

MRI – Now operational at VJH

The Vernon Jubilee Hospital Physician Society MRI Task Force started working with VJH Administration and Foundation back in 2016 advocating for securing an MRI for the hospital.

Once the funding was approved by the Ministry of Health, the construction of the new MRI was started, with consultation and direct input from our MRI Implementation and Planning team, headed up by Dr. Adam Weathermon.

Aggressive recruitment/training of Radiologists commenced to ensure the Diagnostic & Imaging Department was ready for the opening day of operation.

Two education sessions were held, for VJH physicians and community Family Practitioners. The first session was held in June addressing, “All about MRI at VJH – indications, MRI safety, and choosing wisely”. The second session held in September shared information on the “Best way to manage spinal imaging referrals”.

VJH now has its own MRI as of September 2019.

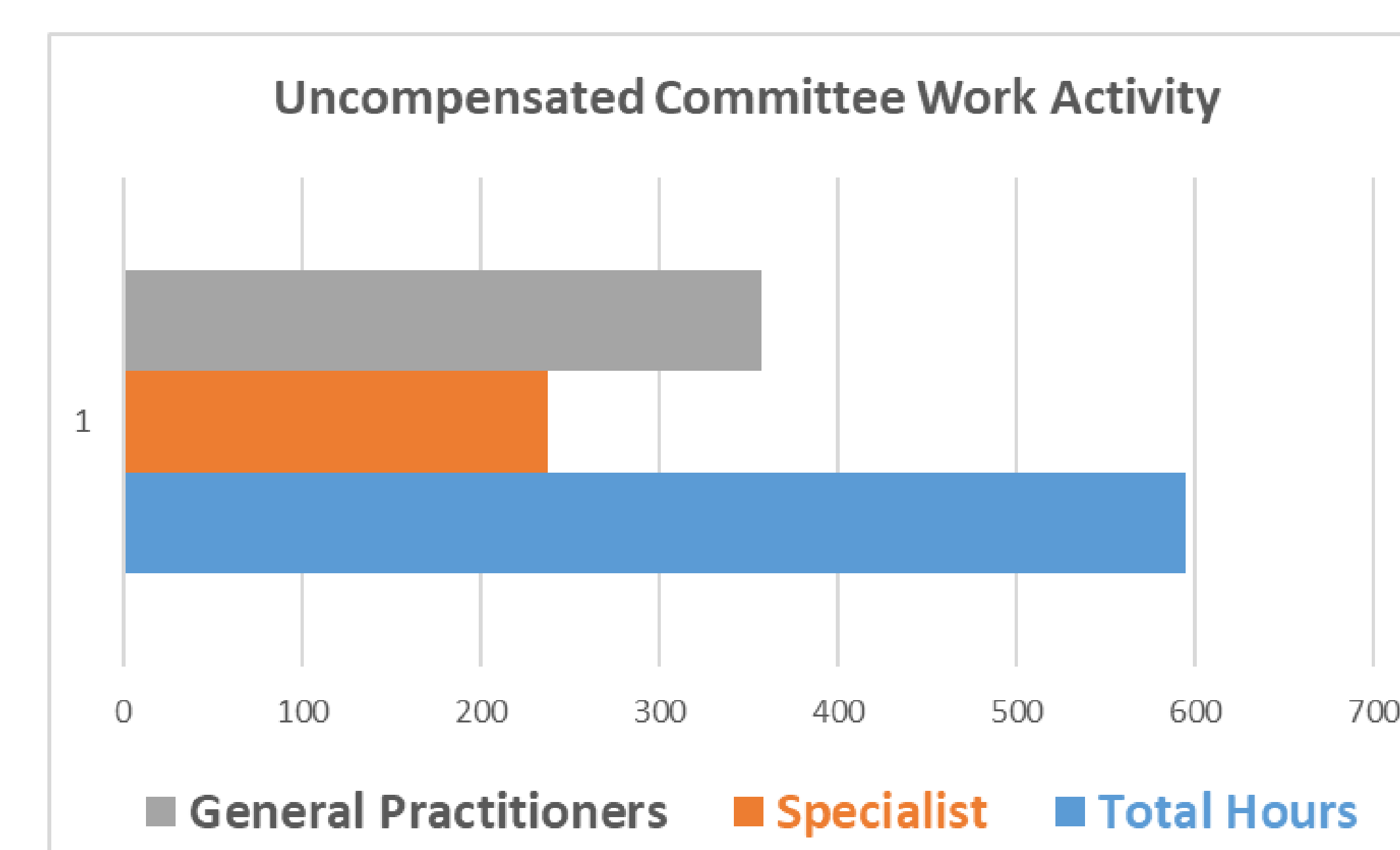


Uncompensated Committee Work a thing of the past.

One of the first priorities championed by the VJHPS working group back in 2016 was to establish the Uncompensated Committee Work activity. The activity was created directly from the MOU stating society funds were to be used to **“compensate physicians for their time in participating in internal meetings and in meetings with Health Authority/facility representatives in relation to this specific SSC engagement initiatives”**.

Over the last three years the physicians have been compensated, to the tune of approximately \$86,000, sitting on over 60 committees, with Specialists dedicating over 237 hours, and General Practitioners dedicating over 357 hours of their time, totally 594 hours.

Statistics from 2016 - 2019



Improving patient care at Vernon Jubilee Hospital

- \$86,000 paid out to physicians
- Physicians providing 597 hours of expertise on 60 committees

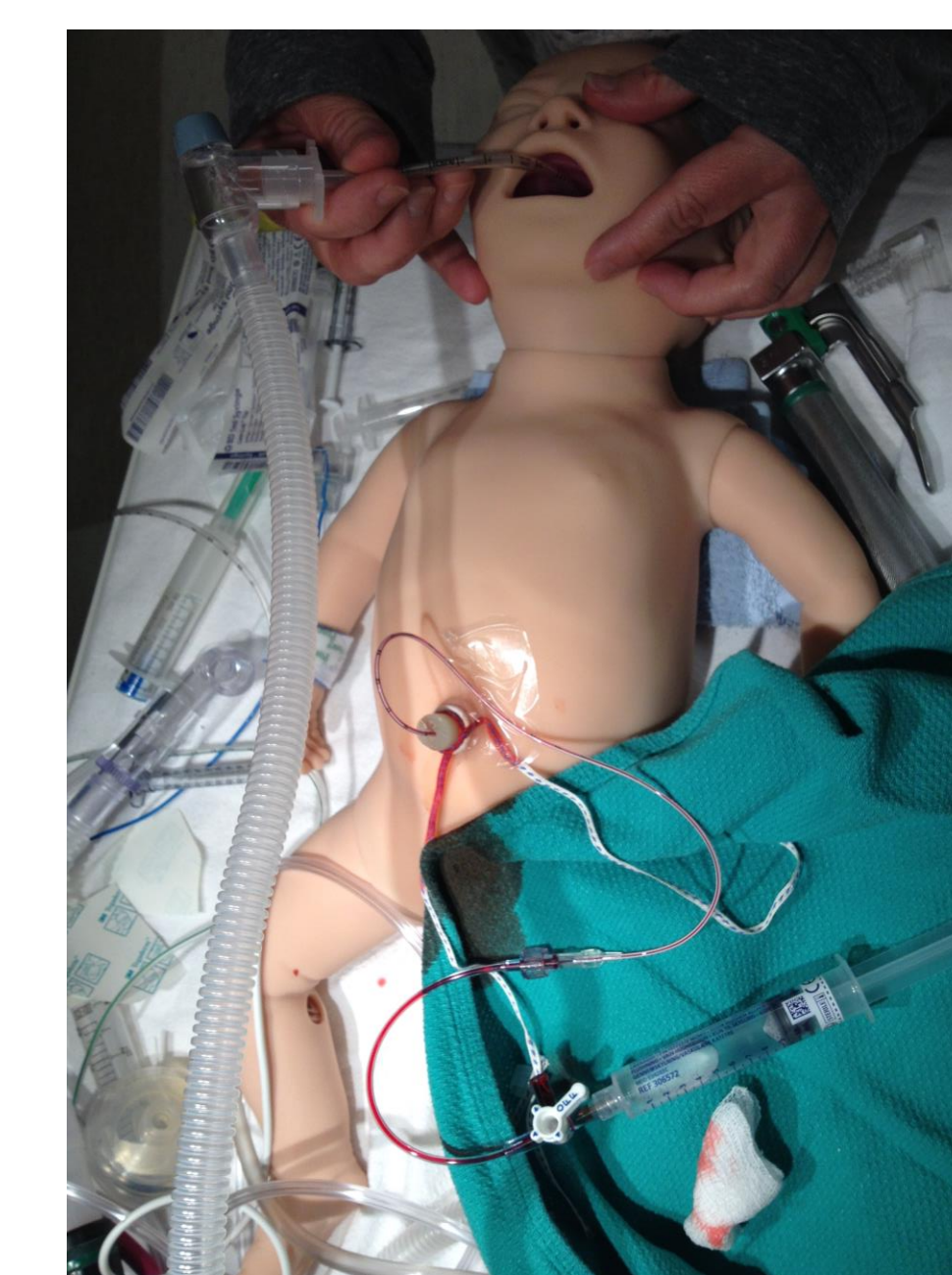
Resuscitation Simulations

VJHPS supports: the regular practice of communication, knowledge and skills involved in resuscitation for those who would encounter emergency/resuscitation as part of their scope of practice; improved uptake of SIMS participation for physicians; engagement of physician leads to create and run regular SIMS for colleague physicians and allied health staff; and improved communication between physicians and allied health staff.

As per the MOU, the Society cannot fund sessional hours for meetings that are required for hospital privileges. Physicians claiming CME credits aren't eligible for reimbursement.

Eligibility Criteria

- Physician-led, physician and multidisciplinary participation, in regular (weekly, monthly, or other) emergency/resuscitation simulations, following recognized emergency resuscitation protocols, as taught in courses such as ACLS, ATLS, PALS, NRP, APLS, etc.
- Engagement of both physician leads and physician participants including Midwives and Nurse Practitioners.
- 1-hour sessional per SIM per participant
- SIMS lead can claim 1 hour for preparation plus 1-hour participation to a maximum of 2 hours sessional reimbursement per SIMS.



Allied Health Education

The purpose of this activity is to engage medical staff (physicians and midwives) in teacher roles, to provide education for allied health professionals and physicians, where no funding for such activity currently exists. The initiative doesn't include funding for education already paid by another source, such as resuscitation courses, or courses required for hospital privileges, such as grand rounds, or department rounds.

Objective of the Activity

Encourage physician role in teaching/enhancing education for facility allied health professionals (nurses, RTs, social work, physicians etc.), to improve patient care, collaboration, efficiency, and knowledge.

Other Activities Include

Centralized Booking for Hernia and Endoscopy - an alternative approach to “centralized referral” to reduce surgical wait times for hernia and colonoscopy procedures.

Departmental Interdepartmental Enrichment Meetings - build relationships within and between departments, for the purposes of planning, reviewing, prioritizing, and improving patient and family-centered care and the physician's work environment.

Physician Surgical Assist Working Group – To collaborate with physician assists, surgical colleagues and hospital administration to consider a more formal structure for the provision of surgical assist services at Vernon Jubilee Hospital by June 2020 in order to provide a safe, well-staffed, comprehensive and skilled surgical assist service, and a collective voice for the physicians who staff this service.

