South Island MSA

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

September 25, 2024

General Meeting Minutes – 6:00-6:20pm

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1. Call to Order at 6:00 pm – Welcome & Territorial Acknowledgement by MSA Co-President Dr. Fred Voon
    - Approval of Agenda; Approval of Minutes from General and Special Meetings on May 15, 2024

2. **South Island MSA Updates**
    - **Island MSA Presidents/Health Authority MSA**
        - Working on coordination with other MSAs, meet twice a year with Island Health Senior Executive – next meeting in October
        - Recognition of regional concerns and the strength in working together
        - Ongoing topics:
            - Transparency in Decision Making and Communications
            - Patient Transport
            - Resources – currently looking at Lab Services and Imaging; lots of shortages
        - Want patients to be cared for in their home centre
        - No longer talking about Respectful Workplace or discipline, has been a success
        - Workload is deferred
        - If there are ideas you want brought forward, let us know and we can bring it to the table

    - **IHealth Committee**
        - No update other than going live with CPOE
        - Had a quiet summer, hoping to meet in October to discuss how the transition has gone in South Island and lessons learned to support other activations

    - **Physician Wellness and Social Committee**
        - Part of MSA mandate is to improve the working conditions and the culture
        - Annual signature events: South Island Physicians Family BBQ and Welcome & Thank You
        - 234 attendees at 6th Annual BBQ (partnership with Victoria and South Island Divisions of FP, and SPPS); one of few family events, always get positive feedback, attendees keep increasing
        - Welcome & Thank You in May was very successful, heard positive comments from new physicians who have moved here. We invite everyone to join us, if people are new or retiring, encourage/invite them to attend
        - Looking at new things to try – Multicultural Mixer currently being championed
        - Healthcare RX (partnership event) – had one on a Saturday in the Spring that was successful
        - Partnering on Wellbeing Survey in early 2025 (Well Doc Alberta); will get local results and be able to explore opportunities to improve

    - **South Island FEI Society Working Group**
        - Self governing group, supports decision making and money allocation
        - Next meeting Monday, October 7 – 6 engagement project applications for approval
        - Presentation – Deep Dive on the Importance of Evaluation (Clara Rubincam)
        - If you have a pebble in the shoe idea, or you hear something from colleagues, remember there is funding to support engagement

3. **South Island MSA Celebrations**
    - **Dr. Nathan Hoag** - CUA Award of Excellence in Education
    - UBC Faculty of Medicine Awards:
        - **Dr. Chris Morrow** – Award for Innovation in CME/CPD
        - **Dr. Jennifer Balfour** – Clinical Faculty Award for Excellence in Leadership/Service
        - **Dr. Richard Alexander** – Clinical Faculty Award for Excellence in Clinical Teaching

    - **Gold Star Awards** recognize those who go the extra mile to care for a patient, who put in extra effort to help a colleague, or who are working in their own way to contribute to a positive work environment. If you want to show a moment of gratitude for a colleague who creates a positive culture, email us at info@southislandmsa.ca, we will give them a coffee card and Gold Star certificate
    - Recent Gold Star recipients and nominators:
        - **Corey Dustin** by Dr. David Naysmith
        - **Dr. Mike Szeto** by Dr. Kelsey Mills
        - **Dr. David Thomas** by Dr. Gina Gill
        - **Rada Dubrovnik** by Dr. Kellie Whitehill
        - **Dr. Morgan Evans** by Dr. Alicia Power
        - **Dr. Dayna Briemon** by Dr. Fred Voon
        - **Dr. Jeff Eisen** by Nic Hume and Dr. Mike Thomson
        - **Dr. Marie-Noelle Trottier-Boucher** by Dr. Jennifer Balfour
        - **Dr. Chris Taylor** by Dr. Ali Yakhshi Tafti, Dr. Jill Kelly, and Dr. Lisa Moddemann
        - **Dr. Michael Schachter** by Dr. Alex Hoechsmann
        - **Dr. Iman Zandieh** by Dr. Vanessa Young
        - **Izzy Morrisey** by Dr. Paul Winston
        - **Emilia Nevin** by Dr. Fred Voon

4. **Announcements**
    - **Dr. Jennifer Oates Memorial Award for Advancing the Patient Voice**
        - Jennifer was one of our local Geriatric Psychiatrists and an active member of the MSA, she sadly died a year ago in an accident. She was passionate about patient care and a strong advocate for improving care for some of the most vulnerable patients we serve
        - Also worked with PQI, had a main focus on the importance of the patient voice
        - PQI is sponsoring this award – we want to thank them for honouring her

    - **Seeking two new Executive Members**
        - Call out for people to join this friendly, fun and well supported group
        - Looking for a Treasurer and a Member at Large
        - If you know a colleague who wants another way to get involved, this is a good channel for engagement
        - Reach out to us if you are interested in joining or would like more information

    - **South Island MSA Recognition Awards** – nominations until October 15
        - Bigger awards given out at AGM annually
        - Nominate someone you want to be publicly recognized

    - **Annual General Meeting Evening** – Tuesday, November 19 at Delta Ocean Pointe with guest speaker

