

# ANNUAL REPORT

**2023**



## SIFEI PROJECT SUCCESS STORIES

*Showcasing how our medical staff  
advocate for change through action.*



# CO-PRESIDENTS' REPORT

**A**s described in the Island Health Medical Staff Rules, one of the key roles of the MSA is “to provide voice to the Medical Staff, and to represent the views of its local members both individually and collectively”. Throughout the year your MSA has tried to ensure that the Medical Staff voice is heard.

Much of the focus has been on improving engagement and the importance of leadership listening to front line medical staff. In April, we held a special meeting to review the results of Doctors of BC Health Authority Engagement Survey and suggest avenues for improvement. The suggestions led to an action letter laying out both expectations for administration and ourselves to improve culture. We hope to use this process as a template and to build on this in subsequent years. In August, we were invited to participate in the RJH site visit by Minister Adrian Dix, along with representatives from the Hospitalists, Surgeons, and Emergency Physicians. Regular representation at the South Island and Health Authority Medical Advisory Committees continues.

Specific issues that the medical staff have raised are also being addressed in conjunction with the other Island

MSAs, Doctors of BC, and the Health Authority. Examples include the Medical Staff Respectful Workplace Group, which is hoping to move discipline towards a more restorative, and less punitive, approach. The newly formed Transparency and Communications Steering Committee hopes to address physician concerns about the quality of the information they are receiving. IHealth continues to be a focus and we are involved both locally and regionally. Some of the issues we have focused on include advocating that information about any activation delays is shared promptly. We continue to advocate for adequate resources to relieve the clinical burden during transition. Along with other groups, particularly the hospitalists, we were able to successfully push for increased pharmacy technicians for medication reconciliation.

We have also been working to help individual physicians. Through the Physician Health Program, the Greater Victoria Physicians Peer Support Program was launched to help support individual physicians. The Physician Wellness and Social Committee has also been working to increase shared experiences for the Medical Staff. Through the South Island Physicians' Family BBQ and Welcome and Thank You events, physicians have been able to connect with colleagues – new and familiar,

hospital and community based, family physician and specialist. The monthly Lunch in the Lounge events give another opportunity to connect with medical staff we may not regularly see (and to get a quick bite).

The SI-FEI Engagement Projects showcase how medical staff lead and advocate for change through action. Thirty eight new projects started this past year. We remain amazed and grateful for both the energy and innovation of our medical staff and for the efforts of the Working Group and our project managers to make this happen.

We also know that the ability of the Medical Staff Association to effect change depends mainly on you, the members of the Medical Staff. Thank you for your passion and your commitment to patient care. And thank you to those who, despite the burden of clinical care, continue to support the MSA. Without your support we couldn't make the medical staff voice heard. We look forward to seeing what we can do together over the next year.

Respectfully submitted,

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

# SOUTH ISLAND MSA LEADERSHIP



*Dr. Catherine Jenkins*  
Geriatrics  
Co-President



*Dr. Fred Voon*  
Emergency Medicine  
Co-President



*Dr. Krystal Cullen*  
Pediatrics  
Secretary



*Dr. Suresh Tulsiani*  
Pediatrics  
Treasurer



*Dr. Alicia Power*  
Family Practice Obstetrics  
Director of Engagement Projects



*Dr. Alex Hoechsmann*  
Emergency Medicine  
Director at Large



*Dr. Richard Reid*  
Neurosurgery  
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

Cover photography by Dr. Richard Reid



# Success Story: Inter-Departmental Impact Review of the Primary Care Crisis on Specialty Physician Experiences

Dr. Anna Mason

**A**s a community based longitudinal family physician working in Victoria for the last 20 years, Dr. Anna Mason is acutely aware of the shortage of family physicians (FP) in the South Island. She regularly sees and hears about the impacts of the FP shortage on both physician colleagues and patients. Talking to specialist colleagues, Dr. Mason heard about how the lack of family physicians was materially impacting the specialist's work and life experience. The lack of family physicians has exacerbated capacity strains on specialists in profound ways, however, these impacts weren't well documented in the literature. Dr. Mason set out to engage her specialist colleagues in a project to explore how the ongoing crisis is affecting their personal and professional lives and the lives of their patients.

Dr. Mason's collaborators in this endeavour are Dr. Kristin Atwood (Sociologist) with the Victoria Division of Family Practice, and Frieda Hodgins (Medical Student, UBC Island Medical Program) who contributed to this research for her FLEX project. Dr. Ashley Jewett (Psychiatry) was instrumental in the early stages of planning for specialist engagement.

To respect participating specialist physicians' time, the team sought to make the process both engaging and accessible. Two methods of engagement were offered: a qualitative interview over secure video or an opportunity to comment anonymously on a private online forum.

In total, 37 interviews and 21 online forum comments were conducted, transcribed and analyzed. This represented specialist physicians from over 20 different medical and surgical specialties from the South Island.

The research team was able to demonstrate through qualitative analysis of the narratives gathered that specialists are suffering because of the lack of primary care infrastructure. Specialist physicians describe the complex effects of managing a patient panel that is increasingly unable to access primary care. At the practice level, patient flow from intake to discharge is profoundly congested; volumes are unsustainable; and specialists experience scope creep that carries medico-legal risks. At the individual level, specialists report eroding work relationships; moral injury and other health effects; and disruptions to career trajectories and skills development.

There is a tendency to view specialists and FPs as separate and siloed, and to assume that what affects one group might have little impact on the other. In reality, specialist and FP services are intertwined, and the FP shortage exacerbates existing capacity strains on specialists, creating a 'squeeze' which may escalate current trends toward specialists' early career exits that will create further chaos in the system. The research team concluded that understanding specialist perspectives is essential to managing the healthcare workforce crisis.

In addition to the above effects on specialist physician experiences, the team

was able to gain specialist perspectives on the impacts that the lack of access to primary care has directly on patients. Aside from the obvious impacts, such as a decline in access to preventive health care and disruptions to continuity of care, other health outcomes (risk of harm; morbidity/ mortality; downstream impacts on families/ employment) and quality concerns (accessibility, appropriateness/effectiveness, equity, efficiency) were delineated. It was clear that the implications of FP shortages are not limited to issues

that are in-scope for primary care, but 'ripple out' to affect patients' ability to receive safe care across the system. This compounds existing inequities for vulnerable patients with conditions requiring specialist intervention. The patient impacts described by specialists demonstrate the need to strengthen primary care as the hub of the healthcare system.

In summer 2022, preliminary findings were shared with the Doctors of BC Representative Assembly. This past

spring, Dr. Atwood presented two papers based on this research at the Pacific Sociological Association Conference in Washington State, "Personal and Professional Impacts on Specialists of the Primary Care Shortage in Canada" and "Impact of the Primary Care Shortage in Canada on Patients Receiving Specialized Care."

In order to share the findings of this project more broadly, the team commissioned a short video, which will be used to raise awareness and spark discus-

sions among the medical staff as well as provincial groups. There is tremendous interest for further specialist engagement for input into our health system reform and sharing the findings broadly will help inform such engagement.


A short summary of the findings of this project can be found [here](#), or by visiting Anna Mason's success story on the MSA website.





