

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

ANNUAL REPORT

& STORY BOOK



CO-PRESIDENTS' REPORT

The past year and what's to come.

Looking back at 2022, the activities of the South Island MSA have focused on “moving forward”:

COVID-19

As we emerge, slowly, from the previous two years, our physicians, health care partners, and medical system continue to face significant pressures. Physician safety and wellbeing has been a core of this year’s advocacy work at site, local, and Island-wide tables. We look forward to considering how the results of the 2022 PMA negotiations will impact our work.

IHealth

The first-year anniversary of ClinDoc activation at RJH and VGH has come and gone with little fanfare. It has truly become part of our new normal. We look forward to considering quality improvement opportunities while preparing for the CPOE launch in Fall 2023.

In-person engagement

Meeting colleagues face-to-face at networking events, MSA meetings, and outdoor pursuits has been a welcome change. We are appreciative of members’ patience as we navigate the challenging world of hybrid gatherings.

Engagement Projects

The annual Facility Engagement funding continues to support not only improved member services but also novel grassroots engagement projects. The Success Stories contained in these pages highlight many of the innovative initiatives led by South Island physicians.

The Executive Team

As co-presidents, we are surrounded by a team of dedicated minds in support of the MSA. Our newest Executive members, Dr. Suresh Tulsiani and Dr. Alex Hoechsmann, took up the reins in 2022 with aplomb, joining Dr. Alicia Power and Dr. Jennifer Balfour on our team. The MSA is ably supported by Erica Kjekstad, Clara Rubincam, Rita Webb, Julia Porter, Steph Poirier, Marg Severs, and Lillian Fitterer (VMS).

We look forward to serving the MSA members together again in 2023.

Respectfully submitted,

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

SOUTH ISLAND MSA LEADERSHIP

Meet our physician and administrative leaders



Dr. Fred Voon, Emergency
Co-President



Dr. Catherine Jenkins, Geriatrics
Co-President



Dr. Jennifer Balfour, Pediatrics
Secretary



Dr. Suresh Tulsiani, Pediatrics
Treasurer



Dr. Alex Hoechsmann, Emergency
Director at Large



Dr. Alicia Power, Family Practice
Director at Large

Administrative Team:

- Erica Kjekstad, Program Director
- 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

SUCCESS STORY

Long Term Care Wound Project

Dr. Margaret Manville

When Dr. Margaret Manville became Medical Director of Long-Term Care (LTC) with Island Health, she relished the opportunity to review the data and identify any ongoing challenges.

One area in particular stood out to her: the rate of worsening stage-2 pressure ulcers among residents. The rate of this treatable and largely preventable complication in Island Health LTC facilities exceeded both the British Columbian and the Canadian averages. These data were particularly concerning because of the negative impact on the quality of life of residents who experience the psychological and physiological burdens of this condition.

The dedicated LTC wound nurse who provides service to the entire island was limited by her vast geographic responsibilities, and LTC residents, due to their frailty, were less able to travel to specialist clinics to receive timely care for worsening pressure ulcers. At times, the ER was the only option.

Dr. Manville saw an opportunity to promote a culture of excellence in LTC wound care: a newly opened LTC facility, The Summit, was an ideal location to pilot a new on-site approach to wound care for its 320 residents. Bringing together Dr. Todd Yip, Summit care managers Lisa Diamond and Peter Donohoe, social worker Kathleen Zimmerman, LTC occupational therapists and nurses, LTC family practitioners, LTC administrators, and a project manager, the team's mission was to reduce the rate of pressure ulcers among LTC residents.

"When there isn't a focus on the data, we can say 'we're too busy.' We ignore this data at our peril. We know we were almost double the rate of pressure ulcers at The Summit when we started out, so the fact that we can show the improvements, and we're not even a year out, that's so important to focus on."

-Dr. Margaret Manville

Over the course of the past year, they have worked seamlessly and diligently to identify and treat residents in need of interdisciplinary team-based wound care with Dr. Yip when he visits The Summit each month.

The Summit LTC team has decreased the rates of worsening pressure wounds from 8.5% in summer 2021, to 3.3% a year later in 2022. This was below their original target of 3.7%, and was achieved despite the staffing shortages that affected LTC facilities along with all other areas of health care.

Dr. Yip is very grateful for the effort and hard work provided by the team to deliver the quality care that each resident deserves. In his words, it has been his pleasure and a privilege for him to be part of an incredible team. The next phase of the project is harnessing the success of this model to spread to other LTC sites within the Island Health region.

Congratulations to the team at The Summit for this tremendous achievement!

OUR STRATEGIC PLAN

Where we would like to go and how we'll get there.

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 MSA will work towards its vision by:

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

PRIORITIES

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

SUCCESS STORY

Outpatient Clinic Medical Office Assistance

Dr. Paul Winston

There are many unsung heroes involved in medical care. One such is the Medical Office Assistant (MOA). These are highly skilled staff who specialize in all the requirements of running a medical office, from transcription and prescription, to referrals, alongside all the complexities of safely running a medical clinic. Until recently, however, this role did not exist within Island Health outside of the Urgent Primary Care Clinics. Instead, this role is performed by a booking clerk, or a nursing unit assistant. This is a BC-wide issue, as the union has no role of MOA.

In order to ensure each outpatient clinic is supported in a standardized patient-centred way, Dr. Paul Winston and colleagues in neurology (Dr. Kristen Atwell-Pope), plastic surgery (Dr. Rebecca Morley) and physical medicine and rehabilitation (Dr. Todd Yip) initiated a project to advocate for the MOA role within Island Health, and to ensure physician input in crafting the Human Resources profile for a MOA position.

They were able to successfully build consensus of the value for this position within Island, drawing upon a close collaboration with Cheryl Armstrong. The team recognized the unique skills of the MOA, as well as the differing needs for MOAs between outpatient and community-based clinics.

The value of a well-trained MOA has been particularly apparent during COVID, where high no-show rates can delay the delivering of services if there is not a good clinic plan to ensure reminder calls and replacements of cancelled patients. After Cheryl moved on her role to a position at Providence Living, the team remains committed to advocating for MOAs to become recognized and valued members of the Island Health support staff.



