

ANNUAL REPORT

2025



SIFEI Success
Stories

LETTER FROM THE CO-PRESIDENTS

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We see the exhaustion and the concern for burnout. But we also see points of light.

As we walk down the corridors at the Royal Jubilee Hospital and Victoria General Hospital, we see the dedicated South Island medical staff who continue to show up for their patients and their colleagues. But we also see that the medical staff have experienced a lot of change, and austerity measures mean that we are being asked to do more with less. We see the exhaustion and the concern for burnout.

But we also see points of light in the camaraderie and dedication that you bring to your workplace. We're particularly heartened to see that light during South Island MSA events: Colleagues laughing with each other at Lunch in the Lounge. Warm greetings and words of appreciation at our Welcome and Thank You Evening. Genuine connection at our South Island Physicians' Family BBQ. These joyful times reconfirm that we are humans first, physicians second.

We believe that the workplace can be changed to help us humans thrive. A major project in 2026 will be the definition and implementation of quality improvement projects stemming from the Well Doc Canada Physician Wellbeing Survey, which was rolled out in April 2025. We hope that departments will be able to create incremental, important, positive change.

The South Island MSA continues to advocate for its members with Island Health. Our major focus continues to be on improving administration transparency and accountability, and on creating an environment where medical staff feel safe raising concerns. Progress has been slow but present. During the IHealth rollout, there was candor about delays and setbacks. There is a commitment to moving the discipline process away from punishment to a restorative approach. We continue to work on strengthening the medical voice through increasing the cooperation with other Island MSAs so that we can speak with one voice. We hope to use the information from the bi-annual Doctors of BC Health Authority Engagement Survey to gauge whether these efforts have been successful and adjust our advocacy from there. The South Island MSA's physician-led engagement projects are an inspiration to every other site across the province, an achievement worth celebrating.

It has been a tough year. But we hope that, through ongoing advocacy, connection, and improvement opportunities, the South Island MSA can continue to enhance medical staff wellbeing and, through that, patient care. Although we have a ways to go, we can still aspire to create an environment where medical staff can thrive, both as professionals and as humans.

- Drs. Voon and Jenkins
CO-PRESIDENTS

SOUTH ISLAND FEI SOCIETY WORKING GROUP

The South Island FEI Society Working Group has set the gold standard for MSAs across the province to follow. Thanks to its rigorous, thoughtful review of engagement projects, as well as its strong, transparent project approval process, the Working Group approved 32 physician-led engagement projects in 2025, with a total value of \$298,300.

The range and quality of proposals is remarkable: Building clinical and personal bridges between departments to ensure a happier workplace and better patient care; Coordinating new workflows to efficiently use resources and see patients; Changing medical staff practices to make better use of laboratory services. The South Island medical staff ideas for grassroots change are boundless, and the Working Group is privileged to consider them. Throughout this Annual Report, you'll find many Success Stories, which highlight some of the impactful, grassroots work funded by the Working Group and completed by South Island physicians. Please, take the time to enjoy the stories and to celebrate the incredible accomplishments.

This year, the Working Group decided to further support the MSA membership by offering "Strategic Planning Funding." This trial is intended to support teams' collaborative conversations about goals, objectives, and action plans, and builds in flexibility for groups to do this important work in the way that best suits their team. This year's cohort will support seven different physician groups to set themselves up for success – we look forward to seeing them flourish.

We are grateful for the ongoing thoughtful leadership of the Working Group and its members. Meetings are open to all South Island medical staff, and we would warmly welcome new members to the committee.

2025 WORKING GROUP MEMBERS

CHAIR: DR. KRystal CULLEN* - PEDIATRIC MEDICINE
DR. JENNIFER BALFOUR* - PEDIATRIC MEDICINE
DR. MARGARET BESTER* - HOSPITALIST MEDICINE
DR. MICHAEL CHEN* - LABORATORY MEDICINE
DR. VALERIE EHASOO - FAMILY PHYSICIAN
DR. HENDRI-CHARL EKSTEEN - PSYCHIATRY
DR. ALLEN HAYASHI - GENERAL SURGERY
DR. CATHERINE JENKINS - GERIATRIC MEDICINE
DR. SHANA JOHNSTON - FP OBSTETRICS
DR. JULIE PAGET - ANAESTHESIA
DR. ALICIA POWER* - FP OBSTETRICS
DR. RICHARD REID - NEUROSURGERY
DR. SURESH TULSIANI - PEDIATRIC MEDICINE
DR. FRED VOON - EMERGENCY MEDICINE
* CORE GROUP

SOUTH ISLAND MSA LEADERSHIP

DR. CATHERINE JENKINS

GERIATRIC MEDICINE



Co-President

DR. FRED VOON

EMERGENCY MEDICINE



Co-President

DR. KRystal CULLEN

PEDIATRICS



Director at Large, Projects

DR. RICHARD REID

NEUROSURGERY



Director at Large

DR. GABY YANG

PEDIATRIC CRITICAL CARE



Director at Large

DR. SHAVAUN MACDONALD

CRITICAL CARE MEDICINE



Director at Large

Administrative Team

Erica Kjekstad, Program Director
Clara Rubincam, Project Manager – Evaluation
Rita Webb, Project Manager – Projects

Julia Porter, Administrative Support
Stephanie Piché, Administrative Support
Lillian Fitterer, Administrative Support, Victoria Medical Society

SUCCESS STORY

CLINICAL AND MICROBIOLOGY LAB COLLABORATION STRATEGY TO IMPROVE RESOURCE UTILIZATION

Dr. Christine Lee and the Microbiology Laboratory Team

The Island Health Microbiology Laboratory supports multiple inpatient and outpatient care areas as well as antimicrobial stewardship and infection prevention and control programs. Optimization of the pre-analytic phase (ordering, requisitioning, collection, use of proper swabs/containers and transport) is essential for the production of reliable, reproducible and timely results. This phase is dependent primarily upon non-laboratory personnel, making it particularly important to engage with physicians for improvement efforts.

