

Minutes from SIFEI Working Group Meeting
June 2, 2025 (1800-1945)

Members present: Krystal Cullen, Richard Reid, Catherine Jenkins, Al Hayashi, Annebeth Leurs, Julie Paget, Amber Addley, Fred Voon, Jennifer Balfour, Shana Johnston, Jean Maskey, Mark Mallet, Margie Bester, Chris Dance, Anna Sinova, Laura Fraser, Suresh Tulsiani

Staff present: Erica Kjekstad, Clara Rubincam, Julia Porter, Rita Webb

1. Welcome and Introductions: (Dr. Krystal Cullen)

- Welcome & round table introductions
- Acknowledge passing of local physician, Dr. Steven Kent, Pediatrician; service is on June 27th, obituary in the Times Colonist
- Approval of Working Group meeting minutes from February 6, 2025

2. MSA Updates

- **Island MSA Presidents/Health Authority**
 - Island wide in-person meeting in March; lots of hope for this group
 - Meeting attended by Health Minister, very responsive to what physicians have to say
 - It is going to be a very tough year, the HA budget is going to be down
 - Island Health was in a deficit last year, asked for 1.5% raise, given 2% decrease
 - It is going to be even more difficult this year
 - There is a reluctance to share the information broadly, feel that transparency and communication is necessary
 - When budgets are getting tight it creates more tension
 - Make sure as MSA we hold the line on rules of civility and we are being open and honest with our patients and colleagues
 - Please let us know if you have suggestions on how to navigate/communicate
- **Physician Wellness and Social Committee**
 - Well Doc Canada Physician Wellness Survey (302 responses = 35% response rate)
 - Currently reviewing the data and starting the conversations to plan Post-Survey Retreats in the Fall
 - Socks for Docs on Friday, June 9th – encourage everyone to wear mismatch socks to highlight physician mental health; feel free to share photos of your mismatch socks and we will put it on our website/newsletter
 - Annual BBQ Sunday, Sept 7, 12-3 at Cadboro-Gyro Park
- **Strategic Planning Funding**
 - In February spoke about how to support Departments to do Strategic Planning
 - Will share details once we have them
- **South Island MSA Executive**
 - Currently 3 executive seats open, no experience necessary
 - Asking for one-year, position is compensated, approx. 2 h/month
 - Must have Active privileges, cannot hold an IH leadership position
- **Celebrations – Gold Star Awards** (email info@southislandmsa.ca to submit a nomination)
 - Dr. Lesley Silver by Dr. Chris Harper
 - Dr. Brian Farrell by Dr. Elizabeth Ward and Dr. Alicia Power
 - Dr. Colin Casault by Dr. Alex Hoechsmann
 - Cheryl Burke by Dr. Rebecca Morley

3. Doctors of BC Update – Annebeth Leurs

- Focus on evaluation and showing impact
- Provincial context – conversations happening at provincial level, reviewing Health Authorities and Administrative spending
- Expectation is the JCC programs will be under the same level of scrutiny
- Evaluation metrics help justify the use of FE funds
- Physician Master Agreement is really important, 11 years ago FE was started
- MOU on Regional and Local Engagement, working towards goals collaboratively
- Ministry of Health expectation is FE funds are being used appropriately - directly influence positive change, foster meaningful interactions, broad spectrum of physicians
- Consider is FE the most appropriate funding, would the MSA be able to defend it publicly
- JCC level evaluation – framework rooted in quintuple aim, highlights how each work area has addressed the aims
- Need to show the impact of FE to our funder, want to communicate the impacts, identify learnings and potential opportunities for improvement
- Completed third round of evaluations; primary method FE Evaluation Survey and Stakeholder Interviews
- Additional data from Annual Review submissions, Site Engagement Activity Tracker (SEAT), Facility Engagement Management System (FEMS) and Regional Annual Review & Reflections (RARR)
- What we learned:
 - MSA Learnings: invest in leadership development, optimize roles, clearly communicate opportunities, enable flexible participation, facilitate cross-MSA connections, engage regionally with Health Authority partners, empower physicians with QI and evaluation skills
 - HA Learnings: ensure transparent decision-making, establish regular communication channels, strengthen MSA-HA partnerships, share best practices and promote leadership development opportunities
 - FE Learnings: raise awareness of existing resources, support leadership development, develop new resources, working on engagement toolkit
- Annual Review successes: collaborating on shared priorities, establishing communication avenues, hosted events to foster team cohesion, building foundational relationships and trust with HA leaders, regular engagement efforts and standing meetings
- Annual Review challenges and lessons learned: create more effective MSA meeting structures, disconnect between HA decision-making and local facility, provider understaffing and vacant HA roles, transparency in decision-making
- Key Priorities for 2025/26
 - Enhance Medical Staff experience
 - Strengthen a unified physician voice
 - Improve communication and connection for MS engagement
 - Develop and support physician recruitment and retention activities
 - Support activities that positively impact patient care and improve provider experience of care
 - Build strong, trusting relationships within the facility