SOUTH ISLAND FEI SOCIETY WORKING GROUP

Learn about our largest committee's accomplishments

As a mirror organization to the MSA, the South Island FEI Society has its own Working Group, comprised of a broad spectrum of interested physicians. The Working Group oversees the disbursement of funds granted annually by Doctors of BC, and has developed many ways for physicians to connect with each other and the Health Authority:

Engagement Projects

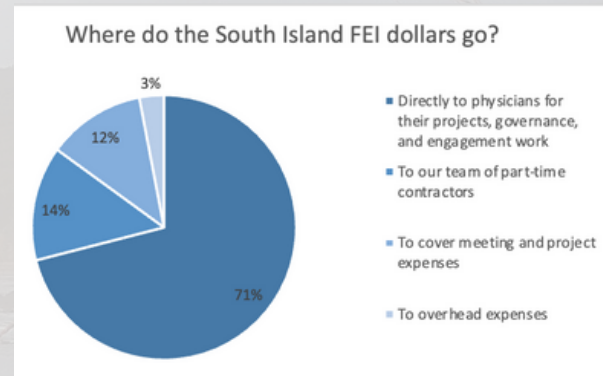
The 37 projects approved in 2022 are indicative of the ingenuity, insight, and innovation that South Island physicians bring every day to their work. Projects cover all aspects of facility-based challenges, from enhancing process flow to care partner resilience, from streamlining referral pathways to expanding clinic use. The past year saw the completion of truly transformative projects, as shared throughout this report.

Departmental Meetups

We've heard that sometimes, a conversation is all it takes to make a difference. By giving physicians from different departments the opportunity to come together to discuss an issue, relationships are forged and ideas turn into action.

Walk a Doc

Getting to know our health authority partners better is key to a strong and collaborative working relationship. Through Walk a Doc, physicians are supported to find and speak with the right administrator.



Members

Chair: Dr. Alicia Power*, Family Practice

Dr. Jody Anderson, Palliative Medicine

Dr. Jennifer Balfour*, Pediatric Medicine

Dr. Margaret Bester*, Hospitalist Medicine

Dr. Michael Chen, Laboratory Medicine

Dr. Daisy Dulay, Cardiology

Mr. Doug Enns*, Patient Partner

Dr. Allen Hayashi, General Surgery

Dr. Gordon Hoag, Laboratory Medicine

Dr. Catherine Jenkins, Geriatric Medicine

Dr. Shana Johnston, Family Practice

Dr. Jennifer Oates*, Geriatric Psychiatry

Dr. Julie Paget, Anaesthesia

Dr. Suresh Tulsiani, Pediatric Medicine

Dr. Adrian Vethanayagam, Anaesthesia

Dr. Jason Wale, Emergency Medicine

*2021/22 Core Group members

PHYSICIAN WELLNESS AND SOCIAL COMMITTEE

An overview of what “the funnest committee” achieved this year.

In a year when wellness has been more important than ever, the Physician Wellness and Social Committee worked hard to ensure our doctors had the emotional, occupational, physical, social, intellectual, and spiritual supports they needed. Undertaking a strategic planning session in February based on Dr. Bill Hettler’s “Six Dimensions of Wellness”, the Committee set the foundation for a full year of planned activities, including walks, talks, networking events, wisdom circles, and of course Mindful Mondays.

With its finger on the pulse of physician morale, the Committee launched three campaigns: They sent postcards of appreciation to colleagues, decorated the hospital with supportive post-it note messages, and shared ways colleagues could “Take Five” minutes to care for themselves while at work. This Committee truly thinks with its head and heart!



Many thanks to our Committee Members for their dedication to this work:

- Co-Chair Dr. Maria Kang, Pediatric Medicine
- Co-Chair Dr. Shana Johnston, Family Practice
- Dr. Daisy Dulay, Cardiology
- Dr. Wayne Ghesquiere, Infectious Diseases
- Dr. Gina Gill, Emergency Medicine
- Dr. Rachel Grimminck, Psychiatry
- Dr. Al Hayashi, General Surgery
- Dr. Carrie McQuarrie, Emergency Medicine
- Dr. Anne Nguyen, Family Practice
- Dr. Karen Palmer, Psychiatry
- Dr. Jane Ryan, Child Psychiatry
- Dr. Ian Thompson, Island Health
- Dr. Fred Voon, Emergency Medicine
- Dr. Jason Wale, Emergency Medicine
- Dr. Lenny Woo, Hospitalist Medicine



SUCCESS STORY

Peer Facilitated Group Support for Post Partum Depression & Anxiety

Dr. Shana Johnston

In early 2021, Dr. Shana Johnston was awarded an SIFEI grant to partner with Pacific Post Partum Support Society (PPSS) in arranging a local pilot to study the impact of their support for 10 perinatal people in our area. Based in Vancouver, PPSS is a grassroots organization providing peer support for perinatal mental health for over 50 years. A local peer (person with a lived experience of postpartum distress) was trained by and partnered with a peer mentor from PPSS to co-facilitate the Victoria pilot.

The pilot was successful in showing the impact of this very cost-effective support for perinatal mental health. Scores for support and isolation steadily improved over the course of the program and EPDS (Edinburgh Postpartum Depression Scale) scores improved by over 50% from the beginning to the end of the program. The peer facilitators provide cost effective support at only \$20-25 per hour, substantially less than if the groups were run by a physician, nurse or counsellor. As Phase 1 of her project concluded, Dr. Johnston had secured a Health System Redesign grant to engage with Island Health on possible mechanisms for funding this program and embedding it within the existing system.

A year and a half later Dr. Johnston has encouraging progress to report. She's worked closely with Keva Glynn from Mental Health and Substance Use and Gillian Kozinka from Perinatal Services at Island Health to advocate for sustainable funding for these group sessions.

At the time of writing, they have secured funding for 2 virtual groups to proceed and are in the process of moving through the necessary paperwork before launching the 2 virtual groups in the very near future.

"Having two champions within the health authority has made all the difference... Without them, the project would have struggled to continue".

-Dr. Shana Johnston

Both of these champions were clear from the beginning that they were in support of this cost-effective, high impact program. The challenge was navigating a new path through an existing system.

Dr. Johnston describes her work on this project over the last year and a half as a 'slow motion juggling act'. As a clinician she's used to dealing with problems in rapid sequence. System change has been a whole new learning curve for her. She says the key to moving forward is finding a balance between encouraging gentle movement forward without being too pushy. She has also learned to temper her expectations and get used to a very different speed of progress than the one she's used to as a clinician.