Uncharted Missed Documents – Review why documents (Labs , X-rays, Reports) from VJH are lost or sent in error to the wrong MD and/or location. This includes electronic and paper formats. Develop strategies and procedures to reduce errors.

VJH Surgical/Hospitalist Co-management of Elderly Surgical Patients - **Objective:** explore options and mechanisms to institute automatic hospitalist consultation for the purposes of co-management of specific surgical patient populations. **Challenges:** defining which patients will trigger automatic co-management; determining a compensation model; development of a mechanism to inform hospitalist of the request for co-management; outlining roles and responsibilities for surgeons and hospitalists in co-management.



Dr. Max Liu, MSA President max.boyang.liu@gmail.com
Karly Olsen, Project Manager kolsen@divisionsbc.ca

BDH Working Group

About Our Facility

Boundary District Hospital (BDH) is a tier-1 site located in Grand Forks, BC. BDH currently houses 12 acute care beds, a 24/7 Emergency Department, and adjacent 80 bed residential care facility. Our medical community consists of 10 Family Physicians, 1 Family Nurse Practitioner and 2 retired Family Physicians, all of whom hold privileges in our hospital. Together, the BDH Medical Staff provide care for approximately 12,000 patients throughout the Boundary region.

Vision

We are dedicated to improving practitioner engagement with leaders at the local and regional levels and providing quality, patient and family centred care. Our vision is to be leaders through cohesive and respectful decision making, collaboration and continuous improvement.

Members

- Dr. Max Liu, MSA President
- Dr. Mark Szynkaruk, MSA Vice President
- Dr. Gwen Campbell, MSA Treasurer
- Dr. Mike Slatnik
- Dr. Jen Dressler
- Dr. Nathan Dalla Lana
- Dr. Bob Lewis
- Dr. Allison Carroll
- Dr. Geoff Coleshill
- Dr. Jesse Thompson
- Dr. David Merry
- Dr. Robb Sebastian
- Celia Evanson, NP
- Karen Heric, BDH Acute & Community Services Manager

Projects & Initiatives



Supporting & Fostering Relationships

- Weekly MSA Rounds
- Collaborative Learning Events with practitioners and IH teams
- Annual Staff/Facility Winter Social
- KB Physician Exchange Program participation
- KB Medicine Network participation, includes KB Division of Family Practice, Shared Care, FE sites



Advancing Medical Services & Quality Improvement

- CT scanner business case development
- MAiD regional planning
- CYMH care in the ED and improving relationships with community service organizations
- ED Director Compensation
- Journal Club



Recruitment & Retention

- Orientation package developed
- Physician welcome events
- Locum listing developed

CARIBOO MEMORIAL HOSPITAL

FE CMH – WILLIAMS LAKE 2019-2020 PROJECT LINE UP

- Pediatric Residence Evening
- Emergency Department Orientation manual.
- FE Cookie Poll Appreciation Day
- Happy Patients Happy Staff Initiative
- Orange Shirt Awareness Day
- Stakeholder Alignment Workshop

Healthy Patients Healthy Staff Initiative

FEI & IH under the leadership of Dr. Skye Raffard are working on the HPHS initiative.



FEI – COOKIE POLL DAY

The official “Coming Out” of CMH-FEI. Staff provided input through a mini survey, shared who they appreciated and received a FEI cookie.



Taking time to fill out a questionnaire
Left: Dr. Johann Schreve
Center: Dr. Emil LaBossiere
Right: Chief of Staff Dr. Paul Magnuson



← Left-Right:

FEI Chair
Dr. Nicole Robbins

FEI Project Manager
Laurie Walters

FEI Project Coordinator
Anna Meyers

FEI Liaison Laura
Becotte

CMH – RECOGNIZES ORANGE SHIRT DAY IN A BIG WAY !



Facility Engagement organized an awareness campaign for Orange Shirt Day. Staff wore their orange shirts and an information table was on site binging awareness about the purpose of Orange Shirt Day. A big shout out to FE Coordinator Anna Meyers & Dr. Robbins who were very instrumental in organizing this day!



Meet CMH FEI Executive
Team:
← Left
Dr. Riaz Hassan
Treasurer

Center
Dr. Nicole Robbins
President

Right
Dr. Johann Schreve
Vice President

ELK VALLEY WORKING GROUP

Dr. Tara Chalmers - Nixon MSA Vice President; Dr. Ashley Bakker, MSA Treasurer

Jacqueline Arling, Project Manager



The Elk Valley Facility Engagement Working Group

As we are a small rural facility with 20+ physicians, all members of our Medical Staff Association are also on our working group. Our MSA Executive acts as the executive for the working group. The group has been meeting since January 2017.

Our Vision - Elk Valley Hospital (EVH) is an innovative rural facility with a dynamic team of professionals providing exceptional care to the community and region.

Our Mission - As physicians, we lead together to ensure quality patient centred care in a collaborative, nourishing environment at EVH.

EVWG Goals :

1. Be a leader in rural medical staff recruitment and retention programs.
2. Foster meaningful communication and engagement between physicians, Interior Health and frontline staff.
3. Increase physician participation and leverage existing provincial programs to improve health care delivery and facility operations.



Projects

Community Partners

Project description : Engage Elk Valley municipal councils (Fernie, Sparwood, Elkford) through updates on initiatives we are undertaking for surgical sustainability, medical staff recruitment and retention, and improving patient care in the community.

Status:

- ✓ Annual Update Letters to Councils on active issues and initiatives.
- ✓ One-on-one adhoc meetings with councilors
- ✓ Joint MSA/IH Presentation at Fernie Committee of the Whole to encourage dialogue on issues facing health care in the community.

Next steps:

Continue to have open communication with community stakeholders to solicit support and participation in Health care initiatives that affect the community.

Fernie Community Health Centre

Project description : As part of the Patient Medical Home assessment, Fernie is exploring the development of a Community Health Centre to accommodate a team-based care for rural physicians and other providers.

Status:

- ✓ Consultant hired to determine feasibility
- ✓ Working Group made up of IH and Physicians
- ✓ Case studies and Stakeholder interviews to be complete in November

Next steps:

Feasibility report will be reviewed in January 2020. If it appears viable, a pro-forma for construction of a building will be conducted.

East Kootenay Peer Learning & Network Day

Project description : Bring together East Kootenay Physicians for a day of Peer Learning and Networking. Following the success of year 1, FEI has partnered with Divisions of Family Practice, Facility CME funds, and RSON to fund different aspects of the event. The 3rd annual event took place on Oct.05 in Fernie.

Status:

- ✓ 10 EK Specialists spoke on various topics
- ✓ Over 50 participants from Golden, Invermere, Fernie, Cranbrook, Sparwood and elsewhere.
- ✓ Networking throughout the day, a bike ride, hike, good conversations, and a dinner gala.

Outcome: Building peer relationships and learning. An opportunity to discuss both best practices & challenges in our rural communities.

Next steps:

Partnering with EK Divisions of Family Practice and RSON, this event has established its foundation and will continue on an annual basis.

Rural Maternity Initiative

Project description: A collaboration of Maternity care provides to explore ways of improving maternity care in the Elk Valley.

Status:

- ✓ Meet monthly 6-10 participants to discuss Maternity Care - Pregnancy to Postpartum
- ✓ Hired a dedicated Maternity Nurse to work with expecting mothers in Fernie, Elkford, and Sparwood creating continuity of care.
- ✓ Collecting Stats on c-section, unnecessary transfers, etc to inform quality improvement.

Next steps: Continue to meet with providers to work on quality improvement initiatives in rural maternity care.

Lessons Learned

- Engaging Interior Health as a partner in all of our projects is critical to success
- Be Patient and Take Baby Steps
- Have a conversation!

Future Directions

Over the next two years, the EVWG will focus on

- Harnessing the enthusiasm of our physicians
- Maintaining and strengthening our relationships with IHA through regular communication and joint committee work
- Improve collaboration between physicians by creating opportunities to build relationships via electronic & in-person communication.
- Improve physician work environment by creating opportunities and giving support in making change.

Acknowledgements

The WG would like to thank the Doctors of BC for their support in implementing the Facility Engagement Initiative, and the Interior Health Authority for their collaborative efforts on all of our initiatives. For further information on how to collaborate with the EVWG, or for more information about any of our projects, please contact the following members:

Dr. Tara Chalmers-Nixon (MSA Vice President)
tara.chalmers@me.com

Dr. Ashley Baker (MSA Treasurer)
bakker.ashley@gmail.com

Jacqueline Arling (Project Manager)
jacqueline.arling2@gmail.com

Golden and District Hospital

Dr. Bruce McKnight

Project Manager , Lindsay Sutton

The MSA

The Golden and District Hospital MSA consists of thirteen physicians and two specialists (one visiting)

Facility Engagement Executive

Dr. Jennifer Woolsey

Dr. Adam Watchorn

Dr. Douglas Page

Working Group MSA

Dr. Bruce McKnight

Dr. Jessica Chiles

Dr. Allison Clare

Dr. Trina Larsen Soles

Dr. Virginia Clark

Dr. Nicholas Tan

Dr. Meghan Guy

Dr. Aimee Seguin

Dr. Stephen Loden

Dr. Jean Gaston Descoteaux

Mission

Our mission is to support a culture at Golden & District Regional Hospital that engages with Interior Health, Ministry of health, Doctors of BC and the public to improve patient care, promote open dialogue and effect and participate in positive changes for our community.

Values

- ❖ *Quality Improvement*
- ❖ *Collaborative Care*
- ❖ *Innovation*
- ❖ *Best Practice*
- ❖ *Physician Leadership*

Project Work

Golden has proceeded with new projects over the past year. Small but effective projects include: a new Burn Guideline for the Emergency Department, re-organizing the airway cart with a SIM session, assessing maternity care, and tracking the call shifts for the emergency department. One larger project included a wellness event last spring. This event brought the group together to evaluate their home and work life balance and also addressed physician engagement, fostering collaboration and wellness. It was so successful, our team is interested in supporting holding this event annually.



Physician Recruitment Project

The objective of the project was to find a way to show future prospects the advantages of working in our rural community. The project allowed to the group to spend time organizing events for locums, take time to update the manuals and policies.

Phase One

Recruitment of new physicians

- ❖ Held social networking evenings for two new locums- the opportunity to meet with all the physicians and their families
- ❖ Time to spend with locums showing what Golden as a town had to offer, organizing group ski days, visiting different activities available for children, help with finding accommodations, etc.

Phase Two

Emergency Department Buddy System

- ❖ Created a new, updated locum/resident manual
- ❖ Created a new welcoming email for new locums to get in touch with the physician who will be mentoring and coaching them.
- ❖ Implementing a buddy system for locums to pair up with an ER physician who will be on “home call” for the locum’s first shift. The locum can call this physician for any advice or have them come in for any help. For example, some situations could include helping to navigate a transfer or troubleshoot the slit lamp.

Phase Three - Coming Soon....

Optimization of Existing Hospital Layout

- ❖ To bring together members from the various groups within the hospital to assess how to improve the use of our existing space to better meet patient care requirements.
- ❖ To improve the efficiency with which we deliver patient care by reassessing how we use our existing space.



Continuing Projects

- ✓ **Physician Recruitment**
- ✓ **Emergency Call Shift Data Tracking**
- ✓ **Transport Data Collection**
- ✓ **Transport/Sedation Checklist**
- ✓ **Community Oncology Needs Assessment**

Future Direction

The vision of the Facility Engagement Working Group is to be a leader in quality, patient centered care, collaboration and continuous improvement for rural health care.

