

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

# ANNUAL REPORT

2024



## SIFEI PROJECT SUCCESS STORIES

*Showcasing how our medical staff  
advocate for change through action.*



# CO-PRESIDENTS' LETTER

**A**nual reports are a time for reflection – taking stock of what we have done well and where we need to improve. We hope that as you reflect on the last year, you feel proud of your accomplishments – patients whose lives are better because you were there to care for them, colleagues who you uplifted by helping them feel seen and heard, and making tweaks to workflow that gradually improve care. However, we know that we are facing headwinds. Staff shortages and chronic hospital overcrowding make it difficult to provide the level of care we would like and too often we are in survival mode. The MSA is committed to amplifying the medical staff voice, often through Health Authority Committees with variable degrees of success. We choose to work within existing structures and be collaborative whenever possible because we believe it is the best way

to effect permanent change. However, change comes slowly, and it can be difficult to know whether the MSA voice is a deciding factor. Nevertheless, we feel we have made positive changes this year. With IHealth, we advocated for pharmacy techs to ease the burden of collecting medication histories, as well as for more timely communications to medical staff. We have received commitments to maintain and improve supports, as well as to continue to improve the platform. Increasingly, we partner with other Island MSAs to further amplify your voice. Over the last several years, an Island-wide working group, involving both Island Health and medical staff, has been working to improve the discipline process, moving it towards a restorative approach with more local involvement. Their report has been accepted by Island Health and implementation is in process. We hope that by next year you will see concrete changes. The MSAs also continue to advocate

for Island Health to increase its transparency as the first necessary step for increased accountability.

We also continue to provide ways in which medical staff can speak for themselves. Senior medical administrators attend our General Meetings so members can speak directly with the decision makers. Our Engagement Projects give physicians seed money for projects that directly impact their work environment. The MSA is a community. We are grateful to the medical staff for their work and support, whether it be attending a meeting, making a suggestion, or simply inspiring us by your dedication to patient care. As proud as we are of our work, we know that there is still much to be done. We hope that, with your help, next year will be even better.

Respectfully submitted.

Dr. Catherine Jenkins and Dr. Fred Voon  
Co-Presidents, South Island MSA

## SOUTH ISLAND MSA LEADERSHIP



*Dr. Catherine Jenkins*  
*Geriatrics*  
*Co-President*



*Dr. Fred Voon*  
*Emergency Medicine*  
*Co-President*



*Dr. Krystal Cullen*  
*Pediatrics*  
*Secretary*



*Dr. Suresh Tulsiani*  
*Pediatrics*  
*Treasurer*



*Dr. Richard Reid*  
*Neurosurgery*  
*Director at Large*



*Dr. Alicia Power*  
*Family Practice Obstetrics*  
*Director of Engagement*  
*Projects*



*Dr. Alex Hoechsmann*  
*Emergency Medicine*  
*Director at Large*

### Administrative Team

**Erica Kjekstad**, Program Director  
**Clara Rubincam**, Project Manager, Evaluation  
**Rita Webb**, Project Manager, Projects  
**Julia Porter**, Administrative Support  
**Stephanie Poirier**, Administrative Support  
**Lillian Fitterer**, Administrative Support,  
Victoria Medical Society



# Success Story: GP/OB Workflow

Dr. Amy Cuthbertson

It is sometimes said “Pressure makes diamonds”. Few observers of the shortage of Family Practice Obstetrics providers in Victoria over the past few years might have anticipated an overwhelmingly positive outcome. Yet less than two years after first identifying the need for engagement with Family Practice physicians providing obstetrical services, one of the project leads reflected, “Things have changed significantly since we started this project”. Dr. Amy Cuthbertson, along with Dr. Lorelei Johnson, Dr. Susan Amundsen, Dr. Laura Birdsell, and Dr. Ioana Smirnov, was part of a larger team of Family Practice OBs, Obstetrician-Gynecologists and Island Health leadership that set out to develop creative solutions to the declining numbers of Family Practice physicians involved in Obstetrics in Victoria. The team credits Dr. Alicia Power for connecting them to SIFEI, and Dr. Hayley Bos for her unending support as Medical Director of the department.

The shortage was caused by a cascade of factors. A series of Family Practice OBs retired or closed their community practices in a relatively short period of time in 2022, shrinking the department by 30%. One of the core GP-OB groups, who had previously provided care to 1/3 of the GPOB-attached prenatal patients in Victoria, stopped attaching patients for prenatal and maternity care. This led in turn to a significant imbalance between community patients’ needs and the ability of the remaining GP-OBs to provide care, causing some local pregnant patients to go through their pregnancies unattached, or to travel up island for basic prenatal care (for instance, to Duncan or Nanaimo). Dr. Cuthbertson reflected about that time: “We were terrified and felt like everything was collapsing around us. The ongoing crisis in Family Medicine had hit our maternity department in a shockingly fast way”.

What followed was a sequence of initiatives,



**It was a catalyst to start the work, and then change started to happen.**

- Dr. Cuthbertson

beginning with SIFEI-funded engagement between the remaining GP-OBs and members of Island Health administration.

The main outcome of these discussions was the significant decision to merge the three call groups into one, and spend the necessary time to integrate different ways of practice to be comfortable for everyone. They created Coastal Maternity, a single Family Practice Obstetrics group to care for all FP OB patients and improve their efficiency on the intrapartum and post partum units. “The funding really gave us the time to dedicate to figuring out this major crisis and how to undertake a major restructuring”, says Dr. Cuthbertson.

Following this decision, subsequent initiatives focused on advocating for a change in the compensation provided to GP-OBs for their intrapartum practice in hospital. The previous model of fee for service was based on outdated fee codes, reflecting a younger, less complex population, and a time when patients were often discharged within 24 hours of delivering a baby. There was significant discrepancy between how GP-OBs were paid, compared to other GP-trained physicians involved in other services, such as hospitalists. The GP-OB group recognized the tremendous incentive for new grads to gravitate away from delivering babies and advocated for those involved in antepartum, intrapartum and postpartum

care to be paid comparably with these services. After months of hard work, and cooperation with Island Health leadership, including contracts specialist Jeff Homer, the team secured an AAP payment model for the GP-OB group. The group expresses gratitude to the Island Health leadership who worked to find a solution, and the ongoing support of the nurses and OBGYNs on the maternity ward during this challenging time.

