations that you represent form a cross section of our community, including service clubs, churches, elected officials, community services, seniors, industry, business, schools and more.

The structure of this consultation employs a research based model and will be conducted by a team of eleven community volunteers who will serve as facilitators and data recorders during the consultation.

The schedule for the evening will be as follows:

- 6:45 pm - Registration - Riverside Theatre
- 7:00 - Welcome and Introductions
- 7:15 - Focus group consultations
- 8:30 - Data collection (focus group reports)
- 8:45 - Summary and what lies ahead
- 9:00 - Refreshments

During the focus group consultations, facilitators will be asking a set of standardized questions centering on three categories: healthcare achievements in our community, healthcare challenges and barriers, and ideas and innovations that might improve our healthcare model. Your responses will be summarized on flip charts by a group recorder and presented to the full group during the data collection session.

As a community leader and representative of a community organization, we encourage you to solicit comments from your membership, your colleagues, or the people you serve, so you can share their perspectives during the focus group consultation.

The information collected from your comments will be analyzed by the organizing committee who will be preparing a report to be shared with the community. We are confident that the participants in this Community Consultation will provide us with information that will have a positive impact on the future of healthcare in Princeton and Area. We look forward to seeing you on the 16th.

Sincerely,

Edward Staples, Chair  
Princeton Healthcare Community Consultation Committee