4. Working Group Discussion – Evaluation

- Already do a lot of evaluation work in the South Island, also use it as a marketing tool
- Where we get the information from: engagement projects, meetings, events, Doctors of BC
 - Engagement Projects: intake form, meetings with project leads, interim and final reports, post-project interviews
 - Other sources: Interdepartmental Meetup funding, Walk a Doc, post-meeting surveys, post-event follow-up, FEMS
 - Internal: Working Group, Executive, newsletters, website, Quality Improvement
 - External: Annual Report, Conferences, Island Health, DoFP, MOH, other partners
 - Doctors of BC: SEAT reports, Annual Review, financial reporting, FEMS, Provincial Evaluation

- People always don't let us know challenges, please reach out to share feedback
- Don't consistently have intake meetings with Project Leads
- Suggestion to explore options for AI to synthesize feedback
- We don't ask a lot of questions around hospital metrics (e.g. Length of Stay), can make it difficult to show the project impact
- Ask how the engagement makes things better, don't ask for hard quantitative metrics
- Would need to change how we do intake and support data if we want to switch the data we collect
- Knowing how groups are doing/how project went can help other physicians navigate what they want to do and if there are opportunities to learn from each other
- Hesitant to assign a value to the intangible benefits; risk of continued bias towards tangible, number counted metrics
- Government doesn't always know what is needed until we create it
- Do we need to look at alternative metrics to support showing impact to DOBC? Currently no shift in direction, just looking at how we communicate the FE successes and opportunities to see where to put more focus
- South Island is doing a very good job with how FE funds are being used
- Can look at expanding how we do post project interview to include getting more details around the project impacting things
- Storybook shares results of four evaluation questions:
 - Leading this project has meant meaningful interactions with Health Authority colleagues **4/5**
 - Leading this project improved communication with my physician colleagues **4.5/5**
 - Leading this project has allowed me to contribute to Health Authority plans **4.4/5**
 - Leading this project has enables me to prioritize important issues for patient care **5/5**
- Discussion:
 - Suggestion to tie final payments to final report
 - Some projects aren't able to move forward but may still have good learnings to share
 - Good to have a goal for responses and idea of how to achieve them
 - Send out reminders to complete the reports
 - Don't want to discourage people from starting a project
 - Application and approval email both include an agreement to complete the final report
 - Could explore possibility to have a Medical Student meet you to answer
 - Easier to do a 5 minute phone call to answer the question
 - Book final interview as appointment in the day
 - Can recommend people try using ChatGPT to take their information
 - Explore other avenues for communicating e.g. text messages, phone calls
 - Possible to include opportunities to link to other supports/work going on
 - Call it a "check-in" instead of a report
 - Can try it out and if response rate is still 30% may need to try other options
 - When we do approval could send a meeting invite for a 6 month follow-up to check-in
 - Explore possible Gamification/ add competitive aspect – get points to click here, fill out report, "Gold Star" on completion
 - When subsequent reminder email goes out, could explore sending it from an Exec physician
 - No pressure from having a hard deadline, easy to ignore doing it
 - Suggestion to have funds held until report goes in, more encouraging than any additional administrative processes
- **Decision: Will explore feasibility of suggestions and will report back on what we are trying**

5. Financial Update - There is enough funding to support all of the proposed projects tonight

2025-26 Financial Update

Updated Budget Status	Balance
Carryover from 2024-25	\$ 261,417
Annual Doctors of BC Allocation	\$ 500,000
Total available to allocate 2024-25	\$ 761,417