Acknowledgements

- ✓ Doctors of BC Facility Engagement Initiative



Golden & District Hospital
working group *Inspire to Innovate*

Creston Valley Hospital

Drs. Sue Hopkins and Atma Persad. Project Manager Nancy Rainey



Introducing Creston's Maple Maternity Clinic



Monday-Friday
830am-430pm
250.428.3873

After hours
(urgent issues)
250.428.2286

Located at Creston Valley Health Centre

YOUR KEY TO PREGNANCY & FAMILY WELLNESS

What did Creston look like before Maple Maternity

- 15,000 pop in Catchment area
- Approximately 90 births/year
- 3 Mat/OB physicians practicing from 2 Primary Care Clinics with significant work/life balance concerns
- 2 Midwives – close to 50% of the deliveries
- Expectant moms had difficulty knowing how to access prenatal care particularly if they did not have a Family Physician.
- Good immunization rates but could be better
- Good initial breastfeeding rates but significant drop off over the long term

What was our Vision for Maternity Care in Creston

To deliver quality and consistent patient care through collaborative, respectful relationships with colleagues, the Health Authority, and other healthcare partners. .

Who was the team

- Interior Health Administrators
- IH Site Manager & HCIS Manager
- IH Public Health Managers
- IH Public Health Nurses
- IH clerical
- 3 Mat/OB Family Physicians

What did we want Maple Maternity to look like

The team created a colocated maternity home with Public Health at the Creston Valley Hospital, where a collaborative approach to prenatal care would allow physicians, public health nurses and other allied health professionals to support women and their families during and after pregnancy.

Currently the clinic is running 2 half days/week. Moms see every physician over the course of her pregnancy and sees PH nurse every visit. Moms receive information ie: breastfeeding, labour & delivery, taking home baby, post-partum depression, immunizations, from the public health nurses.

What did it take to accomplish

- The team met monthly for 18 months before opening its doors in January 2019.
- Research on Best Practices to ensure physicians were standardizing their practices
- Development of new referral and clinic forms that complied with Interior Health standards
- Juggling of IH clerical staff in order to support the clinic.

Where are We Now

Maple Maternity has been open for 9 months. The team is still meeting bi-monthly to work out any kinks that have arisen.

Physicians are feeling work/life balance improving.

Public Health nurses are finding families easier to contact for immunization protocol

Pre and Post surveys – vetted through ARECCI standards have been completed by every client.

Some findings:
100% were satisfied with Maple Maternity's care and met expectations.

90% felt public health nurse information & appointments were helpful

Some areas to devote attention to:
42% found no barriers to appointments
More time needs to be spent addressing partners needs. Identified as a weakness.

Now What?

1. Look at ways to encourage long term breastfeeding
2. Incorporate Lactation Consultant into clinic
3. Increase clinic by another ½ day?
4. Incorporate physicians MOA into clinic?
5. Apply for funding from PCN
6. Look at miscarriage aftercare
7. Continue Quality Improvement

What Else are the Creston FE Physicians Working on?

- ER on Call Schedule & Holiday Schedule
- FTE Equivalent with Recruitment & Retention
- Ortho/Cellulitis Management Follow- up
- Physician/Nurse Study Groups including SIMs
- On Call Physician Lounge
- On-Site Cast Clinic
- Weekend Hospital Rounds

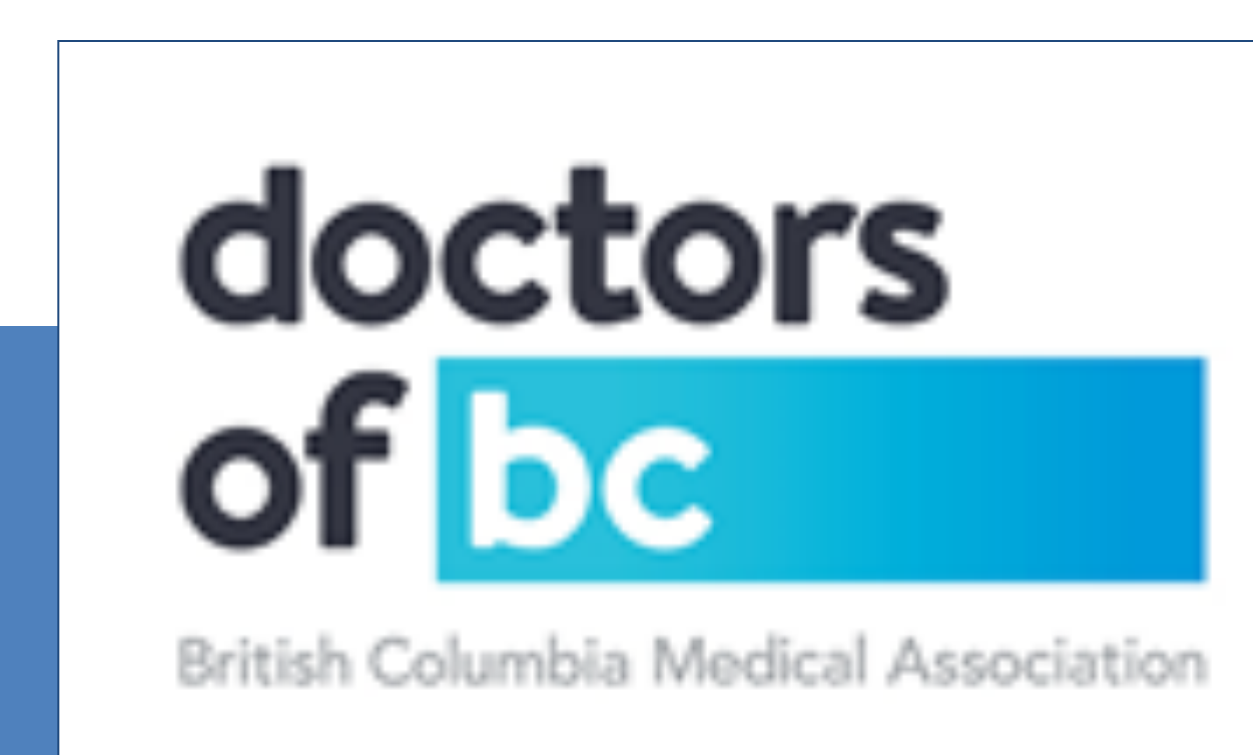
Acknowledgements

The CWG would like to thank the Doctors of BC for their support in implementing the Facility Engagement Initiative, and the Interior Health Authority for their collaborative efforts with many if not all of the FE projects. To the Creston Valley Gleaners Society for their generous donation to the Maple Maternity Clinic

For further information please contact

Dr. Atma Persad – MSA/FE President
Dr Karen Persad - MSA/FE Vice President
Dr. Sue Hopkins – MSA/FE Secretary

Nancy Rainey Project Manager



Dr. Helmcken Memorial Hospital

Dr. John A. Soles & Margot Venema



Drs. Lounge

When Clearwater reached their full complement of five physicians two years ago, the need arose for a private space at the hospital. The physicians felt the existing Drs. Lounge, that had not been actively used for several years, needed to be re-established and an upgrade was necessary.

The process

Physicians were given a photo selection of furniture and appliances to choose from. The Project Manager then worked with local hospital staff to clean out the room and give it a fresh coat of paint after which the Drs. Lounge was decorated with the newly purchased items.



Simulation Training

The Working Group has been organizing monthly Simulation Training sessions in the ER for physicians, paramedics, and nurses to ensure the medical team is confident and competent in providing care to critically ill and injured patients. The Group hired a Simulation Training Coordinator to ensure the training sessions are run consistently and avoid creating more workload for physicians. We also wanted to engage local hospital management and the health authority.

Lessons Learned

Physicians feel more confident and competent in emergency situations. Physicians, nursing staff, and paramedics work better as a team. Changes have been made in the ER to streamline the provision of critical care.

Challenges are ensuring that every nurse and paramedic can participate on a regular basis and to sustain the program.

We want to ensure adequate funding to make the program sustainable as well as establish a database of scenarios that can be used by other sites.



GARDEN POTLUCK

Sunday August 18, 2019 2:00 – 9:00 PM



@ Soles' Residence, 584 Fawn Road, Clearwater, BC

Bring your families, your heritage cultural dish, and chairs. We will provide the hamburgers, hotdogs, and mocktails. BYOB Bocce, croquet, ladder golf and kids playground on site. Join us in celebrating summer and friendships! Come and go as it suits.

An RSVP by Friday August 9, 2019 would be appreciated: margot@ssccommunications.net For more information contact: Margot Venema @ 778 - 214 - 5635



Garden Potluck

Opportunities to socialize outside of the work setting with medical staff such as nurses, paramedics, medical centre and hospital administrative staff are limited due to busy schedules. However, the personal relationships that are forged by connecting with each other in a private setting are critical in the establishment of a strong professional team, so two summer garden events were organized to foster relationships among MSA members and other medical staff.



Dr. Helmcken Memorial Hospital Working Group

Dr. John Soles, Dr. Kayode Bamigboje, Dr. Gangadevi Lokuwattage, Dr. Olamipo Bamigboje, and Dr. Alaa Baleed

Vision

Happy, healthy, and engaged physicians working in a supportive environment.

Mission

Engaging physicians and Interior Health Authority to improve the quality of the hospital environment and the work of physicians.

Values

Mutual respect, teamwork, mentorship.



Nicola Valley Hospital and Health Centre

Event attendees: Dr. Duncan Ross, Brenda Badke (Administrative Assistant)

Facility Engagement Working Group Members: Dr. Errol Vander Merwe, Dr. Duncan Ross,
Dr. Drew Soderberg, Dr. Morgan Lyttle, Dr. Patrick Goetz



Training Site Development Project Physicians and Residents Working in Collaboration

OBJECTIVES OF ENGAGEMENT ACTIVITY

- Physician recruitment
- Better sustainability of Emergency Room Physician Coverage
- Positive useful training for RI/R2 to encourage/prepare them to work in a rural emergency room



FUTURE DIRECTIONS/GOALS

- Nicola Valley Facility Engagement Working Group Physicians and Interior Health Authority Partners are wishing to collaborate together to bring forth a plan for On Call Emergency Department Physician Recruitment
- RI-R2 training at NVGH. Partnership with UBC Department of Family Practice
- Purchase of SIMS Training Dummy
- SIMS Training with Dr. Shane Barclay
- This project would provide emergency room training to R1/R2 physicians
- Training on basic medical billing and diagnostic coding
- Our hopes for this project would be to eventually recruit physicians to work in rural emergency room departments

Recruitment Initiative Project

Lead: Dr. Gareth Mannheimer

Participants: Dr. Maria Dibb, Dr. William Brown

Objective:

To foster collaboration with local communities to plan, study and implement changes to improve physician recruitment in the Columbia Valley.

Progress:

June 11 2019 – Lunch Presentation by Marilyn States. Attendees: mayors, councillors, directors and presidents of all communities in our large catchment area, physicians, medical clinic managers and Invermere Hospital Interior Health representatives . Marilyn's presentation was amazing and we were overwhelmed by the commitment and support of our community leaders.

Sept 2019 – Regional District East Kootenay agreed to contribute \$20,000. to support the Recruitment Initiative and were planning to meet with the Chamber of Commerce to discuss having that organization manage a physician recruitment program.

