

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

ANNUAL REPORT



2021

PLUS A SELECTION OF THIS YEAR'S SUCCESS STORIES

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CO-PRESIDENTS' REPORT

This year's South Island MSA Executive has looked different than previous. As Co-Presidents, we have had the pleasure of working as a team of seven physicians to support Medical Staff at Royal Jubilee and Victoria General Hospitals. Each member of the expanded leadership team has contributed notably to the work of your Medical Staff Association:

Communications. Underpinning all our initiatives has been a push to improve communications with the Medical Staff. New branding, concise newsletters, bulletin boards in the doctors' lounges, departmental outreach, and a refreshed website have helped us reach busy clinicians in different ways. Micro-polls continue to be used to get feedback while being respecting time.

COVID-19. While vaccines brought a sense of anticipation, the ongoing waves of disease have taken a toll on Medical Staff, allied care providers, and the public. Your MSA has offered community sessions, learning opportunities, and peer connection points, and will continue to support its members through these challenging times.

Advocacy. We continue to try to ensure that the voice of the Medical Staff is heard. We have representation on SIMAC, HAMAC, and the Legislative Committee. Through the Island MSA Network, we work with MSAs across the Island. While achieving consensus makes us less nimble, it is more than outweighed by the power that comes from speaking as a united voice. The major issues we have been focusing on are improving transparency and fairness in the disciplinary process, enhancing physical and psychological safety, and ensuring that the Medical Staff have the resources to care for patients. We also provide support for Divisions and individual members to navigate the system, particularly around disciplinary issues.

IHealth. This has been a major focus of advocacy in 2021. With the guidance of our MSA's IHealth Committee, we have been working to establish relationships with the iHealth team. As mutual trust has grown, we have been able to advocate for increased training resources and an evidence-based approach to ensure adequate devices. The activation of ClinDoc has been relatively successful and we hope that the lessons we have learned through ClinDoc will position us well when we tackle the more complex CPOE component next year. The major reason for the success of the rollout is due to the willingness of front-line staff to take on this task despite overwhelming workload pressures: We are grateful to each of you.

Physician Engagement. Thanks to annual funding from the Specialist Services Committee and under the leadership of Dr. John Galbraith, our Engagement Project work has continued apace, with 40 new projects approved by the Working Group this year. These grassroots projects continue to bring noteworthy improvements to our health care system and services, as well as to our relationships among physicians and with the Health Authority. Our Virtual Doctors' Lounges have welcomed new and familiar faces and offered participants the chance to connect with guests.

Social and Wellness Activities. Under the leadership of Dr. Maria Kang and Dr. Shana Johnston, our Committee's offerings have continued to mature. Virtual events, including our inaugural Speakers' Series address by Dr. Jillian Horton, have been a welcome way to connect. We were grateful to be able to gather in person at our 3rd annual BBQ, in partnership with the South Island Division of Family Practice, Victoria Division of Family Practice, and Saanich Peninsula Physicians Society. Increased peer support opportunities, in-person and virtual gatherings, and spiritual connections can be expected for 2022.

The Executive. The work of the MSA would be impossible without the invaluable efforts of its Executive team. Our heartfelt thanks go to Kevin Yee, Jennifer Balfour, Maria Kang, Alicia Power, and John Galbraith for their leadership and professionalism. Our administrative team also deserves a round of applause: We are appreciative of the contributions of Clara Rubincam, Rita Webb, Erica Kjekstad, Julia Porter, Stephanie Poirier, Marg Severs, and Lillian Fitterer to keep the MSA running smoothly.

Any success of the MSA stems from the strength of its members and we are grateful for your involvement. You attend meetings even when you are exhausted from work, you ask questions and make suggestions that spur us to look at issues in new ways; and, most of all, you have such passion for patient care, which is what motivates us all.

Respectfully submitted,

Dr. Fred Voon and Dr. Catherine Jenkins
Co-Presidents, South Island MSA

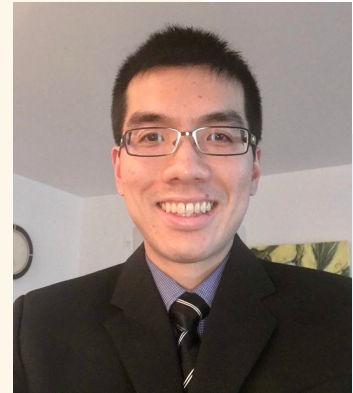
SOUTH ISLAND MSA LEADERSHIP



Dr. Fred Voon, Emergency Medicine
Co-President



Dr. Jennifer Balfour, Pediatrics
Secretary



Dr. Kevin Yee, Anesthesia
Treasurer



Dr. John Galbraith, Laboratory Medicine
Director at Large (Projects)



Dr. Alicia Power, Family Practice
Director at Large



Dr. Maria Kang, Pediatrics
Director at Large (VGH)

Administrative Team:

Erica Kjekstad - Project Manager, Operations

Clara Rubincam - Project Manager, Evaluation

Rita Webb - Project Manager, Projects

Julia Porter - Administrative Support

Stephanie Poirier - Administrative Support

Marg Severs - Administrative Support

Lillian Fitterer - Administrative Support, Victoria Medical Society

Not Pictured: Dr. Catherine Jenkins, Geriatric Medicine - Co-President

STRATEGIC PLAN

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.

