

# SOUTH ISLAND MEDICAL STAFF ASSOCIATION

## Minutes General Meeting – May 11, 2021 Zoom Meeting 6:00-7:30pm

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1. **Call to Order at 6:01 pm** - Welcome by MSA Co-President Dr. Catherine Jenkins
  - a. Welcome to special guests:
    - i. Dr. Kristine Votova, Director, Medical Staff Quality, Analytics & Clinical Improvement
    - ii. Dr. Eric Shafonsky, Associate Chief Medical Information Officer
    - iii. Dr. Pooya Kazemi, IHealth Site Lead for Royal Jubilee Hospital
    - iv. Dr. Kellie Whitehill, IHealth Site Lead for Victoria General Hospital
    - v. Annebeth Leurs, Engagement Partner, Doctors of BC
    - vi. Alanna Black, Regional Advocate and Advisor, Doctors of BC
  - b. Approval and adoption of agenda and minutes
2. **Presentation of Island Health’s Medical Staff Engagement Strategy by Dr. Kristine Votova, PhD, Director, Medical Staff Quality, Analytics & Clinical Improvement**
  - The Strategic Framework for Medical Staff Engagement has three main aims:
    - Establish structures and process for decision-making
    - Improve communication with Medical Staff
    - Create partnerships around shared clinical priorities
  - The Workplan spans three years (we are starting on year two, with understandably a number of incomplete actions from year one) and has many tactics to complete. There are great synergies with the South Island MSA Strategic plan, so we look forward to maximizing the opportunities to work together.
  - **Establish structures and process for decision-making**
    - There has been positive engagement around the joint response to COVID.
    - The 2020-21 Island Health Work Plan was focused on COVID response, with 11 workstreams and 56 initiatives. Leads within these workstreams were asked, “Are you currently engaging Medical Staff in your initiative?” and “Do you have unmet engagement needs in your initiative?”
    - The majority of organizational initiatives engaged with physicians, though the definition of ‘engaged with’ was not explored.
    - Importantly 87% of these physicians are Medical Leaders, with 90 of the 173 physicians serving on multiple initiatives. At this point, the engagement is neither inclusive nor broad.
    - Medical and Academic Affairs (MAA) is looking to ‘bring physicians to the committees’ in a shared piece of work with the South Island MSA.
    - MAA is also advocating that Medical Staff need to be involved upfront, and not just in a ‘having a physician at the table equals engagement’ kind of way.

- A Medical Staff Engagement Framework, including principles and types of engagement is being developed as a resource to guide future engagement within the Health Authority.
- An updated 'Briefing note' checklist that includes Medical Staff engagement will be rolled out at Executive level decision making tables.
- Local Medical Advisory Committees (LMACs) are being reinvigorated as a way of escalating Medical Staff issues and giving voice to local tables.
- **Improve communication with Medical Staff:**
  - COVID has spurred shifts in communications, including emails to physicians' preferred email addresses for rapid communication, Medical Leader townhalls, and updates to the [Medical Staff Website](#).
- **Create partnerships around shared clinical priorities:**
  - Continue the work that has been started by sharing a lens on FE projects, and by jointly communicating successes such as COVID order sets.
- [Dr. Votova's presentation can be viewed here.](#)

### 3. IHealth Update – Dr. Catherine Jenkins

- One way to consider IHealth is as a physician engagement activity. If this approach to engagement is successful for iHealth, it can be used as a template for other areas of engagement.
- In the memo of April 23<sup>rd</sup>, ClinDoc activation has been paused until September at RJH and VGH. Physicians can continue with training over the summer.
- Communication has improved, with South Island MSA leads meeting regularly with IHealth. This has helped remove barriers and clarify intentions. The local meetings will move to a regional, Island-wide table.
- Information sharing continues to be a work in progress. The South Island MSA's IHealth Committee asked a number of questions to the IHealth team. Answers have been received and are being put in a format to share with Medical Staff.
- It is hoped that the Medical Staff will be able to influence (and hopefully improve) implementation. However, our ability to influence policy is directly related to the degree of involvement of our membership. We need the Medical staff to give us feedback to be able to represent them properly. Please get involved:
  - i. South Island iHealth Committee – meetings approximately every two months
  - ii. Representative on iHealth Regional Council – New committee for regional engagement
  - iii. Participate in MSA iHealth surveys – we need to know if what we're doing is right or wrong
  - iv. Informal engagement

*Question:* Are groups ready to go with ClinDoc?

*Dr. Eric Shafonsky:* They are being staggered by cohort in a localized sequence:

- Complete go live for all users and providers will be September 20<sup>th</sup> for RJH and October 4<sup>th</sup> for VGH. It will be a staged education rather than implementation.
- Informatics language that you'll hear includes Providers (those who can create orders) and Clinicians (everyone else).

Provider groups can go through the training earlier. After training, documents that are currently dictated – including admission and discharge notes -- can be completed using ClinDoc. Notes that are currently done on paper such, as progress notes, will continue to be paper based until full ClinDoc implementation. After implementation, paper charting will no longer be available and all notes will be electronic.

*Question:* Will individuals be able to use ClinDoc, or does it have to be everyone in a group?

*Dr. Eric Shafonsky:* Most disciplines have chosen to go ahead but it hasn't been a requirement.

*Question:* How many computers will become available? On Labour and Delivery, there are 4: One for the Charge Nurse, one for the Unit Clerk, and two for everyone else. Also, where will the new computers go, because there doesn't seem to be any space?

*Dr. Kellie Whitehill:* Chris Hawkins on the IHealth team does site walk throughs to determine where computers can go. Yes, it is easier at RJH. We will have the computers we need, and will be getting creative especially in ORs and Labour and Delivery. Cloud upgrades are taking place so that iPads and other portable devices can be used – this is a work in progress. Workstations on Wheels (WoWs) may help augment desk-based workstations.

*Question:* Areas that were part of the first wave still do not have sufficient workspaces or computers.

*Dr. Eric Shafonsky:* Because implementation was delayed, workstations have not yet been put in place. Ample computers will be available in time by the implementation dates.

*Question:* What about privacy?

*Answer:* Microphone settings have improved significantly and block extraneous noise out. This means that physicians don't need to speak as loudly, which is similar to phone dictation.

*Question:* How do we formally request a site visit to assess space?

*Answer:* As IHealth Site Leads, Dr. Kellie Whitehill and Dr. Pooya Kazemi are happy to help facilitate these.

*Question:* Will we have the same relative number of computers as NRGH?

*Dr. Eric Shafonsky:* This will be discussed at a meeting on May 12. Please expect follow-up.

*Question:* Some physicians work in different areas, but groups are in different waves. How will differing equipment needs be met?

*Answer:* Chris Hawkins is the lead – this issue will be taken to him.

## 2. Announcements:

- a. **Dues still outstanding for South Island MSA and Victoria Medical Society**
- b. **Upcoming Events:**
  - i. South Island Physicians' Walking Group – Saturday, May 15 @ 13.00 (Francis King Regional Park)
  - ii. Virtual Mindful Monday – Monday, May 31 @ 20.00
  - iii. Clinical Applications of Narrative Medicine – Wednesday, June 2 @ 18.30
- c. **Next MSA meeting: Tuesday, September 21, 2021**

Adjournment: 7:30 pm