The team saw opportunity for improvement in lab test ordering practices, and tapped into FE dollars to engage with physicians and other clinicians. The microbiology laboratory team focused their efforts on the addition of a microbiology-specific site on Firstline to assist in improving order practices. This digital resource was designed to support clinicians, nurses, and other healthcare pro-

fessionals by providing easy, real-time access to best practices for test ordering, specimen collection, and submission requirements.

Recognizing that this initiative represented a significant change for many different designations within the hospital, the team partnered with a website/Firstline content manager, antimicrobial stewardship pharmacists, a professional practice consultant, and nurse educators, alongside physicians from laboratory, hospitalists, infectious disease, and the emergency department.

According to the specimen rejection analysis of a three-month period, a total of 32,428 specimens were received for sexually transmitted infection (STI) specimens for molecular testing and urine cultures, and of these, 634 specimens were rejected. The most common reason for rejection of STI samples was the use of incorrect swab types. To address this issue, the team is in the process of incorporating photos of the correct swab types into the microbiology specimen collection guides to support frontline staff in using the correct collection tools and help reduce rejection rates moving forward.

Reflecting on this initiative, Dr. Lee shared how important it was to engage with her colleagues across designations: "This engagement initiative offered a valuable opportunity for me to collaborate closely with nurse educators and physicians". By exploring practical ways to provide clearer guidance aimed at reducing specimen errors and rejections and improving turnaround times, the team was able to offer an invaluable opportunity to enhance both patient care and clinician experience.

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THIS ENGAGEMENT INITIATIVE OFFERED A VALUABLE OPPORTUNITY FOR ME TO COLLABORATE CLOSELY WITH NURSE EDUCATORS AND PHYSICIANS”

2024-2027

STRATEGIC PLAN

In early 2024, the South Island MSA Executive Team refreshed its strategic direction to guide the organization through 2027.

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:

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

PRIORITIES

- Improve the culture of communication among medical staff and with partners external to the MSA.
- Increase and diversify physician engagement in MSA activities across disciplines and facilities.
- Seek to understand the ongoing issues and concerns of our membership and decide how to best support.
- Foster a robust community that promotes quality care and medical staff wellbeing.

2025-26 ACTIONS

- Continue to advocate for the South Island Medical Staff and be a vocal ally for other Island communities with Island Health and the Ministry of Health. This includes involvement in the Legislative Committee, the Medical Staff Respectful Workplace Steering Committee, the Transparency and Communications Working Group, the IHealth Regional Council, and the Island Presidents' Network/Health Authority MSA.
- Work with Island Health to implement the recommendations set out in the Medical Staff Respectful Workplace Working Group report, shifting the workplace culture towards a restorative approach.
- Work with local site leadership and Medical and Academic Affairs to jointly welcome new medical staff to Royal Jubilee Hospital and Victoria General Hospital.
- Develop and activate an Executive Succession Plan, to ensure robust, knowledgeable, and continuing leadership of the South Island MSA/FEI Society.
- Roll out the refreshed 2024-27 Strategic Plan.
- Support South Island Medical Staff to implement quality improvement-based changes as identified through the Well Doc Canada Physician Wellbeing Survey results and as prioritized by departments and teams.
- Continue to work with local physicians' organizations to offer community-wide engagement and learning activities.
- Maximize Facility Engagement funding in support of physician-led engagement initiatives and projects, shared work with the Health Authority, and interdepartmental connections.

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ALTHOUGH WE HAVE A WAYS TO GO, WE CAN STILL ASPIRE TO CREATE AN ENVIRONMENT WHERE MEDICAL STAFF CAN THRIVE, BOTH AS PROFESSIONALS AND AS HUMANS.

- CO-PRESIDENTS, DR. VOON & JENKINS

PHYSICIAN

WELLNESS & SOCIAL COMMITTEE

The self-defined 'funnest committee' continued to work hard to support each South Island medical staff member with its innovative, strategic offerings.

Our first annual Multicultural Mixer celebrated the diversity of the medical staff through shared food, music, and experiences. We were delighted and honoured to learn from colleagues about their Malaysian, Indian, Persian, Jewish, Mauritian, Korean, Norwegian, English, Jamaican, and Chinese cultures.

A long-standing objective of the Physician Wellness and Social Committee has been to survey the MSA members about their wellbeing. This year, the South Island MSA served as the British Columbia pilot site of Well Doc Canada's Physician Wellbeing Survey. Thanks to the support of the Physician Health Program and the incredible team at Well Doc Canada, the survey rolled out in April, with a fantastic 35% response rate from South

Island physicians. Results have been shared with each department. Coaching and support will be made available to ensure physician-led engagement projects are set up well to generate practical, important change over the next 18 months.

Many of the MSA's most successful community-building events originated with the Physician Wellness and Social Committee: Mindful Mondays, the South Island Physicians' Walking Group, and Dips for Docs are low-barrier ways for physicians to connect as humans. The annual South Island Physicians' Family BBQ and Welcome and Thank You Evening welcomed record numbers of attendees this year, bringing together hospital- and community-based physicians, specialists and family physicians, new and not-so-new.

We are delighted to partner with the Victoria and South Island Divisions of Family Practice and the Saanich Peninsula Physicians Society on these events.

The work of the Physician Wellness and Social Committee is essential to our MSA and we are grateful to its members for their leadership, innovation, and heart:

Chair: Dr. Maria Kang – Pediatrics
Dr. Al Hayashi - General Surgery
Dr. Alicia Power - FP Obstetrics
Dr. Fred Voon – Emergency Medicine
Dr. Gina Gill - Emergency Medicine
Dr. Jane Ryan - Child Psychiatry
Dr. Lenny Woo - Hospitalist Medicine

Dr. Lucas Dellabough - Psychiatry
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

MOCK CODE ORANGE DRILL IN THE ED

Dr. Mike Thomson and Dr. Tristan Jones

When preparing for a mass casualty event – called a Code Orange and stemming from a natural disaster, accident, or violent attack – healthcare provision is at the very center of the response. Where will patients be brought, and how will healthcare teams be coordinated to respond? How will teams communicate with one another? These types of questions and more are part of Mock Code Orange activities.

