Welcome to the

Facility Engagement Showcase OCT 23-24

FACILITY ENGAGEMENT
An SSC Initiative

Interior Health

The Specialist Services Committee, a partnership between Doctors of BC and the BC government, acknowledge that we work on the traditional, ancestral, and unceded territories of many different Indigenous Nations throughout British Columbia.

Acknowledging that we are on the traditional territories of First Nations communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people living in BC.

The Interior region is home to the traditional, ancestral and unceded territories of the Tŝilhqot'in, Secwépemc, Dãkelh Dené, St'át'imc, Syilx, Nlaka'pamux, and Ktunaxa Nations, comprised of 54 First Nations Communities. There are 15 Métis Chartered Communities within the Interior region.

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Pamela & Wilfred (Grouse) Barnes

Syilx (Okanagan) Elders

and members of Westbank First Nation

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For Our Time Together

- We will work to be present and value each others time together.
- We will be both reflective and future focused.
- Acknowledge we may have different needs and that's ok.
- Appreciate the wisdom in the room and the opportunity of being together.

Agenda

08:30-09:00	**Welcome/Opening Remarks** • **Anthony Knight** Chief Executive Officer, Doctors of BC • **Dr. Ahmer Karimuddin** President-Elect, Doctors of BC • **Dr. Glenn McRae** Vice President, Quality, Research & Academic Affairs, Interior Health
09:00-10:00	**Keynote Speaker - Dr. Robert McDermid** ***Co-creating the Future: Common Ground, Conscious Choice, and Compassionate Leadership***
10:00-10:15	**Break**
10:15-11:15	**MSA Rapid-Fire Panel Presentations**
11:15-12:30	**Regional Engagement Panel Presentations** *Topics: Physician Quality Improvement & Spreading Quality Improvement, Planetary Health, Patient Transportation, Gender Equity, & Medical Staff Health and Safety*
12:30-13:30	**Lunch**
13:30-14:15	**Keynote Speakers - Dr. Daisy Dulay & Kristy Wolfe** ***From Shame to Strength: Transforming Inhibition into Empowerment***
14:15-14:30	**Break**
14:30-15:30	**Facility Engagement:** **Where We've Come From & Where We're Going**
15:30-16:00	**Facility Engagement Interior Awards**
16:00-16:30	**Wrap Up & Evaluation**

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Other Logistics

CONFIDENTIAL

To access WIFI
Network: **MarriottBonvoy_Guest**
Password: **FourPoints2023**

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Anthony Knight

Doctors of BC, CEO

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Dr. Ahmer Karimuddin

Doctors of BC, President-Elect

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Dr. Glenn McRae

Interior Health, Vice President

Quality, Research & Academic Affairs

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Co-Creating the Future:
Common Ground, Conscious Choice and Compassionate Leadership

Dr. Robert McDermid

Keynote Speaker

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BREAK TIME

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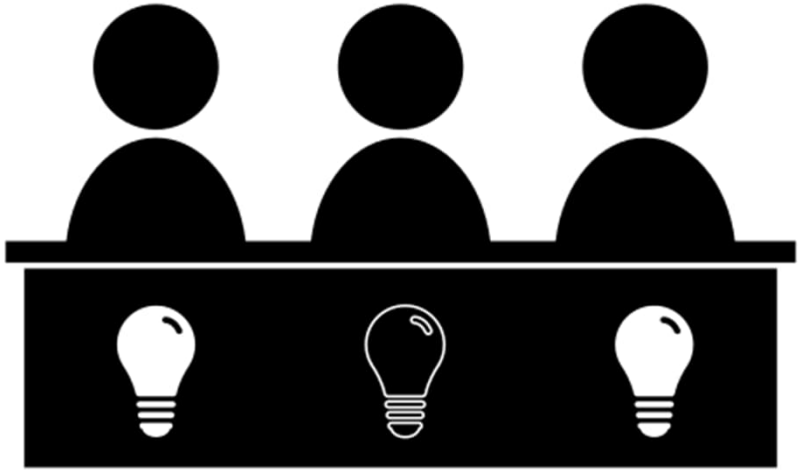

MSA "Rapid Fire" Panel Presentations

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FEI First Nations Cultural Sensitivity Enhancement
- 100 Mile House District General Hospital
- Dr Bruce Nicolson

