

Minutes from SIFEI Working Group Meeting  
October 15, 2025 (1800-2020)

**Members present:** Krystal Cullen, Catherine Jenkins, Al Hayashi (2000), Annebeth Leurs, Jennifer Balfour, Shana Johnston, Margie Bester, Suresh Tulsiani, Michael Chen, Mohammed Sarhan, Elspeth McGregor, Valerie Ehasoo, Mark German (1930)

**Staff present:** Erica Kjekstad, Clara Rubincam, Julia Porter

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

- Welcome & round table introductions
- Approval of Working Group meeting minutes from February 6, 2025

**2. MSA Updates**

- **South Island MSA Executive**
  - Welcome to the Executive, Dr. Gaby Yang and Dr. Shavaun MacDonald!
  - One Executive seat is still open, no experience necessary
  - Asking for one-year, position is compensated, approx. 2 h/month
  - Must have Active privileges, cannot hold an Island Health leadership position
  - Please reach out to [info@southislandmsa.ca](mailto:info@southislandmsa.ca) if you are interested and would like more information
- **Annual General Meeting**
  - Tuesday, November 18<sup>th</sup> – Doors open at 17:15, Dinner & Meetings at 18:00
  - Combined Victoria Medical Society, South Island MSA, South Island FEI
  - Submit an [Annual Recognition Awards Nomination](#)
- **Celebrations – Gold Star Awards**
  - Paolo by Dr. Brian Mc Ardle
  - Cortnie Wilson by Dr. Jennifer Balfour
  - Submit via the [Nomination form](#) or email [info@southislandmsa.ca](mailto:info@southislandmsa.ca)
- **Island MSA Presidents/Health Authority**
  - HAMSAs meeting twice per year, all presidents with senior administration
  - Discussing issues that impact the rural sites and PSLs
  - Advocating for more physician input into hiring (e.g. Chief of Staff)
  - DoBC & HA Physician Engagement Survey – most important survey of the year
  - Results go to the Ministry and compare Health Authorities
- **IHealth Committee**
  - Continue to meet at regional level
  - Out of funding so will be in a hybrid situation on the island for a while
- **Physician Wellness and Social Committee**
  - South Island Physicians Family BBQ
    - Continues to be a joint event with Saanich Peninsula Physician Society, Victoria and South Island Divisions of Family Practice
    - Great feedback, continues to be a highlight of the year
  - Well Doc Canada Physician Wellness Survey
    - Started having retreats to look at results
    - Opportunities for QI projects to come out at a department/division level

- **Strategic Planning Funding**
  - Interest from 7 groups so far – currently the max we can take
  - Working with the groups to get it sorted out

### 3. Doctors of BC Update

- DoBC & HA Physician Engagement Survey sent out at the beginning of October
- Please complete it, this is the most important survey of the year, results go to the Ministry and compare Health Authorities

### 4. 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	\$ 248,963
Annual Doctors of BC Allocation	\$ 500,000
<b>Total available to allocate 2024-25</b>	<b>\$ 748,963</b>

#### Budget 2025-2026

Activity	2025-26 Budget	2025-26 Spend to date	% Spend
Governance	\$ 72,000	\$ 27,036	38%
Communications	\$ 10,000	\$ 2,572	26%
Working Group	\$ 24,000	\$ 10,311	43%
Internal Operating Expenses	\$ 104,500	\$ 37,082	35%
Engagement Projects	\$ 300,000	\$ 88,458	29%
Engagement Project Promotion	\$ 2,500	\$ 176	7%
Physician Wellness & Social Ctee	\$ 45,000	\$ 15,122	34%
Medical Staff Engagement	\$ 40,000	\$ 8,974	22%
Medical Staff – HA Engagement	\$ 15,000	\$ 1,261	8%
Awards/Recognition	\$2,000	\$ 374	19%
Strategic Planning Funding	\$100,000	-	0%
Contingency/Unallocated	\$ 33,963	-	
<b>Total Allocated/Spent</b>	<b>\$ 748,963</b>	<b>\$ 191,366</b>	<b>25%</b>
<i>EHR Engagement</i>	\$ 21,658	-	