Oct. 3 2019 – Dr. Mannheimer met with Peter Bourke; Executive Director Columbia Valley Chamber of Commerce and Ryan Watmough; Columbia Valley Community Economic Development Officer. They discussed the challenges facing Physician Recruitment in BC Rural areas and Ryan and Pete have committed to forming a Recruitment Committee and hiring a Recruitment Manager

Labor and Delivery Room Improvements and Expansion

Lead: Dr. Ed Schaffer

Participants: Dr. Shannon Page, Dr. Jane Fleet,
Kyra Warren RM Joanne Gillies RM

Objective:

To move the existing Labour and Delivery room out of the Emergency Department and repurpose another area in the Invermere hospital into a larger Labour and Delivery unit that still fits the criteria for optimal care.

Actions:

Collaborate with IHA Administration and Invermere Hospital Nursing staff to plan the repurposing of a suite of rooms for Labour and Delivery.

Progress:

The Invermere Hospital has moved the Community Home Care Nursing unit to another area to procure space for the L&D unit that is easily accessible from the nursing station. The proposed unit will include a Labour and Delivery room, an adjacent waiting room for family and a third room with a second delivery bed for the possible concurrent second delivery.

There is an upcoming interprofessional planning meeting planned within the month to confirm details and timeline.

Many thanks to:

Doctors of BC for implementing the Facility Engagement Initiative

And especially to :

Our IHA Partners at Invermere District Hospital

Site Director: Deb Austin

Site Manager: Emma Pattinson

Medical Administration Assistant: Kerry Colonna

Physician On Call Room Relocation, renovation and Upgrade

Lead: Dr. Mike Walsh

Objective:

The current on call sleeping room is a crowded unused single patient room, with a patient bed, shared with a desk for Chief of Staff and with no amenities. We would like a space that is conducive to a good rest, private consultation with other physicians, small work area, kitchenette and lockers for physicians to keep their personal items in.

Actions:

Meet with Invermere Hospital administration to discuss reorganization of existing space.

Progress:

Prompted by the repurposing of the Home Health care and Labour and Delivery rooms, a double room has been made available to repurpose into a on call sleeping room. It will be painted and fitted with a mini kitchen, double bed, work table and chairs and small lockers. It is anticipated that it will be ready within 3 months

Who Are We?

Invermere Medical Staff Association

As we are a very small rural facility, all of our MSA members are also our Facility Working Group members.

President: Dr. Michael J Walsh

Vice-president: Dr. Stephen Arif

Secretary/ Treasurer: Kyra Warren RM

Members: Dr. Edward Schaffer, Dr. William Brown, Dr. Keith Weber, Dr. Maria Dibb, Dr. Shannon Page, Dr. Gareth Mannheimer, Dr. Jane Fleet, Dr. Bruce Johnson, Dr. Karolina Maslowska, Joanne Gillies RM

Facility Engagement

FEL: Patti King

FEPM: Gail Gross

Our intrepid executive
Mike Stephen Kyra



Princeton General Hospital

Physician: Dr. Ella Monro | Project Manager: Kathy Loke



OVERVIEW

Town of Princeton



Photo Credit: <https://www.princetonbc.com>

The Princeton General Hospital is located in the Town of Princeton, in the Similkameen region, along Hwy 3 between Hope and Penticton. It is a small and historical town with an approximate population of 3,000 people. The main employers are Copper Mountain Mine, Weyerhaeuser Sawmill, and some smaller timber companies.

Princeton General Hospital



Photo Credit: <http://sohc.ca/>

PGH is a Level 1 Community Hospital offering services that include acute care, a laboratory, x-ray and 24 hour emergency. Community care nursing and Public Health services are also offered within the same building.

Healthcare at PGH is provided by 5 physicians and 1 nurse practitioner. The same physicians also work in the family practice clinic at Cascade Medical Centre, conveniently located next to the hospital.

2019-2020 STRATEGIC GOALS

1) Improve physician and allied health work satisfaction and engagement.

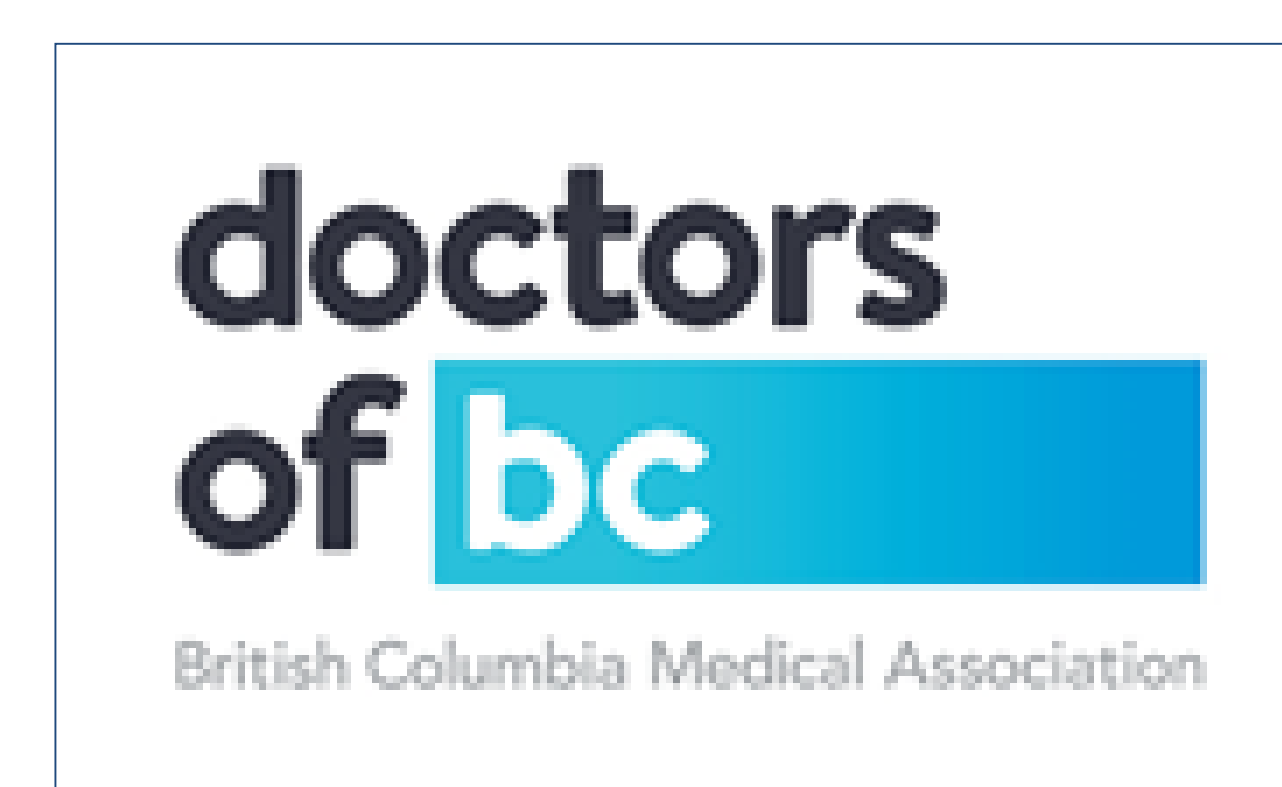
- Improve email and calendar management.
- Work collaboratively with other physicians and allied health.
- Through sessional payment, support physicians to attend meetings that impact their ability to deliver care.

2) Explore modernized delivery of healthcare.

- Explore and identify other governance models of healthcare that would benefit the delivery of health care in Princeton.
- Advocate improvement of the infrastructure and usage of space at PGH.

3) Increase training, education, and leadership capacity for Physicians and Nurse Practitioners.

- Via a team-bonding activity, engage other staff and key stakeholders (Physiotherapy, Public Health, immunization, etc.).
- Continue Shared Care and CME Opportunities.



PROJECTS HIGHLIGHTS

CODE ORANGE PLAN UPDATE

Code Orange Table top exercise on Feb 25, 2019



Photo Credit: Crystal Groves

- After a much needed update, PGH's Code Orange (Mass casualties) plan is near completion.
- A table top exercise was held on February 25th, facilitated by IH HEM Samantha Read.
- PGH is unique in that it works closely with the community, and therefore over 20 people from key groups in town were invited for their input (ie. RDOS Emergency Operations Centre (EOC), Town of Princeton, 3 firehalls, Princeton RCMP, Highway Rescue, Search & Rescue, Weyerhaeuser Sawmill, Copper Mountain Mining, etc.).
- Internal staff at PGH including physicians and nurses were also represented.
- An all-day, interactive, expertise-sharing, and community-bonding session led to very important information and key lessons learned, that are being included in the updated plan.

JOINT DEPARTMENT HEAD MEETING

- Previously, the 13 departments within PGH did not have a means to regularly discuss issues and/or challenges together, usually not until they had already become acute. In particular, things that impacted other departments (eg. staffing).
- We worked with IH to organize a quarterly meeting going forward.
- Communication and awareness of initiatives and issues has improved. The approach is now more proactive than reactive.

STAFF SHORTAGE AND PATIENT CARE IMPACTS

- A key concern at PGH is staff shortages and the impacts made on patient care.
- The question was: How do we effectively demonstrate the need for more staff?
- We started to collate stories about staff shortage/patient care impacts. Real stories with real consequences, not just numbers and stats.
- A resolution/briefing note will then be drafted to raise to appropriate governing bodies.

2019-2020 RETREAT

- 2018-2019 all physicians/NPs ski retreat with a speaker on Wellness was a success.
- For 2019-2020, looking at something more local and accessible. Support staff can be invited to join in learning and bonding opportunities.

SESSIONAL MEETINGS

- A large portion of the budget is committed to sessionals, which allows the physicians to attend meetings that can positively affect changes to patient care delivery.
- Continue to track and evaluate attendance impacts.

QUEEN VICTORIA HOSPITAL

Dr. Sara Brown, Physician Lead and Katherine Brown, Project Manager

Revelstoke



Queen Victoria Hospital Facility Engagement Initiative

Our mission is to provide full service rural care that collaboratively involves our community and promotes improvements in health care delivery at QVH as well as effecting positive change by presenting a unified voice to Interior Health, Ministry of Health, Doctors of BC and the public.

Dental Program

Physicians worked closely with Interior Health and community organizations to revive a dental program at QVH which would mean that most dental patients who needed hospital treatment no longer need to leave town. Initial estimates indicate that 15-22 costly trips on dangerous highways could be avoided.

Initial funding and project support was provided through the FEI. Through partnership and collaboration between physicians, Interior Health and the community of Revelstoke – including significant funding from the Hospital Auxiliary Society - the surgical program has now been expanded to include dental procedures.

Dr. Shane Ven Beizen, a visiting dentist from Golden, worked to set up the program with physician lead and Family Practice Anesthetist, Dr. Kirk McCarroll. From this initial success, Revelstoke now has two visiting dentist, three local dentists and a visiting maxillofacial surgeon from Kamloops with privileges at QVH. The project has been an overwhelming success.

Committee Meetings

The Queen Victoria Hospital MSA has used funds to increase physician attendance at hospital based meetings that rural physicians must attend, however were not compensated for. These physicians are the same physicians who provide primary care in clinics, perform surgical procedures and anesthesia in the OR three days a week, obstetrical care, long-term care and staff a 24/7 ER.

