

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes

General Meeting – May 15, 2024

Meeting 6:00-6:30pm

1. Call to Order at 6:00 pm - Welcome by MSA Co-President Dr. Fred Voon
 - Approval of Agenda, Minutes from General Meeting on September 25, 2023, and Minutes from Special Meeting on March 6, 2024

2. South Island MSA Strategic Plan 2024-27
 - The South Island MSA Executive and Administrative team met in February 2024 to refresh the MSA's Strategic Plan. The full plan is available on our website: www.southislandmsa.ca/wp-content/uploads/2024/03/South-Island-MSA-FEI-Strategic-Plan-Feb-2024.pdf
 - We are actively recruiting members to join our leadership groups, please let us know if you are interested
 - **Vision:** The South Island MSA is an engaged medical community at RJH and VGH that works collaboratively with practitioners and our Health Authority partners to optimize quality patient care and provider well-being.
 - **Mission:** South Island Medical Staff Association will work towards its vision by:
 - Promoting effective communication between the medical staff, administration, and the Board of Directors of Island Health.
 - Supporting physician engagement and quality to improve the care and community within our facilities.
 - Fostering connections among medical staff to improve professional and collegial relationships and wellbeing.
 - Partnering with Island Health and other organizations to support and implement these activities.
 - **Priorities:**
 - Improve the culture of communication among medical staff and with partners external to the MSA.
 - Increase and diversify physician engagement in MSA activities across disciplines and facilities.
 - Seek to understand the ongoing issues and concerns of our membership and decide how to best support.
 - Foster a robust community that promotes quality care and medical staff wellbeing.
 - **Upcoming Events:**
 - **Thurs, May 16** – Lunch in the Lounge, 11.30 – 13.00
 - **Sat, May 18** – South Island Physicians' Walking Group - Sooke Wilderness Trail
 - **Thurs, May 23** – Welcome and Thank You Evening, 19.00 – 21.00
 - **Mon, Jun 3** – Working Group Meeting, 17.30 – 20.00
 - **Fri, Jun 7** – Socks for Docs Day (Take a photo with your mismatched socks and share it with us)
 - **Mon, Jun 10** – Virtual Mindful Monday, 20.00 – 21.00
 - **2024 Compassionate Leadership Workshops** (New and Emerging Leaders) - October 28-29
 - **Gold Star Awards** – email info@southislandmsa.ca to nominate a colleague
 - **Tag-Along Fun WhatsApp Group** – invite link: chat.whatsapp.com/LIDKLdh7dck4oKXvM8CODB

3. Facility Engagement Evaluation Survey
 - Almost all MSAs in province are participating: interceptum.com/s/en/FacilityEngagement_2024

Minutes – Special Meeting 6:30-7:35pm

1. IHealth Update – Dr. Mary Lyn Fyfe

- VGH date for activation has been rescheduled to September 14, 2024
 - Delay required - mock simulation of sequencing the laboratory/CPOE changes into live environment (NRGH Uplift) not completed satisfactorily
 - Endorsed by Island Health Executive, CDOT, VGH/RJH Site Leadership with South Island MSA Leadership Advisory Input
 - Delaying until September because of summer holidays and decreased staffing levels
- RJH go-live remains scheduled for June 8
- Progress is being made with further mock events; anticipate full “Mock” to occur May 16 and implementation at NRGH on May 24
- Recognize the timing changes are a major jolt, plans to support go-live are now impacted and this decision has disrupted everyone’s schedule
- Major impacts on everyone who changed their slates and were brining people in for help
- Will continue to update people on how things are going
- Every lab will undergo a change on May 24 – will have an 8-hour downtime, lab results will be faxed or called and uploaded to PowerChart once it is back up

2. Build Readiness

- Foundation built
- Over 800 order sets; 70% have completed validation
- Remaining order sets are getting ready for validation
- Have a play domain but not all of the order sets are included, some representation to practice with
- Will eventually have all the order sets in the play domain
- All will be ready to go to the live environment by June 1st
- Clinical Informatics team has done a lot of work on scripts and running through work
- Patient in Transition (PIT) testing has been completed, except for 1 (VGH has been re-sequenced behind RJH)
- Working on how we manage transfers back and forth between RJH and VGH within the same patient encounter

3. Devices have not all been deployed yet; some are still being deployed up until June 3rd

- Trying to communicate specific numbers and details
- Pooya Kazemi doing walk around entire hospital (RJH) and talking to people on each unit next week
- If you see a deficiency, let them know
- People have asked about bringing their own devices in, you can do that, but it won’t connect to a printer for discharge RXs
- Still exploring trial for mobile devices, still looking forward to picking this back up – stay tuned
- VGH devices – planning to do walkthrough again at VGH near the end of summer; let Kellie Whitehill know about issues, have longer run way now to deal with VGH tech issues

4. Have done two readiness surveys

- Increased awareness and understanding, even if not positive about the change
- Results of the survey can be distributed via South Island MSA
- Heard the themes, including BPMH and staffing, and tried to be responsive
- Verbal orders are here forever; we know they need to be available in certain circumstances