MISSION

South Island Medical Staff Association will work towards its vision by:

- Ensuring effective communication between the medical staff, administration, and the Board of Directors of Island Health.
- Supporting physician engagement and quality improvement within our facilities.
- Fostering relationships among medical staff to improve professional and collegial bonds.
- Partnering with Island Health and other organizations to support and implement these activities.

PRIORITIES

- Improve the culture of communication among medical staff and with partners external to the MSA.
- Increase and diversify physician involvement across disciplines and facilities.
- Continue to engage with membership to determine ongoing Society priorities.
- Establish a robust community that promotes quality care, medical staff wellbeing, and satisfaction.

SOUTH ISLAND FEI SOCIETY WORKING GROUP

The Working Group is responsible for overseeing the disbursement of the annual funding granted by Doctors of BC. A significant proportion of the monies has been directed to physician-led engagement projects. These range in scope from physicians working together to reduce rates of surgery complications by stabilizing known medical issues, to multi-disciplinary Emergency Room simulations that have saved lives. Project leads continue to submit impactful proposals for consideration.

Under the leadership of Dr. John Galbraith, the Working Group has optimized the annual Facility Engagement funding, ensuring depth and breadth of support to local physicians.

Special thanks go to Island Health's Dr. Chris Hall and Dr. Kristine Votova (PhD) for their ongoing partnership in assessing and supporting this innovative and important work.

Members

Chair: Dr. John Galbraith*, Laboratory Medicine

Dr. Jody Anderson - Palliative Medicine

Dr. Jennifer Balfour* - Pediatrics

Dr. Margaret Bester* - Hospitalist

Dr. Daisy Dulay - Cardiology

Mr. Doug Enns - Patient Partner

Dr. Allen Hayashi - General Surgery

Dr. Gordon Hoag - Laboratory Medicine

Dr. Catherine Jenkins - Geriatrics

Dr. Elaine Lam* - General Surgery

Dr. Alicia Power* - FP OB

Dr. Suresh Tulsiani - Pediatrics

Dr. Jason Wale - Emergency Medicine

Dr. Kevin Yee - Anaesthesia

* 2020/21 Core Group Members

EVALUATING THE SIFEI PROJECTS

How we know the funding is making a difference.

Each time a project finishes, the lead completes a standardized survey asking about four metrics relating to Facility Engagement. The results demonstrate how South Island MSA funded projects are changing the ways that physicians interact with each other and with their health authority colleagues.

Leading this project has meant meaningful interactions with health authority colleagues.



Leading this project has allowed me to contribute to health authority plans.



Leading this project improved communication with my physician colleagues.



Leading this project has enabled me to prioritize important issues for patient care.



Some other ways the funding of projects, pilots, and multidisciplinary collaboration has made a difference:

I am so grateful to SIFEI for the funding to do the pilot.

This would not have happened without the ongoing support of the HSR funds and the SIFEI grant - thank you!

This FEI project enabled me to take a loose idea and formalize it to bring to fruition.

Having funding to support interdisciplinary discussion was critical.

It was so important to be able to bring everyone to the table at this early stage.

A selection of "Success Stories" are highlighted throughout this report, further illustrating the impact of this funding.

SUCCESS STORY

Development of Victoria Prostate Cancer Supportive Care Program Modules

Dr. Nathan Hoag

Patients diagnosed with prostate cancer face multiple choices about treatment options. Furthermore, care of these patients is shared among family physicians, urologists, radiation oncologists, and medical oncologists, meaning that patients may receive information from many different sources of information about their course of care. In an effort to streamline the way essential treatment information is delivered, Urologist Dr. Nathan Hoag and Radiation Oncologist Dr. Jonathan Livergant secured funding from the South Island MSA to develop prostate cancer supportive care education modules for patients in Victoria.

Engaging with local urologists, radiation oncologists, nursing, allied health, and colleagues at BC Cancer Agency, the group formalized an 'Introduction to Prostate Cancer Treatment Options' module, which was then delivered virtually via Island Prostate Centre, a charitable organization that has offered services for 25 years. According to Dr. Hoag, there was a tremendous amount of added value by offering these modules using local clinicians, nursing, and allied health from the Greater Victoria area.