# STRATEGIC PLAN

# PRIORITIES 2023-24

		
VISION	MISSION	PRIORITIES
<p>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.</p>	<p>South Island Medical Staff Association will work towards its vision by:</p> <ul style="list-style-type: none"> <li>- Ensuring effective communication between the medical staff, administration, and the Board of Directors of Island Health.</li> <li>- Supporting physician engagement and quality improvement within our facilities.</li> <li>- Fostering relationships among medical staff to improve professional and collegial bonds.</li> <li>- Partnering with Island Health and other organizations to support and implement these activities.</li> </ul>	<p>Improve the culture of communication among medical staff and with partners external to the MSA.</p> <ul style="list-style-type: none"> <li>- Increase and diversify physician involvement across disciplines and facilities.</li> <li>- Continue to engage with membership to determine ongoing Society priorities.</li> <li>- Establish a robust community that promotes quality care, medical staff wellbeing, and satisfaction.</li> </ul>

-  **Continue to proactively support and advocate for the South Island Medical Staff to ensure a smooth activation of Computerized Provider Order Entry at Victoria General Hospital and Royal Jubilee Hospital in early 2023.**
-  **Partner with Island Health on specific activities, including Medical Staff onboarding and leadership development activities.**
-  **Build on the momentum created in 2022-23 to influence change within Island Health and the Ministry of Health. This includes Executive involvement in the Legislative Committee, the Medical Staff Respectful Workplace Working Group, the Transparency and Communications Steering Committee, the IHealth Regional Council, and the Island Presidents' Network.**
-  **Develop new ways for physicians to become involved in their sites, their areas of interest, and their Medical Staff Association.**
-  **Work closely with Island Health to complete the action items developed in April 2022 regarding the results of the Doctors of BC Health Authority Engagement Survey. Ensure similar follow-up with the 2023 survey results.**
-  **Continue to focus Facility Engagement funding on physician-led engagement work, including projects, discussions with the Health Authority, and interdepartmental connection.**
-  **Refresh the MSA's strategic plan to ensure ongoing direction and progress**



## Success Story: Development of Island Health Robotic Urology Surgery Program

Dr. Nathan Hoag

**R**obots doing surgery can seem like science fiction, but in reality, robotic surgery is well established in various programs in Canada and the USA. Surgical robots have been utilized in Vancouver Coastal Health since 2007 and hailed as a driving force behind a less invasive, less painful, and faster recovery experience for patients. For instance, in a comparison between retropubic radical prostatectomy (ORP), laparoscopic radical prostatectomy (LRP) and robotic-assisted laparoscopic radical prostatectomy (RALP), the latter was characterized by lower blood loss, fewer transfusions, and fewer days spent in hospital.

In July 2023, Fraser Health announced it will launch a \$9 million dollar robotic surgery program. Celebrating this development, BC's Minister of Health

Adrian Dix stated, "Robot-assisted surgery has been proven advantageous in shortening patients' recovery time and I am pleased we will be able to bring this leading surgical technology to patients within the Fraser Health region".

Though Island Health does not yet have a robotics surgery program in place, there is value in learning from those who do. In an effort to glean insights from existing robotic surgery practitioners, Urologists Dr. Nathan Hoag, Dr. Jeff McCracken, Dr. Iain McAuley, and Dr. Michael Metcalfe formed a project team to facilitate engagement with administrators, affected specialties, and non-Island Health practitioners about the topic. "The idea was to set Island Health up to hit the ground running", says Dr. Hoag.

Through meetings with their colleagues in Urology, Gynecology, General Surgery, allied health, and Will Orrom from Island Health administration, the team cemented their commitment to establishing a robotic surgery program in Victoria and developed some strategies for deepening their knowledge. Two of the team members attended a surgical robotics conference in Vancouver, and had opportunities to do trials with different robots.

Laying this foundation was essential for the future establishment of a robotics surgery program at Island Health. Dr. Hoag commented on the importance of compensating physicians to engage with each other, managers, and administration in these planning discussions, "We appreciated being able to sit together to think through the steps involved in this project".



## Success Story: Form 21 Communication Process Improvements

Dr. Hendri-Charl Eksteen

Both patients and clinicians often identify transitions between community and hospital care as challenging, whether due to delays in transferring information between care teams or challenges in finding physical space for patients in high volume units. The Psychiatric Emergency Services (PES) team at Royal Jubilee Hospital identified a key transition issue for patients coming back to the hospital on an Extended Leave recall process (Form 21) under the Mental Health Act.

They noted an administrative backup that could occur when some patients were transferred to hospital without sufficient information, causing increased wait times. The PES team would spend valuable time seeking clarification from their community partners on what had precipitated the recall, what level of care was being recommended (reason for recall), and what the goal was for the admission. These delays negatively impacted patient care, created workload inefficiencies, and added to an already strained capacity within the emergency department. One of the PES team members, nursing unit assistant Jenna Smith, shared the broader context of the project: "Working in the emergency room, everyone is just making the best of what is happening, and fill in the gaps when you can. This project was a way to take a step back and look at what wasn't working. Everyone knew it was the right thing to do".

To address these challenges, the PES team sought to engage with their myriad community partners to improve the communication around Form 21 patients. Bringing together staff and clinicians from PES, the Assertive Community Treatment (ACT) team, Victoria Mental Health Centre (VMHC), Victoria Integrated Community Outreach Team (VICOT), the Integrated Mobile Crisis Response Team (IMCRT), and the Emergency Department at Royal Jubilee Hospital, the group worked to develop consensus around communication processes to support these patients.

Following engagement around this, work will continue with Community MHSU team leadership to optimize the "checklist" format, to ensure communication is flowing in a way that meets both community and acute teams, to benefit the patient and overall care experience. Importantly, these discussions also raised awareness about what information was needed in the hospital to ensure a smooth encounter and improve patient flow, as well as other improvement opportunities that were able to be shared with Island Health's regional Mental Health Act team. "It was important to let all the teams know what we need to improve flow and patient experience", says Dr. Hendri-Charl Eksteen, psychiatrist in PES and project lead.

“

**This project was a way to take a step back and look at what wasn't working. Everyone knew it was the right thing to do"**

- Jenna Smith, PES nursing unit assistant

Project members shared that an unintended benefit of the project was being able to meet with the community partners, who had often only been communicated with by email or phone. This opportunity to strengthen that relationship while doing quality improvement was a key source of satisfaction for the team. "It was so great to build the rapport and familiarity between acute and community teams, and have a better understanding of each person's side", said Jenna. The team also noted that other than the cost of bringing people together, this was a zero cost intervention. "We are so grateful for the support provided to help collaboration between teams and physicians".



# EVALUATING THE SIFEI PROJECTS

TESTIMONIALS

<p>“This project wouldn’t have happened without SIFEI support.”</p>	<p>“This was literally an idea I had one day and before I knew it, there was a project.”</p>
<p>“An unintended benefit of the project was being able to meet the community partners that sometimes only communicated with by phone or email, further strengthening our relationship.”</p>	<p>“It quite literally changed the course of our careers.”</p>
<p>“We expect this will lead to improved culture in the Division as roles and expectations are more clearly defined.”</p>	<p>“The overall program has been incredibly supportive and clear in requirements.”</p>
<p>“We expect this will lead to improved culture in the Division as roles and expectations are more clearly defined.”</p>	<p>“Initial patient experiences have been positive with improved support in navigating perioperative requirements and avoiding unnecessary admission.”</p>

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 below data is derived from 18 SIFEI Final Reports submitted between November 2022 and October 2023.