Code Orange simulations are a regular occurrence; however over the past few years, physician teams have sometimes struggled to find the capacity to engage in simulations for these rare but high acuity situations. Recognizing that a cohesive team-based response from all members of the hospital community is essential, Dr. Mike Thomson and Dr. Tristan Jones applied for SIFEI engagement project funding to improve ED physician engagement at the Royal Jubilee Hospital whole-site Mock Code Orange drill in February 2025.

Coordinated by Royal Jubilee leadership under RJH Operations Director Melanie Cyr, Clinical Operations Manager Rebecca Jackson, and the Health Emergency Management BC (HEMBC) team under Dustin Griffiths, this event was a multi departmental effort involving over 200 staff, ranging from Critical Care leadership to Porter leadership. The actual mass casualty event occurred in the Simulation Lab on site at RJH, with 50 simulated patient actors to assist.

Many of the insights that emerged from this exercise related to logistics and communication. For instance, the drill provided the opportunity to review the disaster carts in each unit that would be used in the event of a Code Orange, and ensure these carts contained many of the essential supplies. The team also reflected on how patient data would be accessed and managed, given the assumption that the Electronic Health Record might not be effective due to the volume of patients needing help simultaneously.

Reflecting on the next steps for this initiative, all parties agreed that "This was just the start. This helped to highlight all the work needed moving forward to ensure our hospitals have a robust code orange response". The project leads are currently formulating a Phase 2 project application to support implementation of the improvements from the Mock Code Orange drill and ongoing ER physician engagement.

At the conclusion of this phase of the project, Dr. Thomson has become a promoter of physician-led quality improvement initiatives. "The biggest barrier is the perception that the application needs to focus on something big", he shared. "A project doesn't have to be something elaborate; it can just be a question that has arisen in the course of clinical work. This funding really empowers the physicians in the community to see those issues and take charge to fix them".

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THIS HELPED TO HIGHLIGHT ALL THE WORK NEEDED MOVING FORWARD TO ENSURE OUR HOSPITALS HAVE A ROBUST CODE ORANGE RESPONSE.

THE YEAR IN REVIEW

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I felt like a valuable member of our medical community. I've been feeling like an outsider for many years (nothing anyone did - just working through my own process) but this year I felt so loved.... I felt a lovely sense of belonging that I haven't felt in previous years.”

- BBQ Attendee



○ Multicultural Mixer

Our inaugural Multicultural Mixer was a wonderful way to bring together physician families to celebrate their cultures, traditions, and food. We were delighted and honoured to learn from colleagues about their Malaysian, Indian, Persian, Jewish, Mauritian, Korean, Norwegian, English, Jamaican, and Chinese cultures.



- Welcome & Thank You Evening

○ Physician Wellness and Social Committee

Our annual beach-based meeting is a highlight for the committee! Connecting in a beautiful place to talk about how to support the wellbeing of the South Island medical staff is always inspiring.

○ Welcome & Thank You Evening

Our annual flagship event keeps getting better! We were delighted to welcome Dr. Charlene Lui, President of Doctors of BC, to welcome our new to Victoria physicians, thank long-serving retirees, and celebrate our medical community.



○ Socks 4 Docs

We were thrilled to have even more docs wear their mismatched socks with pride, to spur conversation about the importance of physician mental health. Our Greater Victoria Peer Support Network was ready to provide a kind ear to anyone who wanted to chat.



- Welcome & Thank You Evening

○ Quarterly MSA meeting

We were so appreciative to hear from Dr. Gordon Wood of the challenges facing the Intensive Care Unit, and look forward to taking this important topic forward to Island Health.

○ Annual General Meeting

Our gala evening never disappoints! From the fascinating keynote speaker to the presentation of the South Island MSA Recognition Awards, it's a lovely way to come together as a community.

WINTER

SPRING

SUMMER

FALL

○ Quarterly MSA Meeting

We were pleased to hear from Alana Black, Director of Partnerships and Communications, about Island Health's Physician Engagement Plan.

○ New Physician Welcome Coffee

Dr. Meghan Woolner hosted a time especially for new physicians to come together, ask questions, connect, and learn.

○ Well Doc Canada Physician Wellbeing Survey

The South Island MSA was honoured to serve as the first site in British Columbia to offer Well Doc Canada's quality improvement-based wellbeing survey. With a 35% response rate, the South Island medical staff showed through their actions that physician wellbeing is important.

○ Engagement opportunities

Throughout the year, our Dips for Docs, Virtual Mindful Mondays, South Island Physicians' Walking Group, and Lunch in the Lounge gave physicians the opportunity to move, reflect, and connect.

○ South Island Physicians' Family BBQ

Our 7th annual event posted record numbers! We were thrilled to have so many friendly faces out to celebrate the community. Highlights included the ever-popular bouncy castles, as well as a CPR competition!



-BBQ, Dean Kalyan

○ Well Doc Canada Physician Wellness Survey Results Workshops

Departments came together to learn about their group-specific survey results, to prioritize the opportunities for improvement, and develop QI based action plans for change. These sessions were a valuable way for teams to connect, plan, and set themselves up to flourish.



- BBQ, Dean Kalyan

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What I liked most was the purpose. The people. Feeling like I mattered when I'm actually retiring at a time I'd call the opposite of the pinnacle of my career. That's actually what I came craving and was filled.”

- Welcome & Thank You Attendee

OUR PARTNERS

The South Island MSA wouldn't be able to support and advocate for its members without partnership. The relationships that we have been privileged to build across healthcare organizations have meant that our work has greater impact, stronger support, and deeper resourcing than if we had worked alone.