Encouraging Engagement Project
- Invermere & District Hospital
- Drs Michael J Walsh

Physician Waffle House
- Vernon Jubilee Hospital
- Dr Kira McClellan

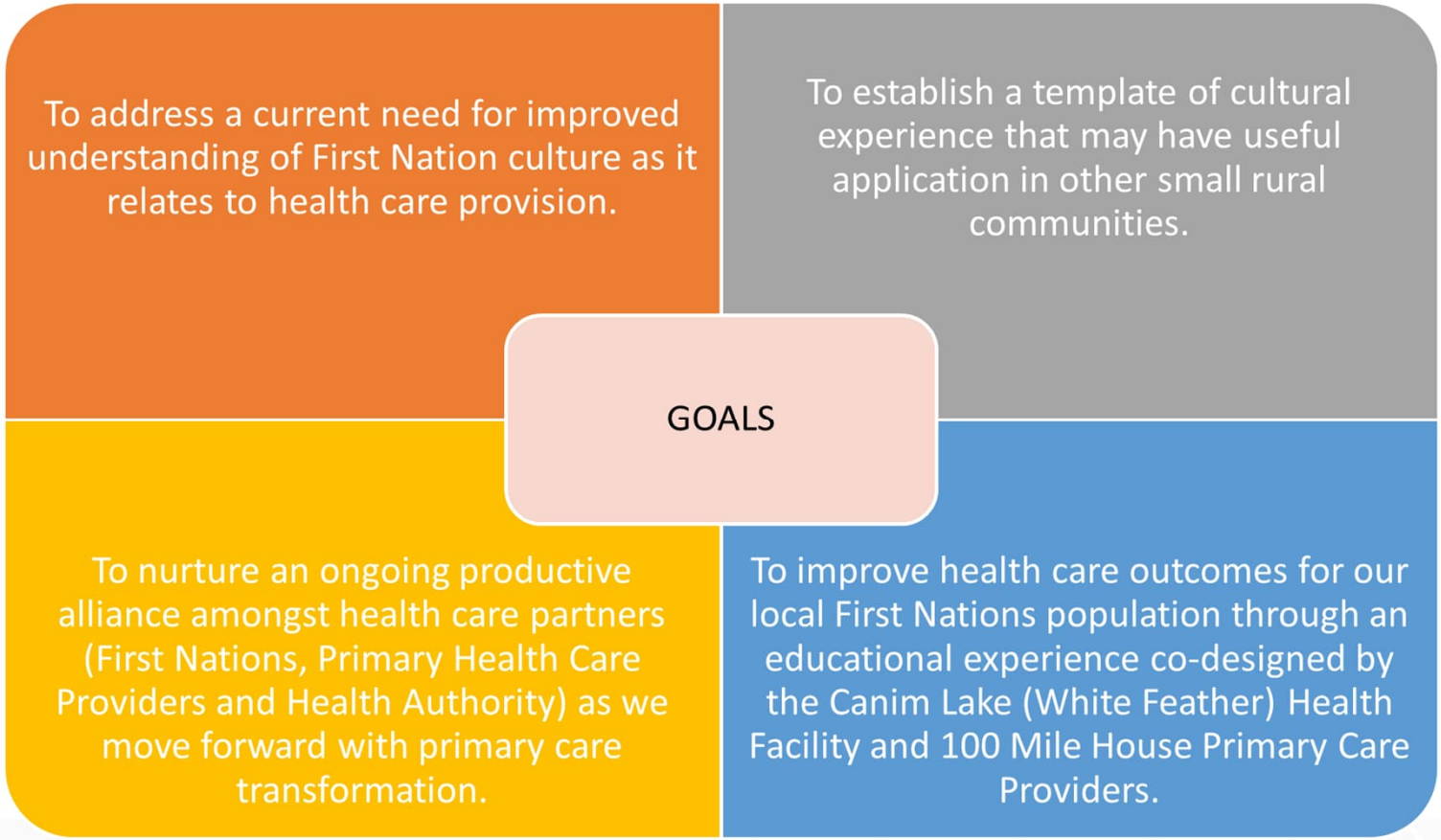
Enhancing Engagement

OMH FEI First Nations Cultural Sensitivity Enhancement

First Nations Cultural Sensitivity Enhancement

Dr. Bruce Nicolson
100 Mile House

Project Purpose



Project Impact

OMH Facility Impact #1

This directly influences positive change for the medical staff work environment and patient care.