    - All events are listed at www.southislandmsa.ca

South Island MSA

Special Meeting Minutes – 6:20-7:35pm

- **Welcome to team from IHealth and Island Health** – has been a lot of work, but being done together
- **Update from the IHealth team on the CPOE rollout at RJH and VGH** (Dr. Mary Lyn Fyfe & Dr. Eric Shafonsky)
    - Extend gratitude to the MSA and all of the physician community, it has not been easy
    - When we introduce change, we are less efficient and make mistakes; it is very hard on physicians to make mistakes and a tough experience to go through
    - Most remarkable has been the attitude of the SIMSA physicians and the staff working through all of the changes and new processes
    - Residents locally and from the mainland remarked at the composure and attitudes of people going through the change, they'd never seen people work so well together and have such a smooth Go Live
    - After Nanaimo, we struggled on the national and international scene, this activation is a reflection we've turned a corner and can contribute our learnings to the informatics experience across Canada
    - RJH's activation was different than VGH; fortunate we delayed VGH though it caused a lot of angst
    - At RJH, had some problems with the chart cut over process that delayed Go Live from 0600 to 0800; make decisions based on quality, safety and risk but issue caused us to be about three days behind
    - Thanks to everyone who went through that cutover, we were able to make changes to the process and support structure, and change the way we did rounding of Site Leadership and IHealth team
    - People from Nanaimo came to support both activations, very thankful for them
    - Support from Residents was so appreciated, we were glad to have their help
    - Acknowledge that the individuals who went through it at RJH were able to improve it for VGH
    - Work is still being done and will require maintenance
    - Working on specimen collection, Transfusion Medicine, Medical Imaging, Transitions in Care, and management orders at both RJH and VGH
    - With VGH, haven't done system priorities yet but pediatrics will be included
    - NRGH doesn't have a PICU, there's a lot of work to do for specialized workflows for pediatrics surgery
    - ED continues to be top group to ID changes or solutions
    - IHealth team is closing incidents, not having delays; important for incidents to be reported, not every incident is a system problem, some is a process but still provides learning opportunities
    - Have slipped down to 75% for barcode admin, target was 80%
    - Pleased with Medication Reconciliation rates by physicians
    - Pharmacy can help with BPMH; looking where Clinical Pharmacists can be involved and what tips and tricks can be used
    - For medication related alerts, the majority of physicians did not override the alert but changed their decision based on it – very effective at the moment
    - Conversation happening tomorrow at SIMAC related to verbal medication orders; number of VOs is very small compared to CPOE, historically VOs are related to adverse events and medication errors
    - On paper, verbal orders were always supposed to be co-signed, now actually able to collect data
    - Getting good data on whether medication is being given to the right person at the right time; nurses working on their scanning rates
    - Looking at rates of scanning patients and medications, checking that the numbers are almost the same; Clinical Operations/nursing teams need to understand any dips and look into them
    - Have spent a lot of time on Interdisciplinary Plans of Care (IPOC); triggers you to order/do something, have a conversation with patients/families, complete an assessment (e.g. CAM scores leading to Delirium order sets)
    - Have a quality hub, watching PSLSs that are coming in and evaluating them in real time; meeting about it twice a day and looking at the system and our processes
    - Seeing about 25 alerts per day at VGH for medication given too early or too late, wrong medication, wrong route, wrong patients
    - Estimate only about a third of errors were previously reported, we will get much better data now

- Cutover process at VGH went well so we're able to focus on other tools (Delirium, pre-hospital functional screener), helps put things in place sooner and engage people earlier (e.g. Liaisons)
- There is still support at RJH; ProEx engagement lab, Monday-Friday 7am-3pm – glad to come to you to have a session, this service is ongoing and committed to making sure physicians are supported
- At RJH, across from Medical Imagining, near ED; in D&T so it is easy to run to ICU, OR, ED as needed
- At VGH near Physicians' Lounge
- Has been quite a journey and is still very hard in some areas (e.g. Renal, Peri-Op)
- Survey at close of RJH Go Live was helpful, highlighted the importance of listening to people and how they do their work
- Thank you to everyone for the patience and guidance along the way, it's been taken to heart
- Important having visible leadership, Marko and Keith, has been critical to knowing we are all in it together, including at VP and EMD level
- Marko wants to hear about challenges that happen
- Don't want to lose sight that this was a very successful activation; the learning you did and support provided to other specialties, we didn't have this level before
- Historically the metric for success would be staffing at 100% or greater and occupancy below 80%, we were not able to achieve that