Reflecting on this process, it is clear there were some surprises along the way. One unexpected benefit to the merging of the call groups was how much it helped to build collegiality within the GP-OB community. With this new model, two GP-OBs would work together during a shift, providing coverage for each other and dividing up the workload. This in turn had a positive effect on locums and new grads, who were reassured by the presence of a more experienced physician during these shifts.

Speaking about the value of the small grant from SIFEI, Dr. Cuthbertson reiterated, “The funding was really helpful. We were already in a crisis among the providers. We were asking these completely burnt-out physicians to take time out of their schedules to advocate and figure out how to keep the FPOB department running. Moral distress was incredibly high. Having a bit of funding made it easier to get people to come out. It was a catalyst to start the work, and then change started to happen”.

Since this project, the group has branched into other initiatives. “We’ve had people do PQI [Physician Quality Improvement] projects, people doing projects with the health authority”, says Dr. Cuthbertson. “It has really snowballed in terms of the effort people are willing to put in to make things better, and though many challenges remain in our perinatal unit, primarily a significant shortage of nurses, the FPOB department has started to grow again and we are excited about the future”.



# STRATEGIC PLAN 2024-25

*In early 2024, the South Island MSA Executive Team refreshed its strategic direction to guide the organization through 2027.*

## 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

- Ensuring effective communication between the medical staff, administration, and the Board of Directors of Island Health.
- Supporting physician engagement and quality improvement within our facilities.
- Fostering relationships among medical staff to improve professional and collegial bonds.
- 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.

## ACTIONS

- Through a quality improvement lens, proactively support and advocate for South Island Medical Staff to practice confidently using CPOE.
- Work with Island Health to implement the recommendations set out in the Medical Staff Respectful Workplace Working Group report, shifting the workplace culture towards a restorative approach.
- Continue to advocate for the South Island Medical Staff and be a vocal ally for other Island communities with Island Health and the Ministry of Health. This includes involvement in the Legislative Committee, the Medical Staff Respectful Workplace Steering Committee, the Transparency and Communications Working Group, the IHealth Regional Council, and the Island Presidents' Network/Health Authority MSA.
- Partner with Island Health to make progress on the action items of the 2023 Doctors of BC Health Authority Engagement Survey.
- Work with local site leadership and Medical and Academic Affairs to jointly welcome new medical staff to Royal Jubilee Hospital and Victoria General Hospital.
- Develop and activate an Executive Succession Plan, to ensure robust, knowledgeable, and continuing leadership of the South Island MSA/FEI Society.
- Rollout the refreshed 2024-27 Strategic Plan, including an updated Communications Strategy.
- Continue to work with local physicians' organizations to offer community-wide engagement and learning activities.
- Maximize Facility Engagement funding in support of physician-led engagement initiatives and projects, shared work with the Health Authority, and interdepartmental connections.





# Management of controlled substances in the OR

## Dr. Desmond Sweeney

As physicians move through various hospital systems, they inevitably encounter variations in practices and policies. Dr. Des Sweeney from the Anesthesiology Department heard feedback from multiple colleagues about the process of managing controlled substances in the operating room environment in both hospital sites in Victoria, and how it compared to other regions. He noted some gaps in safeguards for opioids and other controlled substances, which make it easier for medications to be diverted, or for individual dispensing errors to occur in high stress situations. After connecting with Dr. Ben Williams, Vice President of Medicine, Quality, Research & Chief Medical Officer about this issue, he and a team of anesthesiologists and other clinicians set out to establish what the ideal practice for opioid manage-

ment would include and make associated recommendations for Island Health-wide improvements in safety for both patients and physicians.

At the end of a rigorous examination of both the current state of controlled substance management, best practices, the team investigated a commercially available system that could match their needs and improve compliance with safety standards. Crucially, the team also considered whether any medication-dispensing machine would have a negative impact on the workflow in the operating room, visiting Vancouver General Hospital to view how their machines were being used clinically and talk to the physicians. They concluded that Omnicell's Anesthesia Work Stations would achieve all the necessary standards expected by Health Canada, reducing the

risk of medication diversion and medication errors.

At the time of writing, the team is working with Island Health leadership to review these findings and explore the feasibility of establishing a phased approach to implementing these units. After doing this deep dive, Dr. Sweeney remarked, "It's nice to have a system that supports this kind of work. There is so much work that I see being done that is non-clinical, that is important for quality and patient care, but it doesn't get supported financially. And because of that, it gets devalued, it doesn't get done, it doesn't move forward in a way that it might. So having this kind of funding in place helps people to pursue these projects in a way they wouldn't otherwise."

## SOUTH ISLAND FEI SOCIETY WORKING GROUP

The Working Group continues to thoughtfully serve the medical staff as financial stewards of the funding received from Doctors of BC in support of engagement among physicians and with the health authority. With its continued focus on supporting grassroots engagement and quality improvement projects, the Working Group approved 21 new proposals in 2024, ranging from a Code Orange Disaster Drill to integrating VR into pain management treatment. This year's learning curriculum included presentations on How to Work with a Project Manager, How Money works at Island Health, and How Evaluation Sets Projects up for Success. Many thanks to Christine Jeffery for sharing her expertise with our group!

The Working Group will continue to look for new, innovative, and impactful initiatives to for medical staff to work more closely with each other, and with Island Health. We are so appreciative of members' time, interest, and passion!

### Members:

**Chair:** Dr. Alicia Power - FP OB  
Dr. Alex Hoechsmann - Emergency Medicine  
Dr. Ali Yakhshi Tafti - Emergency Medicine  
Dr. Allen Hayashi – General Surgery  
Dr. Catherine Jenkins – Geriatrics  
Mr. Doug Enns\* – Patient Partner  
Dr. Gina Gill - Emergency Medicine  
Dr. Hendri-Charl Eksteen - Psychiatry  
Dr. Jennifer Balfour\* – Pediatrics

Dr. Jody Anderson - Palliative Medicine  
Dr. Julie Paget - Anaesthesia  
Dr. Krystal Cullen\* - Pediatrics  
Dr. Margaret Bester\* – Hospitalist  
Dr. Michael Chen\* - Laboratory Medicine  
Dr. Richard Reid - Neurosurgery  
Dr. Savannah Forrester - Emergency Medicine  
Dr. Shana Johnston - FP OB  
Dr. Suresh Tulsiani – Pediatrics



# Complex care committee

Dr. Spencer Cleave

**T**he High Complexity Care Team (HCCT) is a multi-disciplinary primary care team dedicated to serving the most medically and socially complex individuals in the Western Communities. There have been increasing requests for the HCCT to assist inpatient services with management of individuals with complex care needs. Dr. Spencer Cleave sought SIFEI funding to clarify which services would be best served by the HCCT and put forward some possible processes to improve acute care practices for complex patients.

