

**Medical Staff Association – South Island
Minutes of Meeting of 20 September 2018**

Meeting called to order at 6:31 pm

Introduction from Dr. Don Milliken

- Regrets from Kathy McNeill
- Introduction to Crystal White

1a. Dr. M-L Fyfe – iHealth in the South Island

- E&Y Report released in January 2018. Engaged with CEO, asking questions and reviewing previous documentation, plus plans about moving forward.
- Recommended to think differently going forward
 - Engage with physicians
 - Education and training
 - Support in change management
 - Cornwall and Lions Gate have been reviewed as examples. What does it feel like on the ground? Where do we need to change?
- July recommendation by the government to have RJH and VGH go first. They must go together as sites (single encounter).
- Plan is going to the project board (Kathy McNeill, Stephen Brown) on Monday. This “approach plan” requiring a 12-18 month preparation time before go-live. The decision to go live would be made by the local Quality Council, based on readiness.
- Rolling out to a large ‘single site of 850 beds’ is significant.
- Results from the Monday meeting could be as much as a recommendation that this go forward to the Island Health board.
- Funding of the plan is still to be discussed.
- *Question from Dr. Sharon Ham:* What does physician engagement look like? *Dr. Fyfe:* E&Y has engaged extensively with physicians and health partners in Nanaimo, and many of their recommendations have come through that work, and this engagement is continuing through the mediation and remediation steps.
- *Observation from Dr. Margie Bester:* The E&Y Report stated that iHealth would not be rolled out further until NRGH was stable. *Dr. Fyfe:* Yes, that is still the case, but the planning must continue. To clarify, this was specific to acute care implementations; rollouts have occurred in NP clinics.
- *Question from Dr. Sharon Ham:* Potentially, from now, in 18 months time, we would be going live? *Dr. Fyfe:* Yes, correct.
- *Question from Dr. Sam Williams:* There is currently a gap between the local Quality and Medical Advisory structures. Will there be a change in the process so that we will work together rather than in parallel? *Dr. Fyfe:* The best people to determine readiness are those local on the ground. We would like to work together.
- *Comment from Dr. Sam Williams:* One of the major hurdles will be the memory of the Nanaimo site. The need for transparency will be very high. Agreed by Dr. Fyfe and Dr. Milliken.
- *Comment from Dr. Greg Ganz:* There would be value in ensuring that the physicians represent themselves outside of administrative boundaries, as was done in Nanaimo. Sites have occurred provincially that are driving the MSAs to be more involved.

- *Comment from Dr. Don Milliken:* FEI funds were used to compensate physicians for their participation. It is expected that some FEI funds will be used to engage with Administration as this work progresses.
- *Comment from Dr. Chris Hall:* This is what the funds are for: for physicians to get deeply involved in the process. There are 5 SIMAC spots on the Quality Council for Geo 4, so if you're interested, please get active so that you can bring this information back to your department.
- Future information and next steps will be communicated through the MSA.
- Slide deck included for reference:



IHealth Update SI
MSA 20 September 2

1b. Dr. Catherine Jenkins – Proposal to review the Medical Staff Rules

- The Legislative Committee, which reviews and makes recommendations on the Medical Staff Rules, was struck in 2015 under the leadership of Gordon Hoag. His vision was to use the Rules as a tool to forge a more collaborative tone between administration and physicians.
- Our draft was submitted in the Summer of 2017. Administration had concerns that our version of the rules was too long and had sacrificed clarity for a friendlier tone. Administration sent a revised version out for review on August 17, 2018. We in turn had concerns about some of the revisions, particularly those changes which did not make explicit that administration should be held to the same standards of behavior.
- The initial deadline for receiving any comments or suggested revisions was September 21st. The Legislative Committee asked for and received modifications to this timeline to ensure that the Committee and the Medical Staff as a whole have the chance to review.
- The Presidents of the MSAs throughout the Island have also sent a letter to the CMO (below) and HAMAC Chair requesting time for proper review of the document. They have also requested greater representation from Medical Staff Associations on the Legislative Committee
- We are currently in the process of reviewing the latest draft of the rules. Once a draft is approved by the Legislative Committee and HAMAC it will be brought back to the MSAs and the LMAs. A blog is being created to solicit feedback. We hope that the process will be completed by February 2019.
- Don Milliken reported that MSA Executives have received copies of the updated Rules for distribution. While there are many good aspects, there are topics that will require discussion.
- There is a stipend associated with the Chair of the Legislative Committee, but other physicians would not otherwise be compensated. Therefore, it is recommended that FEI Funds be set aside to support the work of SI-FEI members on the committee. Membership agreed.
- There may need to be an Extraordinary MSA meeting for the MSA as a whole to review the updated version.
- *Question from Dr. Pierre Malo:* Will a lawyer review these? Catherine explained that VIHA's lawyers will review the rules to ensure compliance with the Bylaws. The Legislative Committee does not have the funds to hire independent legal counsel. In the past DofBC has provided legal advice.
- Letter to Medical Affairs sent, copy here:



MSA Rules
Feedback Letter 20

1c. Dr. Erdem Yazganoglu – Proposal to review/revise Medical Administration Structures

- Would physicians be interested in a closed discussion site? Little interest.
- We want an engaged, healthy Medical Staff to work with Island Health.
- Feedback has been received that the current structures are complicated.
- More understandable, easily manageable, and you can find who you want in a faster way.
- It is also difficult to get people to work in medical administration.
- We will look into these structures. There is a 9-member committee, with 1.5 MSA members, with the hopes that a new structure will be developed by December. Implementation would take place next year.
- *Question from Dr. Sam Williams: Who is on steering committee?*
Dr. Deke Botsford – Chief of Staff and Site Medical Director – Campbell River Hospital
Dr. William Cunningham – Department Head Primary Care - Medical Director Victoria, Oak Bay, Royal Oak
Dr. David Forrest – MSA Chair, Nanaimo General Hospital
Mr. Richard Jones – Director Pharmacy Services
Mr. Dermot Kelly – EMD Geography 1 (delegate Ms. Christina Rozema – Site Director CRGH)
Dr. Regina Renner – Division Head Specialist Obstetrics (Geo 2 and 3) – Division Head Gynecology (Geo 1 and 2)
Dr. Tom Ruta – Department Head Anaesthesiology, Pain and Perioperative Medicine - Medical Director Anesthesia OR
Dr. Robin Routledge – Division Head General Psychiatry – Medical Lead MHSU Cowichan Valley and CDH
Dr. Jasdeep Saluja – Division Head General Internal Medicine – Medical Director Medicine/Hospitalist
- *Question from unknown doctor: Maternity has been moved under a new portfolio as of October 1. What is expected to happen to it?* This is exactly the sort of thing that we want to look into.
- Dr. Don Milliken – We should have a broad geographical representation to ensure that all perspectives, needs, and interests are represented.

2. Approval of May 24, 2018 Minutes

- Accepted as circulated – Dr. DeMott, Dr. Hamm

3. Business Arising from the minutes

- None

4a. SIFEI – Dr. Don Milliken

- Wellness and Social Committee – BBQ very well received. Mindfulness and Meditation Skills for Physicians, Level 2 Course – please see website.
- Rita Webb (New Projects) and Suzanne Weckend (Support and Communications) will be the key people for Projects moving forward.
- Dr. Pat Slobodian has stepped down from the Executive as of the AGM. We need to have a replacement for him. Dr. Milliken reinforced that any participation would be warmly welcomed, with no expectation of a long-term commitment.
- Midwives interested in joining the MSA.

- SIFEI Working Group meeting will be October 15th, with anticipated 15 projects for review. We will be discussing a suggestion that we divide the WG in two, one focusing on broader strategies, and one focused on projects. This may also be discussed at the AGM.

4b. SIMAC – Dr. Chris Hall

- The purpose of SIMAC is to remind HAMAC of issues of quality patient care.
- Keep physician culture uppermost in minds.
- Verbal report given in support of written report:



SIMAC Report 20
Sep 2018.pdf

4c. HAMAC – Dr. Sam Williams

- Chair of HAMAC position comes available in March 2019. Subcommittees (Medical Planning and Credentials, Legislative, Health Authority Medical Quality Committee, Medical Education, LMACs, Search and Selection for Department Heads, Discipline) all have spots available on them. Oversight Committee was posited in the Summer 2017 Medical Staff Rules. Please let Dr. Milliken know if you are interested in joining.
- Dr. David Butcher is the new Vice-Chair of HAMAC.
- Two positives: Kathy McNeill is committed to a collegial relationship, E&Y report
- Two negatives: Complexity of current structure, cynicism

4d. Doctors of BC – no representative

4e. Divisions of Family Practice – no representative

- DFP representatives will be present at the next SI-FEI Working Group meeting.

5. Other business

- None

6. Adjournment at 8:05 pm