Congratulations to Dr. Johnston, Keva Glynn, Gillian Kozinka, Hayley Bos, and collaborators from the Pacific Post Partum Support Society for all their hard work to make this invaluable service available to more Island parents!

SUCCESS STORY

Island Health email use for Physicians

Dr. Ian Bekker

In Greater Victoria, where over 1000 physicians work between two different hospitals and myriad community clinics, having a secure way to communicate between members of the clinical team is crucial. All physicians who work at Island Health sites have an organizational email, providing an easy way to connect with members of the clinical team, as well as access to colleagues' calendars, and regular updates from Island Health administration. However, some physicians prefer to use their personal email address instead, citing the volume of email messages that don't relate to physicians, as well as a desire to access their email off-site.

Dr. Ian Bekker wanted to lower the barriers to physicians utilizing this secure email resource, by assisting physicians to filter out unwanted communications, and promote easier remote access. Working with Island Health colleagues in Information Management/ Information Technology (IMIT), he used a South Island MSA grant to engage with members of the medical staff and learn more about the functionality they desired. He then worked to design and refine a website to help interested physicians set up the desired filters.

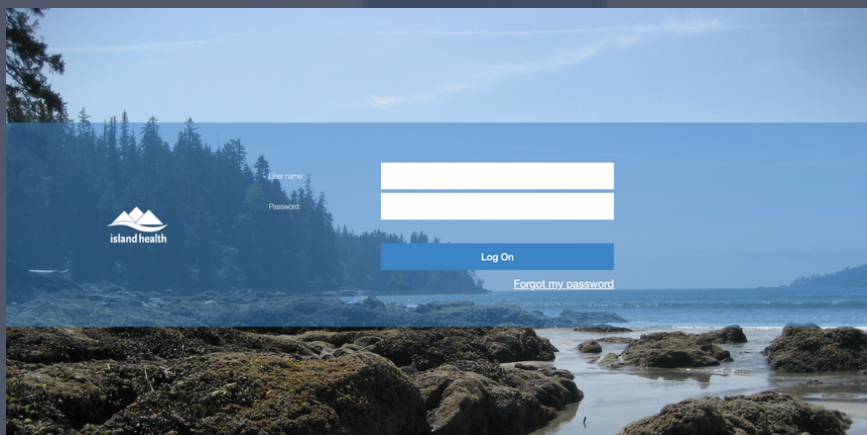
This kind of technological and behaviour change requires a champion to demystify it. Dr. Bekker has presented to five specialist groups over the past year, explaining the purpose of the filter and encouraging these groups to enrol. He has used the feedback received to continue iterating the website's services, to ensure it functions as smoothly as possible.

"I hope physicians realize that using Island Health email, plus the features from my website, helps the health system work better, without making them work harder".

- Dr. Ian Bekker

If you are a physician and would like to change the filter settings on your Outlook email or sign up for island health email on your phone go to <https://apps.viha.ca/PEEMP>

A big thank you to Dr. Bekker for all the hard work behind the scenes to bring this initiative to life!



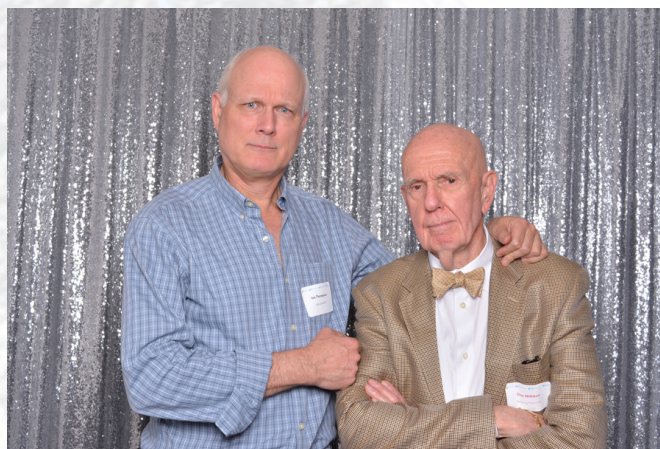
PARTNERING WITH ISLAND HEALTH

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

The relationship between the South Island MSA and Island Health has continued to grow, with more connection points and opportunities to work together. Our work was informed by the health authority in many ways this past year:

- Each physician-led engagement project is reviewed and set up for success by Dr. Chris Hall and Kristine Votova. We are so appreciative of the time they take to review each proposal, recommend approaches and connections, and set South Island physicians up with Island Health resources for best results.
- Our Physician Wellness and Social Committee benefits from the insight of Dr. Ian Thompson, who can smooth the path for physician-led initiatives and offer partnership on joint events.
- Working closely with Dr. Mary Lyn Fyfe, Dr. Eric Shafonsky, Dr. Kellie Whitehill, and Dr. Pooya Kazemi ensured a seamless transition to ClinDoc for South Island physicians. We look forward to continuing the IHealth work together with the approaching CPOE implementation.
- Countless Island Health nurses, allied care professionals, managers, administrators, and staff provide insight, partnership, and support to our physician-led engagement projects.

To each person within Island Health who has walked alongside the MSA this year, thank you!



Dr. Ian Thompson and Dr. Don Milliken at the Welcome & Thank you event.

SUCCESS STORY

Adult and Geriatric Psychiatry Engagement and Outreach: Phase II

Dr. Jeanine Marshall

Adult and geriatric psychiatry patients, particularly those age 65-75, are falling through the cracks of community care in Victoria, resulting in more frequent utilization of the ER and longer lengths of stay in hospital. This was the hypothesis of a group of Adult and Geriatric Psychiatrists, led by Dr. Jeanine Marshall, who secured a second phase of funding to run a survey to better serve this patient population.

And yet when the group reconnected after 4 months to review the results of the survey, their results surprised them. It was not just specific gaps in community services driving sub-optimal care of patients, but rather broader systems issues that create silos in care that can end up excluding certain patients.

They saw opportunities to advocate for patients by focusing on the specific needs of an individual patient. At times, this means asking that programs and services be flexible in their inclusion and exclusion criteria in order to help patients gain better access to the services they actually need. For instance, an adult patient might be better served by geriatric psychiatry, even if their age did not meet the strict cut off criteria, and vice versa. As a result, the overall focus of the discussion was on maintaining flexibility, and on making a strong, evidence-based case for services for individual patients.