Key data trends were observed in both Gastroenterology and Neurology. For patients with functional neurological disorder or functional GI disorder, the lack of standardized processes could mean that treatment options were explored and then reinvented for each case. To create more efficiency, the original proposal involved forming a single committee to explore trends and propose solutions in these areas. In light of the high rate of turnover within the health authority, it became clear that separate committees were needed to manage the complexities associated with each of these presentations.

For the patients with functional GI disorder, conversations with hospitalists and GI physicians identified a lack of coordination in their care, without any agreed-upon ‘off ramps’ to de-escalate the patients’ institutionalization. To address this, a standardized process was developed: two

gastroenterologists will assess the patient, a psychiatrist will screen for comorbid psychiatric disorders, and the HCCT team agreed to consult.

For the functional neurological disorder patients, the team explored the resources necessary to manage these patients, as well as the numbers of cases per year that would require this new process. Examining the data revealed that the closure of the previous outpatient functional neurological disorder program correlated almost to the month with a significant uptick in functional neurological disorder-related acute care use. Based on this data, the group then approached the leadership of Victoria General Hospital to seek approval and support to launch a pilot. As a result, the Greater Victoria area has a pilot functional neurological disorder program, involving a consulting neuropsychiatrist, and some dedicated time from both a physical therapist and an occupational therapist, with a commitment to review and expand service based on the data when the pilot is complete.

The outcome of this project was not only improving care for the specific patients experiencing functional neurological and functional GI disorder. In the words of Dr. Cleave, it “reduced the sense of aimlessness among clinicians – everyone wanting to help but not knowing where to take things. Now we have a process that everyone is enthusiastic about, and no one has to feel like they are shouldering the burden alone”.

When asked about any advice he would provide to other physicians looking to initiate change, Dr. Cleave responded that when meeting with Island Health administrators, he always make an effort to learn “who is in charge of what”. He observed, “Often when physicians run into problems, they are asking someone for something they can’t really give”. He also encouraged physicians to regard their role – outside of the chain of command of the health authority – as a special advantage, meaning that they can connect with different layers of leadership as needed to advance their objectives.



**Now we have a process that everyone is enthusiastic about, and no one has to feel like they are shouldering the burden alone."**

*- Dr. Spencer Cleave*



# Four cardiology projects strengthen each other

Drs. Swiggum, MacDonald, Gregson, German, & Bosenberg

A large critical care team of Cardiologists, Cardiac Surgeons, Cardiac Anesthesiologists, Perfusionists, Cardiac Nurse Educators, Heart Health Quality Coordinator, Cardiac NPs, Intensivists became connected while working on four complimentary SIFEI-funded projects.

A project led by Dr. Elizabeth Swiggum focused on developing a cardiogenic shock team and protocol to improve patient mortality. Another initiative, led by Dr. Sha-vaun MacDonald and Dr. Brian Gregson, aimed to improve and provide a consistent approach to managing Extracorporeal Life

Support (ECLS) in the critical care area. Dr. Mark German worked with his team on the development of a site-specific approach to cardiac arrest among post operative patients with a sternotomy. And Dr. Craig Bosenberg led a committee to develop a standardized approach to clinical debriefs following critical events.

These four projects are crucially interrelated. When a patient arrests in Cardiogenic Shock, Extracorporeal Life Support is one of the Mechanical Circulatory support options. The other piece is CODE Shock post Cardiac Surgical procedure which requires a CSU-ALS approach and leads to a rapid thoracotomy and will lead to further CODE Shock support. Many team mem-

bers required for CODE Shock are a part of the CSU-ALS and the ECLS groups. Then when the dust settles, this is where Hot Debrief comes in - all physicians, nurses and other allied health have a prescriptive debrief to follow supporting closure and further program development. Together, these 4 smaller projects have made a huge improvement to all corners of care in the very Critically Sick Cardiac patient population. One of the team members involved in the project stated, "This funding has allowed the opportunity for incredible change and supportive engagement from all the specialists involved - something that would have been less possible without the funding."

## South Island Medical Staff Association

Dr. Swiggum, Dr. MacDonald, Dr. Gregson, Dr. German, Dr. Bosenberg. Administrator for Projects: Aaron Renyard, RN MSA tier size



SOUTH ISLAND FACILITY ENGAGEMENT INITIATIVE SOCIETY

### Project: CODE Shock Protocol Lead: Dr. E. Swiggum

The objective was the development of a cardiogenic shock team and protocol to improve patient mortality, supporting early identification of cardiogenic shock, and rapid decision making for appropriate treatment intervention.

### Project: ECLS Leads: Dr. S. MacDonald & Dr. B. Gregson

The objective of this committee was to improve care standards, development of standardized clinical orders/protocols, and provide a consistent approach to managing ECLS in our critical care areas.

### Project: CSU-ALS Lead: Dr. M. German

The objective of this initiative was the development of a site-specific protocol and standards to align with expert consensus and provide a consistent approach to cardiac arrest for the post operative patient with a sternotomy.

### Project: Hot Debrief Lead: Dr. C. Bosenberg

The objective of this committee was to develop a standardized approach to clinical debriefs following critical events or complex clinical pictures. Through the standardization and normalizing the debrief process, staff are supported a become a part of the improvement initiatives identified.

Although separate projects, these four initiatives overlap, and have supported a continuum of clinician engagement and patient care at RJH, Victoria.



# EVALUATING THE SIFEI PROJECTS

## TESTIMONIALS

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**"Had an unexpected outcome of improved collegiality and teamwork among our group."**

"I've been finding a renewed sense of excitement as I get involved in system level work."

"Despite our close physical proximity, this funding enabled team members and leaders to engage in collaborative learning and knowledge sharing that would not have been possible" without SIFEI."