Key partners include:



ISLAND HEALTH

- The formal Health Authority committees at which the South Island MSA and Island Health sit continue to be important forums to bring the physician voice, both individual and collective, forward to senior leaders.
- Other Medical Staff Committees, such as the IHealth Regional Council, the Transparency and Communications Working Group, and the Medical Staff Respectful Workplace Steering Committee, enable medical staff and Island Health to work more closely to move specific initiatives forward.
- The South Island MSA is grateful for the partnership of Gillian Kozinka (Executive Director, Clinical Operations, VGH), Dr. Chloe Lemire-Elmore (Chief of Staff, VGH), Candice Keddie (Executive Director, Clinical Operations, RJH), and Dr. Brian Mc Ardle (Chief of Staff, RJH). We look forward to supporting each others' work and finding ways to improve each hospital's functioning and cultures.
- As Facility Engagement sponsors, Dr. Keith Menard, Dr. Michelle Weizel, and Alanna Black are key connections within Medical and Academic Affairs. Their active participation in and support of MSA activities is genuinely appreciated.



DOCTORS OF BC

- Through Facility Engagement funding, the South Island MSA is able to support engagement, both among physicians, and between physicians and the health authority. Our Engagement Partner, Annebeth Leurs provides support, advice, and guidance, and we are appreciative.
- The Island's Regional Advisor and Advocate, Leanne Bulmer, is a key resource for our physicians. Her advocacy on behalf of our members is appreciated.



DIVISIONS OF FAMILY PRACTICE

With overlapping geographies and membership, it only makes sense to work closely with our local Divisions of Family Practice. Thanks to the particular partnership of Kristin Atwood (Victoria Division of Family Practice) and Becca Zwicker (South Island Division of Family Practice), our wellness offerings, including our annual Welcome and Thank You Evening and our South Island Physicians' Family BBQ, are more inclusive, more economical, and more fun.

OTHER MEDICAL STAFF ASSOCIATIONS

Through the Island Presidents' Network, the Health Authority MSA Executive Committee, and the Island MSA Administrators table, the South Island MSA is tightly connected to the other 10 MSAs on Vancouver Island. By working closely together, we advance important work on a regional level.

Sincere thanks to each person and organization who has worked with us this past year - we look forward to continued partnership with you!

SUCCESS STORY

VIRTUAL CHILD PSYCHIATRY INITIATIVE

Dr. Anna Kalenchuk

The goal of providing equitable access to care for all of Vancouver Island's residents is frequently challenged by the concentration of medical specialties in the southern tip of the island. Child and Adolescent Psychiatrist Dr. Anna Kalenchuk knows how difficult it can be to provide youth and their families with support for timely psychiatric care, particularly if they are based outside of Greater Victoria. Seeking training from the UBC Sauder Physician Leadership Course and funding from the South Island Medical Staff Association, Dr. Kalenchuk aimed to support the expansion of the existing child and youth mental health Telehealth Clinic which was a successful pilot project originally headed by Child and Adolescent Psychiatrist, Dr. Giselle Ferguson and the Doctors of BC Joint Collaborative Committee. The expansion of this clinic into a regional service was renamed the "Virtual Psychiatric Consultation Clinic", and was designed to increase access to psychiatric assessment and care for youth and their families across Vancouver Island. Dr. Kalenchuk sought to bring a team-based care model to this clinic during this expansion.

This is not, of course, the first time a virtual clinic model has been used in British Columbia. Dr. Kalenchuk sought advice from other specialists, including Rheumatologist Dr. Michelle Teo from the interior, about the design of this care model. Called the 'Specialist Team Care' this model involves delivering care in a shared care approach, drawing on the respective expertise and skills of a psychiatrist and a psychiatric nurse. In this approach, the nurse does the initial patient/family interview before presenting the patient case to the psychiatrist. The psychiatrist then meets with the patient, gathers further information, shares a diagnostic impression and provides treatment recommendations. The nurse then remains with the patient, continuing to provide further education and follow up. This workflow employs each clinician at the top of their scope, leading to lower wait times for patients and their families. It also provides the patient with three (or more) clinical interactions to share their story, improving their care experience.

Dr. Kalenchuk worked closely with Alexis Gale, her psychiatric nurse colleague at the Virtual Psychiatric Consultation Clinic to co-design a version of this Specialist Team Care model that would work for their patients and staff, and trialed it with three mock patients to create a workflow and clarify how



information would pass smoothly between members of the team. Cindy Cady, Manager for Child, Youth and Family Mental Health and Substance Use also provided consultative expertise.

One of the steps undertaken to make the clinic more efficient and effective was to refine the existing screening tool to be able to gather as much collateral information from patients and families prior to their appointment. This tool allows the patient and family to clarify and communicate their concerns prior to their evaluation and also improves the accuracy of the evaluation while making it more efficient.

As the clinic began caring for patients, the team wanted to ensure there was a mechanism to continually evaluate the care they were delivering to patients. Working closely with Michelle Riddle, Consultant with Decision Support at Island Health, Dr. Kalenchuk developed a satisfaction survey which gathers feedback from patients and families about their experience of care.

Reflecting on this process, Dr. Kalenchuk encourages other physicians to continue to consider how specialist care can be delivered in a way that it reaches patients in a timely manner, enhances the clinical interaction, and draws on the expertise of allied care team members. Dr. Kalenchuk extends deep appreciation to operational leadership for their open-mindedness in piloting this care model and reflects on the importance of this collaboration to ensure that a project aligns with the goals of the division and will have the resources necessary to carry it forward.