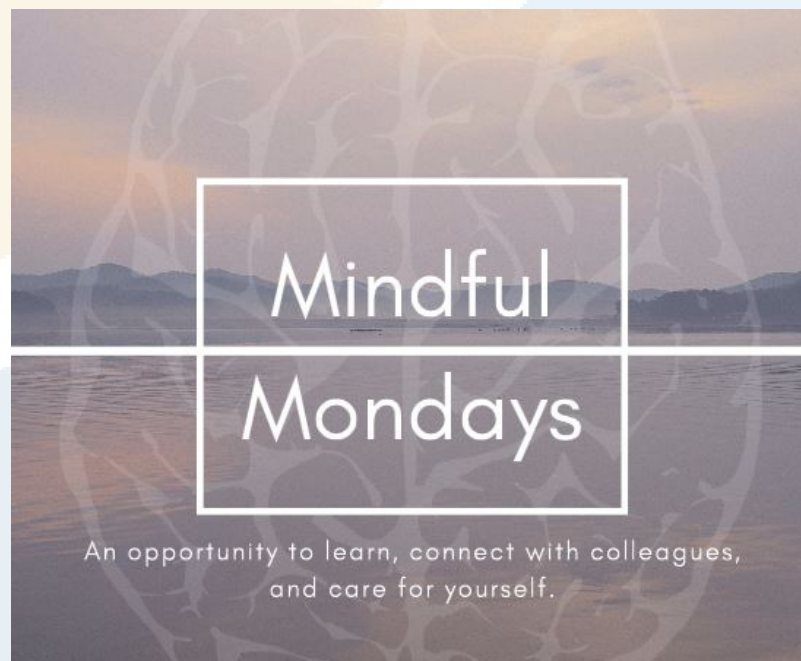
"Patients like the idea of seeing their urologist, their radiation oncologist, giving them advice about the best course of treatment. If a physiotherapist gave a lecture about their service, patients could contact them directly for care."

- Dr. Nathan Hoag

Rather than pre-record a lecture that could be sent to patients upon receiving a new diagnosis, the group elected to offer live sessions, to enable more interaction, and so the presenters could field real-time, specific questions from patients in the audience. 16 patients have now participated in these modules. They plan on delivering a new lecture each month for now, but can scale up or down as the need arises. Feedback from patients to date has been overwhelmingly positive

YEAR IN REVIEW

- The South Island MSA Physician Wellness and Social Committee offered year-round opportunities to connect. 'Mindful Monday' and the South Island Physicians Walking Groups brought together physicians from across the Greater Victoria area.
- In lieu of in-person gatherings, Virtual Doctors' Lounge events were held. Special guests included Dr. Ben Williams, Vice-President, Medicine and Quality, Chief Medical Executive, Island Health; Devin Vessey, South Island Protection Services Supervisor; Dr. Pooya Kazemi and Dr. Kellie Whitehill, IHealth Site Leads; and Paul Straszak, Chief Negotiator, Doctors of BC.
- The South Island MSA IHealth Committee was launched, in preparation for the Fall 2021 implementation of Electronic Clinical Documentation (ClinDoc) at Royal Jubilee and Victoria General Hospitals.
- At their quarterly meetings, the South Island FEI Society Working Group approved a total of 40 new engagement projects, representing 14 different Divisions and including hundreds of physicians and Health Authority participants.



Advertisement for Mindful Mondays

- In partnership with the South Island and Victoria Divisions of Family Practice, two virtual workshops in Narrative Medicine were held, led by Dr. Sarah de Leeuw (PhD). Participants learned skills to support their clinical application of this communications technique.
- Out of the workshops came the Physicians Writing Group, a monthly opportunity for colleagues across Greater Victoria to share their work and hone their writing skills.
- An intimate workshop on “Trauma, Coping, Resilience, Action” was held to support physicians’ wellbeing through the ongoing pandemic stresses.



Sunshine and food trucks at the 3rd Annual South Island Physicians' BBQ


SOUTH ISLAND MSA PRESENTS

PERSONAL NARRATIVE FOR CULTURAL CHANGE

AN EVENING WITH DR. JILLIAN HORTON

The South Island MSA's Physician Wellness and Social Committee is delighted to welcome Dr. Jillian Horton to discuss her thoughts on personal narrative for cultural change.

Dr Horton is an award-winning medical educator, writer, musician, podcaster, and mindfulness teacher. She is the author of *We are All Perfectly Fine*, and winner of the 2020 AFMC-Gold Humanism Award.



Dr. Jillian Horton

Zoom Event
Thursday, October 21
17.30 – 18.30

Register at www.southislandmsa.ca

Poster for the virtual forum with Dr. Jillian Horton

- Our 3rd Annual(ish) South Island Physicians' BBQ was held in partnership with the South Island Division of Family Practice, the Victoria Division of Family Practice, and the Saanich Peninsula Physicians Association. Thanks to more than 230 physicians and their families, the event was a true celebration!
- Local physicians enjoyed a virtual presentation and discussion with Dr. Jillian Horton, author of “We are All Perfectly Fine”.

SUCCESS STORY

Peer-facilitated Group Support for Women with Postpartum Depression and Anxiety

Dr. Shana Johnston

Dr. Shana Johnston knows first-hand what it feels like to suffer from post-partum depression and anxiety. When her daughter was three weeks old, she started having trouble sleeping and feeling anxious. With a colicky baby to look after, this progressed quickly to the point she felt she was not coping, and when her baby was 2 months old she finally admitted to her doctor that she needed help. Her doctor encouraged her to join a peer-facilitated support group offered through the Pacific Post Partum Support Society (PPSS), a non-profit based in Vancouver. She was fortunate to be able to join a group and was able to experience first-hand the magic of healing together in community. The facilitators at PPSS created a safe place for her and the others in the group to be vulnerable, to learn from each other through sharing their challenges and to know that they weren't alone in their struggles.