Committee meetings that are now funded and seeing a significant increase in physician attendance and engagement include:

- LMAC
- Obstetrics committee
- Perioperative committee
- Palliative committee

ER/Critical Care Redesign

To design and assemble a comprehensive critical care airway cart that meets the specific needs of the Revelstoke critical providers, taking into consideration our unique skill sets and the demands of our patient population. The cart will replace the current drawer in the trauma room that holds our emergency airway supplies. This change is necessary based on feedback from physicians and nurses following recent trauma simulation exercises that identified the need for a more organized airway cart.

Anesthesia providers will design the cart and circulate photos and lists of supplies to include in the cart. Placement of the cart within the trauma room will also take some discussion amongst nurses and physicians.

Anticipated outcomes are updating current emergent airway management equipment and providing a more organized and user-friendly access to airway management supplies.

Engaging Specialists in Rural Service Delivery

This project supports a larger Rural Surgical and Obstetrical Program (RSON) currently underway. One of the pillars of RSON is to increase OR scope and volume. We are using FE funds to bring regional specialists to Revelstoke to meet with IHA and our local surgical team to explore options to expand their services to our community. This work will contribute to the enhancement and expansion of our referral network, increase OR scope and volume and bring better access to patients in Revelstoke.



Interior Health Addictions/OAT Clinic (MHSU)

Physicians have been working with IH MHSU over several months to assist with the implementation of the Addictions/OAT clinic at QVH. A visiting GP with a specialization in Addictions/OAT visits with Revelstoke patients weekly alternative in person and virtual care. Work still needs to be done around collaboration with community physicians to communicate the scope of services and referral pathways. Wait times are currently being looked at as they have been identified as being significantly longer in Revelstoke than in other North Okanagan communities.

ER Scheduling

Supporting physician scheduling time to ensure the 24/7/365 ER is properly staffed while also ensuring clinic, surgical, obstetrics and anesthesia services are scheduled and available. This task takes several hours per month and is necessary to ensure sustainable services across the community and at the hospital.

SHUSWAP LAKE GENERAL HOSPITAL

DR. ANDREW SELLARS (Executive Chair), DR. JEREMY SAWATZKY-MARTENS (WG Member), YULIYA ZINOVA (PM)



SLGH FEI Working Group

About: The SLGH FEI Working Group has a strong representation from all hospital-based medical departments (16 members) as well as Hospital Administrators. The group has been meeting monthly since May 2017.

Our vision: collegial partnerships that will positively transform health care experiences in the SLGH and our associated community of practice.



To date, 35 projects have been approved: 16 of these are ongoing, 3 – in inactive stage, 14 - have been completed and 2 moved to the Shared Care Initiative.

All projects aim to improve communication, physicians work environment and patient care. The WG Executive Chair presents a summary of the FEI activities at every MSA meeting.

Collaboration with IHA

The SLGH IHA representatives have taken an active role in promoting and enhancing collaboration and communication between the IHA and the medical staff at SLGH. They participate in working group meetings and, overall, provide invaluable support to all FEI projects.

SLGH Projects

IH-Physician Partnerships Project

The project aims to provide resources for the SLGH physician leaders to improve communication and strengthen collaboration with IHA representatives. Participants are given a venue to discuss common goals and collaborate on a vision, that reflects both the IHA and MSA priorities. All meetings have been well received and attended by both IHA representatives and the SLGH Physician Leadership Team.

MOREEX Project

In November 2019, the SLGH FEI contracted the Salus Global Corporation to implement the 3-year MORE-EX Program for the OR team. The Program provides the OR team with specialized tools, materials and activities that helps standardize processes based on best practices, improve relationships, create and sustain a healthy workplace culture. The OR team has ongoing meetings as well as they monitor their progress on a monthly basis.



Cardiac Rehab Project

The project's goal is to re-introduce the Cardiac Rehab Program to SLGH, that was discontinued in 2018. The project's task force team includes IH representatives, a GP, an internal medicine specialist and a kinesiologist. The project is co-funded by the FEI and the Shuswap Hospital Foundation.



Other Successful Projects:

Midwife Project: helped smooth the transition of two midwives who were introduced to the Obstetrics Department in Fall 2017;

Executive Chair Communication Project: provides funding to reimburse Dr. Andrew Sellars for his time communicating with the SLGH staff and IHA to promote the FEI activities. The project helps ensure active communication between the WG Leader, physicians and IHA partners;

OR Assist Project: provided funding to reimburse one of the GPs for his time spent on recruitment and organization of training of new OR assistants to maintain surgical services after the main surgical assistant retired;

Rapid Response Project: funds are used by physicians for short-term activities, that do not exceed 4 hours of work. The goal of the project is to engage more physicians into the FEI work.

Future Directions

- Continue collaboration with IHA on aligning priorities between FEI projects and IH initiatives;
- Develop a strategy to leverage all relevant IHA and Doctors of BC funding opportunities for physicians to discuss future collaboration;
- Provide support to every physician, who has a project in mind, by 1) funding through the FEI or 2) finding other funding alternatives and applying for them.

Additional Funding Sources

The FEI Working Group has been successfully collaborating with

- IH Health System Redesign Initiative: 4 projects;
- DofBC Shared Care Initiative: 2 FEI projects were transferred under this Initiative;
- The FEI and the NOK Division of Family Practice plan to co-share an annual event for the SLGH physicians in December 2019.

Acknowledgement



The SLGH Working Group would like to thank the Doctors of BC for their support in implementing the FEI at SLGH, and the Interior Health Authority for their collaborative efforts to assist in developing a proposal for 2018 Capital Funding to rebuild peri-operative services at SLGH. **The proposal was selected as one of the top priorities for IH and had been advanced to the Ministry of Health for consideration.**

For further information, please contact the SLGH FEI Project Manager Yuliya Zinova at

shuswaplake@facilityengagement.ca

About KBPA

Under the Societies Act, the KBPA manages the activities and funds of the KBRH medical staff. The KBPA is governed by a board of directors with various supports. Our Facility Engagement working group is a representative committee of the KBPA to advise the board of directors on matters of importance to the medical staff, their patients and to the Health Authority.

Board of Directors



Dr. Susan Benzer
President



Dr. Ian Sibbald
Vice President



Dr. Kathryn Hale



Dr. Ralph Behrens

Current Priorities

Culture and Community- KBPA is uniquely positioned and equipped to improve our local physician culture by investing in both the personal and professional growth of our physicians. Supporting physician health and well-being, and investing in developing a positive work environment pays dividends through recruitment and retention, professional “collisions” driving innovation, and improving morale in the hospital.

Bridging the gap- KBPA is actively fostering connections and collaborations with our sister organizations in the region to explore synergies, reduce redundancies, and help ensure projects have the funds necessary to succeed.

Autonomy, Mastery and Purpose- FE funds provide the ability to push to the edge of applied medicine and break through, providing both excellence within the hospital and deeply satisfying experiences for our physicians.

Our priority is to remain nimble, and focus funding on high impact projects that keep physicians motivated and engaged.

Mind, Body, Community - Highlights

Mindfulness Based Stress Reduction- Dr. Cynthia Neil.

An 8 week evidence based wellness program for physicians to alleviate stress and burn-out. We are organizing a second cohort following strong reception of the first.

KBRH Bike Cage- Dr. Susan Benzer. Reduction of barriers for physicians and IH staff to utilize active transport to work.

Physician Exchange Program- Dr. Gisele Adam. In partnership with FE groups throughout the KB region, this project aims to build and enhance relationships between hospital staff in different facilities.

Monthly Wellness Socials- Opportunities to network, connect and empower our physician community with the tools to support their individual journey to wellness.

Celebrating Transitions- Acknowledgement and celebration of significant milestones in our colleagues lives.



Optimizing Teams and Effectiveness - Highlights

Evolution of In-patient care and Hospitalist Service- Dr. Matthew Hermann. Explore and resolve the changing role of family doctors in the hospital and supporting the hospitalist program to accommodate.

Sexual Assault Team Revitalization- Dr. Meghan Jensen. Utilize national experts and host a team-building event to facilitate local retention and recruitment to the team.

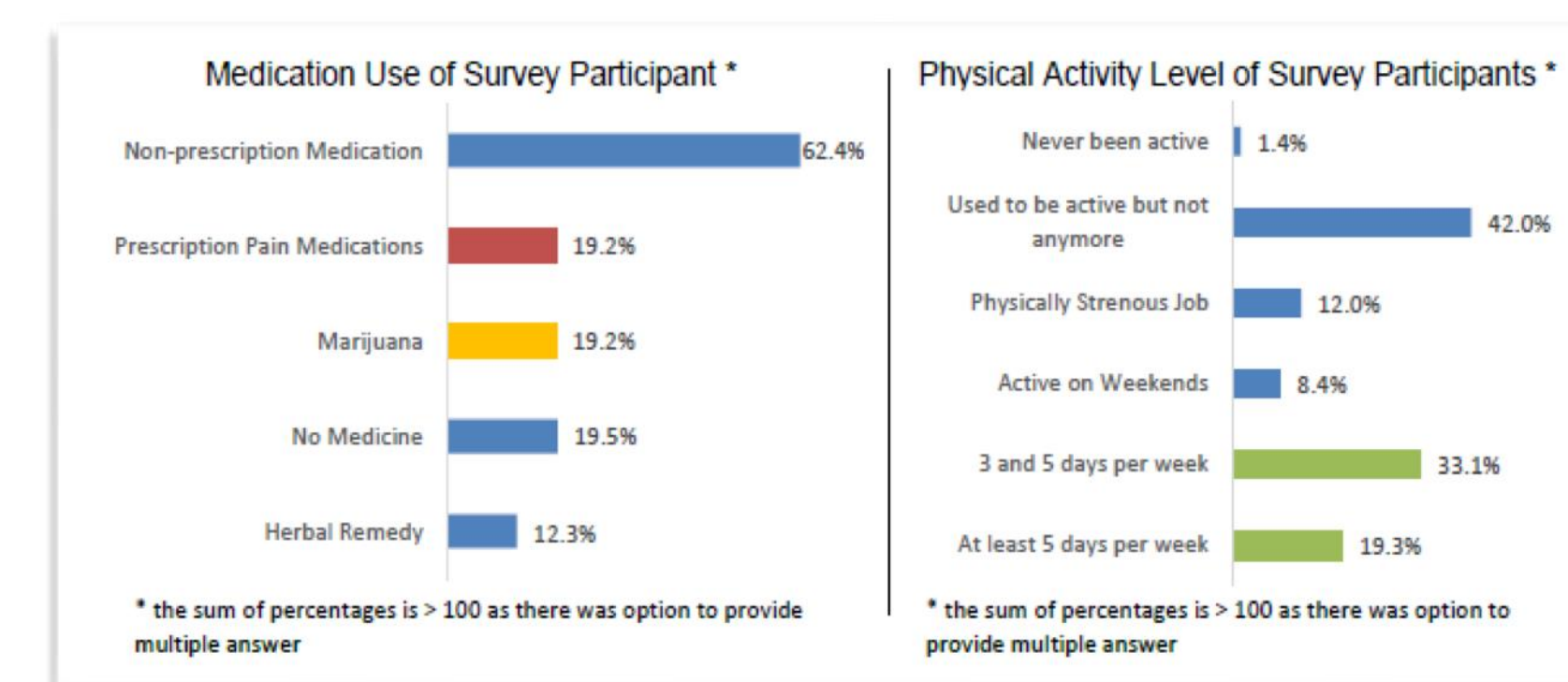
Electronic Pre-Printed Orders- Dr. Scot Mountain. To create electronic order sets and distribute them to interested physicians in various areas of the hospital.