SUCCESS STORY

LONG TERM CARE AND GERIATRIC PSYCHIATRY COLLABORATION TO IMPROVE CARE FOR PATIENTS WITH BEHAVIOURAL CHALLENGES

Dr. Margaret Manville, Jae Yon Jones, Linda Holmes, Lindsay Dankwerth

In light of a growing population in Greater Victoria, hospital beds have become an increasingly precious resource. This is particularly the case in specialized inpatient units, such as the Geriatric Psychiatry unit (also known as 2 South) at Royal Jubilee Hospital. This 27-bed unit is the only one of its kind on Vancouver Island, providing specialized care for geriatric patients with complex psychiatric challenges. The very limited number of these beds can generate a lengthy wait list for patients experiencing various forms of behavioural and psychiatric challenges across the region, including those who live in Long Term Care (LTC).

While some LTC residents require a transfer to 2 South to manage their behaviours and stabilize their medications, others can be well-supported within the LTC context. Indeed, caring for LTC residents in the home for as long as possible is a key component of delivering resident - and family-centered care. To support more LTC home-based ap-

proaches, the Island Health LTC program launched several new resources to help LTC staff and clinicians navigate complex, behavioural challenges.

The Quality Resource Team (QRT) are a team of nurses deployed to provide individualized complex behaviour care planning and person-centred non-pharmacological recommendations to LTC direct care teams when caring for a resident experiencing behavioural and psychiatric challenges. Another added resource is the Complex Behavioural Support Team (BeST), a regional team of RN/RPNs with experience in mental health and substance use and complex behaviours. They provide additional support to LTC direct care teams virtually. In coordination with the QRT, the BeST work with the LTC home to work on more in depth behaviour care planning, non-pharmacological interventions, and other resources e.g. Trauma Informed Practice education.

The key drivers for this infrastructure are to optimize care in place in the LTC home, avoid transfer to the Emergency Department and to reduce referrals to 2 South from LTC homes. The primary goal is to reduce wait times for patients needing care on 2 South.

This ambitious undertaking could only be possible with the collaboration of leaders in both LTC and acute care; Dr. Margaret Manville and Jae Yon Jones, the LTC Medical Director for LTC and the LTC Regional Director for Quality, Education and Research respectively, collaborated with Linda Holmes, Manager of the 2 South Geriatric Psychiatry unit at Royal Jubilee Hospital. The goal was to socialize the new teams to Geriatric Psychiatrists and GPs working in LTC settings and track the proportion of 2 South referrals that had utilized one or both of these services prior to the referral.

This project culminated in an event in February 2025 which drew together numerous geriatric psychiatrists, GPs working in LTC settings, LTC and

2 South nurses and managers and senior Island Health leadership from the LTC, Seniors' Health, and Mental Health and Substance Use programs. The project team shared initial data introducing the issue, descriptions of both the QRT and the BeST roles and responsibilities. The engagement process included breakout groups at each table to discuss potential next steps and how to coordinate with both the QRT and BeST. A key takeaway from the discussions was the lack of familiarity within the physician community about these resources. One physician remarked, "They [the QRT and BeST support teams] have been around for the last 2 years, but none of the referrals I've had in the last 2 years have gone through the QRT." Another reflected on the value of bringing people together to share resources and dispel myths, given that "acute care and LTC don't always speak the same language".

Since the completion of the SIFEI-funded initiative, the project team has continued to meet, share data points, and refine the projects' actions by piloting the resources in a focused manner at 4

LTC homes, all with an aim of reducing unnecessary transfers to the emergency department and 2 South, and supporting LTC residents to remain in their homes whenever it is safe and evidence-informed to do so.

You can access the resources directly [here](#).

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**ACUTE CARE AND
LTC DON'T ALWAYS
SPEAK THE SAME
LANGUAGE”**

SUCCESS STORY

PHASE 2: CSU-ALS PROJECT

Dr. Mark German

Over the past year, the newly developed cardiac arrest algorithm, the outcome of a process supported through SIFEI funding and led by Dr. Mark German, has been steadily approaching implementation with patients undergoing cardiac surgery. Engagement with the broader cardiac surgery group and intensive care physicians has helped to further refine the algorithm with suggestions from physicians regularly participating in the Code Blue teams.

To continue this process of engaging and refining this guideline-directed and centre-specific algorithm, Dr. German sought support for an additional phase of funding. This was aimed at developing the local training program content necessary to ensure staff comfort and knowledge of the new algorithm.

Through a series of engagements with the Cardiac Care Unit, CVU, and 3 North Clinical Nurse

Educators and Clinical Nurse Leaders, ICU Physicians, and Cardiac Surgeons, the team developed focused action plans for a training day to ensure widespread comfort with the algorithm among all staff. This initial training session was attended by physicians, a nurse practitioner, as well as multiple nurse educators. It was well received, and helped to identify the desired focus of attendees in simulation.

One of the key outcomes of collaboration between all of the involved groups was a new type of code call for arrests occurring in patients after cardiac surgery. The unique condition of these patients necessitates that those attending the code to help are alerted to perform the different algorithm, which is known to result in improved outcomes.

Future efforts will focus on ongoing quality control measures to assess the impact of this algorithm on patient outcomes and staff satisfaction.



SOUTH ISLAND MSA

RECOGNITION AWARDS

AWARD FOR COMMUNICATIONS LEADERSHIP



**Dr. Kellie Whitehill and
Dr. Pooya Kazemi**
OBGYN/Anaesthesiology

Often working behind the scenes, Dr. Kellie Whitehill and Dr. Pooya Kazemi were key to the IHealth implementations at RJH and VGH. They literally scoured every inch of their hospitals to find places where workstations could go. Their willingness to engage in conversation, receive feedback, share information, and simply be available to medical staff has been outstanding. Their voices representing physicians who work in Victoria have been essential and thoughtful at IHealth tables.