As a GP providing both family and maternity care to her patients, Dr. Johnston has seen women suffering from postpartum depression and anxiety and struggled to know where to send them for support. Prior to COVID, there were four public health nurse-facilitated groups being offered in Victoria, though the wait list was between 3-6 months to join. At the advent of COVID, these programs stopped, due to the redeployment of public health nurses. Women with post-partum depression and anxiety were left to try to find support through family and friends, or pay for private care through counsellors or psychiatrists.

To address this gap in service, Dr. Johnston teamed up with Heather Barnes, a local "peer" (person with lived experience of postpartum depression and anxiety) and collaborated with Clare Zeschky (Heather's peer mentor) and Sheila Duffy (Director) from Pacific Post Partum Support Society to pilot a peer-facilitated group support program, offered virtually over the course of 12 weeks, with an optional 8 week extension at the request of the participants.

This program offered support to 10 women recruited through a variety of primary and maternity care providers, public health clinics, and the PPSS Facebook page. Drawing on funding and support from the South Island MSA and the Physician Quality Improvement program, Dr. Johnston evaluated the program's success. Participants' perceived levels of support increased from 4.8 to 9.4/10 during the course of the program, while their perceived levels of isolation dropped from 7.7 to 2.6/10 over the same time period. Each participant completed the Edinburgh Post-Partum Depression Scale, the standard measure for this condition, at the beginning and end of the program, and showed significant improvement: from an average of 16.6 at intake to 8.1 by the end of the full program. This represented an improvement of over 50%.

Dr. Johnston was recently awarded a Health System Redesign grant to support an ongoing partnership with Island Health to deliver this service in a sustainable way. Speaking about the program's value, Dr. Johnston commented, "This is a very cost-effective way of providing care for people struggling with postpartum depression and anxiety. The peer facilitators are paid \$20-25/hr which is a fraction of the cost of having a nurse, doctor, counsellor or psychiatrist run a similar program and has the added benefit of removing much of the power dynamic when offered by a peer". She points to one study in the US which estimated the costs for untreated Post Partum Depression and Anxiety to be upwards of \$32,000 USD per woman. "There is so much value in providing timely access to this service", Dr. Johnston concludes, "and group support provides a safe place for participants to heal in community with others experiencing similar challenges".

Dr. Johnston will be presenting the results of this project at Island Health's upcoming Knowledge to Action month, on November 18th from 1-2pm.

SUCCESS STORY

South Island ED Simulation Initiative 'Undoubtedly Saved Lives' During Heat Dome Event

Dr. Matt Carere & Dr. Donovan MacDonald

When the 'heat dome' descended recently onto British Columbia, many emergency departments were flooded with patients suffering from hyperthermia, a rare but potentially life-threatening condition. Although hyperthermia is not seen frequently in our emergency rooms, it requires specialized, time-sensitive treatment. Fortunately, the Victoria ED Simulation initiative had run a hyperthermia scenario a year prior, and identified important gaps in care that could be remediated. These included having ready access to cooled-IV fluids, body bags that could be filled with ice and water to further cool patients, and fans for misting. On the eve of the surge in temperatures, these lessons learned were recirculated to Victoria Emergency Departments so that all staff could be as prepared as possible.

Over the next few days, patients flooded the Emergency Departments at both Victoria General and Royal Jubilee hospitals. One clinician, Dr. Jacob Wilkins, working at VGH reported that "our team functioned on the brink of crisis/Code Orange due to the sheer volume of high acuity patients". Reflecting on the previous simulation exercise, he commented, "Fortunately, our team had run heatstroke and mass casualty simulations in the past. This undoubtedly saved lives". Another physician remarked that the previous simulation was referenced a number of times by staff during the heat wave episode, and that the ED was stocked with supplies that they don't normally carry. "Once again", this clinician concluded, "a patient has benefitted from this program".

This is not the first time patients have received excellent care on the heels of a simulation exercise, and it further reinforces the value of regularly simulating High Acuity, Low Occurrence (HALO) events with a multidisciplinary team.

As the name suggests, these happen infrequently but require precise, time-sensitive responses when they do occur. The benefits for clinician and staff morale, team building, and most importantly patient care, continue to emerge.

Thank you to Dr. Matt Carere, Dr. Donovan MacDonald, and their colleagues in the Emergency Department and other participating departments, for this life-saving initiative!

"I spent my entire shift resuscitating a steady stream of hyperthermic patients. At one point, I had three comatose patients with core temperatures above 40C, and who were also hemodynamically unstable, arrive all at the same time.

Nevertheless, I felt strikingly ready for the challenge as, by chance, one of our recent Simulation Sessions in the Emergency Department was based on just such an event. When we began to hear that a heat wave was being forecast, it allowed us to review the case as a group and discuss the pearls of wisdom gleaned from it.

