South Island MSA

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes
General Meeting – September 13, 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. Eric Shafonsky, Associate Chief Medical Information Officer
        ii. Dr. Pooya Kazemi, IHealth Site Lead for Royal Jubilee Hospital
        iii. Dr. Kellie Whitehill, IHealth Site Lead for Victoria General Hospital
        iv. Annebeth Leurs, Engagement Partner, Doctors of BC
        v. Alanna Black, Regional Advocate and Advisor, Doctors of BC
        vi. Gloria Bouchard, Executive Director for Informatics
        vii. Dr. Mary Lyn Fyfe, Chief Medical Information Officer
        viii. Tracy Martell, Executive Director for Surgery, Diagnostics and Ambulatory Care
        ix. Gillian Kozinka, Director VGH Clinical Operations
        x. Marko Peljhan, Vice President for Pandemic Planning
        xi. Brenda Tymchuk, Regional Manager for Health Information Management
        xii. Kate Van Doorne, Chief Project Officer

    b. Approval and adoption of agenda and minutes

2. **PQI Level 2 Fundamentals –** coming up in October, February and March
    - Great introduction to Quality Improvement; helpful as a pre requisite to the Level 3 PQI year long cohort training (applications for Level 3 in the spring)
    - Contact PQI@viha.ca for more information

3. **Doctors of BC HA Engagement Survey** – Alanna Black
    - Annual membership survey went out today
    - All members get the survey, takes 5 minutes to complete
    - Will come from a doctors of BC email address
    - 30 days to complete. Please complete and encourage your colleagues
    - Questions surveys@doctorsofbc.ca or Alana at ablack@doctorsofbc.ca

4. **Legislative Committee** – Catherine Jenkins
    - Helps edit and create medical staff rules; which we are all supposed to read and commit to
    - If you love details and want to get involved in the greater medical administration, this is a great way to learn how it works. Contact Catherine or Medical and Academic Affairs and ask to be on the committee

5. IHealth Update – Hospital Readiness and Plans for ClinDoc Go Live at RJH and VGH – Eric Shafonsky

- Planning ClinDoc activation (not complete CPOE activation)
- Large engagement process; teams reached out to department and division heads and through the MSA to develop partnerships to asses basic readiness. Working at site level with Dr. Hayley Bos (VGH) and Dr. Brian McArdle (RJH)
- Geo 4 leadership made the decision to delay with the COVID wave three spike
- Physicians have had the opportunity to get training, engagement has been really helpful
- Tremendous opportunity to work with South Island Hospitalists on a soft launch to help understand what they'd need to do with the larger medical staff
- Working with surgical teams, Tracy Martell and Dr. Will Orrom
- Two readiness surveys launched at T – 60 days and T – 30 days; included assessing ADKAR (awareness desire, knowledge and ability)
- 670 medical staff representation; about 68% are aware, have desire, recognize impact, and have demonstrated ability to use the system
- Working very hard to develop support for this go live
- Building last pieces of our device infrastructure

Comments from Marko Peljhan:

- Really pleased with the level of uptake from all our physician groups
- Successfully implemented the therapy services go live and the change has been successfully sustained over the summer
- Looking at statistics every day, planning a staged approach
- Units with close to 80% training with go forward, those that don't will delay by a week or two
- Early focus is making sure we implement in areas that are ready and assessing those that are not

Question**:** Will any wards not be going live September 20th?

Answer**:** Consideration that some inpatient units have not reached completion levels; examining delaying those a week or two. Working through unintended consequences and how to mitigate them. There has been an uptake in training, keeping an eye on training numbers (completed and in progress). Nursing managers are also helping to assess readiness that is not being reflected in the surveys.

VGH is much more equipped for go live – have an accurate number of needed workstations. We are in a confident position to move forward

All physicians and medical staff will go live with all notes, including progress notes, on the go live dates. It will not be unit based for them: RJH - September 20th and VGH - October 4th as indicated

Comments from Gloria Bouchard and Mary Lyn Fyfe:

- Keeping support schedule like planned; 150 people will be supporting in various roles. This will help there not be a gap if patients are transitioning between wards, someone will be there to follow them
- Appreciate feedback we are getting from Medical Staff, has helped make changes ahead of time
- 90% of Medical Staff have completed training, only 44 Medical Staff who have not registered for training.
- Remarkable effort from everyone in this difficult time, sending our gratitude for doing it over the summer

Question: Does anyone truly understand what the workflow is for surgeons and specialists? Has someone done a 24-hour physician shadowing to see the time issue from a lack of devices? To date, no one has full knowledge of the surgical workflow; we have been listened to but not heard. There is a big time crunch for consults; the workflow is hard to reproduce what surgeons are actually doing.

Answer: Can confirm endorsement to expand access in the emergency departments. Creating collaboration station with 40% more devices to be available, 32 additional sit workstations and a number of workstations on wheels (WOWs).

In the next 48 hours, we can have Dara Frere (contractor) shadow an ED doc at both sites. Consultants can also be shadowed (pediatrics, surgery, internal medicine, obstetrics).

In perioperative spaces, additional computers for Dragon is set up on physician and nurse stations in the ORs.

Comments and questions about devices:

- Main concerns raised have been about devices and access to them
- Will have all computers checked to see if there are failing or aging devices; someone will be checking them regularly and turning them on and off
- Work is under way looking at a tap and go device for passwords
- Dictation is not going away. Dictating progress notes can continue while continuing this work
- Working to download Dragon on all devices
- If you cannot access a device, you could use Dragon Lite it on your phone and you can still dictate
- We will monitor the turn around times on dictated documents from a clinical perspective. There may be an increase in transcription in progress
- Will have a device depot to grab a device to replace one that is not working, then will send broken ones for repair
- If you have concerns, contact Mary Lyn Fyfe – will have assistant keep an eye out for physician emails
- Also, contact Pooya or Kellie, there are happy to hear from you and help

Question: Can we use tablets or laptops? Without a mobile solution, what will help with workflow for surgeons?

Answer: A mobile application that works on IPhones or IPads, called PowerChart Touch, is being explored. The earliest opportunity to use it will be after go live.

There are laptops we can repurpose and some people bring there own devices in and find those useful. If you are interested in using a personal laptop, it can be an excellent option. Allied Health also use devices that might work. WOWs will also be available and are battery operated so can be taken with you. A lot of devices at VGH have been already put in.

Question: Is there a way to use a computer microphone if the external microphone isn't working?

Answer: You can use it but it is not as good. The built in microphones aren't as good at filtering sound and voice recognition. If you use the computer microphone you lose other tools, but you can access them via phone. There are tools to make dictating faster.

Comments and questions about workload:

- There will be 24/7 onsite support for the first few weeks of go live; a special phone number will be set up. Will transition to more comprehensive support structure even after the implementation is over
- We are not in a usual state in the hospitals; the system is overwhelmed with patients in hallways and sun rooms and lots of vacant nursing lines
- Have HHR concern, not enough humans to fill these lines. We are looking at modelling from the interior. Looking at team nursing approaches, looking at rolling scope of care team individuals
- Bolstering RN support with LPNs. LPN scope is under utilized
- LPN training timelines are October to February. With full scope LPNs we can fill some RN vacancies
- We are told that there is a LPN work force we can use if we expand their scope and role
- VGH surge capacity plan: has been struggling capacity at 106-110%. Sees patients in hallways and getting suboptimal care. Problems with social distancing and infection control when we are so cramped
- Surge space is opening on 5B; delaying open of HAU. Looking to support RJH Acute care
- 3NE expansion to look at our home community and provincial patient load ask
- 7D going to Gorge. Looking at over census bed on 7D after patients have moved. Will still be over census but in beds, not hallways
- Discharge opportunities are being explored. Continuing that work, have not had a break. Capacity high all summer and haven't been able to recharge over the workforce
- There is an appreciative tone, but we are holding together with "duct tape"
- Cumulative stress is taking a heavy toll

Question: When does the consultant (Dara) give a report on what they think is necessary?

Answer: We don't have a date, need to make a decision quickly**.** There will either be a lot of transcription or talk about the impact of go live dates (Dara met with Eric, Mary Lyn, Kellie and Pooya) She has been referred to Dr. Voon and Dr. Jenkins as MSA leaders to hear from her

- Eric – Thank Medical Staff for feedback and thanks given to training teams. Have bee treated well and respectively and thanked for what they do. Looking at trainers with appreciation of hard work, they have don. Thanks for consideration and kindness to trainers
- Feedback Catherine has – trainers have been respectful and gone at the pace of the physicians
- Comments on training or concerns? NO

Question: What would "no go" look like? What are the repercussions of not moving forward?

Answer: We have not looked at what "no go" would look like. There is a desire to move forward. We are taking a slow approach but did not plan for not going forward. We are confident we are going to get to go live.

Some implementations after RJH and VGH might be pushed out later (SPH and CDH) if more support is needed.

We will reassess on September 16th to make a decision. Readiness surveys show general readiness. If needed, we will go to the table and see when to delay the start of go live until. We are going to go slowly.

MSA has reluctant acceptance of going forward. Tone is we are supporting it because we think it would be more difficult later on. November will not be better. Not a tone of celebration but of resigned acceptance. We are up to the challenge if the support is there

General Discussion:

- Need to be aware of massive outbreak in inner city that doubled numbers in two days. Active discussions will factor in news of outbreak and staffing and ability to respond
- Challenge we are in, there are complexities of where we are and all these factors. Plus emotional toll on providers and staff
- Dr. Chris Hall is ensuring good liaison with medical staff. Working on where we are and what is coming
- We delayed during wave one because we thought we were slammed. Worried if we delay, it will not get better. There is concern that if we keep delaying go live, our situation will get worse
- If we don't go ahead with ClinDoc, we will get the whole go live at once
- Reflecting where we were a year ago – people were asking to be virtual, needing virtual information; a year ago had to hold people back. Have to think about the risk of going forward and the benefit of virtual care, Hospital at Home and other supports being provided in a different way. Balance of risk and benefit
- We recognize this is an incredibly difficult situation. If we can keep relationships, communication and support for reach other, we can get through this together and come out of it together in a new way
- No implementation is perfect, but will have 90% of physicians trained by go live
- Any more questions or concerns can contact Kellie Whitehill for VGH (250-217-4995; Kellie.Whitehill@viha.ca) and Pooya Kazemi for RJH (text or call anytime 250-857-1670 Pooya.Kazemi@viha.ca). Kellie and Pooya are here to hear your concerns and welcome you to reach out
- Can also reach out to Mary Lyn Fyfe(Marylyn.Fyfe@viha.ca, 250-920-8801), Eric Shafonsky (250-516-7234) and Chris Hall (Christine.Hall@viha.ca , 250-580-3597); or email ihealthclindocproject@viha.ca
- Email info@southislandmsa.ca for MSA feedback/support

Notes for MSA newsletter:

- Will have one central help number for support
- There is a device depot with extra computers
- Will have 24/7 in person support
- All of us available to connect with
- You can continue to dictate