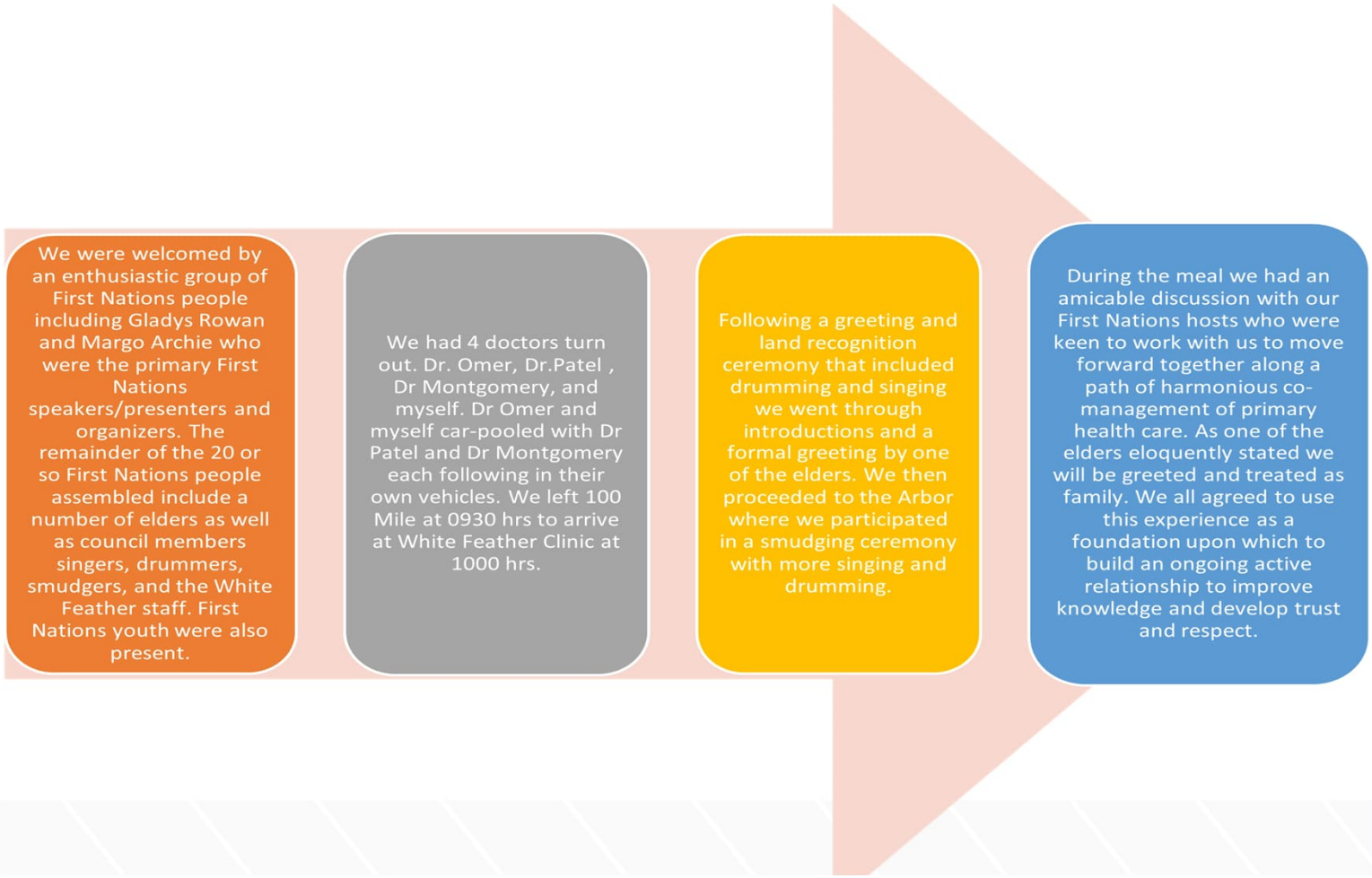
OMH Facility Impact #2

Supports all physicians in all disciplines.