"This was an extremely worthwhile project that will immensely help our patients."

**"This project was truly enlightening from a personal and professional perspective."**

**"Thank you for your support. This work would not have been done without the funding in place"**

"It was absolutely essential to this success of this project to have the funding that we received"

”

*Each time a project finishes, the project lead fills out a standardized survey asking about each of the four metrics relating to Facility Engagement. The below data is derived from 22 SIFEI Final Reports submitted between October 2023 and October 2024.*

4/5

Leading this project has meant meaningful interactions with health authority colleagues.

4.5/5

Leading this project improved communication with my physician colleagues.

4.4/5

Leading this project has allowed me to contribute to health authority plans.

5/5

Leading this project has enabled me to prioritize important issues for patient care.

## SURVEY RESULTS



# Sustainable pediatric leadership initiative

Dr. Marie Noelle Trottier Boucher

Medical leadership is an essential component of any functioning department, yet the incentives to step into a leadership role are not always persuasive. When a few years ago vacancies arose in the Pediatrics department, Dr. Marie-Noelle Trottier Boucher noted her own reluctance to assume these responsibilities and wanted to better understand the factors driving people towards, or away from, medical leadership roles in the future.

She explored these themes through interviews with a variety of her colleagues in Pediatrics, Emergency Medicine, Maternity, and Obstetrics/Gynecology, seeking out both individuals who had performed medical leadership roles in the past or present, as well as those who had expressed hesitancy around taking on these responsibilities. She also posted questions about this topic to various physician groups on Facebook, to broaden the reach of the discussion.

She collated her findings and brought them

back to the Pediatrics department for discussion, sharing common motivations for people to adopt leadership roles, including a desire to improve processes and care, and develop a better understanding of how the organization worked. She also shared common barriers to sustainable leadership, from both inside the department and in Island Health in general, including insufficient (or non-existent) remuneration for the time commitment, a sense of ‘too much work for a single person’, and a lack of training and formal expectations. Physicians from other departments had shared that having adequate financial compensation for the leader, assigning privileges to the role (such as being able to pick the first call schedule), and clearly outlining the responsibilities and expectations (as well as what was out of scope) were part of their approach to sustainable medical leadership.

As a result of these discussions, the group outlined the leadership responsibilities

within the department and made a request to Island Health for financial support to compensate accordingly. Their request for a General Pediatrics Section Head has been approved through this process. Recognizing the importance of internal culture to support leadership, Dr. Trottier-Boucher will host another meeting within Pediatrics in the fall to collectively work on ‘group rules of conduct’ for supporting and respecting departmental leadership roles, responsibilities, and boundaries. She will also continue to work with current pediatric leaders to review current pediatric leadership job description with clearer roles and expectations.

Throughout this process, Dr. Trottier-Boucher has been enthusiastic about having these conversations as a group. “Opening this discussion was great, and hearing lots of different perspectives”. She is hopeful that these changes will set the leadership roles in the department up for future success and sustainability.

## Breast surgery ERAS and regional anesthesia project

Dr. Jacques Smit and Dr. Gus Chan

Two Victoria anesthesiologists have initiated highly complimentary projects around the use of regional anesthesia for certain procedures, including hernia repair, rib fracture, hip fracture, and breast surgery. Dr. Gus Chan and Dr. Jacques Smit and their colleagues in Anesthesia and Surgery developed an ambitious plan to expand the use of regional anesthesia alongside the planning for a VGH block room for parallel processing of patients, alongside related initiatives to improve the patient experience and outcomes from various surgeries.

A specific aim of Dr. Smit’s project is to improve patient experience of major breast surgery. Those involved in performing this type of surgery recognize its association with a high risk of post operative nausea, vomiting, pain, opioid requirements and chronic pain. These post-operative symptoms often necessitate admissions to the hospital in excess

of 24 hours. Excessive post-operative pain is also associated with opioid use and over-sedation, which can further delay discharge, and possibly risk prolonged opioid usage.

To mitigate these impacts on patients and their caregivers, a team of clinicians including Dr. Smit and Dr. Chan from Anesthesia, Surgeons Dr. Heather Emmerton-Coughlin and Dr. Elaine Lam, and related clinical and allied health supports from the Breast Health Program and Home Care Nursing aimed to develop an Enhanced Recovery After Surgery (ERAS) approach for major breast surgery. Part of the ERAS approach involves the use of regional anesthesia, and a focused pre-operative screening, counselling, and optimization process, as well as multimodal analgesia and nausea prophylaxis. This model has been used successfully at Mount St. Joseph hospital, and needed local champions to operationalize it within Island Health.

To inform the planning, Dr. Smit conducted a data review of all breast surgery cases he worked on (>110 cases), and grouped them according to whether they involved general versus regional anesthesia. Comparing these cases with length of stay data indicate increased efficiency and lower pain and nausea incidence in the regional anesthesia group. Sharing these results with the broader surgical team helped to build consensus for the importance of a regional block room at VGH to help advance the ERAS approach to major breast surgery.

These dual initiatives have just received an additional one year of funding to pursue these objectives. The project leads thank their project team members: Dr. Jo Bleakley, Garrett Barry, Andrew Tyrell, Ryan Truant, Adrian Vethanayagam, Pooya Kazemi, Heather Emmerton-Coughlin, Elaine Lam, and Surgical Services Director, Alison Dormuth.



# THE YEAR IN REVIEW



## WINTER

- Strategic Planning Session: What happens when you bring together the brains and experience of 6 physician executives, 4 MSA administrators, and a skilled facilitator? Magic.
- Spring Special MSA Meeting: Workshopping the Doctors of BC Health Authority Engagement Survey results was a great way to collaborate and communicate.
- Healthcare Rx: This engaging event helped spark joy in the workplace for physicians from across Greater Victoria.



## SPRING

- Welcome and Thank You Evening: Our annual event to welcome new physicians, thank retiring docs, and celebrate the medical community was the perfect way to recognize all our colleagues.
- Socks 4 Docs: Thanks to all the docs who smiled with their toes and helped shine a light on the importance of physician mental health.
- Physician Wellness and Social Committee: Our annual committee meeting at the beach helped us walk the talk of connection, nature, and wellbeing.
- Compassionate Leadership: 11 South Island MSA leaders came together in Squamish to gain and practice skills in compassionate leadership with Team Atleo.