Our critical care colleagues were able to add to our knowledge as we shared our post-simulation discussion electronically and department-wide. Thus, when patients began arriving incessantly, there was no need to review treatments or cognitively think through work-arounds as problems arose. I could simply act. And, in doing so, I truly believe we were able to save lives that night that perhaps would have been otherwise lost".

- Dr. Matt Bouchard, ED physician

SUCCESS STORY

Presurgical Resilience Optimization Project (PROP)

Dr. Karen Johnsson

Before any elective surgery, physicians try to prepare patients and reduce complication rates by stabilizing any known medical issues. Growing research also points to the value of considering other health indicators, such as mental health, substance use, chronic pain, nutrition, and physical activity, prior to a patient's surgery. Improvements in these areas can make a significant difference to how quickly a patient recovers from surgery and is able to resume their usual activities.

Through conversations with Dr. Duncan Jacks (Orthopedics), Dr. Karen Johnsson was inspired to bring together a multidisciplinary group of physicians to explore this topic. Seeking a grant from the South Island MSA, the group aimed to gather insights from clinicians and allied health. Discussions included Dr. Jacks and Dr. Sonja Mathes from Orthopedics, Dr. Mark Vu from Anesthesia, and Drs. Mark Sherman, Trish Snozyk, Lauren Dake, and Stu Gershman from Family Practice. Allied health team members included RN Paula Sanglap-Bono, psychologist Dr. Bruce Pinel, and physiotherapist Gillian Hurst. Leah Jones provided administrative support, and Island Health administrators helped to organize the process. Early collaboration investigated the broader facets of pre-surgical optimization for arthroplasty patients and ultimately led to the development of a group patient education course to promote patients' presurgical resilience with a focus on improving mental health, pain, and lifestyle. This course was called PROP, the Presurgical Resilience Optimization Project.

The group met over the course of a year to brainstorm ideas, review current research, debate content, and generate ideas about how to present the program and engage patients and physicians.

The final product, a 4-week virtual group session, taught techniques in mindfulness meditation, cognitive therapy, and pain neuroscience to address pre-surgical anxiety, depression, persistent pain, and healthy sleep. This group was piloted in late 2020 and was well received. One patient commented: "The content was very good, and I really do feel like I have a toolkit to help me with my next surgery".

Near the end of this project, the group received concurrent support through the Specialist Services Committee's Surgical Patient Optimization Collaborative (SPOC) program to further develop the PROP content into an 8-week course. This allowed expanded discussions on pain, and inclusion of education around nutrition, physical activity, and social supports. Initial patient feedback continues to be extremely positive, with patients reporting that they felt better prepared for surgery, and would recommend the course to others.

"SIFEI support was invaluable to getting started on a large project that would otherwise never have happened. Having funding to support interdisciplinary discussion was critical. It was a lot of work, and a labour of love, but having funding made it possible".

-Dr. Karen Johnsson

The group is interested in expanding their program to include other types of pre-surgical patients and is open to referrals from colleagues outside of Orthopedic surgery. If interested, please get in touch with the team through prop@rebalancemd.com.

SUCCESS STORY

Building a shared vision for a Bladder Care Clinic at Royal Jubilee Hospital

Dr. Nathan Hoag

Patients with bladder and pelvic floor issues often require specialized testing and multidisciplinary care involving a variety of providers, including gynecologists, urologists, family physicians, nurses, and physiotherapists. However, the provision of these services can be disjointed and the wait times prohibitively long. Patients dealing with incontinence could sometimes wait 6 months for a referral, another 2 years for testing to be completed, and another 3 months for their results to be interpreted and a care plan discussed. In the face of these long lag times and ensuing backlog of patients needing care, Dr. Nathan Hoag and colleagues Dr. Harold Hunt, Dr. Chasta Bacsu, and Dr. David Quinlan wanted to improve patient flow, streamline access to care, and connect patients with appropriate diagnostic testing and treatment in a more timely fashion.

Using two consecutive grants from the South Island Medical Staff Association's Facility Engagement funding, the group convened a series of meetings with a wide variety of stakeholders: the Departments of Urology, Obstetrics and Gynecology, urology nurses, medical administration within Island Health, outpatient services and electrodiagnostic services to better understand what factors were driving the long wait times and how to better coordinate care of patients. One of the key outcomes of this phase was arriving at a common agreement with administrators at Island Health that the current level of service was not acceptable and that changes were needed. Also notable was the improved collegiality, working relationships, and communication that arose between gynecologists and urologists.

Phase 2 of this project involved further engagement with Island Health managers, nursing leaders, allied health and various physician groups to ensure appropriate input into the design of an Island Health Bladder Care clinic.

Dr. Ian Thompson from Medical Affairs, Sharon Parks, Director of Outpatient Management, and Erin Hohl from Endoscopy Administration, were instrumental in bringing the clinic to the current phase.

Pending a revised computer system to manage the service and some capacity building among nurses currently working in the Cystoclinic, the Bladder Care Clinic should be up and running in 2021. In the meantime, Island Health has undertaken the significant work of clearing the backlog of patients awaiting testing results. Instead of the previous once-a-week Urodynamics clinic, they have staffed and provided admin support for a clinic three times a week. In practice, this means that rather than waiting for 2-3 years from onset of symptoms to test results, patients can now expect to receive their test results and follow up consultation within 3-6 months.