OMH Facility Impact #3

Supported by the Health Authority to explore education and resources to engage in culturally safe approach in their day-to-day practice.

Results


We were welcomed by an enthusiastic group of First Nations people including Gladys Rowan and Margo Archie who were the primary First Nations speakers/presenters and organizers. The remainder of the 20 or so First Nations people assembled include a number of elders as well as council members singers, drummers, smudgers, and the White Feather staff. First Nations youth were also present.
We had 4 doctors turn out. Dr. Omer, Dr.Patel , Dr Montgomery, and myself. Dr Omer and myself car-pooled with Dr Patel and Dr Montgomery each following in their own vehicles. We left 100 Mile at 0930 hrs to arrive at White Feather Clinic at 1000 hrs.
Following a greeting and land recognition ceremony that included drumming and singing we went through introductions and a formal greeting by one of the elders. We then proceeded to the Arbor where we participated in a smudging ceremony with more singing and drumming.
During the meal we had an amicable discussion with our First Nations hosts who were keen to work with us to move forward together along a path of harmonious co-management of primary health care. As one of the elders eloquently stated we will be greeted and treated as family. We all agreed to use this experience as a foundation upon which to build an ongoing active relationship to improve knowledge and develop trust and respect.

Canim Lake Band

The Tsq'escenemc

"The People of Broken Rock"

White Feather,
Canim Lake

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Encouraging Engagement Project

Dr. Michael J Walsh and Dr. William Brown
Invermere Hospital

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Project Purpose

- Reengage with our members and better understanding their passions, goals and interests as well as barriers to MSA involvement and work
- Develop a framework of future projects and work our local MSA is interested and willing to do
- Motivate others members to get involved and do some of the work, instead of the “ same docs”
- Move away from traditional project work at a time when IHA partners absent in body and/or spirit

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Project Impact:

1. improved physician participation in MSA work
2. Personal growth and better understanding of each other thru behavioral assessment tools
3. Improved skillset of change behavior tools

Two Lessons Learned:

1. significant variation in physician personality types, enablers and goals explains why movement and success can be slow.
2. Engagement with the disengaged is hard, but very rewarding

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Panel Discussion Topic

Physician Waffle House

A GATHERING PLACE TO THINK, TALK, AND PLAN

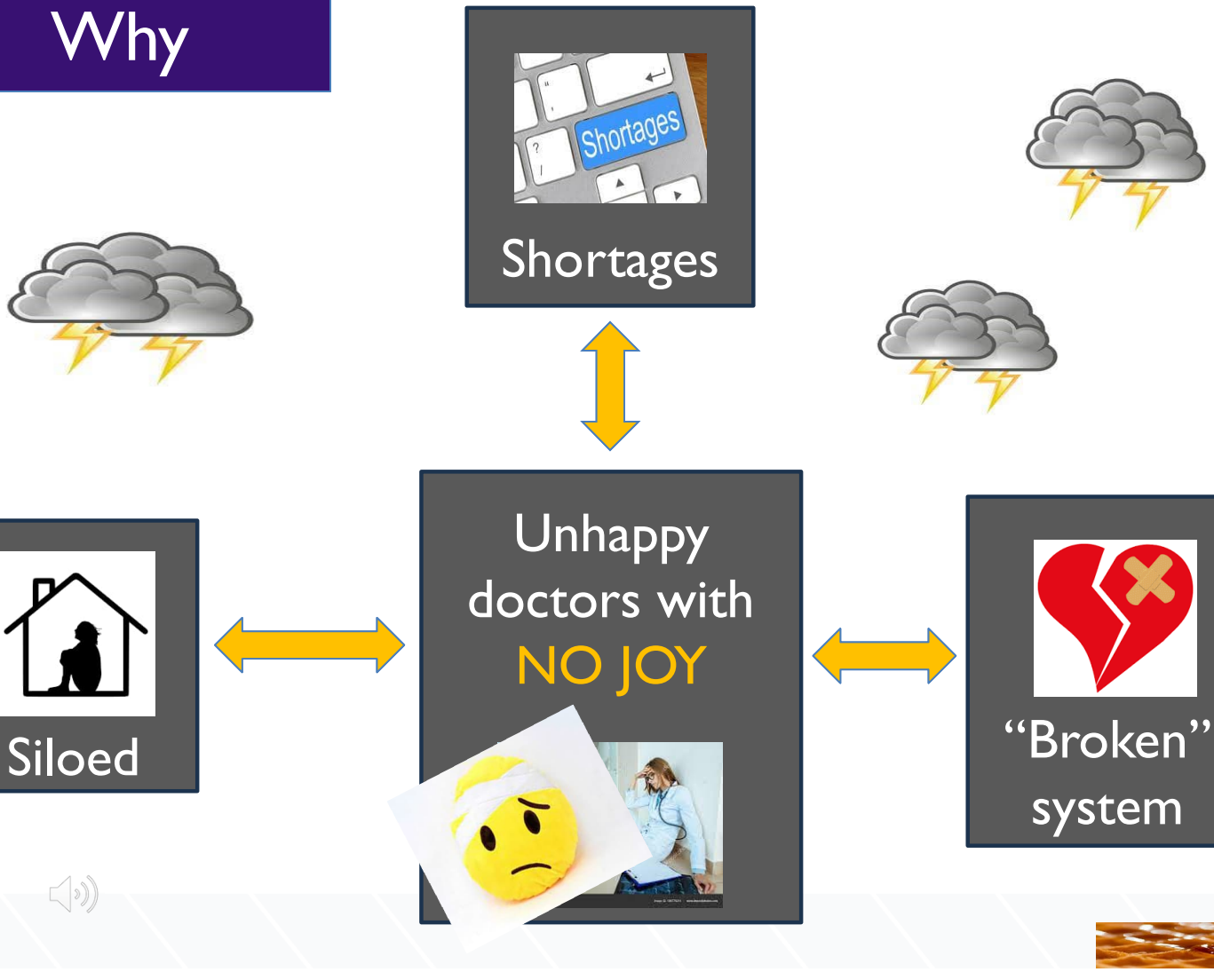
Reconnecting physicians through the use of an independent online gathering place.