# SUMMER

- Dips for Docs: Physicians from across the Greater Victoria area dove right in (!) to this new monthly offering.
- CPOE Cram Session: Just like in university, we had pizza, pop, and experts to help RJH physicians hone their CPOE skills.
- 6th Annual South Island Physicians' Family BBQ: Our biggest and best BBQ yet, the day was filled with connections, appreciation, and bouncy castles.



# FALL

- AGM Evening: Our traditional event merging Annual General Meetings, guest speaker, and celebrations was a terrific way to connect with colleagues.
- Engagement opportunities: Our monthly Virtual Mindful Mondays, Lunch in the Lounge, and South Island Physicians' Walking Groups were up and running again in September.
- South Island MSA Meeting: With both Royal Jubilee Hospital and Victoria General Hospital live with CPOE, our MSA meeting with the IHealth team was an excellent way to share information and experiences, and collaboratively problem solve.





# ED discharge project

Dr. Fred Voon and Hilary Drake

**A**s an Emergency Medicine Resident, Dr. Hilary Drake has worked in many different settings over the past few years. This has given her insight into different ways to support patients' desire for education and resources about their conditions. This is particularly needed after a patient is discharged, when they seek additional information about their presenting complaint and may not have a Family Doctor. In an effort to support this need in Victoria, Dr. Drake and Dr. Fred Voon, along with their colleagues in Emergency Medicine Dr. Ali Tafti and Dr. Gina Gill, embarked upon a project to connect patients and their families with curated, evidence-based, locally-relevant resources. Rather than launch a separate platform that would be difficult to sustain over time, they worked with colleagues at Emergency Care BC, Pathways BC, and HealthLink BC, to generate lists, posters, and business cards to connect patients with good quality digital resources.

Along the way, they recognized that nothing replaces a healthcare provider giving good quality resources during a health visit, and thought carefully about how to lower the barriers to accessing this information, both for patients and for those in the clinical team. They made a QR code prominently displayed on a poster to enable patients to access information about their condition while they waited to see a physician. Says Dr. Voon, "Patients are always primed to wonder what is going on with them, so this gives them something to begin with". Once the visit is complete, Emergency Room physicians can either write the diagnosis on the business card with the QR code link, or print off relevant resources for those who may not have access to a phone or computer.

Further work could be done in the future to connect patients with health information, says Dr. Voon. "A dream scenario would be a 'discharge navigator' in the emergency room. Someone who goes over the labs with the patient, makes sure they have the right information printed out and

understood before they leave". But in the meantime, "these resources are one more tool to help".

The link to the resources can be found [here](#).

VICTORIA EMERGENCY DEPARTMENTS

FACILITY ENGAGEMENT SOUTH ISLAND FACILITY ENGAGEMENT IN THAT WE SOCIETY

Doctor: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Rx PATIENT DISCHARGE EDUCATION GUIDE

Notes: \_\_\_\_\_

How to use the QR code to access educational resources:  
1. Open your phone's camera.  
2. Focus camera on QR code  
3. Tap the notification to open the link.  
Or visit: <https://victoria-southisland.pathwaysbc.ca/ci/7883>

# Screening framework for patients with no primary care access

Dr. Daisy Dulay & Dr. Tia Pham

**O**ne of the many consequences of the primary care shortage is the challenge of taking preventative action on modifiable health risks. Prioritizing preventative care is of paramount importance, not only contributing to cost savings but also alleviating the strain of a late diagnosis of chronic diseases on individuals, families and the healthcare system. Cardiologist Dr. Daisy Dulay and Family Medicine physician Dr. Tia Pham are well aware that two significant risk factors for stroke, renal and heart disease

are high blood pressure and diabetes. However, health screening for these risk factors is occurring less frequently for unattached patients. In order to address this gap, the team leads worked with colleagues at the Gorge Urgent and Primary Care Clinic Jason Price, Jennifer Matheson Parkhill and Estephania Acebedo. Their first area of focus was a nurse-led framework for cardiovascular screening. To inform this work, they did several nursing engagements to gain insight from the team, and build understanding of the vital role nurses can play in preventiva-

tive care. Feedback from this engagement was overwhelmingly positive. When asked about the highlight, one nurse remarked, "Very progressive project and helping the community not fall into the cracks of the healthcare crisis!". Another shared, "To be a part of a solution to improve a high need in medical care especially for clients without providers". Having successfully implemented this framework, the team is working to adapt it for various screening purposes, including alcohol use disorder (AUD) screening, as well as HIV and Hepatitis screening.



# PHYSICIAN WELLNESS & SOCIAL COMMITTEE

**O**ur dedicated team of well-being leaders continues its mission to ‘create a culture of wellbeing at Royal Jubilee Hospital and

Victoria General Hospital.’

Thanks to the Welcome and Thank You Evening and the South Island Physicians’ Family BBQ, Family Practice and Specialist colleagues from across the Greater Victoria area have the chance to meet, connect, and form stronger relationships. This year’s events, held in partnership with the Victoria and South Island Divisions of Family Practice and the Saanich Peninsula Physicians Society attracted record numbers of attendees. We already can’t wait until next year!

A new annual event, Healthcare Rx, was offered to ‘spark wellbeing in the workplace.’ With a focus on compassionate leadership, joy at work, and peer support, attendees left the event with new skills to integrate into their daily lives.

The availability of our Virtual Mindful Mondays, Physicians Walking Group, and new Dips for Docs was given extra attention through the new Tag-Along Fun WhatsApp chat, a way for South Island physicians to connect. Our new Instagram presence (@SouthIMSA) showcases opportunities and successes.

A number of physicians participated in Team Atleo’s Compassionate Leadership workshop in Squamish, BC. Our small but growing Community of Practice meets to discuss how we can better integrate our new skills into our day-to-day clinical and administrative work.



Next year, the Committee hopes to build on its ‘tried and true’ events and expand its offerings:

- A Multicultural Mixer will showcase the personal heritage and histories of our South Island Medical Staff.
- A South Island MSA movie night will be the perfect opportunity to learn and exercise skills in narrative medicine.
- Creating a more formal welcome for all new Medical Staff working at Royal Jubilee and Victoria General Hospitals is not only a chance to positively impact the culture, but also a way to work collaboratively with Island Health.