This tremendous effort – to identify obstacles to better care, to build relationships with other providers, and to engage with Island Health administrators to generate a shared agreement about how to solve this problem – would not have been possible without the persistence and hard work of the project team members.

"We needed the hours we were spending on this project to be covered, otherwise we just would have run out of steam"

-Dr. Nathan Hoag

Congratulations to Dr. Hoag, Dr. Hunt, Dr. Bacsu, and Dr. Quinlan, and their committed colleagues at Island Health, Dr. Ian Thompson, Sharon Parks, and Erin Hohl for making this clinic a reality!

SOUTH ISLAND MSA 2020 RECOGNITION AWARDS

The South Island MSA is a hub of physician leaders. We were delighted to recognize these peer-nominated award winners for their outstanding contributions to our community:

Award for Communications Leadership
Dr. Ian Thompson



Award for Innovation Leadership
Dr. Paul Winston



Award for Collaborative Leadership
Dr. Elisabeth Crisci & Dr. Shauna Tierney



Award for Collaborative Leadership
Dr. Gus Chan & Dr. Jacques Smit



SUCCESS STORY

South Island Integrated Breast Cancer Care Program

Dr. Heather Emmerton-Coughlin & Dr. Elaine Lam

Patients facing a breast cancer diagnosis want the fastest possible route to quality breast cancer care; however, breast cancer wait times among surgeons vary considerably. Breast cancer surgeon specialists Dr. Heather Emmerton-Coughlin and Dr. Elaine Lam wanted to improve the wait times associated with breast cancer surgery while maintaining world class quality and respecting patient preferences for their breast cancer journey.

Drawing on support from the South Island Medical Staff Association's Facility Engagement funding, the physician leads were able to use dedicated grant funding to meet with the various specialties and stakeholders involved in South Island breast cancer care, ranging from medical oncologists, pathologists, radiation oncologists, general surgeons, and family physicians, as well as breast cancer specialist nurses Ly Stewart and Shawna Bond, Executive Medical Director for Surgery and Ambulatory Care Dr. William Orrom, and colleagues from Island Health Surgical Services to build consensus around the need for a centralized referral process and first available surgeon option for breast cancer surgery.

Although it was clear that a single-entry, quality-assured, integrated breast cancer program would benefit all South Island patients, three crucial elements were required: the need for a dedicated Referral Clerk to manage referrals, a way to determine first available surgery dates amongst all providers, and the creation of a single unified electronic data base to monitor and track referrals and collate quality data. Once these elements were determined the project progressed quickly.

Working with Erin Corry, an experienced Project Manager for Island Health Surgical Services, and Kyra Siemens, Manager, Surgical Waitlist Management, the group developed the workflows, policies and procedures to govern the First Available Surgeon option, and created the necessary communications and promotional materials for the initiative.

They also realized an additional opportunity that bringing all patients together through a centralized referral process affords: Not only does this system help to streamline the connection with a patient and her surgeon, it also provides an opportunity to evaluate the patient experience beyond just surgical wait times – such as a survey of how patients are affected by those wait times, how health care processes affect their cancer care journey, and the long term outcome measures that matter to women most. The group hopes to use these data to continue to improve breast cancer services for patients.

Speaking about the process, Dr. Emmerton-Coughlin noted how the importance of aligning their project initiatives with the wider priorities of the health authority. Having funding to support sessionals was crucial to gathering physicians together to “ask the right questions”, said Dr. Emmerton-Coughlin.

The group has now received further support from the Enhancing Access initiative, another branch of the Specialist Services Committee's specifically focused on improving timely access to specialist care through a pooled referral model. More information about this initiative can be found on the SSBC website.

As a testament to the value of the project and the promotion it has received within the health authority, the initiative has seen considerable success in its first month, with uptake among Primary Care Providers of the form, and 83% of referrals being for First Available Surgeon. All of this means that patients will receive more timely access to care.

More information about the South Island Integrated Breast Cancer Program can be found at <https://www.islandhealth.ca/our-services/surgical-services/south-island-integrated-breast-cancer-centralized-referral>

SUCCESS STORY

Toxidrome Guidelines

Dr. Jennifer Balfour & Dr. Jason Wale

When someone enters the Emergency Room in a state of agitation, it takes skill and awareness to manage the situation and avert any harm, to either the patient or the ER staff. This is even more pressing when the agitated patient is pediatric. Teens, particularly those 14-17 years old, have emerged as a new population of agitated delirious youth who are affected by a range of substances, often polysubstances. In light of the lack of set pathways for care of these young patients, and the variability in care location and medications used that results, Pediatrician Dr. Jennifer Balfour, Emergency Room physician Dr. Jason Wale, and Pediatric Intensive Care Unit physician Dr. Jeff Bishop wanted to collaborate with relevant specialties together to discuss how to consistently improve the standard of care.