Budget 2025-2026

Activity	2025-26 Budget	2025-25 Spend to date	% Spend
Governance	\$ 70,000	\$ 6,563	9%
Communications	\$ 10,000	\$ 975	10%
Working Group	\$ 24,000	\$ 176	1%
Internal Operating Expenses	\$ 106,500	\$ 6,397	6%
Engagement Projects	\$ 300,000	\$ 21,399	7%
Engagement Project Promotion	\$ 2,500	-	0%
Physician Wellness & Social Cttee	\$ 45,000	\$ 9,820	22%
Medical Staff Engagement	\$ 40,000	\$ 3,279	8%
Medical Staff – HA Engagement	\$ 15,000	-	0%
Awards/Recognition	\$2,000	\$ 61	3%
Strategic Planning Funding	\$100,000	-	0%
Contingency/Unallocated	\$ 46,417	-	
Total Spent/Allocated	\$ 761,417	\$ 49,348	6%
<i>EHR Engagement</i>	\$ 21,658	-	

6. Engagement Projects:

- 322 projects approved since 2016, 300 projects completed with stories, 22 ‘live’ projects
- 9 Green Light project applications in for approval tonight
- No Yellow Light projects to discuss tonight, will adjust then bring back at the next WG meeting
- Process for Project Review:
 - Staff (Rita and Clara): Ensure proposals align with the priorities and spirit of the MOU and the Funding Guidelines, reviewed with physicians to provide clean and thoughtful applications
 - Core Group (Drs. Margie Bester, Alicia Power, Krystal Cullen, Jennifer Balfour, Michael Chen; looking for a Patient Partner): Vet proposals based on WG criteria, define additional information needed for follow up.
 - Green Light = Recommend WG Approve (Consent Agenda); Yellow Light = Discuss at WG; Red Light = Not brought to WG
 - Projects are also discussed in advance with Island Health
- Evaluation tonight: assume that everyone has read the documentation sent. Voting choices: Accept as presented, Accept - partial funding, Reject, with comments. All decisions will be emailed to the applicants by end of day June 9th

Green Light Projects – Approved		
Improving effective use of albumin in CVU	Dr. Simon Adamson	\$ 7,000.00
Heart Function and Cardiomyopathy Specialty Clinics - Improvement in access and follow-up	Dr. Oliver Desplantie	\$10,000.00
Intravenous iron to reduce bounce backs and morbidity related to iron deficiency plus or minus anemia	Dr. Dustin Loomes	\$11,000.00
Extracorporeal Cardiopulmonary Resuscitation Phase II	Dr. Shavaun MacDonald	\$10,000.00
Hospitalist- Clinical Teaching Unit /Internal Medicine: A new approach to collaborative Practice at the Royal Jubilee Hospital to improve patient care	Dr. Jean Maskey	\$10,000.00
“Imbedded” Internal Medicine with the Hospitalist Team: collaborative practice at the Victoria General Hospital to improve patient care	Dr. Vanja Petrovic	\$10,000.00
Disaster Planning - Phase 2	Dr. Mike Thompson	\$10,000.00
Critical Care Survivor Program Note: Dr. Turner is moving off the island, will confirm who is taking over the project before it is approved	Dr. Christian Turner	\$11,000.00
Perioperative Glycemic Management Optimization	Dr. Laura Wakely & Dr. Pooya Kazemi	\$11,000.00

Discussion:

- Challenge how to address funding requests that are tied to compensation
- Workflow and compensation are closely linked
- We can only go off of what is put in the application form, we cannot control if people are not giving us all of the information
- Need to put on disclaimer for Strategic Planning funding to be clear in application that talking about compensation and negotiation is out of scope and different teams at DOBC can support those conversations
- People don't always know upfront what exactly will be discussed in a meeting so they may stray into out of scope conversations

7. Tentative next Working Group meeting – Monday, October 6

- **Monday, September 29** – Packages sent out to WG before meeting
- **Monday, September 22** – Feedback from Core Group, Island Health, and Exec received
- **Friday, September 12** – Packages sent to Core Group, Island Health, and Exec for review and feedback. Meeting with Island Health
- **Monday, September 8** – Closing date for project proposals

Meeting adjourned 7:45pm