AWARD FOR INNOVATION LEADERSHIP



Dr. Michael Chen
Laboratory Medicine

Because most of Dr. Michael Chen's days are spent in the lab, his contributions may not be well known. But Michael is highly engaged in multiple areas of quality improvement in our system. From serving as a PQI physician faculty member to being a member of the South Island FEI Society Core and Working Groups, Michael's passion and expertise touches every corner of our medical community. In addition and more importantly, Dr. Chen is extremely supportive of anyone asking for help.



Dr. Al Buckley
Gastroenterology

For many years, Dr. Al Buckley has given exemplary care to our community as a gastroenterologist. Now that he is transitioning from his practice, he spends his time making things better administratively. Al has been instrumental in helping getting services such the Post COVID Recovery Clinic up and off the ground. He has given his time, energy, and expertise towards the Clinical Governance Improvement Initiative, now serving as the Clinical Excellence Committee chair of the Medicine CARE Network. He is also a welcome and knowledgeable member of the PQI Physician Faculty.

AWARD FOR COLLABORATIVE LEADERSHIP



Dr. Susan Amundsen
Family Practice Obstetrics

Dr. Susan Amundsen has been integral to the new Associate Physician program for the Perinatal - VGH program. Taking on the Medical Leader role for the program in its infancy, Susan has helped develop best practices and processes for this program in the South Island. Not only does Dr. Amundsen demonstrate professionalism and a strong dedication to partnership, she has consistently gone above and beyond to work with Medical & Academic Affairs and site leadership to build a robust program. Dr. Amundsen's work has been invaluable and we are so grateful for her contributions to the health system, both locally, for future sites across the Island, and for this provincial program.



**Dr. Jody Anderson and
Dr. Anne Crawford**
Palliative Care/ Psychiatry

Since early 2022, Drs. Crawford and Anderson have served on the Medical Staff Respectful Workplace Working Group, Anne as the South Island Physician representative, Jody as the Medical Leader rep. Over that time, they have worked collaboratively with other Island physicians, Island Health, and Doctors of BC to develop a reimagined disciplinary process, one that focuses on a restorative approach to workplace issues. Their time, dedication, and insight to this work has been invaluable. With implementation starting, their efforts to improve the culture not only at RJH and VGH but across the Island, will come to fruition.



Dr. Manjeet Mann
Cardiology

For nearly a decade, Dr. Mann has served as the Executive Medical Director for our region. He has worked hard to be an honest broker between Medical Staff and Administration, ensuring that his efforts reasonably support medical staff while seeing through on health authority imperatives. It is thanks to Manjeet's work that notable and essential critical care, cardiology, and neurology services and call are available to every patient on Vancouver Island.

SIFEI

PROJECT EVALUATION RESULTS

Each time a project finishes, the project lead is asked to fill out a standardized survey about each of the four metrics relating to Facility Engagement. The below data is derived from the 101 Final Reports that have been completed since the Facility Engagement began in South Island in 2016. Quotes are drawn from projects that have completed during the 2024/5 funding cycle.



4.2/5

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

“A simple change in group practice that costs the team 10 minutes at the start of the day will enable and enhance group cohesion, preparation and troubleshooting”.



4.5/5

Leading this project improved communication with my physician colleagues.

“This engagement initiative offered a valuable opportunity for me to collaborate closely with nurse educators and physicians”



4.2/5

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

“Thank you for the opportunity to contribute and learn alongside such a dedicated team”.



4.5/5

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

“The outcome of this project is dramatic improvements in patient care and identification of the next challenges to tackle.”

SUCCESS STORY

TARGETED APPROACH TO BLOOD PRESSURE IN INTRACEREBRAL HEMORRHAGE (ICH)

Dr. Colin Casault

Spontaneous Intracerebral Hemorrhage (ICH) stands as a significant contributor to neurological morbidity, disability, and mortality [1]. However, it has often been overshadowed by acute ischemic stroke, leading to a lack of attention in both clinical practice and academic discourse. This discrepancy may also exacerbate neurological outcomes for patients with an acute ICH. As a result, neurocritical care leaders have championed the creation of a CODE ICH—an initiative focused on early bundled intervention and guided by time-based metrics to enhance neurological outcomes.

Dr. Colin Casault partnered with colleagues in ICU Nursing Education, Critical Care, Neurosurgery, Trauma, and ICU Pharmacy to implement a pilot study to develop and implement a standardized Code ICH protocol. This intracerebral hemorrhage order set aimed at achieving a standardized blood pressure target (<140mmHg) and promptly administering reversal agents to patients on anticoagulants. In short, it involved applying many of the quality metrics from acute ischemic stroke and applying them to hemorrhagic stroke.

After creating a REDCap database in which to collect data, Dr. Casault worked with two second year medical students – Anthony Preston and Nicholas Mitchell - to collect detailed physiologic data on a total of 23 patients who presented to the Victoria General Hospital Emergency Department between Sept 2024 and June 2025. While it is a small cohort, there were 1,104 blood pressure measurements acquired. Based on this data, the team generated a list of recommendations to both process and systems to improve care of patients with acute hemorrhagic stroke.

“

IT'S HARD TO GET PHYSICIANS TOGETHER TO DISCUSS THINGS WITHOUT DATA”

To foster further discussion on the neurosurgical care of ICH, the team coordinated a dinner featuring a talk by Dr. Lissa Peeling, a recognized expert in neurosurgery. This talk included approximately 20 members of the medical staff, representing critical care, neurosurgery, emergency medicine, and neurology. The discussion that followed this talk has led to further engagement between neurosurgery and vascular neurology about the best course of care for ICH patients.

Having started with this small cohort, Dr. Casault has plans to continue this work, through a project to review outcomes of ICU ICH patients and ward ICH patients at Nanaimo General Hospital. By generating evidence-based and actionable key recommendations, as well as enlisting the support of different members of the medical staff and administration for the next phase of the project, this small pilot study has had an outsized impact. Commenting on the value of having taken on data collection in the first phase, Dr. Casault shared, “It’s hard to get physicians together to discuss things without data”.