With overarching support from Executive Medical Director, Dr. Christine Hall, the group began by liaising with Child Psychiatry, Pediatric ICU, Pharmacy (Kyle Davis), Emergency Room physicians, Nursing IT (Robyn Candell) and the Department of Pediatrics to discuss their intersections of care of agitated youth patients. Having identified the lack of a consistent, evidence-based guideline, the group set about constructing this tool.

They imagined a hypothetical practitioner faced with this type of case and tried to devise a guideline that could highlight the major pitfalls and safety considerations. The goal was a guideline that could be easily implemented to benefit the care of the patient, reduce the use of security and restraints, maintain the patient's dignity, and maintain physicians' sense of competence.

Their end result was a flowchart depicting the steps for approaching care of these patients. By consolidating these processes, the guideline aims to avoid each incoming patient being treated as a 'new case' requiring an ad hoc approach to medication, Most Responsible Physician determination, location of care, restraint, and safety of staff. An important by-product of this work was a tangible sense of agency and teamwork that emerged between the pediatric, ER, and PICU clinicians and staff. The group continues to refine the guideline based on feedback from physicians and staff, and hope to present an updated version to the Emergency Quality Council in early 2022.

PARTNERING WITH ISLAND HEALTH

FE funding has enabled the South Island MSA to work closely with Island Health on numerous initiatives again this year.

One of the key purposes of FE funding is to support engagement between Medical Staff and the Health Authority. This past year has seen a continuation of this important relationship-building at all levels.

This year's initiatives include:

- Vetting, implementing, and supporting physician-led engagement projects
- Offering non-clinical supports and opportunities to South Island physicians through the Physician Wellness and Social Committee
- Sharing our joint work through collaboratively developed 'Success Stories'
- Welcoming new physicians to the South Island hospitals
- Jointly creating a helpful resource describing funding opportunities available to physicians
- Co-funding innovative work through Health System Redesign or Physician Quality Improvement:
 - Pediatric Roadmap Project: Dr. Maria Kang
 - Peer facilitated group support for postpartum depression: Dr. Shana Johnston

We are so appreciative of the support and partnership that Island Health provides at all levels: From the staff who participate in engagement projects to the team in Medical and Academic Affairs who do everything they can to ensure FE projects are set up for success, thank you!



SUCCESS STORY

Microdose Suboxone Initiation from Acute Care

Dr. Jason Wale

Five to six patients die every day in this province due to unintentional overdose on opioids. Most of these will be seen in the ER in the months leading up to their death. This is sometimes their only point of contact with the medical system. Since 2017, Victoria ER's have given patients the option to initiate Suboxone treatment as a form of bridging opioid agonist therapy. Considering that patients without treatment will go on to have a 6-8% mortality in the next year, this option has been demonstrated to save lives.

In the past, some patients would be lost to follow up if they were unable to stay in ER long enough to develop early withdrawal symptoms needed for safe initiation of Suboxone. ER physician Dr. Jason Wale wanted to offer a better option for these patients. He initiated a multidisciplinary project to offer micro-dosing Suboxone to any interested opioid use disorder patient presenting to the ER. Micro-dosing has been demonstrated to be a safe and effective means to gradually introduce opioid agonist therapy in patients immediately regardless of last opioid use. They can continue to use their own opioids or safer supply opioids while gradually increasing the dose of Suboxone over several days. The result is protection from overdose and elimination of withdrawal symptoms after several days.

Dr. Wale and fellow ER colleagues Dr. Alex Hoechsman and Dr. Tim Findlay reached out to Family Practice, Addictions Medicine, Hospitalist Medicine, and Pharmacy, Clinical Nurse Educators Rebecca Kirkwood and Sandra McLeod, Medical Leadership from Dr. Richard Crow, Dr. Theo Jankowski, Dr. Ramm Hering, and Dr. William Cunningham, and community organizations, Umbrella Society Peer Support, Foundry, and Cool Aid. Their primary goal was to develop and implement an evidence-based Suboxone micro-dosing protocol for use in the ER and inpatient settings.

To date, several dozen patients have begun on micro-dosing in the ER. To help reach opioid use patients who may present at the ER for other reasons, the group set up screening posters in patient care areas to encourage patients to come forward and ask for help. Island Health Pharmacist Richard Wanbon developed pre-packaged Suboxone micro-dose kits that could be dispensed from any ER across the island to facilitate easy dispensation. The idea behind this project was so compelling that the Campbell River, Nanaimo, and Comox Emergency Departments have already adapted the protocol into their own implementation strategies. Speaking about this unexpected development, Dr. Jason Wale said, "Early spread was not our original goal, but grew naturally from the need for this service and the earnest desire or ER physicians at other sites to do what's best for their patients"

The group is now collecting adherence rate data along with subjective patient feedback on the program to continue to make improvements in this ever-changing landscape of BC's other pandemic.

2021-2022 PRIORITIES

How we aim to make a difference next year.

- Increase opportunities for physician engagement at Royal Jubilee and Victoria General Hospitals.
- Work with Island Health to ensure a joint and comprehensive welcome to new South Island MSA physicians.
- Continue to support and advocate for physicians during the rollout of IHealth at our South Island hospitals.
- With the support of the Physician Health Program, develop and implement a peer support program for South Island physicians.
- Continue to offer SI-FEI Engagement project grants for grassroots, physician-led work.
- Expand the offerings under the Physician Wellness and Social Committee.
- Share successes, create partnerships, and lead transformational work through spread initiatives, inter-MSA and cross-organizational networking.