Our PW&S Committee is a group of thoughtful and caring physicians. We are grateful for their continued enthusiasm!

Members:

Chair - Dr. Maria Kang - Pediatrics  
Dr. Al Hayashi - General Surgery  
Dr. Alicia Power - Family Practice OB  
Dr. Anne Nguyen - Family Medicine  
Dr. Carrie McQuarrie - Emergency Medicine  
Dr. Fred Voon – Emergency Medicine  
Dr. Gina Gill - Emergency Medicine  
Dr. Jane Ryan - Child Psychiatry  
Dr. Lenny Woo - Hospitalist Medicine  
Dr. Karen Palmer - Psychiatry  
Dr. Lucas Dellabough - Resident  
Dr. Wayne Ghesquiere - Infectious Diseases  
Dr. Megan Woolner - Addictions Medicine  
Dr. Sarah McAnally - Emergency Medicine  
Dr. Shana Johnston - Family Practice  
Dr. Vanja Petrovic - General Internal



# SOUTH ISLAND MSA RECOGNITION AWARDS

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## **Award for Community Leadership: Dr. Matt Billinghamurst**

As a physician, Matt brings his best self to every one every day. He is thorough and professional, and will never rush when providing care to a patient or help to a colleague. To ensure that new physicians feel comfortable and confident in their work, Dr. Billinghamurst goes above and beyond. As shared by his nominator, Matt's support "helped improve the level of patient care I provide. Without him I cannot imagine how well I would have adapted to the hospital work." Matt is an exceptional role model for all of us in how to provide detailed comprehensive care. Dr. Billinghamurst is known for arriving at Morning Meeting in bike gear after taking the really long way to work, for often staying late to make sure his care is thorough, and for working diligently to improve his own skills.



## **Award for Community Leadership: Dr. Vanessa Young**

As a leader within the Victoria medical community, Dr. Young's contributions have been numerous. From her long-standing role as co-chair of the South Island Division of Family Practice to her dedication to supporting family practice students and residents in the Island Medical Program, her passion for community-based longitudinal family practice is evident. Much of Vanessa's time is focused on recruiting and welcoming new family physicians, as well as building a community and system where they want to stay and practice. An avid athlete, she also serves as the Co-Medical Director for the Royal Victoria Marathon.



## **Award for Communications Leadership: Dr. Leah MacDonald**

As Executive Medical Director of Primary Care and Seniors Health, Dr. MacDonald excels in her role of integrating primary care needs, services, and voices into Island Health work. She is responsive to community physicians' concerns and goes beyond the call of duty to make system connections fast and efficiently. As a big picture visionary, she removes barriers, advocates for primary care, and brings a solution-focused mind to challenges, all with a kind smile and often with exceptional baked goods. Dr. MacDonald is a true role model.





### **Award for Collaborative Leadership: Dr. Jason Hart**

You can't tell in his photo, but Dr. Jason Hart has worn two hats for a number of years. As Medical Director for the Victoria Cancer Centre, he collaborated with BC Cancer to develop new models of care to ensure Island patients receive optimal cancer care, despite both the pandemic and the critical shortage of oncology team members. As Division Head for Medical Oncology and Hematology, Jason has been an invaluable voice of reason and experience at both Medicine Departmental and Medicine Quality Council meetings. Thanks to his leadership, there have been significant improvements in inpatient oncology care, and the division is secure in its succession planning and renewed structure. As shared by Dr. Al Buckley, Dr. Hart "exceeds the three As for great physicians- he's extremely Able, he's always thoughtful and Affable, and he is always Available."



### **Award for Collaborative Leadership: Dr. Jody Anderson**

Dr. Anderson is a tireless, thoughtful, and active member of the Medical Staff Association. She brings passion and professionalism to her role as Division Head and Medical Lead of Palliative Care, to her time on the South Island FEI Society Working Group, and with the Medical Staff Respectful Workplace Working Group. With the sudden passing of Dr. Jennifer Oates in 2023, Jody wanted to make sure that her colleagues had the opportunity to come together in remembrance. Working with Darren Colyn, the Spiritual Health Leader within Island Health, Jody created a beautiful way for the Island Health family to gather, grieve, and start to heal. Our MSA and our work culture is simply better thanks to Jody's thoughtfulness, care, and connections.



### **Award for Innovation Leadership: Dr. Al Hayashi**

Dr. Hayashi has been a tireless advocate for both children and adult health during his career. He is also a quality champion. His QI work has included colonoscopy and endoscopy practices, as well as initiatives in the operative and peri-operative area to advance surgical care for children and adults. Al is a consummate innovator and is always keen to share his knowledge and discoveries with others. Whether it be through publishing his work so that others can benefit from his clinical research, or as a mentor to members of our local community, Al is generous with his time, expertise, and learning.



# Better support for children and youth with eating disorders on Vancouver Island

Dr. Mark Jones

Physicians are familiar with the many unexpected consequences of COVID. One of these has been a dramatic rise in the incidence of eating disorders among young people. Dr. Mark Jones, paediatrician at Victoria General Hospital, observed this rise and the associated stress that patients and their families can experience during their admission.

Dr. Jones worked with a multidisciplinary project team to improve the supports available to this growing population and their family members. While patients and families often expect an inpatient stay to be brief, it can sometimes be drawn out for a variety of reasons. Managing patients' and families' expectations during this challenging time, as well as explaining the rationale for longer stays, was one of the key objectives of his project to provide a standard orientation upon admission.

The team started off by exploring existing clinical standards on the Island and in Vancouver, and brainstorming the format that educational resources could take. After the success of written guides on "What to expect on admission" for patients and for the young

person, the team recognized that a video would be more engaging, enabling patients and their families to review it in their own time and pose follow up questions at their next appointment.