Activity	2025-26 Budget	2025-26 Spend to date	Difference
Engagement Projects	\$ 300,000	\$ 88,458	29%
June 2024 Projects	\$ 16,556	\$ 16,556	-
Oct 2024 Projects	\$ 24,408	\$ 11,476	\$ 22,861
Feb 2025 Projects	\$ 99,154	\$ 36,194	43%
Contingency/Unallocated	\$ 33,963	-	
<b>Total Allocated/Spent</b>	<b>\$ 748,963</b>	<b>\$ 191,366</b>	<b>25%</b>
<i>EHR Engagement</i>	\$ 21,658	-	

## 5. Well Doc Canada Physician Wellbeing Survey

- 35% response rate, remeasure in 18-24 months; 4 Post-Measurement Retreats
- Quality Improvement focus, engagement projects to support change
- Need to determine how to handle funding requests and the criteria/parameters we want to set for allocating funding
- We have said we are going to provide funding to do something with the results so need to ensure we have a way to decide how to process requests
- Can do things to make the Physician Experience better, different focus than patient care
- Concerns re: precedent we are setting and inconsistency, have previously rejected projects around visioning and purely social connections; already struggle with consistency
- Want clear criteria and approval process
- Can ask Well Doc how they have done things, what other support has been given
- Feel like from previous experience weekly Rounds to get people together, need to feed people and provide opportunities for connection (e.g. Grand Rounds)
- Could alternate at RJH or VGH in person instead of doing Rounds over Zoom, provide food to bring people together to solutions
- Important to differentiate between “well being” and “burnout”, what are truly evidence based interventions
- Recognize there is a risk of making people feel worse by thinking about how they are
- Get in contact with Well Doc for examples of evidence based QI projects that have been done
- Create a framework guide for criteria and approval, propose budget allocation
- Will present results at February meeting (Well Doc)
- Now have a baseline, how do we create opportunities for improvement in the next 18-24 months to show change/improvement
- Need to know measures for the change to track if it is improving
- Worry is we won't be able to get the “bang for our buck” without being intentional
- If we worry about the details too much we will stall any opportunities for improvement
- Need a framework to help decide and scope this work (e.g. must include engagement aspect)
- Talk to Well Doc Canada for examples of projects/themes that have been successful
- Physician Health Program is paying for us to be the first site in BC to do this program

## 6. Engagement Projects:

- 331 projects approved since 2016, 25 'live' projects
- 13 Green Light project applications for approval; 3 Yellow Light projects to discuss tonight
- 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 October 17<sup>th</sup>
- If anyone knows someone who would be a good Patient Partner please let us know, we would like to include 1-2 in the WG

<b>Green Light Projects – Approved</b>		
Using Direct Messaging in Microsoft Teams to Improve Physician and Nurse Communication	Dr. Ian Bekker	\$ 8,500.00
Preparation and Readiness for Emergency Pediatric Resuscitation (PREPR)	Dr. Jeff Bishop, Dr. Holly Black, Dr. Matt Carere, Dr. Andrew Guy, Dr. Mike Thomson	\$10,000.00
Advanced care planning in structurally vulnerable people	Dr. Fraser Black	\$ 5,000.00
Patient blood management for cardiac surgical patients	Dr. Brian Gregson, Dr. Simon Adamson, Dr. Danielle Meuniere	\$11,000.00
Orthopaedics & South Island Emergency Department Relationship building and Renewal	Dr. Sonja Mathes, Dr. Caley Flynn	\$11,000.00
Neonatal IV access pathway	Dr. Duncan McLuckie	\$11,000.00
Culture change for blood cultures follow up	Dr. Mohammed Sarhan	\$ 5,000.00
Improving Diabetes care in the pediatric population	Dr. Zoya Thawer, Dr. Emma McCutcheon, Dr. Janice Manthorne, Dr. Jennifer Balfour	\$11,000.00
Coordination of Medical Imaging cases requiring anaesthesia	Dr. Adrian Vethanayagam, Dr. Vamshi Kotha	\$11,000.00
Supporting Health Outcomes in Recovery for Expecting and postpartum patients with Substance use (SHORES)	Dr. Amanda Whitten, Meara Tubman Broeren	\$ 5,000.00
Improving perioperative care with regional anesthesia and a block room at Victoria General Hospital Phase II	Dr. Jacques Smit	\$10,000.00

Improving perioperative care with regional anesthesia and block room at Royal Jubilee Hospital Phase II	Dr. Gus Chan	\$10,000.00
<b>Follow-up needed, Not Approved</b>		
Improved Access to IV Iron for Pregnant Patients	Dr. Hayley Bos, Dr. Alicia Power, Dr. Jesse Pewarchuk	\$ 8,000.00

**Yellow Light Project - Not Approved. Needs broader engagement and rebranding. Focus on pathways and increased engagement, broaden Rounds audience**

<b>Echo Rounds Start Up Project</b>	<b>Dr. Mark German</b>	<b>\$ 10,000</b>
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- Develop a schedule of echo round topics
- Facilitate the delivery of the rounds [by paying the presenter for prep and delivery time].
- These rounds are intended to help update practitioner knowledge on heart disease, its assessment and ongoing management specifically employing echocardiography.