"We were always thinking, 'If we could only have x, it would make our patient care so much better'. But then we realized that it wasn't that simple".

-Dr. Jeanine Marshall

Shifting their focus away from securing better services and towards working collaboratively together has felt like a constructive step for the group. A positive by-product of the meetings was enabling everyone in the group to meet each other face to face (albeit virtually due to COVID). "We work at different sites and a lot of people haven't met each other before", said Dr. Marshall.

A big thank you to Dr. Jeanine Marshall, Dr. Jennifer Oates, Dr. Chris Blashko, Dr. Brad Williamson, Dr. Alice Cojocar, and Dr. Alison Gregson for their commitment to improving care for this population!



SUCCESS STORY

Cardiac Short Stay Project: Change Management

Dr. Daisy Dulay

Physicians initiate projects because they notice that something can be done better. Dr. Daisy Dulay recognized an improvement opportunity for better patient care for Cardiac Cath and Cardiac Short Stay (CSS) patients. When pre-cardiac intervention instructions about medications are not clear or misunderstood, it can lead to cancellation of procedures. For patients who have traveled from mid- and north Island, this can be a frustrating and costly delay. Rescheduling puts pressure on the wait times for all procedures. Dr. Dulay proposed a project to better understand the experiences of patients and design appropriate remedial actions.

Despite initial enthusiasm among the CSS team, the project ran into challenges including busy staff and clinicians, and many competing priorities. Gradually, the energy for this project stalled. Rather than become disengaged, however, Dr. Dulay wrote a description of what had happened in her final project report. This enabled the MSA support team to follow up with her and develop strategies to better support projects in a similar situation.

Looking at this project through a Change Management lens may help to reveal why this project did not achieve its aims. Change Management is a structured approach to support people through organizational change. This human dimension involves building awareness of the need for a change, motivating people to engage in the change, building knowledge and capacity to work in new ways, and sustaining changes over time.

As a result of these conversations with Dr. Dulay, three changes have been made to support future South Island MSA projects:

1) The South Island MSA project intake form now asks applicants to identify “what they expect the greatest challenges to be in completing this project’ (below). The hope is that people will flag a challenging area early on and can put some additional resources and effort in that direction.

*What do you anticipate to be the biggest challenge to this project's success?:

Stakeholders Involved (Project Managers can help you with this section):

Physicians: []

Departments/Divisions: []

2) The project support team has drafted a short guide to Change Management approaches, which will be shared with any project that identifies ‘connecting with the right stakeholders’, ‘getting everyone on board with this project’, etc. in their application.

3) The MSA support team has connected with the Enterprise Change Management Office in Island Health and asked about the process of connecting physicians to them for one-on-one consultation, should the need arise.

We thank Dr. Dulay for her transparent and honest feedback on the project process, and for helping the team make ongoing improvements.

THE YEAR IN REVIEW

How physicians and partners have come together over the past year.

WINTER

- Physicians from across the South Island came together for virtual connection and support in “The Heart of the Matter,” led by Dr. Cara Solas.
- Led by Dr. Al Buckley and Dr. Alicia Power, physicians sharpened their Quality Improvement skills in February’s “QI Primer”.
- 13 projects were approved by the South Island FEI Working Group at February’s virtual meeting.
- At the quarterly MSA meeting in March, members had the chance to get up to speed and ask lots of questions about Island Health’s Clinical Governance Improvement Initiative
- Dr. Renée Fernandez discussed “Why Equity and Diversity in Healthcare Matter” with a group of South Island physicians.
- Our Virtual Doctors’ Lounge Meetups were a great way to come together, with special guests that included the Island Health Innovation Lab, the Provincial Health Program, and Dr. Ramneek Dosanjh, President of Doctors of BC.

SPRING

- The ever-popular Virtual Mindful Monday sessions continued, thanks to the expertise and experience of Dr. Marisa Collins, Dr Mark Sherman, and Dr. Trish Snozyk.
- The third in a series of workshops, participants created books and reflected on their interactions with First Nations patients and colleagues in “Narrative and Cultural Humility,” led by Dr. Sarah de Leeuw, Dr. Mona Maleki, and Dr. Mei Wen.
- The Working Group approved 11 projects at its in-person meeting in June.
- As a companion event to the winter talk, Dr. Renée Fernandez presented “Choosing Courage over Comfort: How to be an Effective Ally” to a hybrid audience of South Island physicians.
- Our Welcome and Thank You Evening, held in partnership with the Victoria Division of Family Practice, the South Island Division of Family Practice, and the Saanich Peninsula Physician Society, took place at the Delta Ocean Pointe Resort. Retiring physicians were thanked for their service, and new physicians (one of whom moved to Victoria only the week before!) were welcomed to the community.



Poster for Virtual Doctors Lounge meetup.



MSA physicians having fun at the Welcome & Thank You Event.

SUMMER

- Our Friday Fun Walks from RJH and VGH gave physicians the excuse to get out and enjoy some fresh air, sunshine, exercise, and collegiality.
- Following tradition, the 4th Annual South Island Physicians' BBQ was held at Cadboro-Gyro park, in partnership with the Victoria Division of Family Practice, South Island Division of Family Practice, and the Saanich Peninsula Physicians Society. It was a great turnout, which included multi-generational families and four-legged friends.
- The South Island Physicians' Walking Group explored the region, with monthly group hikes in regional and provincial parks, from mountains to oceans and back again.
- The Doctors' Lounges were stocked weekly with healthy snacks. A new Lending Library was set up at each hospital with physician-recommended 'must reads'. The VGH Doctors' Lounge upgrade was worth the wait, with new paint and furniture.



Sunshine and food trucks at the 4th Annual South Island Physicians' BBQ.

FALL

- Our September MSA meeting was lively and productive: Led by Dr. Alicia Power and Dr. Maria Kang, medical staff and Island Health discussed what a physician-led family-friendly workplace could look be.
- Another 13 projects were approved at October's Working Group meeting, bringing the total for the year to 37 innovative physician-led efforts.
- In the last of this year's Speakers Series, Dr. Mamta Gautam coached South Island physicians on how to "Quit Multiplying by Zero".
- Members were treated to a Dia de los Muertos (Day of the Dead) talk from the Old Cemeteries Society, Celebrating Victoria's Early Physicians.
- Our Annual General Meeting Evening was held at the Ocean Pointe Resort. Dr. Katharine Smart provided a keynote address, discussing the evolving role of physicians.