IHEALTH COMMITTEE

A new committee to help guide the way forward with Electronic Health Records.

With the continued rollout of Electronic Health Records across the Island Health region, the South Island MSA IHealth Committee was struck this past year.

The Committee provided the physician voice with respect to training, rollout plans, and implementation challenges for Electronic Clinical Documentation (ClinDoc).

It will also ensure that the upcoming Computerized Provider Order Entry (CPOE) activation takes place with the views of physicians in mind.

Many thanks to our Committee members for their ongoing feedback, insight, and dedication:

- Chair Dr. Catherine Jenkins, Geriatrics
- Dr. Rachel Carson, Nephrology
- Dr. Daisy Dulay, Cardiology
- Dr. Gordon Hoag, Laboratory Medicine
- Dr. Linda Lee, Urology
- Dr. Karen McIntyre, Hospitalist Medicine
- Dr. Jennifer Oates, Psychiatry
- Dr. Pierre Pepler, Hospitalist Medicine
- Dr. Adrian Vethanayagam, Anaesthesia
- Dr. Jason Wale, Emergency Medicine
- Dr. Elizabeth Wiley, Family Practice
- Dr. Lauren Zolpys, Anaesthesia

SUCCESS STORY

Penicillin Allergy Delabeling Project

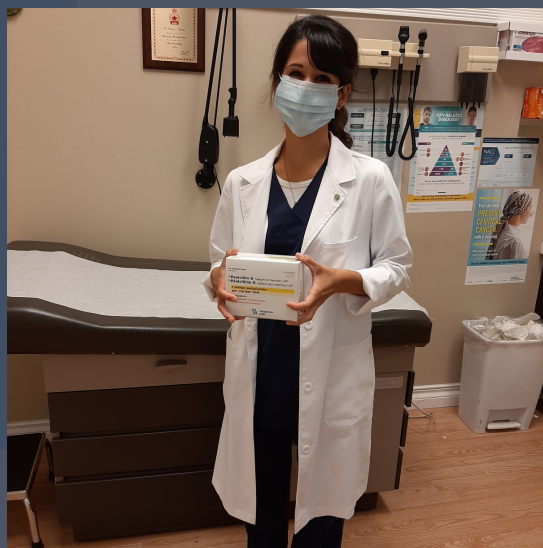
Dr. Amanda Jagdis

Penicillins are a key class of antibiotics used by maternity care providers during pregnancy, at delivery, and postpartum. For instance, it is the only appropriate treatment for syphilis infections in pregnancy. Yet when a patient's file reports a penicillin allergy, providers avoid using it for fear of jeopardizing the patient's health. There is, however, significant evidence that only portion of those labelled 'penicillin allergy' truly are, meaning many patients face risks from the unnecessary avoidance of penicillin. Some are treated with broad-spectrum antibiotics rather than penicillin, with adverse consequences for their rates of MRSA, VRE, and C difficile. Recognizing the value of penicillin allergy delabeling – essentially skin testing and an oral drug challenge to see if the patient is falsely labelled allergic – and the absence of a clear procedure of delabeling with the pregnant population, Dr. Amanda Jagdis set out to develop a consistent framework for delabeling of pregnant patients within Island Health.

This effort brought together all allergists practicing in Victoria, B.C, along with representatives from Obstetrics (Kelsey Mills), Family Practice (Susan Amundsen), Midwifery (Heather Nelson), and Pharmacy. After reviewing the existing literature on safety and outcomes of delabeling, the group achieved consensus about how to approach delabeling of pregnant patients in the safest possible way. They drafted a framework to guide this process, including how to identify appropriate candidates for delabeling in pregnancy, access and timing issues, method for delabeling, and monitoring and safety considerations.

Their final challenge was ensuring that the results of delabeling could be easily communicated to those involved in the patient's antepartum, intrapartum, and postpartum care. After presenting the pathway at the Island Health perinatal rounds, the group ensured the form was available on Pathways for those in Family Medicine, OBGYNs, and midwives to download for use.

Speaking about the process, Dr. Jagdis reflected how important it was to be able to engage across different provider groups. She has also seen the effects of the project in her own practice, "I've had people come into my office and tell me they are pregnant and are looking to have this test done. It feels really satisfying to have the project come full circle".



SOUTH ISLAND MSA

BY THE NUMBERS

1200

MEDICAL STAFF MEMBERS

630

MEDICAL STAFF MEMBERS
INVOLVED IN FE WORK

215

ENGAGEMENT & QUALITY IMPROVEMENT
PROJECTS APPROVED SINCE 2016

42

DIVISIONS INVOLVED IN FE WORK

560

ATTENDEES AT 2021 SOCIAL, LEARNING
& ENGAGEMENT EVENTS



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[#southimsa](https://twitter.com/southimsa)



info@southislandmsa.ca