**Yellow Light Project - Not Approved. Will explore options through existing mechanisms (e.g. PW&S)**

<b>Cognitive health assessment - Collaborating with hospital-based clinician groups at risk to develop a process to establish personal and group baseline measures</b>	<b>Dr. Al Hayashi, Dr. Chloe Lemire-Elmore, Dr. Dennis Kim, Dr. Jacques Smit</b>	<b>\$10,000</b>
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- Engage with clinical services that have members at risk for cognitive overload.
- Interview and meet with their respective members to identify the division's stresses and issues that contribute to cognitive overload.
- Develop a list of factors that can be readily measured to determine cognitive dysfunction.
- Discuss logistics of how measures can be taken without being a burden to or interfere with the clinician's workflow

**Yellow Light Project - Approved \$5000**

<b>Enhancing Capacity for Neonatal and Pediatric Transport on Vancouver Island</b>	<b>Dr. Elspeth McGregor, Dr. Jeff Bishop, Sharleen Steeper</b>	<b>\$5000</b>
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- Transport delays in neonatal and pediatric patients who require higher level of care leads to adverse outcomes in this population.
- There is a need for a local pediatric and neonatal transport system on South Vancouver Island to offload demands on a centralized system and meet local Island needs.
- To enhance capacity for inbuilt transport systems (ie: CERT) to perform identified gaps in transport (0-2 year-old patients, neonates and pediatric patients whose care needs exceed Primary care paramedics), we plan to train PICU/NICU specialized transport clinicians to work.

## Discussion:

- **Improved Access to IV Iron for Pregnant Patients**
  - Concerns re: conflict of interest for Jesse Pewarchuk giving IV Iron in his private clinic; not a hospital based project
  - Needs to clearly state how will mitigate conflicts of interest
  - Projects need to be hospital (facility) based, not clinic based
  - **Action: Will pull IV Iron project out and get more information**
    - Can follow up re: concerns
    - Looking at fetal monitoring
    - Establishment of a pathway for the most appropriate place for IV Iron for patients (i.e. is the pathway going to be the best if we are directing people to a private, for profit clinic; creates access issues and inequity)
    - When surgeries need to be done offsite, it's paid for, it isn't out of pocket for patients
- **Using Direct Messaging in Microsoft Teams**
  - Dr Bekker's project is missing a link to Mary Lyn Fyfe's team and there are privacy concerns
  - Not optimistic he will be able to take it anywhere with the privacy rules about communication
  - Can follow up with Jennie Aitken re: the discussion/comments from review meeting
  - Clarification then vote by email
- **Improving perioperative care with regional anesthesia/block room - Phase II**
  - Could explore potential funding through Health System Redesign (HSR)
  - **Action: Erica and Julia will follow-up with Dr. Smit/Dr. Chan – Approve if they cannot get HSR**
- **Echo Rounds Start Up**
  - Monthly 6:45am interdisciplinary Echo Rounds; 12–15 month curriculum (topics, slides, speakers)
  - Led by cardiac anesthesiologists; open to Anesthesia, Cardiology, ICU
  - Focus: when to perform echo, what to flag, when to consult, improving image quality, and clinical decision-making
  - Smaller group, more interactive than anesthesia rounds
  - Case-based format, targets practical decision-making gaps
  - Opportunity to improve cross-department communication and echo use
  - Looking for one time startup support then plan to transition to departmental funding
  - Do have access to non-clinical funds
  - Most departments self-fund educational rounds (12 sessions/year model)
  - Concern about setting precedent for funding routine education
  - Previously had CME project that was funded for food only (~\$1000), was multidisciplinary
  - Hospitalists had funding to start M&M Rounds but it was early in SIFEI funding days before we set our current framework and approval guidelines
  - Currently framed as education, not system/process improvement
  - Similar rounds occur without central funding
  - Small originating group (4 cardiac anesthesiologist), needs to have a broader focus
  - **Not Approved** – if resubmitting, needs to include:
    - Broader audience and engagement
    - Pathway/system focus rather than solely education
    - Clear linkage to patient care improvement