4.3/5

Leading this project has meant meaningful interactions with health authority colleagues



4.4/5

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



4.5/5

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

SURVEY RESULTS



## Success Story: Demedicalizing the End of Life

Dr. Chloe Lemire-Elmore, Dr. Brian McArdle, and Dr. Jess Nathan

**D**r. Chloe Lemire-Elmore, Dr. Brian McArdle, and Dr. Jess Nathan wondered if they could improve care for their patients at or nearing their natural end of life. They hoped that these improvements could be achieved partially by reducing the number of medical and surgical procedures which, in some cases, were causing more harm than good for people with chronic diseases or life limiting illnesses. The team hoped to increase awareness of the MOST M2 category in their work in acute care, particularly their frail elderly population. Part of this work aimed to increase physicians' comfort with Goals of Care conversations, Serious Illness

Conversations, as well as increased documentation of these discussions in the ACP power form in Cerner.

The team drew from specialties and general practice colleagues in Palliative Care (Jody Anderson), General Internal Medicine (Vanja Petrovic), Geriatrics (Josh Budlovsky), Intensive Care (Adam Thomas, Shavaun MacDonald), Emergency Medicine (Tristan Jones, Ali Takshitafti), Public Health (Lisa Cairns), as well as the project management skills of Charlotte Bryan.

To achieve their goal, the team sought out opportunities to socialize the concept of the M2 category with their colleagues,

through Flash Focus lunches, presentations at staff meetings, and working group meetings. As they did, increasing numbers of people became involved, with spin-off engagements happening with specialist groups including oncology and Long Term Care.

At the end of phase one of this project, the team felt they had increased the use of M2 and raised awareness of the harm that can result from treating death and dying as an acute illness. They had also identified a host of other initiatives to achieve their overarching goal, and secured a Phase 2 grant to support this work.

## Success Story: Spinal Cord Protection for Thoracic Surgery

Dr. Brian Gregson

**O**ne of the most serious complications to come from thoracic aortic procedures is paraplegia and spinal cord ischemia. While all clinicians endeavour to provide the best possible advice to reduce the risk of these complications, to date there has not been a protocolized approach. This meant physicians were manually writing orders, with some variability. The opportunity was ripe for modernization incorporating newer evidence. Dr. Brian Gregson aimed to build a care pathway, with physician input and direction, to provide standardization around these procedures, manage expectations for all those involved, and improve patient care.

This effort involved considered engagement with many different stakeholders, including cardiac anesthesiology, vascular surgery, cardiac surgery, pharmacists, OR staff, and CVU staff. Though this number of vested interests could have been a complication, Dr. Gregson said it was the opposite: "These are groups that work together regularly. People seemed just happy for someone to do this work of getting an order set on paper".

Working closely with CVU Educator Aaron Renyard, Dr. Gregson established a care pathway and clinical order set (COS) for all patients undergoing thoracic aortic surgery, whether open or endovascular. The team is in the process of transferring this pathway onto an easy to follow info-

graphic, to be shared with all members of the care team.

Speaking about the process, Dr. Gregson reflected on the time and complexity involved in creating the order set, particularly in light of stretched capacity for the Island Health Clinical Order Set Coordinator. This hasn't diminished his enthusiasm for pursuing follow up projects: "Now that I've demystified the process of formalizing a COS, there are other processes that could use similar standardization".

We are thankful to Dr. Gregson, Aaron Renyard, and the CVU team for undertaking this important work!

## Success Story: Surgeries for Disadvantaged Patients

Dr. Morgan Evans

**O**utpatients awaiting emergency surgery typically wait on the 'add-board' for a surgical time to become available. With the short turnaround time of emergency surgery, it can be challenging to connect with clients without a phone, without transportation, or with particular circumstances such as being unhoused, having substance use issues, or mental health conditions. This can mean they miss their OR time, are not able to follow critical pre-operative instructions about fasting or bringing a chaperone, or fail to connect post-operatively for crucial follow-up care.

These missed surgical appointments not only mean less optimal care for the patients; they trigger a myriad of effects across multiple departments and services, including: re-presentation at the Emergency Room seeking care for a more complex injury due to the delay, at a cost of approximately \$300 per visit, or seeking treatment from community providers or services that are overburdened. In the past, these patients were often admitted prior to surgery but given their complex needs, pervasive bed shortages, and an approximate cost of \$5600 per standard Island Health admission, this is not an optimal solution.

Dr. Morgan Evans, Plastic Surgeon, wanted to bring together key stakeholders in hospital and community to identify a reliable mechanism to close the loop between the OR and disadvantaged outpatient populations, to avert the need for an unnecessary preemptive hospital admissions. He connected with collaborators in various Mental Health and Substance Use services, including Rob Schuckel from Central Access and Rapid Engagement Services, and Morgan Boc from the Intensive Case Management Team.

They helped to identify further community outreach services to include in this initiative. These included:

- Echo Kulpas from the Assertive Community Treatment (ACT) team,
- Elysia Hartley, Encampment Outreach Team (EOT) team,
- Dr. Ami Brosseau and Dr. Chris Fraser, Cool Aid Clinic,
- Dr. Ash Heaslip, Addictions Medicine,
- Lee-Ann Bertrand, Surgical Services RJH,
- Dr. Caroline Ferris, Rapid Access Addictions Clinic (RAAC),
- Kristin Atwood, Victoria Division of Family Practice
- Devin Lynn, Mental Health and Substance Use at Island Health
- Georgia Vermette, UBC Medical Student

One might think that assembling all these key players would be challenging, but as Dr. Evans observed, everyone was motivated to develop a better way to help these people. "Those in the community, they see this problem coming up again and again, and have had to find solutions. They have gone through this before". One collaborator remarked "It's awesome that folks have given thought to how to make services more accessible to the clients we serve. I love these kinds of efforts!"

Rather than try to develop a new grass roots referral service, the group determined to leverage existing established resources. A critical moment was recognizing that many of the individuals requiring surgery may have an existing relationship with one or more of these community services. Using already established centralized intake lines for community services such as the CARES clinic, these services would aim to quickly identify the closest known community contact for the individual, make the connection, and support that person to get urgent surgery

within a matter of hours or days.

Given the costs, time, and adverse patient experience associated with missed appointments, the extra work up front to identify, connect, and support these individuals was a strong inducement for all. One of the community service representatives described the value of this team effort: "In our experiences of supporting clients to get urgent day surgeries in the past 2 weeks, there have been a cascade of efforts all around to make it successful. Both of these clients are healing well. All the good-will choices by all the players are what made it work."

Through the course of doing this work, the team gained familiarity about each others' perspectives. Dr. Evans learned about the array of community teams supporting people, which from the outside can be "a real alphabet soup of acronyms". And those in the community gained a perspective on how inpatient surgery works, and the constraints facing the surgical team prior to, during, and after surgery.

Having established this pathway, the group is in the process of addressing the next challenge: What if an individual isn't yet known to any of the community services? This may prove to be an opportunity to get an individual attached to some kind of community provider. This initiative may also be of interest to other communities where plastic surgeons are on hand to provide trauma surgery and stronger linkages could be made with community services.