SUCCESS STORY

SOUTH ISLAND LIVER CARE CLINIC – ADDICTION MEDICINE CARE PATHWAY

Dr. Jessica McLellan

In 2021 the Victoria Liver Care Clinic (LCC) began as a multidisciplinary outpatient care model pilot program to support South Island residents living with severe and decompensated liver disease. Over the past two years, the LCC has operated as a permanent clinic, achieving positive clinical outcomes and while significantly reducing acute health care resource utilization.

Fueled by the recognition that most clinic patients have liver disease on the basis of alcohol and live with alcohol and other substance use disorders, the clinic visit integrates aspects of addiction medicine with liver care. However, the high morbidity and mortality of substance use disorders in this clinic setting combined with the high acuity of this patient population made it clear there was a need for stronger addiction support and more direct links with existing acute care and addiction programs in the local area.

To accomplish this, Dr. Jessica McLellan collaborated with her colleagues Dr. Brian McArdle, Dr. Rohit Pai, Dr. Ben Cox, Dr. David Reading, Dr. Theodore Jankowski, Dr. Abhinav Joshi along with Clinical

Nurse Specialist Rozalyn Milne, Umbrella support worker Derek Ford, and Island Medical Program student Josie Thompson to engage across addiction medicine, internal medicine, family practice, Island Health clinicians, social workers, and Umbrella Society peer support workers.

Once formed, this group tackled several key initiatives as part of the broader aim of improving patient care coordination. The group identified several key gaps in liver – addictions care and strategized various solutions to improve patient care and clinical outcomes. They drew on data compiled by IMP student Josie as part of their FLEX project to understand the impacts of various multidisciplinary team members, highlighting the particular value of peer support and social workers. They worked to improve communications among the liver clinic, and the medicine inpatients team by creating posters with their contact information and referral process. They held lunch and learn sessions with the hospitalists about liver disease related to alcohol to familiarize them with the LCC clinic as a resource. They were also able to create more direct links with outpatient addiction services such as detoxification to prioritize the high-risk clients served by the LCC.

As a result of these myriad activities, the team reports a greater flow of information between the liver clinic and the other care providers involved in caring for liver clinic patients, including the Addiction Medicine Consult Service team. “This project has allowed us to first understand gaps in liver-addiction care, which largely relate to challenges with communication among the complex network of stakeholders, and to create workable solutions to address those gaps”, shared Dr. McLellan. “Our liver/addiction care providers now have closer working relationships with improved communication and as a team we can better streamline care for this socially vulnerable population. The outcome of this project is dramatic improvements in patient care and identification of the next challenges to tackle.”

SUCCESS STORY

MORNING OR HUDDLE: ENHANCING COMMUNICATION, TEAM BUILDING, LEARNING AND JOY

Dr. Al Hayashi and Dr. Jacques Smit

This initiative – nicknamed “A Great Day in the OR” - began with a simple premise: What if the multidisciplinary team involved in surgery met first thing in the morning, in advance of the surgical day, to review all the cases for surgery in that OR, consider the pitfalls, and determine the special needs required for each case on the list? Would these OR Huddles lead to improved patient care? And would they indirectly increase the joy at work for those within the surgical team?

The team, comprised of Dr. Al Hayashi, Dr. Jacques Smit, Rio Lagos (med student), Dr. Catriona Hopper, Dr. Hamza Khan, Dr. Al Buckley, and Dawn Maroney (Nurse manager VGH) recognized that to be successful, the project required significant engagement between different groups of physicians, nurses, Island Health staff, and surgical team leaders. Any solutions they wished to test would need to be co-created within the group. They began with a series of meetings to socialize the concept of the OR Huddle with the department of Anesthesia, the VGH OR nurses, the Division of General Surgery, and the VGH OR and RJH OR nurse managers. They then embarked on a series of Plan-Do-Study-Act cycles to test the practice of the OR Huddles, assess the impact of changes through short surveys, and document their learnings.

Their results showed steady improvement in perceptions of OR efficiency, through questions such as “Did your team delegate tasks to improve efficiency?” and “Did you feel adequately informed regarding the clinic and resource requirements and availability to efficiently complete the day?”. Respondents also felt OR Huddles fostered useful information sharing between colleagues, shared through such questions as “I learned something new today”, and “I taught something or provided insight to a team member”. As an overarching question to assess the impact of the initiative, a growing proportion of staff responded “Great” or “Very Great” to the question “How great was your day?”.

Much like their original premise, the conclusion of this project was similarly straightforward. In Dr.

Hayashi’s words, “A simple change in group practice that costs the team 10 minutes at the start of the day (but doesn’t cost any money or require any funding) will enable and enhance group cohesion, preparation, and troubleshooting”. Despite taking 10 minutes at the beginning of the day, “this time is made back up with the efficiency garnered throughout the day”.

By the end of the project, the team had developed a Morning Structured Huddle tool that can be used broadly in most ORs in Victoria and could be spread to other centers within and beyond Island Health. Dr. Hayashi reflected on the significance of this initiative in the context of Island Health’s ‘Better Value’ approach: [This] “demonstrates to the health authority that provider-level ideas can be actualized into rewarding projects with no significant costs to the HA”.

Crucially, the funding allocated to physician engagement was essential for the project’s success. “The logistics of getting these large groups together meant ideal times for optimized attendance was after work in the early evening. SIFEI funding has been crucial in supporting dinner meetings to be arranged.”

View the video modelling the Morning Structured Huddle approach [here](#).



SUCCESS STORY

DEMEDICALIZING THE END OF LIFE – THE M2 PROJECT

Dr. Chloé Lemire-Elmore and Dr. Brian McArdle

This initiative, having completed its second phase SIFEI funding, focused on improving care for the frail elderly inpatient population who are at or nearing the natural end of their life. Driven by concerns that the high number of medical and surgical procedures delivered to this population are unwanted and harmful, the project focused on giving meaning to MOST M2 in hospital, as a step down from M3, for patients wishing to have only minimally-invasive medical care, with a focus on quality of life and comfort. By increasing physician expertise in having Goals of Care discussions with patients and their families and documenting the outcomes of these conversations in the Advanced Care Planning power form in Cerner, the team hoped to improve goal-concordant care for our frail and advanced elder population.