Poster for the Dia de los Muertos lecture.

SUCCESS STORY

Pediatric Topics for Patients and Providers

Dr. Marie-Noelle Trottier-Boucher

Pediatrician Dr. Marie-Noelle Trottier-Boucher knows that patients' and parents' education is a key component of every encounter. After a visit, patients and family members are often referred to additional online resources to compliment their visit. However, it can be challenging for physicians to navigate the wealth of options available online, and advise patients accordingly. For example, which online resource is 'better', between that from BC Children's Hospital, the Canadian Pediatric Society, and the American Academy of Paediatrics? With so many options, paediatricians, like all physicians, can worry about the quality of information their patients are accessing without clear guidance.

Dr. Trottier-Boucher brought together an interdisciplinary group comprised of paediatricians (Dr. Kate MacCulloch, Dr. Henry Stringer), GPs (Dr. Leah Hutchinson, Dr. Alicia Power), Nurse Practitioners (Hope Schreiber and Tara Reece), and a medical student (Taylor Foreman) to address this challenge. They first surveyed health care professionals to ascertain the barriers to providing education resources.

Next the team surveyed parents to determine the reasons for accessing particular internet resources. Parents showed a strong preference for internet resources suggested by the health care provider over internet resources suggested by family/friends. Parents were also asked which type of internet resources they would be most likely to access (preference toward website pages) and how they would like to receive a list of resources (strong preference to receive it via email).

"For some people, if you give too many resources, it can be overwhelming. You need to know your patients to know what they want, and you need to know your resources well".

- Dr. Trottier-Boucher

Next, the team compiled a list of common pediatric conditions, evaluated/compared multiple online resources and built a repertoire of online resources that explained these conditions for parents. These were then shared through multiple channels, including departmental meetings, via Pathways, and on a common Facebook group for physicians. They also created a poster targeting providers with 3 tips for improving parent and patients' education.

3 Tips for Providers to Improve Pediatric Patients/Parents Education

- 1. Know your resources**
The more likely you will be to share and promote them.
- 2. Provide a take home resource**
Rather than relying on memory, give a resource they can refer to. Optimize accessibility e.g. via email or QR code.
- 3. Review the resource with them during the visit**
By showing them the resource while talking about it, they will likely understand more information and retain details better. It also shows that you value the importance of the resource and will increase the likelihood of them reading it.

Provider Tips Poster.

SUCCESS STORY

Neuromuscular Pediatric Clinic Review

Dr. Alex Jackman

Queen Alexandra Neuromuscular Clinic treats complex pediatric patients with neuromotor conditions, drawing on the skills and expertise of a team that includes an orthopedic surgeon, physiatrist, orthotist, physiotherapist and an occupational therapist. Patients enter the clinic through a variety of pathways, and see a range of providers depending on their needs.

Dr. Alex Jackman, a Developmental Pediatrician who was new to town, wanted to explore how her role could integrate into the clinic without duplicating services or creating unnecessary confusion. It was an opportune time to re-visit the clinic's mandate and clarify the role of individual team members to help the group function more cohesively and consistently.

Through a number of 1-on-1 meetings and a zoom-facilitated dinner with stakeholders, the group identified several key challenges in the current care of patients, including routes to get a patient referred to the clinic, variation in access to resources across the island, and the need for further collaboration with community pediatricians to ensure the clinic's services are well understood.

The group appreciated the opportunity to gather together, discuss common issues, and build relationships with each other outside of the care environment. One unexpected outcome was recognizing that patients with cerebral palsy get referred to the clinic from different referral sources, and at varying ages.

The group wondered if streamlining the process would help with earlier diagnosis and therapies, and have reached out to BC Children's Hospital to learn more about their early CP diagnosis process.

In the end, Dr. Jackman did not end up joining the clinic, after recognizing that doing so would create an unnecessarily duplication of services. She remains, however, well-connected to colleagues and appreciated the opportunity to do this review. "It's wonderful to have had the opportunity to do this project, and such an excellent way to build relationships", said Dr. Jackman.



SUCCESS STORY

GEM Refresh Project

Dr. Jennifer Oates and Dr. Jeanine Marshall

How does a small, multidisciplinary team keep up with an increasing volume of patients without sacrificing quality of care? The Geriatric Evaluation and Management (GEM) team at VGH and RJH faced this challenge. The GEM team provides specialized geriatric assessment and treatment recommendations in a consultation liaison model as part of the Geriatric Specialty Services (GSS). Dr. Jennifer Oates, Geriatric Psychiatrist for the GEM team explained, "60% of those in the hospital are elderly. Not all are frail, but many are."

Noting a decline in the quality of care provided to senior patients as a result of higher acuity, bed shortages, and staffing shortage, the GEM team wanted to explore how they could better support and build the capacity of acute care teams under these increasingly difficult conditions. As part of this review, the team felt it was crucial to seek the suggestions, concerns, and experiences of the hospitalists, who are the source of the majority of GEM referrals, and of others who increasingly share in the care of frail, elderly patients.

The GEM Team sought funding to meet with the hospitalists at VGH and RJH. Though the groups had connected informally before, this was a novel opportunity for everyone to share their common struggles around ensuring quality care and to devise steps to address these limitations.

Dr. Oates spoke about the value of bringing people together: "We had talked informally with them but this really cemented the connection. 'You have my cell phone, I have yours', that kind of thing. It generated some good common ideas about how to tackle these challenges."

Feedback from the hospitalists and others with interest in seniors care was used to directly inform the next steps. Hospitalists spoke about the value of the GEM service, and of the need for it to be bigger to cope with increasing demand. In the short term, they discussed strategies to meet the needs of the growing patient population without a commensurate increase in resources.

"The focus was on how we support people providing the care, so that we can identify problems early, and stop any negative outcomes... If we have regular reminders about good delirium care, good procedures to follow when someone is disoriented, we can avoid unnecessary restraints and sedation whenever possible."

-Dr. Jennifer Oates

This project culminated in a retreat that brought together the GEM geriatric medicine and psychiatry physician team, as well as their interdisciplinary colleagues, to review the feedback from hospitalists and devise working plans for the next two years. Two projects have launched as a result of these conversations: one to improve the mobilization of elderly patients in acute care, spearheaded by Dr. Ally Nakanishi, and another to identify the most vulnerable elderly for rapid, enhanced care (including targeted care in the ER), led by Dr. Alyson Osborne.