We thank this amazing team of community service providers and clinicians for undertaking this initiative!



# THE YEAR IN REVIEW

## WINTER

- Our in-person Physician Wellness and Social Committee meeting brought together members from across the MSA for connection, ideas, and innovation.
- Proposals for 15 projects were submitted for micro-grant funding to our South Island FEI Society Working Group's consideration.
- Our 2023 FE Engagement Project Curriculum kicked off, with a fantastic presentation by Jennie Aitken covering Quality improvement 101.
- Our quarterly MSA meeting hosted a deep dive into the plans for the IHealth CPOE implementation at Royal Jubilee Hospital and Victoria General Hospital.
- Victoria-area maternity care providers came together to identify challenges, highlight barriers, and develop solutions to the ongoing challenges their patients face in accessing care.
- The Gold Star Awards pilot, launched by the Emergency Medicine physicians to recognize superlative support from their consultant colleagues, was a huge success, with future rollout planned for all departments.
- Building on the success of our Virtual Doctors' Lounge events, Lunch in the Lounge is now hosted by the MSA at both RJH and VGH on the third Thursday of each month. With the promise of tasty lunch, wonderful conversation, and stellar colleagues, physicians stop in for a quick hello and bite to eat between cases, on their lunch break, or on their way to see a patient. It has been a fantastic way to meet new faces, connect on clinical issues, and bring back the Doctors' Lounge of old.



**Lunch in the Lounge**

Drop in to enjoy a bite of lunch and conversation with colleagues!

Lunches will be held in the Doctors' Lounges at:

**Royal Jubilee Hospital** - Main floor Patient Care Centre, walk through the Atrium, hang a left at the T junction, first door on your left

**Victoria General Hospital** - Main floor, go through the door to the left of the South elevators, hang a right, door on your right

THURS, FEBRUARY 16  
THURS, MARCH 16  
11.30 - 13.00

VGH and RJH Doctors' Lounges  
FULL DETAILS AT  
WWW.SOUTHISLANDMSA.CA



**SOCKS 4 DOCS**

On Friday, June 2, 2023, wear colourful, mismatched socks to shine a light on physicians' mental health.

**It's okay to not be okay.**

socks4docs.ca  
crazysocks4docs.com.au  
southislandmsa.ca  
physicianhealth.com

## SUMMER

- The first Annual Socks4Docs day was a huge success! Doctors from across the South Island sported mismatching socks in support of physician mental health.
- Our annual Welcome and Thank You Evening, co-hosted with the Victoria and South Island Divisions of Family Practice and the Saanich Peninsula Physicians Society, celebrated the phenomenal medical community in and around Victoria. Guests from Island Health and Doctors of BC joined local physicians to pay special tribute to retiring colleagues, as well as those new to our community.
- After a successful first half of the year, our Mindful Monday sessions took a pause, so our wonderful facilitators (and attendees!) could make the most of the beautiful summer evenings.

## SPRING

- The local results of the 2022 Doctors of BC Health Authority Engagement Survey were presented at a special meeting of the South Island MSA. Medical staff developed ideas about what changes would make a positive difference to working at Royal Jubilee Hospital and Victoria General Hospital. These were shared by the MSA directly with the Island Health CEO and Executive Medical Director, with a commitment to improvements.
- The South Island FEI Working Group faced important decisions, with 17 thoughtful engagement project proposals, but not enough funding available. They developed refined project evaluation criteria for future applications.
- Island Health resources available to physicians were the focus of the second FE Engagement Project Curriculum evening, with wonderful World Café presenters from the Report Portal, Evaluation, Simulations, Research Facilitation, the QI Registry, and Patient-oriented research.
- Several new books made their way into our Doctors' Lounge Lending Library, for physicians to sign out and enjoy.



**Greater Victoria Physician Peer Support Team**

Physicians face unique challenges!

Want to talk to someone who gets what it's like? Trained physician peer supporters are available now for confidential, short-term, non-clinical emotional support.

Scan for info or visit [www.southislandmsa.ca/member/support](http://www.southislandmsa.ca/member/support)

If you are in crisis or need to talk to someone immediately, call the Physician Health Program's 24/7 Helpline at 1.800.663.6729.

Annual South Island Physicians' Family BBQ



## FALL

- The 5th Annual South Island Physicians' Family BBQ was hosted at Cadboro-Gyro Beach, welcoming more than 200 physicians, families, and four-legged friends. Physicians from community and hospital, specialty and family practice, came together to chat, connect, and celebrate the Greater Victoria medical community. Booths from the IHealth, engagement projects, and the Canadian Association of Physicians for the Environment shared great information, while sports equipment, bubbles, tacos, and ice cream were enjoyed by all.
- MSA executives were invited to a meeting with the Minister of Health to discuss Royal Jubilee and Victoria General Hospital-specific challenges.
- Our Fall MSA meeting had a rich agenda, from a resolution to ensure Medical Staff input on Chief of Staff appointments to IHealth.
- The final Working Group meeting of the year welcomed speakers from different funding bodies around the region. Ten excellent engagement project applications were reviewed.
- Our Annual General Meeting evening was held at the Delta Ocean Pointe Resort, with guest speaker Dr. Heather Patterson, author and photographer of "Shadows and Light: A Physician's Lens on COVID"