- **Discussions:**
  - Need to acknowledge personal experiences and recognize the strain on people when things are disruptive and you have to adapt
  - Having enormous patient access challenges; learning a new system causes flow issues and more people are moving out of the ER/Acute Care
  - As a Balancing Measure, important to take a look at the impact on our Human Resources
  - Food provided at VGH was really appreciated, it's a small gesture but has a big impact
  - This is causing disruptions and stress; need to feel some joy in our work
  - Alex Hoechsmann and Catherine Jenkins are on SI Regional Committee, can bring issues to them
  - HR challenged needs to be the main conversation going on
  - Concerns from Renal:
    - Promised nurses would bring up concerns here – staffing is less than 80% in Dialysis
    - Mass exodus of casual staff; extreme moral distress knowing they will make mistakes and how it could impact patients
    - Renal Unit working towards improvement and knows there are challenges, people don't want to pick up shifts because they know how difficult it is to even come in, they are afraid of mistakes and being slow
    - Dialysis Unit is still hybrid; major problem, nurses don't want to take inpatients because it is the computer process
    - Would love to have the "red shirts" back for elbow to elbow support
    - Renal is specialized, complex and high acuity, it's a whole different workflow, very complicated and an intense amount of work
    - Need to continue to advocate for staff and support
    - Renal Lead with clinical perspective was pulled; have to get back to renal discussion we were having, haven't had in about 6 weeks
    - Renal is notoriously difficult, especially with two different systems, PROMIS (provincial system) and Cerner; like this throughout the province, still need to work on this
  - Still support to bring in casual nurses for training; if continue to have issues and you need to pay staff to come in to practice and do the tasks, can support that
  - Need to take a hard look at what it will take to support staff in and out of hospital, across the island

- Have heard from nurses, Allied Health, and physicians they need more “red shirts”, the “green shirts” were not as helpful
- Pediatrics challenges:
  - PICU/NICU take patients from across the island and province
  - Very dose dependent areas, losing support too early will be very detrimental
  - Staffing continues to be an issue; don’t have casuals, having more travel nurses, especially in LDR
  - Will need longer than two-week timeline in Peds

- Marko and Mary Lyn will take concerns and raise them
- Need to bring sustainability plan for acute sites back to the table; need to discuss site based informatics again, has been years since we had it and want to look at bringing it back
- Can look at the support teams and see if anyone has Renal or LDR/Peds knowledge, will make sure we leave people at VGH and RJH who are specialized in those areas
- Calling the Clinical Solutions desk to get a ticket is not helpful; when requesting assistance use the words “**I need to talk to the Island Health nurse informaticist on call**”, imperative for CPOE that you are talking to someone clinical
- Need to have conversations with the province about what a CPOE enabled province needs, could explore amalgamating nurse informatics support
- Cardiovascular Surgery still having a lot of challenges, the work they did ahead of time with order sets was invalidated and they had to rebuild them; had to spend hours during Go Live rebuilding
- Transitions in Care in CPOE is different than in the paper world; it’s hard to adapt Pre-Op, OR, CVU, workflows
- Orders don’t need to start and stop, might need to be adjusted up or down; if ordered started in ED might continue to be appropriate, when we start and stop it causes a lot of work
- Idea is to reconcile medications as they go through the journey
- Need some tips and tricks (e.g. discontinuing all medication orders), and need to continue skill sharpeners to support things people don’t know
- Helpful to have an organized approach for people to learn from each other, don’t know all the functionalities yet
- SIMSA can help figure out what people really want (e.g. upskilling a team member who wants to support others)
- Can only email so many tips and tricks, need human presence (more red and purple shirts)
- People have been figuring out indirect work arounds, it might take 90 seconds but don’t have time to wait for someone to show up
- Unable to add a bunch more people to address challenges, but can be intentional with the resources to support the work being done; still in activation at VGH and resources are tight
- ProEx people could be more intentional about what time they will be at which wards; need to connect with Leads to determine when the best times are
- Can explore doing some small group sessions on certain days
- Hours of 7-3 might not be the best, look at how to use those resources more dynamically
- Resources not optimally being used, might be better to be onsite not in “engagement labs”
- When someone can be there a few times a week, can rove around and be more helpful
- People can also connect virtually for support, they don’t necessarily have to be there in person; use switchboard and ask to “connect me to the ProEx team”, can make it the normal way to get access to them, then they can jump on the screen and help more people
- Helpful to have people at your elbow to answer your questions and give you one pearl – human to human experience
- Remind ourselves and colleagues that we need to keep communicating; a lot of information sharing through discussions

  - Discharge medications can take up to 45-50 minutes for D/C Med Rec; longer process than dictating but there are advantages for others, e.g. can be printed and given to patients, families, or sent to pharmacy in community
  - Another issue being experienced is related to encounter numbers, shouldn't have to wait until patients are on the ward to initiate the encounter
  - Encounter needs to be flipped for physician to put in inpatient orders; need to look at this workflow, want to be able to put in the orders in advance, don't want to be called at 2:00am, we have to be able to put in orders for patents that don't have an encounter yet
  - Takes a long time for an encounter to be created when called to bed booking/registration
  - Need to work with registration team, as soon as we know a patient is coming, they need to place them in a planned state, then ask nurses to initiate order set when patient arrived
  - Mary Lyn Fyfe will work on encounter issue

- This is going to be an ongoing dialogue and will need to continue to be talked about
- Still angst about the system, but not about the people who are trying to make it work
- Think about what works for SIMSA, can have drop in sessions where people can come for questions/answers, people need to know they can get help
- If more things come to mind, can reach out to SIMSA; Marko is also happy to accept direct emails and communications, and you can text/call Eric Shafonsky

Adjourn at 7:35