The next step taken by the group was to review and standardize the admission order set and discharge planning for all paediatricians involved in the care of these patients. They also sought to provide resources to community providers, particularly those in rural and remote locations, so that they could potentially manage some cases in their own community without necessitating a transfer. Over the past several years, this project has continued to grow, leading to tangible improvements in patient and family care, as well as connections between medical staff across the Island. In Dr. Jones' words, "It's been an exceptionally rewarding project to work with so many talented and knowledgeable professionals, with such dedication to helping young people and their families. Establishing a close partnership with our community colleagues in Victoria, and with professionals across the Island and at BC



**Its been an exceptionally rewarding project to work with so many talented and knowledgeable professionals"**

- Dr. Mark Jones

Children's Hospital will help to ensure high quality care and continuous improvement for this vulnerable group of young people". Congratulations to the project team and close collaborations: Pediatricians Dr. Claudia Zuin and Dr. Adrianna Condello, the nursing team Taylor Findlay and Shannon Cross, Psychiatrist Dr. Cliff Duncalf, Emma Carrick (Manager of the Pediatric Intensive Care Unit), Crystal Frost (Manager of the Eating Disorder Program), Sarah Heighington (Regional Pediatric Program Lead), Tamara Brown (Social Worker), Danika Molson (Dietitian), Jenn Burger (Nutrition Services Coordinator), Kristine Bowden (Counsellor), and Nanaimo physician Dr. Jennifer Kouwenberg.

## Fostering flourishing project to promote OR wellness

Dr. Sara Walters & Al Hayashi

There is growing recognition of the value of a positive work culture. Noticing the challenges created during and after COVID, Dr. Al Hayashi and Dr. Sara Waters wanted to find creative ways to engage with their OR colleagues, not only to build relationships and support resilience but also to share and discuss relevant developments and discoveries from human psychology, organizational theory, happiness, medicine, and business science.

To do this, they organized a series of dinner meetings that included operating room nurses, surgeons, anesthesiologists, surgical as-

sists, and key members of the operating room staff such as Physician Assistants and Respiratory Therapists. Their first dinner focused on a paper by Adam Grant that discussed the idea of moving away from "languishing" after the pandemic. The response from the group was overwhelmingly positive, and spurred attendance at a subsequent engagement dinner. Evaluating the success of this initiative, the project leads shared a short exit survey for participants. 100% of those in attendance indicated they had learned something new, that the event allowed them to connect with colleagues from different disciplines, and that

they would attend similar events in the future. Many shared that the events had boosted their sense of personal and professional satisfaction, and that they valued the opportunity to connect with co-workers. Reflecting on her own participation, Dr. Waters shared, "It felt like a good compliment to acquire knowledge alongside getting to know each other better and connecting as colleagues".

The team has used these data to inform their spin-off project focused on holding morning huddles with the OR team, set to begin in late-2024.



# PARTNERING WITH ISLAND HEALTH



Many connections between the South Island MSA and Island Health have been formed, strengthened, and reinforced over the past year. The IHealth CPOE implementation has required close connection between the project team and medical staff:

- At the regional level, Dr. Catherine Jenkins and Dr. Alex Hoehsmann have worked with IHealth and Island Health leaders at the IHealth Regional Council.
- Numerous South Island MSA members also took on the roles of Specialty Leads, serving on the IHealth Medical Staff Champion Council and ensuring their specialty's unique challenges were addressed in the system build.
- As Site Leads for VGH and RJH respectively, Dr. Kellie Whitehill and Dr. Pooya Kazemi were tireless in their work to make sure the transition to CPOE would be as successful as possible for the medical staff at each hospital.
- Chiefs of Staff Dr. Chloe Lemire-Elmore and Dr. Brian Mc Ardle skillfully served as both practicing clinicians and lead administrators during this important transition.
- As the hub of all IHealth activity, Dr. Mary Lyn Fyfe and Dr. Eric Shafonsky drove this work forward, taking into consideration all of the department, user, technology, site, and infrastructure challenges that came their way.
- By partnering on CPOE Cram Sessions and Workflow Review Training, IHealth and the MSA ensured medical staff were well educated and well nourished.

Several initiatives have given the MSA and Medical and Academic Affairs to work together:

- Our leadership team has been working closely with Dr. Keith Menard on regional initiatives such as the Medical Staff Respectful Workplace Working Group and its implementation.
- Ensuring the results of the Doctors of BC Health Authority Engagement Survey are actioned at RJH and VGH is a shared project between the MSA and Alanna Black.
- MSA leadership also works with Amber Addley on the Transparency and Communications Steering Committee.
- Chris Dance supports local and regional initiatives in the realm of physician wellbeing and safety.
- Updates to our ever-important membership list has been advocated for and secured by Anna Sinova.

We look forward to continuing to work closely with our Island Health partners to ensure ongoing progress is made for all medical staff, and especially for those who work at Royal Jubilee and Victoria General Hospitals.





# GOLD STAR AWARDS

In 2022, Dr. Ali Yahkshi Tafti wanted to create a way to recognize consultants who went the extra mile in patient care or helped create a positive collegial environment with their small day to day actions. For lack of creativity, it was called the GoldStar Award. It was a great success: ER docs who nominated consultants, as well as those consultants themselves, reported a better relationship with their colleagues, an increase feeling of well-being, and an improved sense of workplace satisfaction.

The GoldStar Awards were relaunched in 2024 to recognize anyone in the workplace who puts in special effort to make Royal Jubilee and Victoria General Hospitals better places to be, work, and heal. We're delighted to recognize the 2024 winners of the GoldStar awards, as well as the thoughtful colleagues who nominated them:

- Dr. David Thomas (Radiology) by Dr. Gina Gill (Emergency Medicine)
- Dr. Mike Szeto (Hematology) by Dr. Kelsey Mills (Obstetrics/Gynecology)
- Corey Dustin (Linen/Laundry Services) by Dr. David Naysmith (Plastic Surgery)
- Rada Dubrovnik (OR Housekeeping) by Dr. Kellie Whitehill (Obstetrics/Gynecology)
- Dr. Morgan Evans (Plastic Surgery) by Dr. Alicia Power (Family Practice Obstetrics)
- Dr. Dayna Briemon (Emergency Medicine) by Dr. Fred Voon (Emergency Medicine)
- Dr. Jeff Eisen (Emergency Medicine) by Nic Hume and Dr. Mike Thomson (Emergency Medicine)
- Dr. Marie-Noelle Trottier-Boucher (Pediatrics) by Dr. Jennifer Balfour (Pediatrics)
- Dr. Chris Taylor (Plastic Surgery) by Dr. Ali Yahkshi Tafti, Dr. Jill Kelly and Dr. Lisa Moddemann (Emergency Medicine)
- Izzy Morrisey (UVic Co-Op and Research Assistant) by Dr. Paul Winston
- Dr. Michael Schachter (Nephrology) by Alex Hoechsmann (Emergency Medicine)
- Emilia Nevin (ER CNL) by Dr. Fred Voon (Emergency Medicine)
- Dr. Iman Zandieh (Gastroenterology) by Dr. Vanessa Young (Family Practice)