Dr. Kira McClellan
Vernon Jubilee Hospital Physician Society

Sharon Hughes-Geekie
Program Director,VJH Physician Society

Physician Waffle House
Dr. Kira McClellan – VJH Physician Society

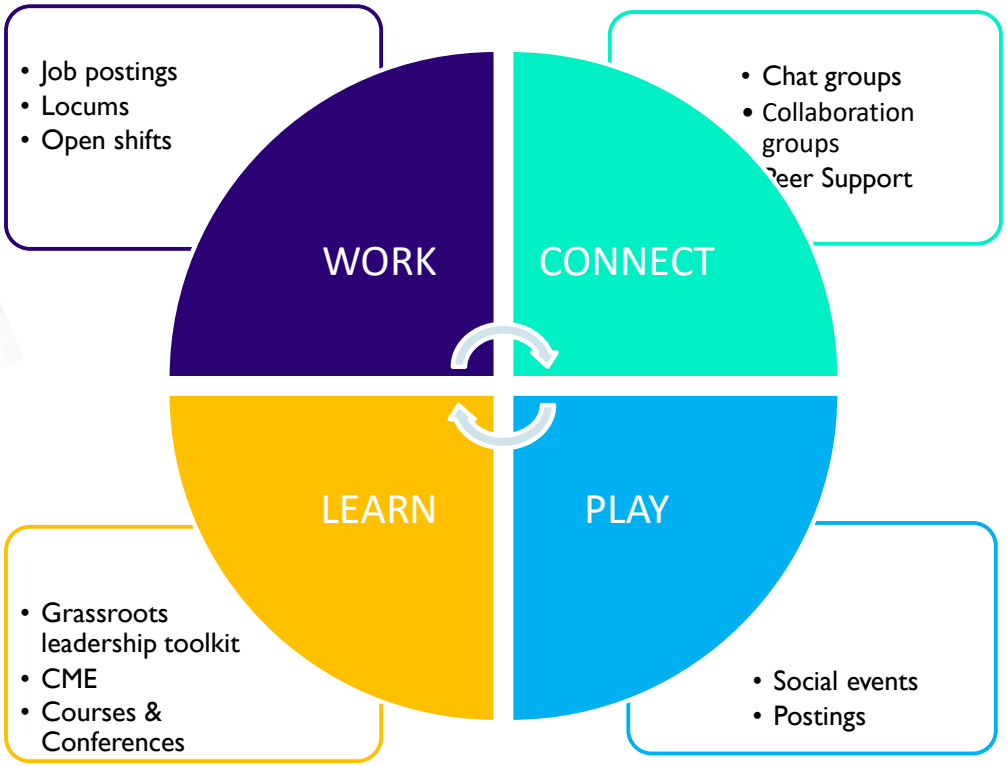
Why



What

Physician Waffle House
A GATHERING PLACE TO THINK, TALK, AND PLAN

Think of it as your online DOCTOR'S DINER.