PSLS Information Flow and Feedback- Dr. Eileen Pursell. Survey of KBRH Department of family Practice members regarding their use and experience of the PSLS and data extraction from PSLS system.

Evolving Practices - Highlights

KB Osteoarthritis Needs Assessment- Dr. Sam Segal. The initial goal was to define the burden of knee and hip osteoarthritis in the Kootenay region by surveying community residents and physicians. Using knowledge translation as a driver for change, including an uptake of community-accessed exercise interventions to improve quality of life and optimize surgical and medical care delivery.

This project has the potential for sustainability, particularly within the emerging Primary Care Network (PCN) and Surgical Patient Optimization Collaborative (SPOC) initiatives. It has received a RDCK grant to run 2 cohorts through to demonstrate the effectiveness of exercise for the treatment of OA. Nominations are being accepted for the second cohort; Please email delia.kbpa@gmail.com for more information.



Surgical Optimization for Site Infection Reduction- Dr. Mike Hjelkrem. Details highlighted in FE newsletter. As a result of this project, infection rates dropped well below the national average, to 0.4% after just one year. < six months after the procedure to sterilize pre-op patients was implemented – the infection rate dropped again to 0.2%. Tertiary benefit, the overall infection rate for the hospital has also dropped by 50%

Future Directions

- Development of tighter decision making framework for evaluation of projects for working group.
- Budgeting and forecasting more closely aligned to our priorities while remaining nimble.
- Connecting, discovering and cultivating innovative partnerships to fund elements of projects beyond our current capacity.
- Further enhancement and coordination throughout the KB region through the evolution of KBMedNet.

Acknowledgements

KBPA would like to thank:

- Doctors of BC and BC Ministry of Health for their support on the Facility Engagement Initiative.
- The outstanding doctors, nurses and administrators at KBRH for their sincere engagement on these high impact projects.
- Our team of project managers – Paul, Lindy, Kimberley, Delia and Wendy.
- Our FE coordinator Kirsten Smillie and the rest of the FE team behind the scenes.
- Outgoing Secretary / Treasurer Ralph Behrens, a champion for physicians at KBRH.



The KGH Physicians Society

Incorporated in September 2016, the vision of the KGHPS is ***“Fully engaged and supported physicians with a meaningful voice in improving quality patient-centred care, their work environment and the health system.”***



KGHPS Strategic Priorities

COMMUNICATE | Increase Physician engagement through enhanced communication between Physicians, Departments and KGH / IH administration.

ENGAGE | Increase meaningful physician engagement and influence on health care delivery within KGH focusing on improving quality of care and enhancing the physicians' work environment.

HEALTH & WELLNESS | Promote physician health and wellness.



KGHPS Executive

Dr. Jeremy Harris, President

Dr. Nevin De Korompay, Vice President

Dr. Cara Wall, Past President

Dr. Maurice Blitz, Secretary-Treasurer

Dr. Sarah Sunderland, Member-at-Large

Working Group

Anesthesia

Dr. Sarah Sunderland / Dr. Vance Beck

Cardiac Sciences

Dr. Frank Halperin

Emergency Medicine

Dr. James Reid

Family Practice

Dr. Jeanne Mace

Hospitalist Services

Dr. Mark Hickman / Dr. Cara Wall

Laboratory Medicine

Dr. Amanda Wilmer

Medical Imaging

Dr. David Manders / Dr. Nevin De Korompay

Medicine

Dr. Julia Pritchard

OB/GYN

Dr. Sumathi McGregor

Pediatrics

Dr. Mark Duncan

Psychiatry

Dr. Elizabeth Woodward

Surgery

Dr. Maurice Blitz / Dr. Chris Baliski /
Dr. Jeremy Harris

Residents

Dr. Patricia Jiang

Some of Our FE Projects

The KGH Physicians Society has, to date, reviewed 91 projects and approved 74.

Working Environment:

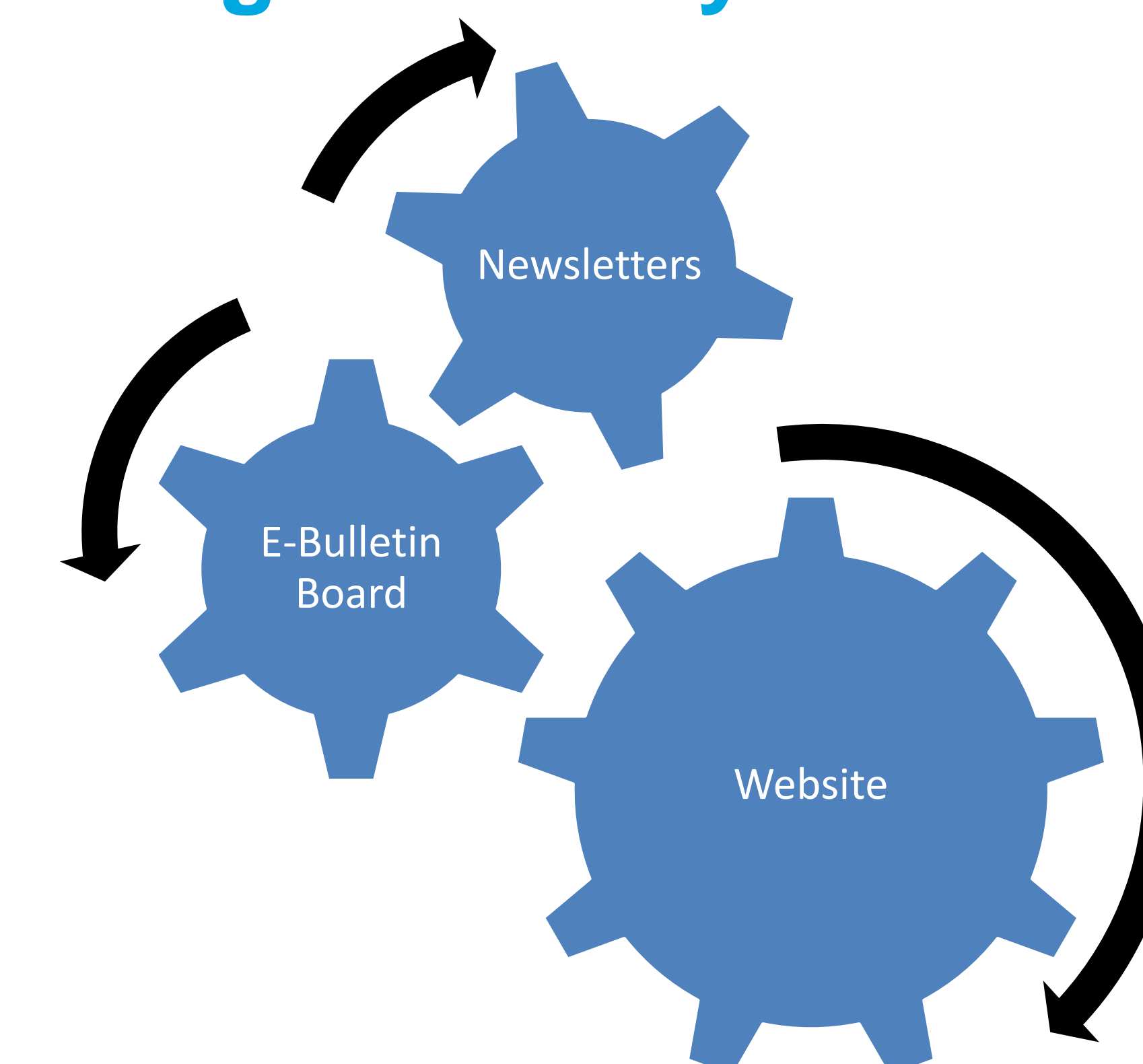
- Physician Health and Wellness Initiative including Wellness Survey
- Redesign of Hospitalist Services workspace
- Continuing Professional Development
- Physician Leadership Development
- Strategic Planning:
 - Department of Surgery
 - Cardiac Sciences
 - OB/GYN
- Development of a Dept. of Anesthesia Night On-Call Policy for Pregnant Physicians
- Orientation Manual – Department of Emergency Medicine
- Websolutions for KGH Cardiac Sciences
- KGHPS Sponsored Appreciation:
 - Christmas Treats for all KGH Staff
 - Complimentary Coffee for Physicians
 - Collaboration with MSA and Divisions such as Santa Brunch and Spring BBQ
 - Departmental Photos in Physicians Lounge

Quality Focus:

- Transitions in Care for Youth with Diabetes
- Development of Lung Cancer Screening Clinic
- Patient Role in the Provision of Cardiac Care
- Sleep Disorder Clinic
- Improving Preparation for Pediatric Surgery at KGH
- Endovascular Treatment for Stroke
- Departmental and Interdepartmental Retreats

Email us at KGHPhysiciansSociety@gmail.com for more information.

Telling Our Story



Communication Strategy

- Quarterly Newsletters
- E-Bulletin Board outside Physicians Lounge updated bi-weekly
- Website updated on an ongoing basis (www.KelownaPhysiciansSociety.ca)
 - Online access to FE application forms
 - Updated KGHPS Guidelines
 - Upcoming CPD Activities
 - FEMS and VersaPay Information
 - KGHPS Newsletters

Acknowledgements

The KGH Physicians Society gratefully acknowledges Doctors of BC for their support in implementing funding initiatives, the KGH Health Services Administrator and Chief of Medical Staff for their collaboration in strategic planning and implementation of initiatives.

Most importantly the Physicians of the KGH must be gratefully acknowledged for their passion in leading FE projects in order to continue delivering extraordinary patient care. As a team, anything is possible!



KOOTENAY LAKE HOSPITAL



IMPROVED RELATIONSHIPS WITH IH

- Working Group representation
- Joint strategic planning
- Leadership dyads
- Shared resources

SURGICAL SERVICES

- Assessment of historical relational issues across surgical services in the region
- Step towards reconciliation between KLH/KBRH

HOME AWAY FROM HOME

- Annual Summer Staff/Facility BBQ
- Appreciation Cafes
- Christmas Tea
- KLH Newsletter

REGIONAL VISIONING AND PLANNING

- Member of KB Med Net, includes all sites, Shared Care and Division of Family Practice reps

MAiD

- Support for physicians to attend regional quarterly MAiD meetings
- Provincial MAiD training for physician and nurse

TEAM SPACE

- Engagement with nurses and physicians to evaluate the current use of space on the 3rd floor, and ideas for improvement

TEAM LOUNGE

- Redesign of lounge space on 3rd floor to enhance team functioning

ONCOLOGY

- Improvements to team based care
- Succession planning
- Space re-allocation for chemo unit

MATERNITY

- Ongoing QI Case Reviews
- Maternal Care Obesity Summit
- Neo-natal learning event

EMG LAB

- Workflow clarifications
- Physician support

OR

- Optimizing Communication Workshop between four departments
- Problem identification and conflict resolution

FE ROUNDS & THOUGHT EXCHANGE

- Wide scale engagement, consultation, and priority setting with medical staff

PHYSICIAN LOUNGE

- New dedicated space, designed and planned by physician leads with consultation from all medical staff

RECRUITMENT

- SP recruitment
- KLH video
- Orientation manual, and website

EMERGENCY DEPARTMENT

- Discussions about improving physician efficiencies
- Communication Workshop
- Visioning for the future
- LEAN process
- Wellness & Resiliency



During the last three years our work under the Facility Engagement Initiative has created change on every floor in the hospital. We have seen improvements in relationships and patient care across many departments, and within the region. As a relatively new initiative, we look forward to deepening our collective impact through continued collaboration.