## Neonatal perioperative surgical team collaboration

Dr. Duncan McLuckie

**W**hen a neonatal patient is scheduled for surgery, a team of clinicians from pediatric surgery, neonatology, and anesthesia need to work together. These surgical cases are usually high risk, with high stakes, making effective communication is imperative. Prior to this initiative, there was no standardized guidance at VGH on how to effectively communicate across both surgical and non-surgical teams. To address this, Dr. Duncan McLuckie worked with a team of physicians including Dr. Martina Mudri, Dr. Ai Hayashi, and Dr. Elspeth McGregor across Pediatric Anes-

thesia, Pediatric Surgery, and Neonatology, and allied care representatives including Sharleen Steeper, to develop a flowchart, checklist and communication tool that would support communication and ensure all concerns are addressed prior to their transfer from the neonatal intensive care unit (NICU) to the operating room and back.

The team now engages in pre- and post-operative bedside huddles, to ensure the pre-operative and intra-operative clinical pathways are thoroughly reviewed by each provider using specific prompts. Reflecting on this change of practice, Dr. McLuckie shared, “The integration of the

flowchart, checklist, and the mandatory presence of all providers during handovers has significantly improved closed-loop communication”. Furthermore, it is clear the initiative fostered stronger collaboration between the operative and non-operative teams, ultimately enhancing patient care. The team used pre- and post- implementation surveys to assess provider support for this initiative, and the results were overwhelmingly positive. Challenges to set multidisciplinary rounds at fixed times remain from a scheduling perspective, but the team is committed to developing effective workarounds to make sure this practice is sustained.



# Saving on downstream costs in implantable loop recorder monitoring through reducing false positive alerts

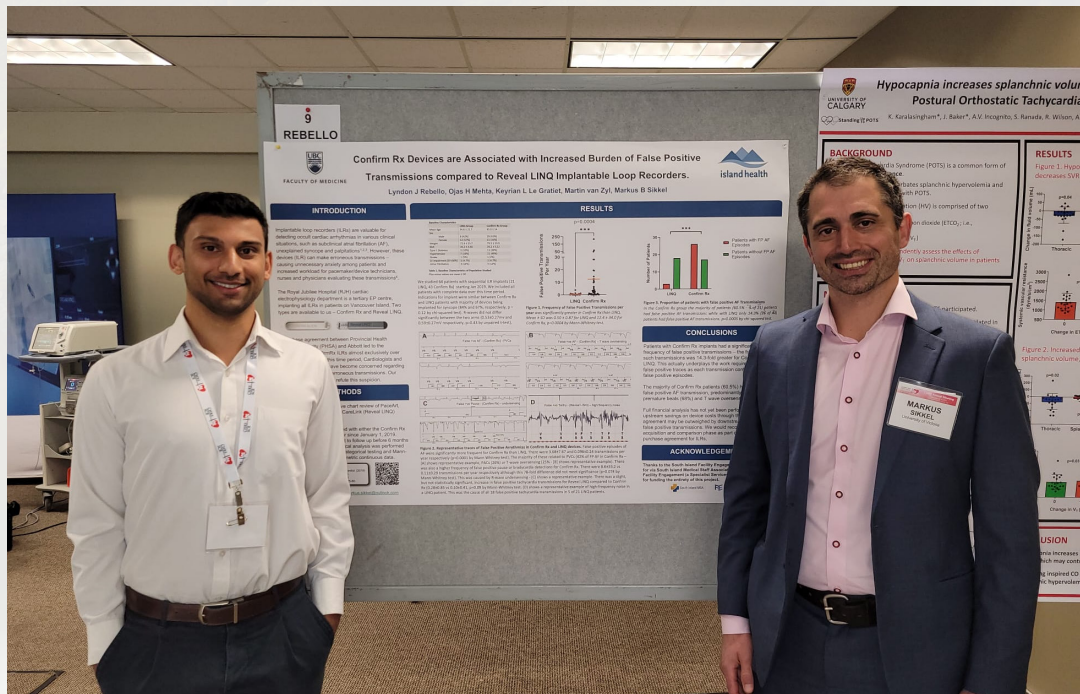
Dr. Markus Sikkel

**D**r. Markus Sikkel, Dr. Ojas Mehta, and their Cardiology and technician colleagues found themselves in the not-uncommon situation where members of a medical team develop a hunch to explain variation in the performance of different types of medical equipment. In their case, this was an Implantable Loop Recorder (ILR) which is used to detect occult cardiac arrhythmias in a variety of clinical situations, such as subclinical atrial fibrillation following a stroke. When these devices have erroneous alerts, it causes unnecessary anxiety among patients and

extra unnecessary workload on pacemaker/device technicians who have to evaluate these alerts. The team felt there was a higher proportion of these false positives with a brand of ILR called ConfirmRx than with the competing Medtronic Reveal LINQ device.

To explore this hypothesis, the team worked with Island Medical Program student Lyndon Robello to collect and analyse data on the rate of false positives between these two devices. Their results confirmed their initial hunch, that the rate of false positives were significantly higher (14.3 times) for the ConfirmRx device than the alternative. Furthermore, they

found that the majority of ConfirmRx patients (60.5 %) had at least 1 false positive atrial fibrillation transmission. These results have informed the team's decision to reduce their use of these devices, given the increased downstream work those false positives create for the pacemaker clinic. The group have shared their findings with Cardiac Services BC, presented their findings at the CHRS conference in September 2023, and plan to publish their data. All felt this project would not have gotten off the ground without the funding, as it formalized and focused the energy for this undertaking.





# BY THE NUMBERS

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1329

PHYSICIAN MEMBERS IN SOUTH ISLAND MSA

847

ATTENDEES AT OUR ANNUAL SOCIAL, LEARNING AND ENGAGEMENT EVENTS

750

PHYSICIANS INVOLVED IN FE WORK

311

ENGAGEMENT PROJECTS APPROVED SINCE 2016

44

DIVISIONS INVOLVED IN FE WORK