Physician Waffle House
Dr. Kira McClellan – VJH Physician Society

How

Physician Waffle House
A GATHERING PLACE TO THINK, TALK, AND PLAN

Winter 2022-23
Environmental scan
What's out there?

March 2023
Physician Engagement
Listen to your users. They are your experts.

Then ask again.

June-August 2023
Mock-up
City of Vernon

Sept-October 2023
Funding
Brand PIVOT!!
Web Designer
Leadership buildout

November = GO TIME!

VERNON JUBILEE HOSPITAL PHYSICIAN SOCIETY

NAVIG8 EMERGING PHYSICIAN LEADERS PROGRAM

Interior Health

CITY OF Vernon

FACILITY ENGAGEMENT
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Shuswap Lake General Hospital MSA
Queen Victoria Hospital MSA

Shuswap North Okanagan Division of Family Practice
An FPSC Initiative

Panel Discussion Topic #2

Improving Surgical Optimization and Pre-Surgical Education for Orthopedic Patients

- Kelowna General Hospital
- Dr Lane Dielwart

Making the ER "kid" friendly

- Golden & District Hospital
- Dr Jennifer Woolsey & Lindsay Sutton (PM) on behalf of Dr Adam Watchorn

Trauma-Informed Hospital Care

- Kootenay Lake Hospital (**video**)
- Tanya Momtazian (RM),

Improvements in Care

FACILITY ENGAGEMENT
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Improving Surgical Optimization and Pre-Surgical Education for Orthopedic Patients

Dr Lane Dielwart
KGH Physicians Society

Project Purpose

- ✓ Create information for orthopedic patients to access prior to surgery
- ✓ Material published on website for joint and bone health for online access
- ✓ Inform patients of what to expect for their surgery and rehabilitation
- ✓ Opportunity to introduce surgeon to patient prior to procedure

FACILITY ENGAGEMENT
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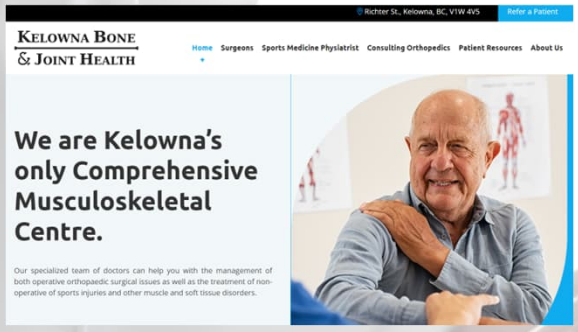
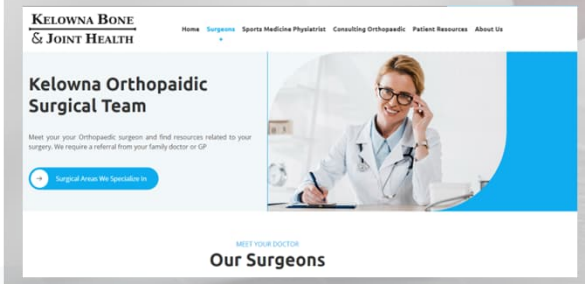
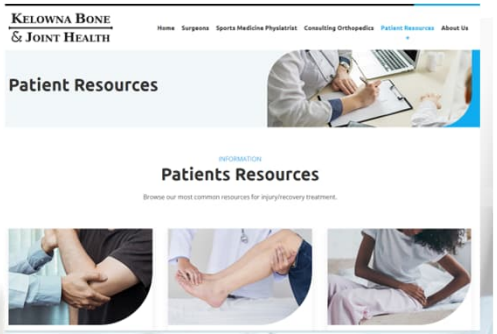
Project Impact