To accomplish this, a multidisciplinary working group was formed, comprised of Dr. Chloé Lemire-Elmore (Hospitalist), Dr. Brian McArdle (GIM), Dr. Jody Anderson (Palliative), Dr. Vanja Petrovic (GIM), Dr. Josh Budlovsky (Geriatrics), Lisa Cairns (Public Health, International Health, Med Ed), Dr. Adam Thomas (ICU, ED), Dr. Shavaun MacDonald (ICU, Ethics, Med Ed), Dr. Tristan Jones (ED), and Dr. Ali Yakshi Tafti (ED). Dr. Margaret Manville, Medical Director for Long Term Care, the division heads for hospitalist medicine at both RJH and VGH, and surgical lead at RJH Dr. Nadra Ginting were also involved.

One of the primary change ideas was to raise awareness about MOST M2 through a series of 'Flash Focus' luncheons with the hospitalist service at both VGH and RJH. Through these, various interrelated concepts were shared, such as "Meaning of MOST M2", and "De-escalating Care – Deprescribing". In reviewing the data, the team noted a significant, near doubling, rate of MOST M2 being used before and after these initiatives, along with a tripling of documented Goals of Care conversations in the Advanced Care Planning Power Form – making them visible to all providers, across encounters.

Moving forward, the team aims to spread this initiative to Saanich Peninsula Hospital and then explore spread to other sites within Island Health, with further plans to spread to sites in Vancouver Coastal Health. Ongoing data collection efforts will explore impacts of this initiative on nursing awareness, and on the intensity of labs, diagnostics and therapeutics for inpatients who died in hospital in the weeks leading up to their death, and for those who were discharged to LTC with a MOST M2 as compared with MOST M3 status. With these efforts, the goal of providing dignified, end of life care for the frail elderly is increasingly within reach.

Advance Care Planning
making the **MOST** of
CONVERSATIONS



Ice Cream Sundae Approach to patients' goals of care being Expressed, Heard & Respected



MOST = Medical Orders for Scope of Treatment

Serious Illness/ Goals of Care (GoC) Conversations

Advance Care Planning Identify values and substitute decision makers

Respected: Visit [Medical Orders for Scope of Treatment \(MOST\) \(islandhealth.ca\)](https://www.islandhealth.ca/medical-orders-for-scope-of-treatment)

- Your team knows where to look for GOC information and eMOST (the Results Review ACP/MOST Tab!)
- Your staff integrates patient GOC into the care they're providing

Heard:

- Your team knows where to document GOC information shared with them: "There's a Powerform for that!"
- Your team alerts the MRP if there is a mismatch between what they heard from the patient and the treatment plan

Expressed: Visit [Advance Care Planning \(islandhealth.ca\)](https://www.islandhealth.ca/advance-care-planning)

- Your team recognizes when patients spontaneously offer information relevant to GOC
- Your team are comfortable asking patients questions around their values and priorities.

Email us for More Information: adriano@islandhealth.ca

GOLD STAR AWARDS

The Gold Star Awards started out as a way for Emergency Medicine physicians to thank consulting specialists who went the extra mile in patient care or who helped create a positive collegial environment with their day-to-day actions. It has grown into a wonderful way for any physician to recognize those who make the Royal Jubilee Hospital and Victoria General Hospital simply better places to work. It's not only the Gold Star recipients who we thank and recognize, it's also those physicians who have taken the time to make a nomination: Our hospitals are better thanks to all of you!

We recognize and thank the 2025 Gold Star Award winners and their nominators:

- Dr. Brandon McGuinness (Vascular Surgery) by Dr. Alex Hoechsmann (Emergency Medicine)
- Dr. Brian Farrell (Emergency Medicine) by Dr. Alicia Power (Family Practice Obstetrics)
- Cheryl Burke (Allied Care Provider) by Dr. Rebecca Morley
- Dr. Colin Casault (Critical Care Medicine) by Dr. Alex Hoechsmann (Emergency Medicine)
- Cortnie Wilson (Allied Care Provider) by Dr. Jennifer Balfour (Pediatrics)
- Dr. Danny Jaswal (Critical Care Medicine) by Dr. Alex Hoechsmann (Emergency Medicine)
- Dr. Grant McIntyre (Critical Care Medicine) by Dr. Alex Hoechsmann (Emergency Medicine)
- Dr. Lesley Silver (Anaesthesiology) by Dr. Chris Harper (Pediatrics)
- Dr. Logan Lee (Anaesthesiology) by Dr. Kelsey Mills (Pediatrics)
- Dr. Michael Metcalfe (Urology) by Dr. Alicia Pawluk (Family Medicine)
- Paulo (Subway at RJH) by Dr. Brian McArdle (General Internal Medicine)
- Dr. Sean Loughheed (Anaesthesiology) by Dr. Alicia Power (Family Practice Obstetrics)

THIS BEAUTIFUL MURAL WAS CREATED BY ARTIST SARAH JIM, WHO HAILS FROM THE TSEY-CUM FIRST NATION. IT WELCOMES PATIENTS, FAMILIES, AND CARERS TO VICTORIA GENERAL HOSPITAL.



THE SOUTH ISLAND MSA SUPPORTS PHYSICIANS WHO WORK ON THE TRADITIONAL, ANCESTRAL, AND UNCEDED TERRITORIES OF THE LEKWUNGEN PEOPLE, THE ESQUIMALT AND SONGHEES FIRST NATIONS. WE FEEL PRIVILEGED AND GRATEFUL TO BE GUESTS ON THESE LANDS.



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