5. Discussion:

- Any thoughts on how we include frontline staff in our communication
 - Always hard decision on who to include in decision to delay
 - Decision made around timeliness, there was no other choice
 - The announcement went out within 50 hours after the decision was made; credit for giving as much lead time as possible
 - IHealth Advisory Group has come together, if there are issues can work with Catherine Jenkins on how to engage with this group
 - When we activate, will have a number of meetings all day long and a summary is created at the end of day to go to Executive, which can also be shared with Catherine Jenkins
 - Very hopeful we will not need to make any decisions quickly again, need to have better representation involved if more decisions need to happen quickly (i.e. including surgeons)
- Clarification: Activation failed due to sequencing of lab - Have you isolated the issue to repair it?
 - Have done testing in small chunks, doing a full test tomorrow with all the teams
 - Complex sequence and various people are involved
- It is hard for people on the ward to know who to communicate problems to, there is no one to tell when we are having an issue
 - Need to disseminate that somethings are not working, and it is not a physician issues, it is a program issue
 - People are wasting time on things that can't be fixed
 - During go-live it is different because people will be there on the floor helping and recording issues
 - During activation, help is available 24/7, including in-person and on the ward
 - Having a new tool called "Band Aid" – connects to support quickly, portion of tool gives quick fixes for common problems
 - Need a way to flag common issues so people know not to waste their time on a complicated issue
 - Exploring having a site where people can do to get updates of issues and what is being done
- Using UPCCs to help with CTAS 4 and 5, working to reduce capacity and increase repatriation
- Working with pediatrics on NICU and transfers of patients, can send some patients to lower mainland if needed
- Target of BPMH completed within 4 hours is not good enough yet, pharmacy is under pressure to fill positions (new staff starting on June 3rd, won't be trained by June 8th activation)
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- Thank you to everyone for registering and attending education
 - 96% registered, 91% completed
 - Very high rates of registering and showing up
 - Will get text or call if nudging is needed
 - For docs who have completed their education, setting up pre-go-live refreshers at VGH
 - For those who have completed a portion, can wait to complete the rest
 - Include options for VGH to defer education
 - If you work mostly at VGH but occasionally at RJH, still asking to complete education; or if work at VGH but take call for RJH colleagues
 - Added to EHR learning journey: DKA, MHP, Sliding Scale Insulin

- Can the remote access for IMIT to help be expanded to support this? Or create videos “PowerChart for Dummies” for common things to go back to
 - Will have a dedicated help line during Go-Live; can say “I need Clinical Informatics to hop on my screen”
 - Have Band Aid support that can be messaged digitally
 - Have Oracle for demos (limited, interactive); get started with demos, then virtual, then in-person training
 - CPOE communication order – if you are in trouble, can message and a clinical informatician will do it for you, the order will be entered and need to be signed off after
 - Andre Dewitt did videos on YouTube – can share these
- Next steps:
 - Complete education
 - Come to personalization fairs to set up screens and setting, learn where favourite folder is and where order sets go; can change/modify order sets here
 - Personalization is related to who you are and what you need
 - Will be there in person to support surgeons and anaesthesia; they are the ones who customize the most
 - Epidural, PCA, VTE modules – some things need to go in sets, involving physicians onsite on June 7th to make sure we are getting the right prerequisites for these things
- Support:
 - Visible support (will be wearing IHealth t-shirts) – nurse support is not limited to nurses, can support physicians as well
 - Different number to call for central support
 - Command centre in PCC where we will be sitting, coordinating, triaging and fixing
 - Quality is playing a role (Robyne Maxwell and Jeff Kerrie) – any concerns about quality, will have quality hub
 - Clinical Operations EOC structure will handle issues (i.e. transfers, accepting patients, surgical slate issues)
- Supernumerary work: funds available, group signs a contract with MAA, tells them how much of contract they use, and MAA dispenses it; can do a group contract and tell who does what shifts, don’t have to sign individually
- Payment for education does not happen until after education survey is complete
 - Supposed to be a survey at the end during the in-person sessions
 - Sign in sheet at sessions, but most people have not gotten the end of session survey
 - Will make sure people are paid
- Transfers between RJH and VGH will need extra support, working with special task force so it is done safely
- Suggestion – take advantage of physician lounge education time, can send the information out again
- Initial site capacity, was prepared for both sites being done together, but longer stagger gives more capacity to support one site only
- Issue of pharm techs – will it be possible for RJH to borrow some of the VGH pharm techs?
 - Have asked them to do that and will continue to ask (unionized staff add additional complexity); also asked for support from other sites – Can ask for another update to be sent out

- A lot of errors happen on transfers, that's why we do Medication Reconciliation (BPMH doesn't help with safety, but Med Rec does). It is good safety work.
 - Med Rec is a requirement – organizational target for next year to be 75% (Accreditation Canada says must hit this target for safety – came down severely on us not doing it)
- Hope Associate Physicians and Physician Assistants will help with work flows
- Will share with Catherine the questions the Medical Staff Champions had to disseminate in case people have similar questions
- Appreciate candor from IHealth team, important to talk openly, hopefully this will be a memory in a few months

Adjourn at 7:35

DRAFT