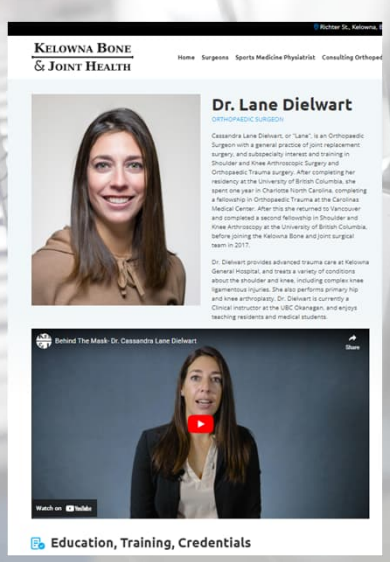
Website created
www.KelownaOrtho.com



Ease of access to information on patients' surgery and rehabilitation



"Meet" the physician prior to surgery and get to know them "Behind the Mask"



FACILITY ENGAGEMENT
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Panel Discussion Topic

Making the ER ‘Kid Friendly’

Dr. Adam Watchorn- Physician Lead
Golden and District Hospital

Project Purpose

- To create a space in the emergency department that is 'kid friendly.'

- Emergency departments can be a scary and stressful place for children, especially when they are hurt, feeling unwell or requiring a painful procedure. Creating a safe and welcoming environment for kids was the primary goal.

Project Impact

Physicians, IHA administration and nurses worked together to create a vision for this space.
This project boosted staff and patient morale.

Creating this space has given the GDH staff a space they enjoy caring for children in.

Media recognition led to local donations.

Two Lessons Learned

- Any changes to the Golden and District Hospital need to adhere to Interior Health guidelines and standards.

- A small project like this can boost staff moral and improve our patients' experience. Children now request this room.

Any questions or for more information, please email goldenfeipc@gmail.com

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GOLDEN AND DISTRICT HOSPITAL

FACILITY ENGAGEMENT
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Trauma-Informed Hospital Care

Tanya Momtazian, RM
Kootenay Lake Hospital

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Interior Health

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Panel Discussion Topic #3

Electroconvulsive Therapy (ECT) as a Treatment Modality

- Royal Inland Hospital & Hillside
- **Karen Vogel** (PM)

Recruit, Retain, Retire

- Creston Valley Hospital & Health Centre
- **Dr. Johnny Chang & Dr. Atma Persad**

Role of the Rural Physician in the Boundary

- Boundary & District Hospital
- **Dr Max Liu**

Physician Recruitment & Retention

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Electroconvulsive Therapy (ECT): As a Treatment Modality

Karen Vogel, Program Director
Royal Inland Hospital and Hillside Physician Association

Project Purpose

- To attract more psychiatrists to ease workload and ensure sustainability
- Contracted an expert. Dr. Caroline Gosselin to provide up-to-date information and education to the Hillside psychiatrists.

Project Impact

- Better patient outcomes
- Safer clinical decision making
- Increased knowledge for physicians

Two Lessons Learned

1. ECT is an essential treatment modality available to psychiatrists
2. Improved engagement resulting in a larger group of psychiatrists able and interested in sharing the ECT rotation

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Recruit, Retain, Retire

Dr. Johnny Chang
Dr. Atma Persad
Creston Valley Hospital and Health Centre

Project Purpose

Proactive Recruitment with input from every Creston clinic

Build relationships with the Health Authority, and ensure physicians are practicing efficaciously, with a healthy balance

Investigate ways in which retirement can be flexible, individual and gradual if desired

Project Impact

In the past 3 years have successfully recruited 4 physicians.

Instituted a Creston “hospitalist model” that has improved patient care and improved work/life balance for physicians

2 physicians who have served the community for many years have been able to “retire” but still continue to provide the care they love to do on a part-time/locum basis

Lessons Learned

Positive relationship building with the Health Authority has been affected by a sustained change in middle management personnel

Change needs to be agreed by all. FEI has afforded the Creston physicians the time and space to ensure all come along on the journer

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Role Of the Rural Physician in the Boundary

Dr. Max Liu
Boundary Hospital, Grand Forks

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Project Purpose

- Define what is FTE for a GP in a rural area and how many FTE are needed.
- To cultivate consensus on a clear and fair method to keep the ER staffed.
- Craft a clear mission statement for recruiting and to pass on to future recruits.