We commend the entire GEM team and the hospitalist service at RJH and VGH for their commitment to improving the care of frail and elderly patients!

SOUTH ISLAND MSA 2022 RECOGNITION AWARDS

These peer-nominated awards demonstrate not only the leadership in our medical community, but also the culture of appreciation that embodies the South Island.

Award for Community Leadership

Dr. Matt Carere



Award for Collaborative Leadership

Dr. Hayley Bos



Award for Communications Leadership

Alanna Black



Award for Innovation Leadership

The Hospital at Home team:

Dr. Daniel Newman
Dr. Dillon Takata
Dr. Dion Scott
Dr. Elisabeth Crisci
Dr. Kamran Forghani
Dr. Lenny Woo
Dr. Liz Thompson

Dr. Melinda Zeron-Mullins
Dr. Nancy Humber
Dr. Pierre Pepler
Dr. Saskia Acton
Dr. Shauna Tierney
Dr. Tess Hammett
Dr. Vivian Ming

Award for Collaborative Leadership

Dr. Karen McIntyre



SUCCESS STORY

ED Simulation Initiative - Final Project Wrap Up

Dr. Matt Carrere

The Emergency Department In-Situ Simulation project was born out of fear of being under prepared to care for patients experiencing a High Acuity Low Occurrence (HALO) event. These rare events create clinical and logistical challenges for the interdisciplinary medical team: for example, while maintaining a negative-pressure room for a COVID-19 patient, how does one communicate with the medical team outside the room? How to manage an emergency breach delivery at Royal Jubilee Hospital, when all labour and delivery services are based at Victoria General Hospital?

Over the past three years, Dr. Matt Carrere and countless colleagues have implemented an on-site simulation project, bringing in different specialties and disciplines to practice administering care in a time sensitive manner. Spanning obstetrics, ICU, toxicology, hematology, paediatrics, plastic surgery, and many more, these cases created opportunities to identify gaps, troubleshoot solutions, and debrief in a safe learning environment.

As a result of these simulations, changes have been made that directly affect patient care. For instance, after running a hyperthermia simulation, those involved identified a shortage of refrigerated IV fluids that are so essential for rapidly cooling a person's internal temperature, as well as countless other ways to facilitate cooling including ice baths, fans, and mist. Right before the heat dome event of Summer 2021, those take-aways were recirculated to the group, supplies restocked, memories refreshed. One physician working during that event reflected on the value of the simulation: "This undoubtedly saved lives".

Based on their experiences during the heat dome, Dr. Christian Turner, a colleague from the ICU and emergency department, and Dr. Rod Vafaei, a second year emergency department resident developed a hyperthermia protocol to improve lower island hospitals' response to future heat events. The in situ program enabled the team to test this protocol, identify deficiencies, make further improvements and disseminate the program across departments.

The process of running these simulations benefitted immensely from the interdepartmental and interdisciplinary dimension. The Emergency Department Nurse Educators from both RJH and VGH provided regular feedback, as well as helped to take the lessons from each simulation forward. The group received feedback from physician consultant colleagues, nurses from other departments, unit aids and clerks, and anyone else involved in the simulation, to institute concrete changes and foster a culture of learning, innovation, and collegiality.

This change in culture was a highlight of working on this project for Dr. Carrere. "It is now routine that nurses and colleagues are asking when the next in-situ training session will be". Cultivating this practice has engaged all those involved. "It is a testament to how preparation done properly can make even the most stressful situations seem like an opportunity for success". Thank you to all those involved for your hard work!

2022-2023 PRIORITIES

What to expect in the year ahead.

- Support and advocate for physicians during the rollout of CPOE at Royal Jubilee Hospital and Victoria General Hospital. Work together with Island Health and the IHealth team to ensure a smooth transition.
- Continue to work with other Island MSAs in support of shared objectives.
- Offer events, learning opportunities, and activities that meet South Island physicians' needs at this time.
- In partnership with Island Health, make each new physician feel welcome and instantly part of the South Island medical community.
- Roll out a comprehensive Peer Support program to South Island physicians, in partnership with the Victoria Division of Family Practice, the South Island Division of Family Practice, and the Saanich Peninsula Physician Society.
- Optimize our Walk a Doc, Interdepartmental Meetup, and Engagement Project funding opportunities for South Island MSA members.
- Continue to share the results of our engagement work broadly, including spread of successful initiatives to other departments and MSAs.

IHEALTH COMMITTEE

Learn how this important team is preparing for the next steps.

Although the progress of the IHealth rollout was delayed, the Committee remained committed to ensuring the best possible E.H.R. rollout for South Island physicians. As Committee members, Dr. Catherine Jenkins and Dr. Jennifer Oates represented South Island at the IHealth Regional Council (a collaborative table consisting of all 11 Vancouver Island MSAs, Island Health, and IHealth).

The IHealth Committee looks forward to a busy year with the launch of Computerized Provider Order Entry (CPOE) set to launch now in Fall 2023.

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

- Chair Dr. Catherine Jenkins, Geriatric Medicine
- Dr. Rachel Carson, Nephrology
- Dr. Daisy Dulay, Cardiology
- Dr. Gordon Hoag, Laboratory Medicine
- Dr. Alex Hoeschsmann, Emergency Medicine
- Dr. Linda Lee, Urology
- Dr. Karen McIntyre, Hospitalist Medicine
- Dr. Jennifer Oates, Geriatric 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

Adult Psychiatry Services and Behavioural Supports in LTC

Dr. Margaret Manville

Since taking over the role of Medical Director of Long Term Care (LTC) in January of 2020, Dr. Margaret Manville had an interest in the younger LTC residents with unique needs. When she looked into the numbers, she saw that the rate of residents who were younger than 75 and didn't have a dementia diagnosis had actually increased by 20% since 2014. This posed a challenge, since most LTC facilities are designed and staffed for residents who are typically frail elders with dementia. Residents who are over 75, and those with a dementia diagnosis, are well-served with consultations by geriatric psychiatrists who attend most LTC homes in Victoria. Family physicians struggle to access adult psychiatry services for LTC residents who suffer from schizophrenia, bipolar illness, depression, anxiety, substance use and behavioural challenges. This also creates difficulties discharging younger patients from hospital who are waiting for a LTC bed, since LTC facilities are reluctant to accept patients with chronic mental health diagnoses without continuity of their psychiatric care.