Improving the shared work environment between facility-based physicians and IH for optimal patient care.

Kootenay Lake Hospital Working Group

The Kootenay Lake Hospital (KLH) Facility Engagement Working Group (FEI WG) is a representative committee of the KLH Medical Staff Association (MSA). The Working Group engages on matters of importance to KLH medical staff and patients, and to the Health Authority.

Vision

Fully engaged and supported medical staff with a meaningful voice in improving quality, patient-centered care, their working environment, and the health system.

Mission

To improve medical staff engagement at KLH, giving medical staff ample opportunity to meaningfully participate in collaborative work, with the objective of improving the work environment and quality of care for patients.

Strategic Goals

- Foster engagement and relationship building opportunities
- Foster a thriving culture of wellness and resiliency
- Contribute to improvements in clinical care
- Contribute to the coordination and alignment of regional care

Chair

- MSA Vice President, 2019: Dr. Jeanette Boyd (Family Medicine, Maternity Care)

Members

- MSA President, 2019: Dr. Greg Hand (Emergency, Anesthesia)
- MSA Treasurer, 2019: Dr. Rahul Khosla (Emergency, Anesthesia)
- Surgery: Dr. Shiraz Moola
- Family Medicine: Dr. Kevin McKechnie
- Internal Medicine / Neurology: Drs. Brandon Tuvel and Marian Berry
- Midwifery: Tanya Momtazian, RM
- Anesthesia: Dr. Robert Kobayashi
- Emergency Medicine: Dr. Linda Johansson
- Interior Health: Suezie Koury, KLH Administrator

Dr. Linda Johansson, Physician Lead
Alicia Pace & Rachel Schmidt, Project Managers

Our Society, by the numbers:

- 

19 Projects
- 

10 Working Group members,
3 executive, Tier 3 site
- 

51% physicians in FEMS,
including 23 Health
Authority stakeholders and
other sites physicians
- 

Collaboration-Health
Authority ,community,
elected leaders, patients, 4
East Kootenay sites

EKRH Medical working group

Dr. Ron Nash, Dr. Gertjan Simons, Dr. Charles Casselman, Dr. Keith Lowden, Dr. Stephanie Nolan, Dr. Lori Wik, Dr. Paul Rode, Dr. Frank Ackermann, Dr. Kayode Shope, Dr. Laura Swaney

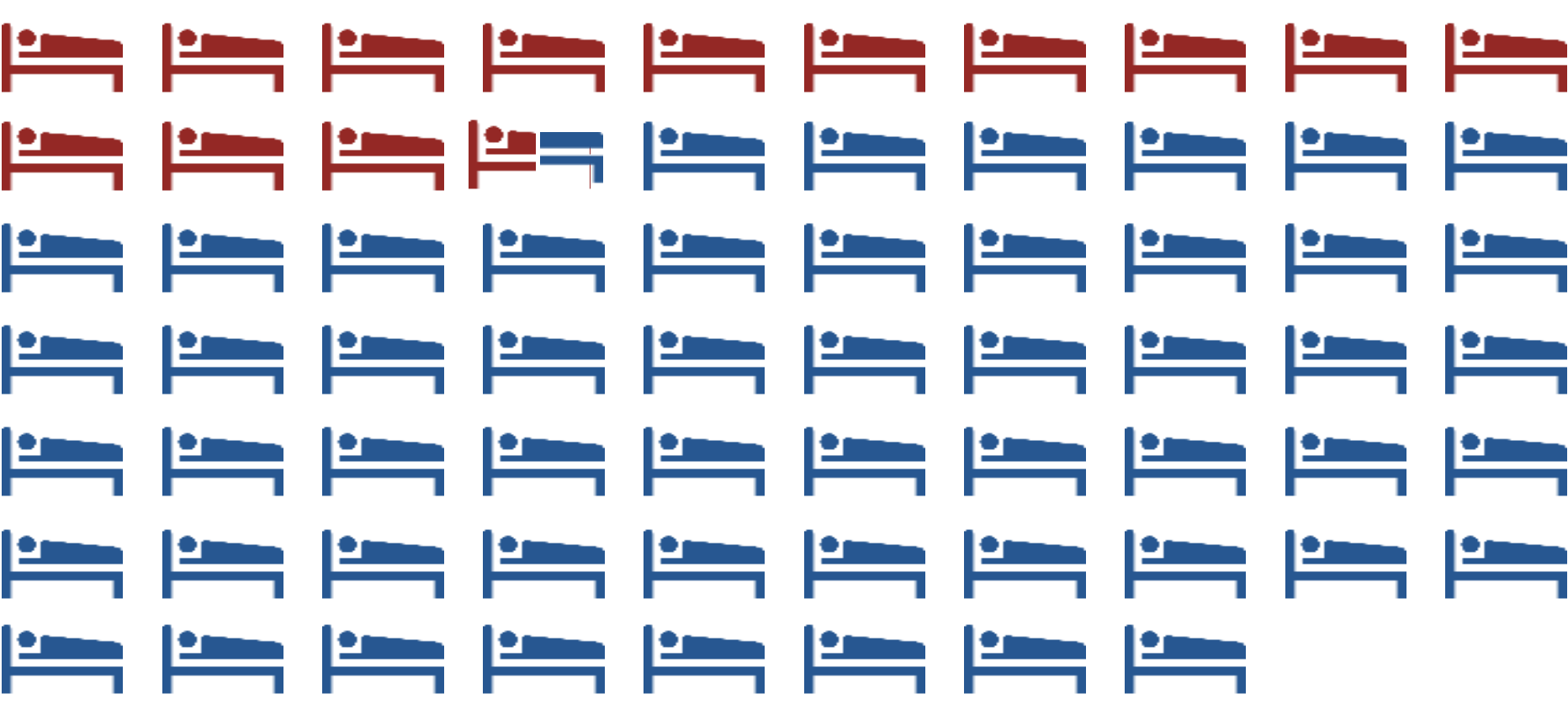
EKRH Medical Staff Society (Cranbrook)

Dr. Errin Sawatsky - MSA President
Jill Bain - Project Manager

Overcapacity Project

As a busy hospital and an acute care hub, EKRH has significant emergency and elective pressures. Over many years, it has faced a significant inpatient overcapacity challenge, especially during holiday seasons when inpatient capacity can reach 135%. EKRH has attempted to address inpatient overcapacity in recent years through a broad range of strategies ; but insufficient bed capacity remains a problem. At EKRH, overcapacity is defined as an occupancy rate above 95% in combination with other factors.

In 2017/2018, an average of 13.5 of 77 beds were occupied by **ALC patients** each day



“Morale is down, there’s no hope. There’s an impending sense of doom. You’re waiting for a mass causality situation and you know you won’t be able to deal with it and will need to re-direct. But what are you going to do? You just don’t have the capacity.”


– Staff interviewee

“I know that lots of nurses are saying that their workloads are too high for what they are expected to do and what they want to do. And when we’re over-capacity over and over again nobody ever gets a break to catch their breath. Then sick time increases, nurses are burned out -it’s a snowball effect.”

– Staff interviewee



RECOMMENDATION 1: Implement a more comprehensive team approach to discharge planning that starts at the time of admission



RECOMMENDATION 2: Enhance communication with patients and families regarding discharge planning, including **starting the conversation earlier, setting realistic expectations** when returning home or to the community, and **ensuring they are adequately prepared.**

“[the pamphlet] would help [the TL] start conversations with patients/family and physicians about discharge.”


– Staff Interviewee




“I think, you know that we need the opportunity to work on those relationships and that understanding is key too, it won’t fix the overcapacity issue, but it will create more empathy and understanding...”

-Community Hospital Physician Interviewee






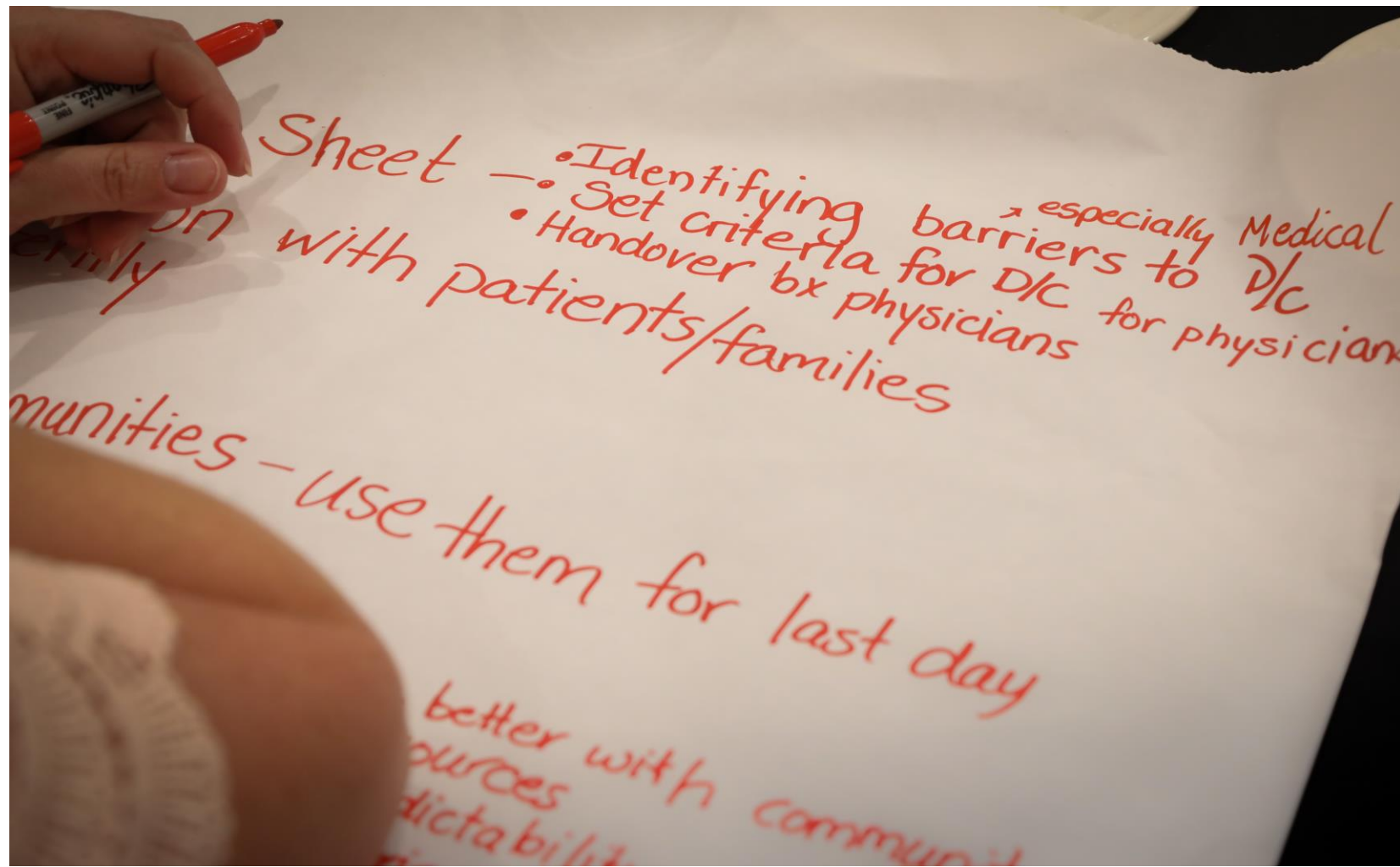
RECOMMENDATION 3: Work more closely with outlying community hospitals to foster collaboration and improve repatriation



RECOMMENDATION 4: Consider making changes to current staffing models at EKRH.



