

South Island Medical Staff Association – IHealth Meeting Minutes

June 24, 2021 – meeting began at 17:00

Attendees: Catherine Jenkins, Linda Lee, Daisy Dulay, Jason Wale, Liz Wiley, Karen McIntyre, Gordon Hoag, Annebeth Leurs, Erica Kjekstad

1. **Informal agenda and minutes approved**

2. **Important dates coming up:**

- a. Go/No Go Decision - September 9th – SIMAC/HAMAC
- b. Expected Go-Live dates ClinDoc - RJH – September 20th, VGH—October 4th

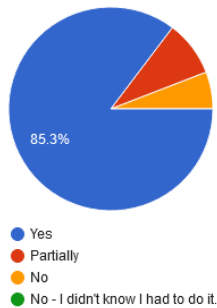
3. **What has your experience of the roll out been so far?**

- Urology: In process of training for ClinDoc. Dragon Medical One has been positive so far and a few colleagues are documenting with it. There is a concern about Med Req: ‘as prescribed’ vs ‘as taken’ dosage.
- Cardiology: all but 3 are done training, no issues.
- Hospitalists: 77 in group, all but 4 trained. Some people needed a lot of support after training. People are getting used to ClinDoc and are starting to do quality improvement on the notes. Dragon is great and has made some users more efficient already. They’re starting to realize the benefits and they are better than anticipated! Templates can be a bit clunky. People are working on creating an accurate problem list. Chronic problem lists are very labour intensive to enter. A lot more work needs to be done there, and they will meet with IHealth team members to work on these. For those having problems, the team has a good relationship with the Informaticists.

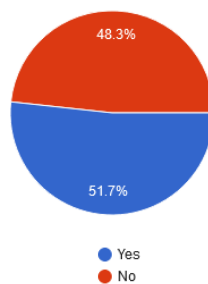
4. **What we have done so far**

- **FAQs** – Questions submitted April 8th, received response and provided feedback to make the language more appropriate for physicians, received a publishable response June 11th. There is variability in how the questions were answered.
 - The answers about workstations remain vague. The Hospitalists did a walk through at VGH to discuss workstations especially on 7 A/B and 4 A/B. Information didn’t get shared properly, so they got Trapper and Gillian involved. IHealth supplies the equipment; Island Health installs the equipment. Wired infrastructure was going to be a challenge, so the wifi was upgraded.
- **IHealth Regional Council** – Includes MSA delegates (two per MSA), IHealth Team/Senior Medical Administration, Doctors of BC Representatives. This table has a real potential as a forum for people to bring issues to the fore. Catherine felt a major reassurance that South Island issues are being echoed by other MSAs. Because iHealth implementation is at different stages throughout Island Health it may be difficult to maintain a common purpose. For example, Tofino is not scheduled to go live until 2025 and therefore their needs and concerns are much different than our.
- **“Temperature Checks”** – short surveys that will be sent to each Wave after they have completed their training.

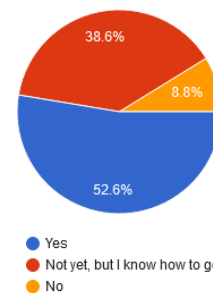
Have you completed your IHealth training?



Was 4 hours of training time sufficient?



Based on your training, do you feel confident to start using ClinDoc?



- Overall, results are positive with the majority of people feeling that their training will prepare them use ClinDoc. It will be important to ensure that the 8.8% who feel they need more help are supported, and hope that this can be achieved through a variety of existing mechanisms.
- Island Health is planning to do 2 large surveys before Go Live in support of the Go/No Go decision.

5. Where we are now

• Training

- A variety of training methodologies may not be feasible but can ask. One-to-one training may be especially important for the 8.8% who do not feel ready.
- For some people, the 4-person groups were overwhelming, especially with the Zoom chat as well. Recommendation to identify those who might struggle and ensure they are in smaller groups for training.
- WHEN your training has taken place may also make a difference when it comes to Go Live: To be able to access a drop-in or a refresher may be helpful closer to the fall.
- The trainers have been great – Rhonda Gustar is the head trainer.
- It will be important that there is a strategy for those who are struggling.

• Workstations – Not sure how we can get further information.

• Transcriptions continuing – No definitive information yet. FAQs say it will continue, Hayley Bos (Chief of Staff VGH) said that she and Brian McArdle (Chief of Staff RJH) will be making the call when it will stop. Clarity around this would be helpful.

• Go/No Go – The decision will be made at SIMAC/HAMAC. There will be a series of consultations with operations people about readiness, as well as surveys to the Medical Staff. Logistics haven't been finalized yet.

6. Where do we go from here?

- **? FAQs** – not sure we will get more details. Follow up on transcription and support for turnaround time would be helpful. Increasing availability of training/drop-in sessions (evenings and weekends) would certainly support readiness, as would a short refresh before go live.
- **? Temperature Check** – Useful for quick feedback. Continue to use them throughout rollout
- **? Site leads at Committee meetings** – Pooya Kazemi and Kellie Whitehill (iHealth Site leads for RJH and VGH respectively) are keen to amplify the physician voice, but it's also important to

ensure a space for physicians to discuss issues among themselves. It was agreed that they would be invited to Committee meetings on a case-by-case basis.

- **? August MSA survey** – Yes, but see what the IHealth survey looks like and consider timelines.
- **? Other**
 - Catherine will approach about presenting to the Department Heads
 - It would be interesting to hear from other sites now that we are further down the path. What learnings did other groups have? How did communications support the work? What pitfalls should be avoided? Stuart Horak at LGH, Eric Grafstein at VCH. Annebeth can facilitate connections.
- **? August meeting** If it appears from the temperature checks and other information that the roll-out is going well, the Committee will not need to meet over the summer. We will tentatively meet in late September/early October to review how implementation is going and discuss plans for the CPOE phase.

Meeting adjourned at 18.00