Recognizing the need to bring all stakeholders together, Dr. Manville and Dr. Chris Blashko used a SIFEI grant to convene a series of meetings with staff and clinicians at the Summit LTC facility, including Dacia Reid, Lisa Diamond and Peter Donohoe, Mental Health and Substance Use leaders Dr. Nelson Collins and Dr. Wei-Song, and Island Health LTC colleagues Carmela Vezza, and Philip Friesen. The Summit's Specialized Population Unit (SPU) was planned with the needs of younger residents in mind, facilitated by leadership from Dr. Chris Blashko.

"The Specialized Population Unit opened in Spring 2022, and benefitted tremendously from Dr. Blashko's consultative expertise in looking after its first residents. This pilot project demonstrated what it took to look after the unique needs of this population; it could not be one-off psychiatry visits, but rather a highly skilled, multidisciplinary approach. Staff required specialized training in mental health supports within LTC, as the needs of this group differ from the traditional LTC population of frail, elderly seniors.

The next phase of this project is to develop supports for younger LTC residents with mental health needs in other Island Health owned and operated sites, as well as affiliated LTC homes.

Dr. Manville sees the value of ongoing effort to support those LTC residents below 75 with mental health issues. "This is a growing population in LTC and we need to plan for the future. We're going to need more collaboration between adult psychiatry and LTC".

"The magic of this funding is that it allows us to bring people together. This work only happens if there is effort put behind it. It provides a guiding light, like, 'we've got the funding, let's go'... People get really excited and feel like they're contributing to improvements in care not only for one person but also improvements in the system".

-Dr. Margaret Manville

SUCCESS STORY

Pediatric Inpatient Asthma Support

Dr. Marie Noelle Trottier-Boucher

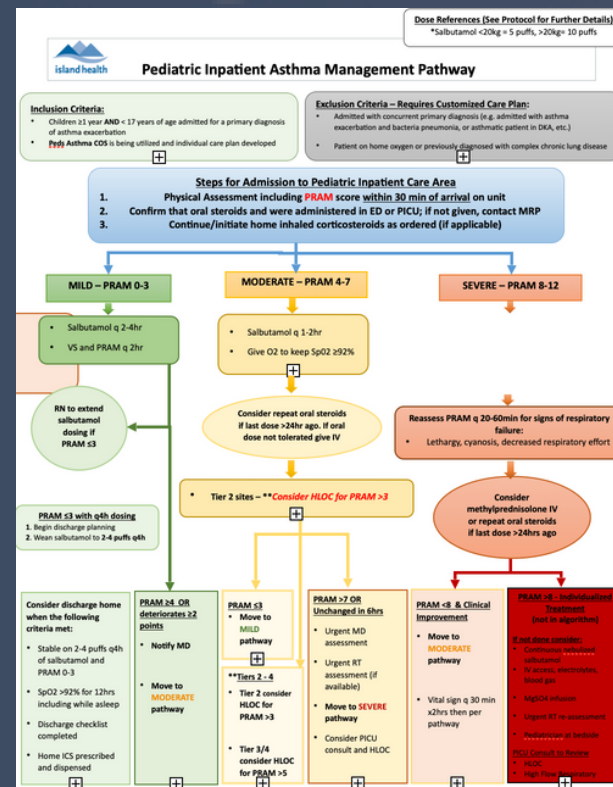
According to Child Health BC, asthma is the most common paediatric condition and cause of school absenteeism. The use of a validated and standardized clinical score for asthma has been associated with lower hospitalization rates and improved use of asthma medication ([1]). Pediatrician Dr. Marie-Noelle Trottier-Boucher and her colleagues in nursing, respiratory therapy, pharmacy, respirology and paediatrics wanted to lower patients' length of stay in the hospital for asthma.

They aimed to do this mostly using an asthma discharge checklist, an admission order set and a clinical pathway in which inhaled bronchodilator therapy frequency was nurse lead and based on the PRAM (Paediatric Respiratory Assessment Measure, an objective scoring system that helps assess asthma severity). Their goal: giving themselves a one year timeframe, they aimed to lower the length of stay of children hospitalized for asthma exacerbation at Victoria General Hospital by 10%, to less than 48 hours. To tackle this goal, they initiated a series of PDSA cycles, enabling them to test interventions, see what worked, and make the necessary adjustments before trying again. They drew on existing resources, such as a well-established guide from Child Health BC and BC Children's Hospital, and modified it based on local clinician feedback about what was needed in the Victoria context.

Along the way, they found strong allies for this work, most notably the nursing staff. Nurses found using the PRAM score to calibrate asthma treatment brought additional, promote responsibilities in the care of these patients, and strongly supported the initiative.

When it came time to survey parents about the educational resources that accompanied this intervention, the team drew on the insights of their patient partner, Laura Jane Brakefield. While data analysis is still underway, initial analysis may suggest the team has met their goal of reducing median length of stay. Their Clinical Order Set is also in the process of being finalized.

We congratulate the team: Jessica Kohli, Melissa Holland, Kyle Colins, Sarah Heighington, Tracey Ramsey, Dr. Patrick McKernan, Dr. Raphael Beck, Dr. Jennifer Balfour, Dr Gaby Yang, Heather John, Michelle Brunelle, Emma Carrick, Laura Jane Brakefield, and Dr. Marie-Noelle Trottier-Boucher for this achievement!



Pediatric Inpatient Asthma Management Pathway.

SUCCESS STORY

Collaboration Boosts Efficiency of Lung Function Lab by 300%

Dr. Heather Clark

The Pulmonary Function Test (PFT) laboratory operates to measure patients' lung function for diagnosis of lung disease and to assess response to therapy. In the wake of the COVID-19 pandemic, staff and clinicians were challenged to provide a safe facility to assess patients' lung function, as the PFT lab lacked an updated ventilation system which would enable clearance of potential aerosolized virus.