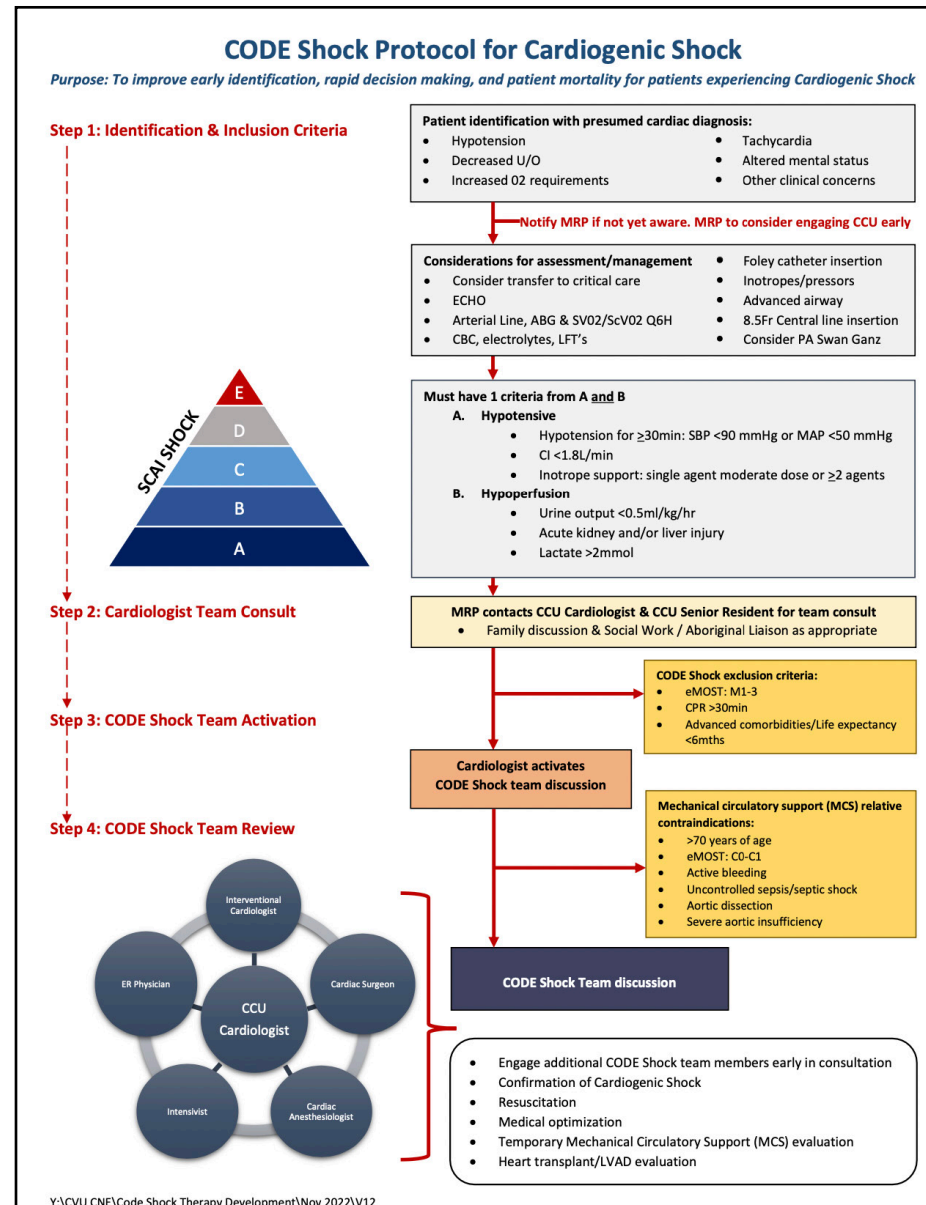


# Success Story: Cardiogenic Shock Team

Dr. Liz Swiggum

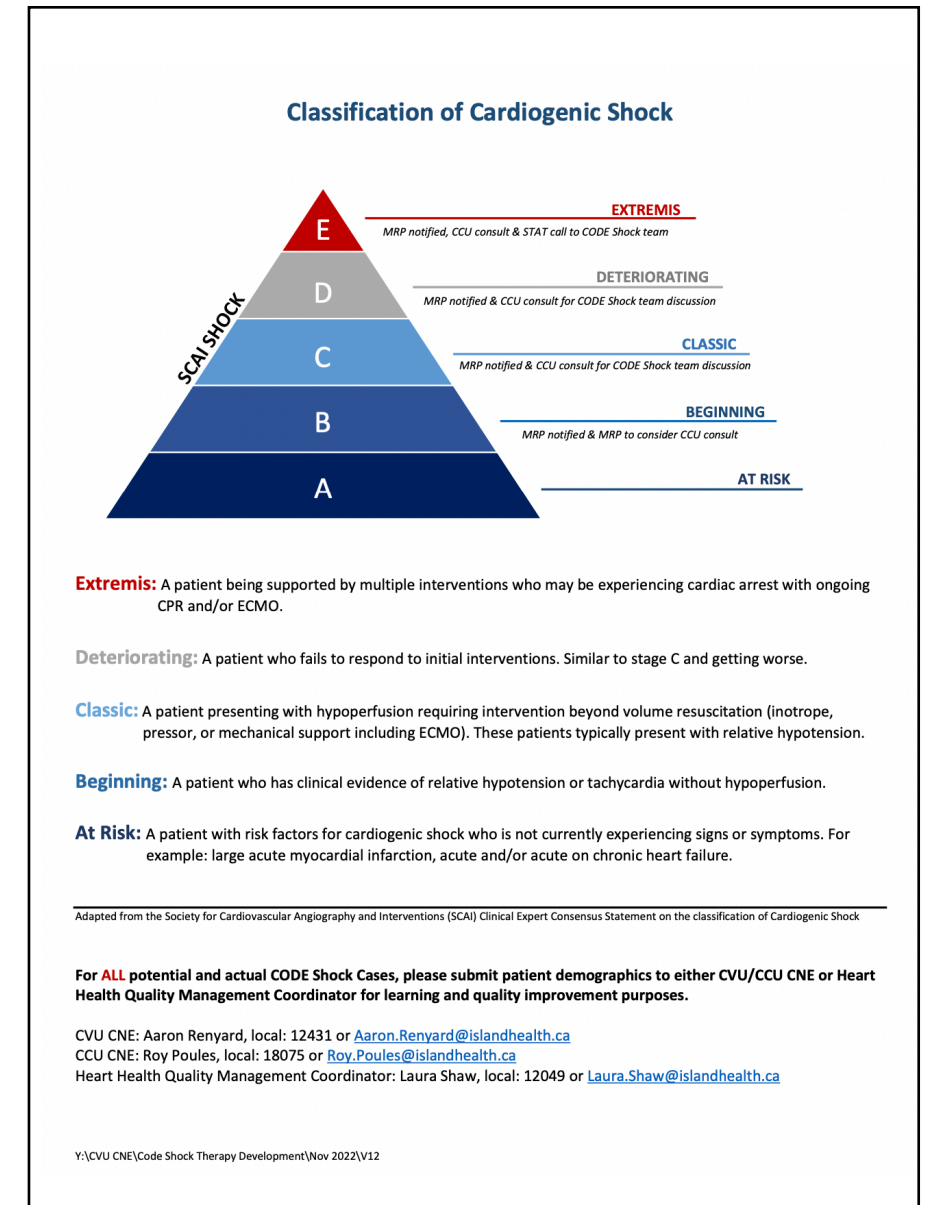
In her role compiling heart failure best practices at the provincial level, Dr. Liz Swiggum hears about current innovations happening in other regions. One of these is the creation of a Cardiogenic Shock (CS) team, a multidisciplinary team that provides rapid decision-making and care for patients with advanced heart failure and cardiogenic shock. These patients have an exceptionally high mortality rate, with challenges in early recognition. In other institutions, both internationally and in Canada, implementing cardiogenic shock teams has resulted in significant improvements in patient mortality.

Prior to the development of the Cardiogenic Shock team in Victoria, it was individuals who would make a decision about the plan of care, rather than a team-based approach. Launching the CODE Shock team involved a wealth of interest holders beyond Dr. Swiggum, including Interventional Cardiologists (Dr. Nadra), Cardiac Anesthesiologists (Dr. Gregson), Cardiac Surgeons (Dr. Singal), Intensivists (Dr. MacDonald) and Emergency Room Physicians (Dr. Turner). Key supporters from Island Health included Marc-Andre Masse (Manager CCU/CVU), Jesse Bhondi (Director, Heart Health), Krista Mann (Manager CSS/Cath Lab), Carrie



Homuth (Manager ICU), Aaron Renyard (Cardiovascular Clinical Nurse Educator), and Laura Shaw (Heart Health Quality Coordinator).

The first goal of the CODE shock team was the development of an algorithm to improve early identification, rapid decision making, and patient mortality for patients experiencing Cardiogenic Shock. In working together on the algorithm and its implementation, there has been a notable increase in communication and engagement across all Cardiac units, ER and CERT team members. This has resulted in earlier multidisciplinary team discussions and engagement. Cardiovascular CNE Aaron Renyard reflected on the funding that brought people together for this important work, “Truly understanding the other areas that are impacted by this is crucial”. Ongoing initiatives are focusing on building the REDCap database and reviewing cases, along with innovation and development of the first multidisciplinary fan outcall using technology and an app application through switchboard.



**Truly understanding the other areas that are impacted by this is crucial”**

- Aaron Renyard, Cardiovascular CNE



# PARTNERING WITH ISLAND HEALTH

A key objective of the Facility Engagement Initiative is to “strengthen communication, relationships and collaboration between facility-based physicians and their health authorities.” Over the past seven years, the partnership and relationship between the South Island MSA and Island Health has become closer, more collaborative, and more trusting, with this past year being no exception:

- ✔ Working together to improve the results of the Doctors of BC Health Authority Engagement Survey started in May 2023, and is set to continue through next year. Cooperating in a methodical, supportive way to achieve stepwise successes is making a positive difference, both in individual relationships and system change.
- ✔ Thanks to Island Health’s participation in the 2023 Engagement Project Curriculum, physicians across the South Island are more aware of the Island Health expertise available to them. From the Report Portal to Simulations, Physician Quality Improvement to Research Seed and Health Equity Grants, departments within the Health Authority are now less mysterious and much more accessible to South Island physicians.
- ✔ The ongoing success of our physician-led Engagement Projects is due in part to the active involvement of Island Health staff, as well as to the thoughtful collaboration of Kristine Votova, Alanna Black, and Dr. Chris Hall, whose insight and navigation are invaluable in the proposal vetting process.

We are particularly grateful to Dr. Ian Thompson, whose support of the South Island MSA and FEI Society has been unwavering during his tenure as Executive Medical Director, Medical Staff Governance.



# SOUTH ISLAND MSA RECOGNITION AWARDS



**Award for Collaborative Leadership – Dr. Maria Kang**



**Award for Community Leadership – Dr. Anne Nguyen**



**Award for Communications Leadership – Dr. Ian Bekker**

**Award for Innovation Leadership – The Child and Adolescent Psychiatry Team:**

- Dr. Anna Kalenchuk
- Dr. Mollie Hinkle
- Dr. Brenda Copen
- Dr. Nicole Martin
- Dr. Carol-Ann Saari
- Dr. Rachelle Bouffard
- Dr. Jane Ryan
- Dr. Rodney Drabkin
- Dr. Jessica Moretti
- Dr. Tanya Crawford



## Success Story: Pediatric Complex Care Phase I

Dr. Jennifer Balfour

A family has a toddler with complex health needs involving visual and hearing impairment, profound developmental delays, and a single kidney, requiring a tracheostomy, a g-tube, and support for all aspects of daily life. To access their multiple specialties and providers, they travel from their home community in the Comox Valley regularly to attend appointments in Victoria, Nanaimo, and Vancouver. In 2022, they traveled for appointments on 15 separate occasions, requiring the parents to take time off work and pay for travel and accommodation. On top of these appointments, their daughter spent a combined 47 nights in the PICU at VGH and BC Children's Hospital. In their words, "the extra stress this puts on our family is extraordinary".

The population of patients like this toddler is on the rise, due in part to advances in pediatric intensive care for occurrences such as extreme prematurity, genetic anomalies, and other previously unsurvivable severe medical conditions. Across Canada and internationally, this upsurge has been a topic of conversation, research, and publication. Considering that 1% of this pediatric patient population uses 30% of pediatric health care dollars, and have grown by more than 400% over 15 years, the question is: how can care for this population be improved? They are a population of children that are hard to name with a single disease, and risk being unseen, without a system of care around them.

Dr. Jennifer Balfour has been noting this increase in the South Island, and

the challenges in providing care for a diverse population, and wanted to bring together key interest holders to brainstorm what a coordinated care team for children and youth with medical complexity could look like. Over the past few years, Dr. Balfour and her colleagues have accessed support from Health System Redesign, the Specialist Services Committee's Enhancing Access funding, and a South Island Facilities Engagement grant to imagine a multidisciplinary service. Engaging with pediatrics, the PICU team, surgeons, pharmacists, dieticians, social workers, occupational therapists, physiotherapists, and Island Health leadership, and Nursing support services, the team aimed to identify aspects of a service that would meet the needs of these patients, with improved methods of navigation of the system, decreased burden on families, and improved quality of care.

One key observation was how children with other kinds of significant health needs have designated spaces and services to receive care - for example, patients with pediatric cancers or cystic fibrosis patients. For children with medical complexity, whose diagnoses are highly varied and with multiple underlying conditions, there is no established and coordinated support to navigate care, especially given the needs of these children cross lines of chronic concerns, as well as experiencing frequent deteriorations triggered by minor illnesses, and the need to access urgent care. This means that their encounters with the health care system are often episodic, disconnected, and crisis-driven, rather than coordinated, proactive, and focused on planned prevention whenever possible.

Moreover, the current system requires clinicians to engage in constant 'side of the desk' or ad hoc 'work around' solutions to problem solve for families, stay abreast of care plan changes, and communicate with other specialized team members in an effort to prevent admissions or Emergency room visits. Based on these conversations, the team determined that what was needed was a complex care service. This would include a very well understood entry point to the system for planned prevention, to deal with an immediate problem, for communication with a variety of clinical supports, and for advocacy work. With the help of Erin Corry, who provided invaluable project management support, the team drafted a proposal for the "Collaborative Care Program for Children and Youth with Health Complexity" and presented it to Island Health leadership: Gillian Kozinka, Interim Executive Director of VGH, Trapper Edison, Interim Clinical Operations Director, VGH, and Marko Peljhan, Vice President.

As a result of this presentation, there was a health authority commitment to support the development and funding of this service. The team has secured a second phase of South Island MSA funding to support the collaboration, flow charts, priorities, idea sharing, action trackers, and asynchronous communication to move forward with this project.

We wish them every success in this next phase of the project, and celebrate all the hard work that has gone into bringing this service to our Vancouver Island patients and families.

## Success Story: Saanich Police Shooting: Completing the Story

Dr. Shuen King, Dr. Dennis Kim, Dr. Al Hayashi, and Dr. Mark Vu

We are fortunate to live in a place where complex emergencies are rare. On June 28th, 2022, the exception occurred, when a botched BMO bank robbery turned into a multiple casualty shooting in Saanich involving police, fire, ambulance, the emergency room, trauma, surgery, and nursing. Though departments held debriefs within their own teams, there lacked a comprehensive opportunity to debrief as a whole group of affected people. Dr. Shuen King and Dr. Dennis Kim sought a SIFEI grant to bring together all those involved, to better understand how the events of the day unfolded, how everyone's actions affected the outcomes for the 6 injured police officers, and how all services

interacted and integrated together. In Dr. King's words, "we wanted to know where we triumphed and where we were lacking".

In planning the event, the team wondered how best to set the stage for the debrief. In the end, rather than imposing a formal process, they opted for a more spontaneous and organic sharing of experiences. The dinner was held on June 29th 2023, one year and a day since the event itself. Twenty members of the Victoria and Saanich Police attended, as well as approximately 60 clinicians and staff from emergency, surgery, intensive care unit, transfusion medicine, anesthesia, trauma, simulation, paediatric intensive care unit, administration, as well as community partners such as the BC Emergency

Health Services, Greater Victoria Emergency Response Team and the Victoria Hospitals Foundation. An unintended benefit of the event was the validation it provided to all those involved in emergency, health care, and public safety work. "Despite the limitations we face", says Dr. King, "this was a much-needed lift in morale and an opportunity to make connections with others who share interests and concerns".

Reflecting on the event at the conclusion of the project, Dr. King shared "In our current setting of production pressure and resource limitation, it was a wonderful opportunity to take a breath, look both backwards and forwards, and envision how we can be better".

“

**...This was a much-needed lift in morale and an opportunity to make connections with others who share interests and concerns.”**

- Dr. Shuen King



# Success Story: Climate Conscious Deprescribing Initiative

Dr. Valeria Stoyanova and Dr. Celia Culley

In her work as an internal medicine physician, Dr. Valeria Stoyanova was conscious of the many health effects of climate change, including respiratory illness, cardiovascular stress, and mental health challenges. Yet she was also aware that the process of delivering medicine is very greenhouse gas intensive. When looking at easily attainable, high impact initiatives to reduce greenhouse gas emissions in the hospital, she noted the practice of dispensing metered-dose inhalers as particularly carbon intensive. Approximately 3.5% of all health-care related greenhouse gas emissions come directly from these inhalers<sup>1</sup>.

As a treatment for patients with respiratory disorders (e.g. asthma, obstructive lung disorders, cystic fibrosis), inhalers are invaluable and irreplaceable for patient care. Valeria partnered with her colleague Dr. Celia Culley, Clinical Coordinator of Pharmacy at Royal Jubilee Hospital to secure a SIFEI grant to learn more about inhaler use within the hospital, so they could look for opportunities to optimize inhaler use without compromising excellent patient care.

Recognizing that engaging stakeholders across the spectrum of hospital staff would be essential, they used the seed funding to sit down with physicians, trainees, pharmacists, pharmacy technicians, nurses, respiratory therapists, porters, housekeepers, administrators, and pharmacy informaticists to better understand the lifecycle of inhaler use. They learned that there is a significant amount of inhaler waste, what they termed the 'inhaler attrition rate'. Some inhalers would be used a single time before being thrown away as the patient was transferred from ambulance to ER, then from ER to the ward. In fact,

“**There is just no time in our regular workdays to do QI work. The SIFEI funding was a springboard, so we could say “let’s start with this”**”

previous studies have shown that up to 98% of doses per inhaler dispensed in hospital are wasted<sup>2</sup>.

The team used these insights to create The Critical Air Project, the first and largest inpatient climate-conscious medication management initiative in Canada. This innovative work was recognized with a grant from CASCADES Canada, a non-profit organization funded through Environmental and Climate Change Canada. They have since been able to tackle a series of initiatives to reduce inhaler wastage, including changing the location of the tamper seal to reduce the incidence of

accidental disposal of unused inhalers, and advocating for the renewal of a lower greenhouse gas inhaler contract across all BC health authorities.

At the time of writing, on a provincial level, this initiative has kept 1,850 tonnes of CO2 emissions out of the air annually. This is equivalent to driving 6.4 million km in a standard gasoline powered vehicle.

The Climate Conscious Deprescribing Initiative has also had personal impacts for the project leads. “This quite literally changed the course of our careers”, says Valeria. Both point to

the initial seed funding from SIFEI as instrumental in moving the ideas into action: “The sense that someone thought this idea was worth supporting, and worth investing in, that gave us the confidence to keep going, to keep moving forward”. Celia concurred: “There is just no time in our regular workdays to do QI work. The SIFEI funding was a springboard, so we could say “let’s start with this””.

The project leads highlight the many key stakeholders who participated in the project, as well as the inspiring example set by a previous SIFEI project led by Dr. Caroline Stigant and Dr. Jean Maskey, whose work focused on promoting a planetary health agenda in Victoria-area hospitals.

For more information about the Critical Air Project, please see this presentation by the project leads for CASCADES Canada, and these slides prepared for the UBC Therapeutics Initiative.

Drs. Stoyanova and Culley’s This Changed My Practice” about metered-dose inhalers is also available.



- Dr. Stoyanova & Dr Culley

<sup>1</sup> Imogen Tennison, Sonia Roschnik, Ben Ashby, Richard Boyd, Ian Hamilton, Tadj Oreszczyn, Anne Owen, Marina Romanello, Paul Ruysevelt, Jodi D Sherman, Andrew Z.P Smith, Kristian Steele, Nicholas Watts, Matthew J Eckelman, Health care’s response to climate change: a carbon footprint assessment of the NHS in England, *The Lancet Planetary Health*, Volume 5, Issue 2, 2021. Pages e84-e92.

<sup>2</sup> Sakaan S, Ulrich D, Luo J, Finch CK, Self TH. Inhaler Use in Hospitalized Patients with Chronic Obstructive Pulmonary Disease or Asthma: Assessment of Wasted Doses. *Hosp Pharm*. 2015 May;50(5):386-90. doi: 10.1310/hpj5005-386. PMID: 26405325; PMCID: PMC4567205.



# SOUTH ISLAND FEI SOCIETY WORKING GROUP

**A**s the committee responsible for the annual Facilities Engagement Initiative funding from Doctors of BC, the Working Group works diligently to allocate responsibly, fairly, and comprehensively. The multi-departmental group ensures that the perspectives of every corner of the hospitals are represented.

Now in their seventh year of creating change across our health care system, Engagement Projects continue to be a mainstay of the Working Group's offerings. As with the more than 250 projects before them, this year's 38 new projects will give physicians the chance to make their workplaces, relationships, and patient care better.

A new dimension to this year's Working Group meetings has been a learning curriculum, focusing on different aspects engagement projects. Guests included Jennie Aitken, who shared foundational Quality Improvement theories and skills, connections from a variety of Island Health departments that provide supports to project leads, and representatives from different funding sources available to physicians. We are so appreciative of the time, energy, and expertise the guests shared!



**Members:**

- Chair: Dr. Alicia Power\*, Family Practice Obstetrics
- Dr. Adrian Vethanayagam - Anaesthesia
- Dr. Alex Hoehschmann - Emergency Medicine
- Dr. Ali Tafti - Emergency Medicine
- Dr. Allen Hayashi – General Surgery
- Dr. Catherine Jenkins – Geriatrics
- Mr. Doug Enns\* – Patient Partner
- Dr. Jennifer Balfour\* – Pediatrics
- Dr. Jennifer Oates\*, Geriatric Psychiatry
- Dr. Jody Anderson - Palliative Medicine
- Dr. Julie Paget - Anaesthesia
- Dr. Krystal Cullen\* - Pediatrics
- Dr. Margaret Bester\* – Hospitalist
- Dr. Michael Chen\* - Laboratory Medicine
- Dr. Richard Reid - Neurosurgery

# IHEALTH COMMITTEE

Over the past three years, the South Island MSA's IHealth Committee has brought forward medical staff concerns and issues to the IHealth team. From device numbers and locations to the re-al-life challenges that an offset activation will create, specific aspects of this system transformation have been floated by the Committee.

With the activation of Computerized Provider Order Entry (CPOE) at Victoria General Hospital and Royal Jubilee Hospital in spring 2024, the IHealth Committee's work and advocacy has been truly appreciated. Special thanks must go to Dr. Kellie Whitehill and Dr. Pooya Kazemi, whose advocacy and partnership as IHealth Site leads have been instrumental bringing forward the physician voice.

Many thanks to those who served during the Committee's duration:

- Dr. Catherine Jenkins, Geriatric Medicine – Chair
- Dr. Adrian Vethanayagam, Anaesthesia
- Dr. Alex Hoehschmann, Emergency Medicine
- Dr. Dan Boston, Psychiatry
- Dr. Daisy Dulay, Cardiology
- Dr. Elizabeth Wiley, Family Practice
- Dr. Gordon Hoag, Medical Biochemistry
- Dr. Jason Wale, Emergency Medicine
- Dr. Jennifer Oates, Geriatric Psychiatry
- Dr. Karen McIntyre, Hospitalist Medicine
- Dr. Lauren Zolpys, Anaesthesia
- Dr. Linda Lee, Urology
- Dr. Pierre Pepler, Hospitalist Medicine
- Dr. Rachel Carson, Nephrology

# PHYSICIAN WELLNESS & SOCIAL COMMITTEE

**T**he Physician Wellness and Social Committee continues to lead this important work on Vancouver Island. Its regular offerings of Mindful Mondays and the South Island Physicians' Walking Group were complemented this year by piloting the South Island Physicians Peer Support Program.

Seven local physicians honed and practiced their peer support skills by joining sites from across the province in a training program offered by the Physician Health Program. Through this novel offering, physicians from the Greater Victoria area are connected to a local, trained peer. This caring colleague offers confidential, non-judgmental listening and non-clinical support with life, work, and other issues. The skills gained by the peer supporters, as well as the comfort and reassurance felt by the peers, have been a wonderful addition to the Committee's offerings.

The Physician Wellness and Social Committee looks forward to creating a culture of well-being at Royal Jubilee Hospital and Victoria General Hospital over the coming years.



We are so appreciative of the time, energy, and expertise shared by our Committee members:

- Dr. Al Hayashi - General Surgery
- Dr. Anne Nguyen - Family Medicine
- Dr. Carrie McQuarrie - Emergency Medicine
- Dr. Fred Voon – Emergency Medicine
- Dr. Gina Gill - Emergency Medicine
- Dr. Jane Ryan - Child Psychiatry
- Dr. Karen Palmer - Psychiatry
- Dr. Lenny Woo - Hospitalist Medicine
- Dr. Lucas Dellabough - Resident
- Dr. Maria Kang - Pediatrics
- Dr. Megan Woolner - Addictions Medicine
- Dr. Sarah McAnally - Emergency Medicine
- Dr. Shana Johnston - Family Practice
- Dr. Vanja Petrovic - General Internal Medicine
- Dr. Wayne Ghesquiere - Infectious Diseases



# Success Story: Updating the OR Checklists

Dr. Sara Waters

In the rare but serious event of a crisis in the operating room or Post Anesthesia Care Unit (PACU), one would hope there would be a concise yet comprehensive resource available to guide healthcare teams. Such was the thinking behind the development of the Operating Room Crisis Checklists (ORCC) in Victoria. Created in 2016 by Dr. Sara Waters and colleagues in anesthesiology, surgery and nursing, the team developed 24 checklists in the ORCC booklet. Over the past 5.5 years, these checklists have been used to manage real emergencies in the operating rooms, as well as to train learners across many disciplines. However, since 2016 there have been updates to major guidelines such as Advanced Cardiac Life Support (ALCS) and further evidence for interventions that should be incorporated into these checklists.

To do the reviewing, editing, updating, and replacing of the ORCC checklists at both Victoria General Hospital and Royal Jubilee Hospital, Dr. Waters and a team of anesthesiologists and nurses

**“It facilitates teams working cohesively in stressful times of crisis”**

- Dr. Sara Waters

worked with two staff members from Island Health’s Clinical Learning and Knowledge Services. Doing this work as a team ensured agreement on the edits as well as accuracy of information. Beyond the benefits to the ORCC, this activity built collegial connections between the team. After compiling the necessary updates, the next task was to communicate with staff who may be involved in a crisis in the OR about the existence of the ORCC, and then assess the utility of these tools.

In a final evaluation survey conducted by the team, 91% of respondents had used the checklists and 50% of those have used them in actual crisis situations in the OR involving patients. Others reported using them in teaching capacities, for personal knowledge review and in simulation training. 100% of respondents found them to be worthwhile and 82% of respondents found them to be worthwhile in “providing the safest care to patients”. OR staff were welcoming to these tools as a replacement for having to rely solely on memory. “It facilitates teams working cohesively in stressful times of crisis” says Dr. Waters.

## Operating Room **Crisis** Checklists

- |    |  |  |    |   |  |
|----|--|--|----|---|--|
| 1  | Air Embolism - Venous                      |  | 13 | FIRE - Airway                             |  |
| 2  | Airway - Difficult/Failed                  |  | 14 | FIRE in the Operating Room                |  |
| 3  | Anaphylaxis: ADULT                         |  | 15 | Hemorrhage - Major                        |  |
| 4  | Anaphylaxis: PEDIATRIC                     |  | 16 | Hypotension                               |  |
| 5  | AAA - Ruptured                             |  | 17 | Hypoxia                                   |  |
| 6  | Bradycardia - Unstable: ADULT              |  | 18 | Local Anesthetic Systemic Toxicity (LAST) |  |
| 7  | Bradycardia: PEDIATRIC                     |  | 19 | Malignant Hyperthermia                    |  |
| 8  | Bronchospasm/Severe Asthma                 |  | 20 | Maternal/OB Cardiac Arrest                |  |
| 9  | Cardiac Arrest - Asystole / PEA: ADULT     |  | 21 | Maternal/OB Hemorrhage                    |  |
| 10 | Cardiac Arrest - Asystole / PEA: PEDIATRIC |  | 22 | Tachycardia: PEDIATRIC                    |  |
| 11 | Cardiac Arrest - VF / VT: ADULT            |  | 23 | Tachyarrhythmia/SVT - STABLE: ADULT       |  |
| 12 | Cardiac Arrest - VF / VT: PEDIATRIC        |  | 24 | Tachyarrhythmia/SVT - UNSTABLE: ADULT     |  |

Do not remove book from this room.

→ Hot Debriefing Guide



Victoria General Hospital/Royal Jubilee Hospital version #2

February 2023  
Based on the OR Crisis Checklists at [www.projectcheck.org/crisis](http://www.projectcheck.org/crisis). All reasonable precautions have been taken to verify the information contained in this publication. The responsibility for the interpretation and use of the materials lies with the reader.



A JOINT CENTER FOR HEALTH SYSTEMS INNOVATION

Adapted and revised by Island Health  
Department of Anesthesia: December 2016

Front page of the OR Checklists document



# BY THE NUMBERS

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**1190**

**PHYSICIAN MEMBERS IN SOUTH ISLAND MSA**

**785**

**ATTENDEES AT OUR ANNUAL SOCIAL, LEARNING AND ENGAGEMENT EVENTS**

**743**

**PHYSICIANS INVOLVED IN FE WORK**

**290**

**ENGAGEMENT PROJECTS APPROVED SINCE 2016**

**44**

**DIVISIONS INVOLVED IN FE WORK**



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