- **Cognitive Health Assessment**

- Physician burnout and cognitive strain are widespread and worsening
- National data (2025 Physicians Health Survey) shows ~50% of physicians experiencing burnout
- Burnout is a work-related problem, it's insidious and often don't recognize it in ourselves
- Risk of losing experienced clinicians
- Island Health does not currently have a coordinated framework addressing this at a system level
- Vision to develop a system-wide framework to move "from awareness to action"
- Focus on engaging high-risk physician groups directly; creating structure to connect existing supports and initiatives
- Potential research partnership - 6 Professors at UVic interested in research/data from Well Doc
- Observing deterioration in team functioning
- Strong appetite for action following previous initiatives (e.g. Great Day in the OR)
- Concern the concept is broad - no clear project plan, deliverables, or measures
- Unclear whether focus is research, culture change, mental health support, cognitive performance, System/QI work
- Need a defined team and resourcing model
- Risk of overlap with existing programs (Well Doc, DoBC Physician Health Program)
- Labelling "cognitive dysfunction" has legal and professional implications
- Anonymity and trust are critical; fear of disciplinary linkage noted
- Certain leadership roles may represent potential conflicts
- Al Hayashi is well known and connected, would be comfortable reaching out to people, it is a non surgical role but is valuable and important
- Different specialties require different approaches (e.g. Pediatrics vs Gen Surg)
- Frame as system-level cognitive load and practice environment improvement, not individual diagnosis
- Focus on workflow, communication, practical supports, reducing system strain
- Use existing validated tools rather than building from scratch
- Question is, should we be in the development stage instead of researching what has been done to adapt/adopt locally
- Concerns not enough expertise in this project, need to find and resource the work
- Concerns that there will be a lack of anonymity
- Isn't different from what we are doing through Well Doc
- Strong vision, no defined project plan yet (no scope, outcome measures, governance)
- Al is on the PW&S, could look at funding him to have discussions through PW&S; could invite to attend department meeting to talk about QI and help set them up for success
- Can create a role within our structure that can be development
- **Not Approved**

- **Enhancing Capacity for Neonatal and Pediatric Transport**

- Major delays in neonatal and pediatric transport; neonates most affected
- Very limited provincial neonatal transport workforce (~11 team members)
- Geographic and weather challenges on Vancouver Island
- Only BC Children's & VGH perform neonatal surgery
- Transport model under strain; staffing pressures across disciplines
- BCHS & BC Children's requested exploration of capacity solutions
- Support system design to increase transport capacity
- Explore managing low-medium risk neonatal transports differently to offload specialized teams
- Focus on engagement and framework development (not training rollout yet)
- Funding request is for physician engagement and planning, not service delivery
- Aim to build consensus on framework, clarify staffing model (who, how, where)
- Work collaboratively with BC Children's and Island partners
- Explore ways to increase transport capacity by supporting ITT (Infant Transport Team)

- Physician engagement across Victoria, Nanaimo, Comox; includes pediatric, neonatal, nursing, and RT perspectives
- No confirmed long-term funding; Ministry support hoped for
- Don't want to compete for Ministry funding, need to be working together and not in siloes
- Foundation funding (e.g., BC Children's) may help with supplies but not staffing
- Historical funding and support barriers from PHSA
- If look at the numbers, most transports coming from Nanaimo and Comox, SIFEI funding can pay Victoria based physicians but could request support from Nanaimo and Comox MSAs to partner to fund their local physician involvement
- Includes physician contributors already involved in PQI work
- This request is strictly for initial physician engagement work
- Funding supports physician engagement and planning conversations
- Recognizes transport capacity as a longstanding system issue requiring collaborative design
- **Approved \$5,000**

**7. Tentative next Working Group meeting – Monday, February 9**

- **Monday, February 2** – Packages sent out to WG before meeting
- **Monday, January 26** – Feedback from Core Group, Island Health, and Exec received
- **Friday, January 16** – Packages sent to Core Group, Island Health, and Exec for review and feedback. Meeting with Island Health
- **Monday, January 12** – Closing date for project proposals

**Meeting adjourned 8:20pm**