This meant that instead of seeing the standard one patient per hour, the lab was only able to perform 1 PFT every four hours, leading to a 6 month wait list, increased stress of staff who were now working 7 days per week, and a reduction in other services. Guidelines from the Canadian Thoracic Society and BCCDC require 12 air exchanges per hour in order to efficiently remove airborne microorganisms, to permit hourly testing appointments. As a temporary solution, simple spirometry testing was also undertaken in the negative pressure rooms in the TB clinic. However, the lab needed a more permanent, sustainable solution.

Dr. Heather Clark, Medical Director of the PFT lab, led an engagement project to address this issue with her colleagues in Respiratory Therapy as well as Island Health administration. Engaging across Facilities Management, Ambulatory Care, Respiratory Therapy Services, and with the expert project management help of Charlotte Bowey, the group was able to build consensus around the problem, and devise a workable solution.

Drawing on funds from the capital expenditures budget, the group purchased several commercial air purification systems from Ambius (VK103) which employ a HEPA filter, carbon filter, and UV-C reaction chamber, to filter air and provide the equivalent of 12-16 air exchanges per hour to remove aerosolized infective particles.

In Dr. Clark's words, "this represented a simple and extremely cost-effective means of improving air quality, avoided major construction and disruption of the labs, and provides portability in case the labs move in the future". The PFT lab is now able to pursue a full patient schedule, rather than waiting for up to 3 hours between appointments, representing a 300% improvement in patient flow.

"I'm not only coming into this as the Medical Director of the PFT lab, I'm also thinking as a clinician. For my patients, these PFT tests are essential. I need to adjust their treatments based on their progress, as indicated by these tests. Yet I'm taking these very vulnerable people and asking them to come into my institution. So there is a real sense of burden and duty of care to those people".

- Dr. Heather Clark

We congratulate Dr. Clark; Kristal Speed, Director of Ambulatory Care and Medicine Quality; Hans Crljenkovic, Clinical Coordinator Respiratory Therapy Services; Jodi Zimmer, Supervisory Respiratory Ambulatory Programs; Richard Barrette, Manager of Technical Services Facilities Maintenance Office; and Charlotte Bowey, Project Manager for this tremendous achievement!

EVALUATING THE SIFEI PROJECTS: TESTIMONIALS

What people are saying about how the projects connect, inspire, and shift the culture.

"I would never have undertaken this project without this encouragement".

"Just meeting makes all the difference, coming together to share our concerns, curiosities, questions. These interactions build fabric and trust."

"Will feel more comfortable contacting my psychiatry colleagues to discuss this issue"

"[Walk a Doc] is such a good idea. I would be happy to go on lots of walks with anyone interested in Primary Care. It was great to meet with a colleague and chat about healthcare."

"This really cemented the connection. We have connected since then about other projects. It really warmed up the relationship, you have my cell phone, I have yours."

"The SIFEI project was instrumental in setting the ball rolling."

"It helped us identify the most interested parties and leveraged their passion for helping this population."

"These meetings were incredibly valuable as they brought together all the members of the consultation liaison services at RJH and VGH, some of whom had never met each other."

"It has been very rewarding to be able to come together as a diverse group of physicians, support each other, and discuss ways to support our community of both patients and other care providers."

"Despite all of these really cool changes in practice perhaps an even more inspiring manifestation of the program is the ever so slight shift in culture."

SUCCESS STORY

General Internal Medicine Strategic Planning

Dr. Alison Walzak and Dr. David Shanks

It is said that every challenge is an opportunity for growth. Over the past six years, the General Internal Medicine Division experienced this first hand, as it grew from six members to 21. The expansion in numbers brought increased breadth and depth to the Division in the form of diverse experiences. It also created the potential for inconsistencies in the way Division members modulate their practices, particularly in the Clinical Teaching Unit. The group began noticing discrepancies in how trainees were supervised, and in how patient care was transferred and followed up. Additionally, increasing demands from their in-patient care workload meant that the group was not able to focus strategically on better addressing community health needs identified through primary care providers.

Dr. Alison Walzak and Dr. David Shanks secured a grant to bring the group together to create cohesion and collectively build a vision for both in-patient CTU attending physicians and overarching strategic priorities for the Division. To do this, they reached out to Randy Kennett from Hone Consulting, who had worked with the Division in a previous consulting exercise. Over the course of two 3-hour meetings, members of the Division discussed the main priority areas for the group for the next 1-, 3- and 5 years. Dr. Walzak was impressed by the turnout, attributing it to Randy's reputation among the group, and to the commitment within the Division to move things forward in tangible ways: "It wasn't a hard sell, I think because people saw the inherent value, the information that was going to be fed directly back to them as a Division member."

The group collectively developed a series of documents to guide their activities over the next few years. This includes a document that lays out the expectations of an educator on the CTU, including how to manage trainees who need additional support, how to contribute to team teaching, how to ensure patient safety is optimized during on-call hours, and how to participate in evaluation. This document will be used as a reference guide going forward for existing faculty as well as for on-boarding new faculty members to the Division. The second output outlines the group's 5 key priorities, with long- and short- term goals for each of the Ambulatory Clinic, Internal Medicine Unit at VGH, Social and Community Engagement, Reconciliation, and CTU Development.

Dr. Walzak believes the in-person meeting promoted participation from all members of the Division, saying "It was such a pleasure to hear from people who didn't tend to pipe up in our Division meetings." Most importantly, the process of refining their vision for the future has renewed members' sense of community, social responsibility, and common goal-setting purpose.

"Understanding exactly what your motivation is for bringing your group together [is important]. And asking for specific deliverables. For us, we had a pretty clear goal, and it wasn't 'just another Division meeting.'"

-Dr. Alison Walzak

EVALUATING THE SIFEI PROJECTS: SURVEY RESULTS

Each time a project finishes, the project lead fills out a standardized survey asking about each of the four metrics relating to Facility Engagement. The mean results from 2020-2022 are below.

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

4/5

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

3.9/5

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

4.5/5

Leading this project improved communication with my physician colleagues.

4.5/5

SOUTH ISLAND MSA

BY THE NUMBERS

1190

MEDICAL STAFF MEMBERS

724

PHYSICIANS INVOLVED IN OUR FE WORK
INVOLVED IN FE WORK

252

ENGAGEMENT PROJECTS APPROVED SINCE 2016

42

DIVISIONS INVOLVED IN FE WORK

560

ATTENDEES AT OUR 2022 SOCIAL, LEARNING,
AND ENGAGEMENT EVENTS



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info@southislandmsa.ca