RECOMMENDATION 5: Use data and technology differently to predict overcapacity and prepare accordingly



Emergency Department SIMS

Key Learnings & Outcomes

- FEI created new opportunity**-different approach allowed for physicians to design, engage with peers, promote the opportunity to participate in scenarios, increased communication, collaboration with other departments
- Spreadable** – project encouraged our pediatricians to ramp up quickly for a Pediatrician SIMS project, other sites interested in replication, and attended in person, will take project to home community
- Leadership** – 2 physician co-leads, skill enhancement including: designing & leading sessions, planning, engagement, implementation of improvements, communication, collaboration, PDSA reporting
- Patient Care**- ongoing improvements to; resuscitation rooms, education, team work which is improving outcomes for patients



Acknowledgements

The EKRH Medical Staff Society would like to thank the Doctors of BC for their support in implementing the Facility Engagement Initiative

ARROW LAKES HOSPITAL

Dr. Jennifer Pond ~ MSA President

Dr. Chelsea Anchikoski ~ MSA Treasurer

Sheila Seaton ~ Project Manager

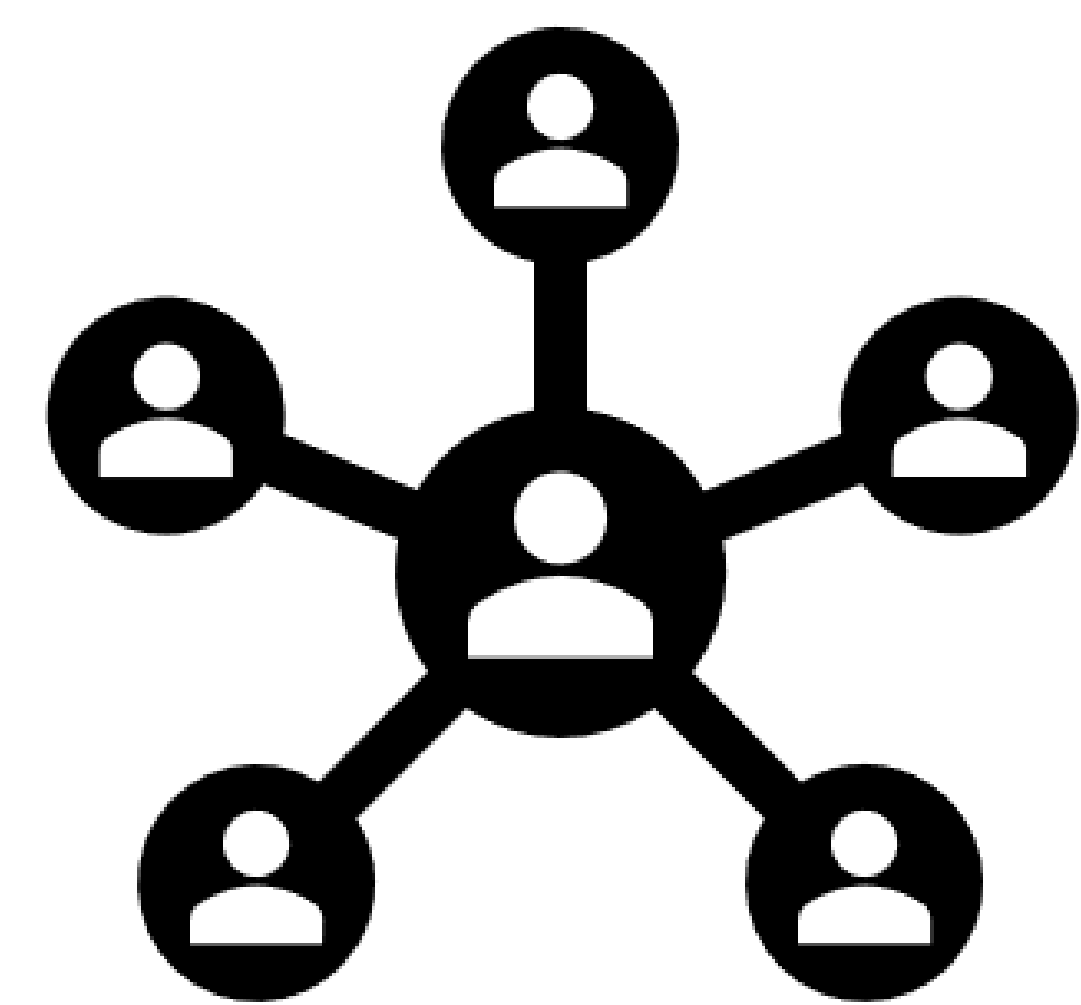


Projects

- Emergency Dept Upgrades & Enhancements
- Slokan Community Health Centre
- Interdisciplinary Communications
- Dictated Emergency Room Records
- Needs Assessment
- Three Lakes Information Exchange

Lessons Learned

- Fostering relationships between Physicians and Interior Health is key to moving ideas forward
- Physician input is of the utmost importance when decisions are being made
- Identifying gaps in service is the first step to providing the best care to patients
- Developing trusting relationships with nursing will be instrumental in overcoming the staffing issues at ALH
- Setting attainable and measurable goals helps keep projects in line with the original project ideas



ALH & SCHC

Arrow Lakes Hospital is a Tier 1 site, located in Nakusp, BC, providing 24/7 Emergency, Acute, Clinical and Allied services to Nakusp and the surrounding communities of Edgewood, Fauquier, Burton and Trout Lake. As well, ALH also provides support to Slokan Community Health Centre (SCHC) located in New Denver, which provides services to New Denver and the surrounding communities of Hills, Rosebery and Silverton.

Our vision

To provide excellent patient care in our rural and remote locations by working towards improving resources and care accessibility by being leaders in locally established practice methods and adapting new health technology

Arrow Lakes Medical Association

Dr. Jennifer Pond ~ President

Dr. Oyegoke Oyetola ~ Vice President

Dr. Chelsea Anchikoski ~ Treasurer

Dr. Norm Lea

Dr. David Goranson

Dr. Craig Courchesne

Dr. Charles Burkholder

Dr. Diana Kelland



Photo credit: Sheila Seaton

Collaboration & Communication

- Communicating with the Health Authority to avoid duplication of projects and initiatives
- Working with nursing staff to identify obstacles in recruitment and retainment of staff
- Becoming involved in community meetings to identify gaps in services and providers in the area

Where we are heading

- Addressing gaps in the services available
- More efficient ER department
- Reducing staff burnout
- Nurturing supportive and collaborative relationships between staff members
- Play an active role with institutional changes that are happening at ALH and SCHC
- Contribute to the improved quality and interoperability of patient medical records



Royal Inland Hospital Physician Association

Dr. Joslyn Conley (President), Dr. Marcia Ballantyne (Secretary/Treasurer), Erin McGarvey (Project Manager), Caroline Thompson (Project Lead)



Who We Are

A group of dedicated individuals who have come together to form the **Thompson Medical Alliance**:

- Thompson Region Division of Family Practice
- Royal Inland Hospital Physician Association (FEI)
- Practice Support Program
- Interior Health Quality Improvement
- Interior Health Research Department
- Physician Quality Improvement



Why We Formed

To better support our physicians and medical community partners. This will serve to strengthen and coordinate our projects, initiatives, and funding and move us away from:

- Creating silos
- Protecting “turf”
- Creating duplication and overlap in the work being done



Examples of Joint Initiatives

- Resident Research/QI Day (TRDFP, RIHPA, IH Research)
- Collaborative Heart Attack Management Program(PQI, PHSA, RIHPA, IH, RIH Foundation)
- Sun Peaks CME (TRDFP, RIHPA)
- Physician Performance Improvement Project (PQI, RIHPA, IH)
- Emergency Preparedness with TRU (TRDFP, RIHPA)
- Medical Staff Yearbook (TRDFP, RIHPA)
- “Improv your engagement” (TRDFP, RIHPA)
- Family Practice Networks (TRDFP, PSP)
- Perinatal Education Video (IH QI, RIHPA)
- PSP / TRDFP Team Meetings
- TRDFP / RIHPA Office Co-location

Photo credit: Don Erhardt

Vision

Synchronize supports to:

- Build trusting relationships
- Maximize funding opportunities
- Mitigate duplicate initiatives
- Create clarity in a frustrating system

Principles

- Assume positive intent
- Alignment and leverage to support physician and medical partners
- Maximize transparency / economy of resources
- Integrate and coordinate support
- Consistent commitment

The Way Forward

Continue to build networks and bridges by building ongoing partnerships with:

- Thompson Rivers University
- United Way
- Patient Voices Network
- Secwepemc
- RIH Foundation



PENTICTON medical staff association

Executive: Drs. Brian Forzley, Marius Snyman, Chris Little. **PPMS Directors:** Drs. Jackie Stewart, Bree Harris.
Project Staff: Amy Woodruffe and Helen Crocker



**FACILITY
ENGAGEMENT**
An SSC Initiative

PENTICTON REGIONAL HOSPITAL

Who are we?

Established in 1976 by local Penticton physicians, the Penticton Medical Staff Association (MSA) represents 171 medical staff working at Penticton Regional Hospital (PRH) including physicians, two dental surgeons and four midwives.

What is our purpose?

The MSA aims to advance the involvement and engagement of physicians in all aspects of hospital life towards improving patient care through efforts that increase and enhance: work-life balance and satisfaction; access to quality medical education, and; relationships between physicians and hospital staff and administration.

How are we funded?

The MSA is supported through funding from three sources: Facility Engagement funds provided through Doctors of BC, member dues, and an Interior Health (IH) Library Grant. Additionally, the MSA has a limited degree of non-physician staff support, provided through PRH Medical Administration and Facility Engagement project management.

What are the biggest lessons learned in the last three years?

The identity and efficiency of the MSA flourishes as we minimize silos (and acronyms) and work as one entity. For example, earlier iterations of the Facility Engagement Initiative (FEI) involved the development and advancement of the Penticton Physician Medical Society (PPMS). The PPMS now serves solely as a legal framework to carry FEI funds that go towards advancing the MSA.

FEI projects serve to address systemic issues at the facility, serve as a vehicle to address and improve relationships between physicians and IH, and highlight the structures required for sustainable improvements. When medical staff want to make change, FEI helps to enhance knowledge of “who’s who” (such as important physician/IH dyads) and; knowledge of process (how things work in the bureaucracy). FEI offers a pathway for physicians to engage in the facility and make meaningful change. For example, while our recruitment and retention project aims to attract new physicians to PRH, it also ultimately serves to improve communication and systems between IH and physicians which in the long run, is the fundamental factor in recruiting and keeping medical staff in the facility. For instance, process maps have been developed for site visits that indicate roles, responsibilities and partnerships within the MSA, IH, and the Penticton community.

Future directions for the Penticton MSA

Preliminary results from the FEI indicate a need for long-term sustainable administration support for the Penticton MSA supported in part by MSA member dues and external funding. Administration support leads to increased efficiency and physician engagement, which ultimately results in improved health care delivery. Additionally, there is a need for augmented support for physicians in leadership positions, so that medical staff feel they can stay in the position long enough to “get good at it” to be effective.

Our Projects and Administrative Structure:

