

# SOUTH ISLAND MEDICAL STAFF ASSOCIATION

## Minutes General Meeting – March 9, 2021 Zoom Meeting 6:00-7:30pm

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1. Call to Order at 6:00 pm - Welcome by MSA Co-Presidents, Dr. Catherine Jenkins and Dr. Fred Voon
  - a. Welcome to special guests:
    - Alanna Black – Regional Advisor and Advocate, Doctors of BC (DoBC)
    - Crystal White – Facility Engagement Liaison
  - b. Approval and adoption of minutes
2. South Island MSA – What we are all about:
  - a. Group of Medical Staff at RJH and VGH; new executive team updated vision and mission
  - b. Vision: The South Island MSA is an engaged medical community at RJH and VGH that works collaboratively with practitioners and our Health Authority partners to optimize quality patient care and provider well-being.
  - c. Mission Statement - South Island Medical Staff Association will work towards its vision by:
    - i. Ensuring effective communication between the medical staff, administration, and the Board of Directors of Island Health.
    - ii. Supporting physician engagement and quality improvement within our facilities.
    - iii. Fostering relationships among medical staff to improve professional and collegial bonds.
    - iv. Partnering with Island Health and other organizations to support and implement these activities.
  - d. Effective Communication with our members:
    - i. Website ([www.southislandmsa.ca](http://www.southislandmsa.ca)), Newsletter on Thursdays, Twitter (@SouthIMSA), Doctors' Lounge Bulletin Boards
    - ii. Virtual Doctors' Lounge Meetups – next one is May 5; still doing virtual for now, join us!
    - iii. New Physicians Welcome Emails – if you are new and haven't received this yet, please reach out
    - iv. Department and Division Meetings – we want to come to you, even 5 minutes on an upcoming agenda, please connect with us and we will set something up
  - e. Effective Communication with Island Health:
    - i. HAMAC/SIMAC, Medical and Academic Affairs, IHealth team
    - ii. Island MSA Network/HAMSA Executive Committee
    - iii. Physician opportunities – not all opportunities can be funded but we do have some funding available for physician participation

- f. Partnering with Island Health
    - i. Legislative Committee (Medical Staff Rules rewrite), COVID Response (Town halls, engagement projects, support for South Island physicians' work), IHealth
  - g. Physician Engagement and QI projects – Dr. John Galbraith
    - i. We support physician led engagement projects, up to \$10,000 in funding plus an extra \$1000 for administrative support. More than 50% must go to physicians. Can be used to complement Health System Redesign (HSR) or Physician Quality Improvement (PQI) funds
    - ii. Next intake due May 10<sup>th</sup>, for approval at the June meeting. The SIFEI Working Group provides oversight and our Core Group does a deeper dive and preapproves efficiently and effectively
    - iii. New funding coming through the Physician Master Agreement (PMA); we propose to go forward with requesting larger MSAs get larger amount of funding so we can better support our physicians. Need more VGH representation
    - iv. Check out our Success Stories at [www.southislandmsa.ca](http://www.southislandmsa.ca)
  - h. Physician Wellness and Social Committee (PWSC)– Dr. Maria Kang
    - i. MSA-only and Joint activities: Narrative Medicine, Communications workshop, Mindful Mondays, Mindful Self-Compassion Workshop, Movie Nights
    - ii. Flagship events: South Island MSA Physicians BBQ, Welcome and Thank You, Family Skate
    - iii. Memorandum of Agreement on Psychological and Physical Safety, Peer support
3. Doctors of BC – Health Authority Engagement Survey Results
- a. This year had the highest response rate yet at 28%. 650 respondents from Island Health, first year all 11 MSAs on the island were included
  - b. Survey was done later than usual due to COVID. New additions on the impact of COVID, physical and psychological health and safety, senior leadership engagement at a regional and local level, plus open ended comments
  - c. We are trending up as a province in being “satisfied with this health authority as a place to practice medicine” and feelings of belonging, access to resources, and opportunities to improve
  - d. “Senior leaders’ decision-making is transparent to physicians” continues to score low
  - e. Island Health is no longer in last place for growth, it is comparable to Interior Health and Fraser Health. There is quite a bit of variability in the overall averages by facility for the island but RJH and VGH are relatively similar
  - f. In terms of COVID, need to talk to leaders and physicians at Vancouver Coastal and PHSA to see the difference in their approach to communication. It would be good to try to improve ours
  - g. We need to continue to improve the physical and psychological safety at Island Health. If you have any questions or need support about workplace safety please reach out to [worksafe@doctorsofbc.ca](mailto:worksafe@doctorsofbc.ca)
  - h. Report up on private side of Doctors of BC website; will send PDF of this presentation to Erica to share

Discussion:

**Q:** Is this information shared with senior leadership?

**A:** Presented at HAMAC, will also present to senior leaders in Medical & Academic Affairs (MAA). Once the report is published it is shared with CEOs and is publically available

**Q:** How are we able to learn about senior leader decision making?

**A:** Leaders are trying to be transparent, many decision are out of the leadership structure control. They rely on department/division structure to share information. Information is brought to SIMAC, try to

explain why decisions are being made, but it is out of senior leaders control how the information is being shared

- i. Physicians need to come to meetings, read their emails, be involved in their department
- ii. Communication challenges are not unique to Island Health; we are trying other things (like revamping the Doctors Lounges)
- iii. It is disheartening to see these results despite the work being done, especially around transparency. Nice to see increase in response numbers
- iv. Need to reach out to administrative colleagues, make connections. Sometimes there is a problem with an “echo chamber” if people are only speaking to the same groups

**Q:** Can look at the survey data breakdown by years working at Island Health? By their specialty?

**A:** This has previously been asked for but there was a confidentiality issue that stopped that from occurring. Alana can bring it forward to her team again for consideration

**Q:** How do we get messages more widely heard? There are funded IHealth positions coming up and the next project intake deadline

**A:** Some information is on the SIMSA website. Need to also improve word of mouth and meeting attendance

- v. Prior to 1995, these meetings were not optional. You had to attend or have a reason you couldn't. There was expectation setting about attending these meetings and division and department meetings. It is not well communicated. Department and Division heads need to encourage participation and set expectations.
- vi. Engagement is broad, engaged people are not necessarily engaged in meetings. Meetings are not the only way; it can be hard for people to attend. More people are connecting electronically
- vii. Attendance was low even before COVID; need unity amongst physicians and the power of numbers. Hard to ignore 300 physicians united about something. Expectation from the Board is physicians are attending these meetings. We need to be connected when we are rational and thoughtful, not just reactionary and upset
- viii. There are a lot of good things to get involved in besides MSA meetings; PWSC, SIFEI projects, IHealth committee

#### 4. IHealth Update:

- a. Where we are now and where do we go from here?
  - i. Decided by Ministry IHealth is going to happen within next few years
  - ii. MSA working to help make this a less painful transition
  - iii. Strong commitment from Island Health to engage physicians during this process. Recognition that things need to be done differently
  - iv. We have a working group for IHealth; can be champions or advocates
- b. Memorandum of Understanding (negotiated by DoBC, signed by Island Health)
  - i. “Health Authorities will actively engage with physicians before and throughout EHR implementation by seeking physicians’ feedback and input into planning, design and implementation processes.”
- c. MSA still in the information gathering stage; has been difficult to get specifics around plans. Will have 30-40% increase in computer workstations coming. Engagement takes time; IHealth has been working with a short window. Have not had as many opportunities for input as we would have liked. Catherine and Fred will be meeting with senior leaders

- d. Clinical Documentation (ClinDoc)
  - i. Eventual replacement of the paper chart; roll-out scheduled to start mid-May, will be done in sections. Documents, electronic formatting, Dragon Dictate
  - ii. Different format for looking at interdisciplinary notes/charting, problem lists, Medication Reconciliation
  - iii. Meeting again next week, evening of March 16<sup>th</sup>
- e. Where do we go from here?
  - i. MSA response is organized around four components: Technical, Education (modules are coming), Workload/Cognitive load (Cerner has been clear about needing time and space for learning and adjusting, this will be hard for us as we won't be able to reduce capacity to 80%, we have no nearby hospitals to decant to), Culture (need to work on a way to trust the information coming from Island Health)
  - ii. Modules will be available and 4 hours of funding for training, don't have dates yet

Discussion:

**Q:** Who will be responsible for uploading outpatient documents to hospital files?

**A:** Process will probably be the same as what is happening now; community will send it to the hospital to be uploaded

**Q:** Is medication information going to be uploaded directly from Pharmacare?

**A:** Not yet, but we are working on the Best Possible Medication History and Medication Reconciliation. We can ask about link to PharmaNet

- We need to determine how long to transition between being online or paper
- Jason Wale did a teaching approach for ERPs; talk to him or Fred Voon for support. Those who took advantage of the training benefited
- You can built templates into ClinDoc; once they are done, it is a lot faster. Can set up dictations for common procedures to be able to fill in blanks

This is the beginning not the end of the dialogue; we are open to suggestions on how to make this work. Send us your thoughts, comments, ideas or concerns! Email Catherine at [ihealth@southislandmsa.ca](mailto:ihealth@southislandmsa.ca)

5. Announcements:

- a. Dues Notice going out for South Island MSA and Victoria Medical Society
- b. Ministry of Health COVID Funding for Fall/Winter – **Submissions must be made by March 31<sup>st</sup>**. Reach out as soon as possible if you need help navigating this!  
<https://www.southislandmsa.ca/news/ministry-of-health-covid-funding-for-fall-winter/>
- c. Upcoming Events:
  - i. IHealth ClinDoc Information Session – Tues, March 16 @ 17:30
  - ii. South Island Physicians' Walking Group – Sat, March 20 @ 13:00 (John Dean Provincial Park)
  - iii. Virtual Mindful Monday – Mon, March 29 @ 20:00
- d. Next MSA meeting: Tuesday, May 11
- e. Reach out to us if you can't find what you are looking for on the website

Adjournment: 7:37 pm