ROLE OF THE RURAL PHYSICIAN IN THE BOUNDARY:
Providing Comprehensive Patient Care

Kootenay Boundary Division of Family Practice
A GPSC initiative

FACILITY ENGAGEMENT
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PART 1: PRINCIPLES AND RESPONSIBILITIES OF MEDICAL STAFF

PHYSICIAN MISSION STATEMENT

The Boundary Physician Medical Staff Team is committed to providing full service patient care. Collegiality, trust, mutual respect and collective responsibility helps to ensure the health and wellbeing of our community, our colleagues and our families. We live where we work and we care about who we serve and how we do it.

OUR HISTORY

The Boundary has a rich history of full service patient care provided by physicians who are willing to work together, making a meaningful difference in the health and wellbeing of the community. Working and living with those you serve demands a level of commitment and participation unlike urban practice. As a small team of practitioners, we continue to evolve to meet the demands of increased primary care needs alongside an escalating complexity that all involved in healthcare face. As the healthcare landscape shifts we aim to shift with it, coming together to meet the challenges and opportunities with both commitment and innovation.

EXPECTED ROLES AND RESPONSIBILITIES OF PHYSICIAN MEDICAL STAFF

All physician medical staff are expected to perform a set of core responsibilities for their patients in the Boundary region. Specifically, the physician medical staff are committed to maintaining 24/7 staffing of the BDH Emergency Department. Additional skills are encouraged and supported, and are based on the skills and interests of the provider as well as the changing needs of the community.

CORE RESPONSIBILITIES

- Family Practice
- Long Term Care
- In Patient Care
- Emergency Department

ADDITIONAL SPECIAL SKILLS
- which differ per physician

- Administration and Business Skills
- Oncology
- Maternity
- Addictions
- Chronic pain
- Cardiology
- End of life Care
- Teaching
- Additional skills as needed

ROLE OF THE RURAL PHYSICIAN IN THE BOUNDARY:
Providing Comprehensive Patient Care

Kootenay Boundary Division of Family Practice
A GPSC Initiative

FACILITY ENGAGEMENT
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PART 2: AGREEMENTS AMONGST MEDICAL STAFF - REGIONAL AGREEMENTS

SITE LEADERSHIP

MEETINGS

We commit to meeting when we need more time to surface commonalities around issues when there are many diverse options.

- Soliciting one on one positions on issues can work at times, but when there are too many opinions - best to pull the group together.

We commit to a quarterly physician dinner/discussion to give the members time to surface thorny issues or raise difficult topics.

- Leadership means putting difficult conversations on the table.

COMMUNICATION AVENUES

There are multiple avenues/confidential pathways to raise issues and find ways forward. Make clear to all MSA members that they can raise difficult issues at:

- Tuesday Meetings
- Quarterly dinner/ discussion events
- MSA Meetings
- Privately with Chief of Staff and/or President of the MSA

GROUP NORMS

We take collective responsibility to:

- Put difficult issues up for discussion, not shying away
- Stay engaged, being willing to experiment
- Abide by our co-created agreements
- Manage conflict as it arises, following up if relationships are getting injured

DECISION MAKING FRAMEWORK - CONSENSUS

The Boundary Physician group has agreed that consensus is the preferred method for decision making when the content affects the majority of the group.

Simple guidelines

- Frame the issue and call the question or proposal "into the room"
- Use "pulse checks" to get a sense of where the group is leaning on a proposal and to flush out concerns
  - Expedient to use "thumbs up - yes to ahead, thumbs sideway - need more info/have concerns, thumbs down - opposed"
  - Do a round to call on each member to name their agreement, concerns or disagreement with the proposal - "tell me more, tell me why"
- Consensus takes time and may take multiple rounds to get to a proposal that will be accepted.
- When approaching consensus, ask - "Can you live with this?" as some people may not like the path forward but are willing to concede for the sake of the group and to avoid inaction.

General Guidelines Consensus.

PHYSICIAN RECRUITMENT

It is understood that as a rural community decisions made at any level of the system (MOH, IH, MSA, PCN, Clinic, Individual Practitioner) impact all other levels. In light of this, *the physician group seeks to discuss, inform and influence decisions as a regional body, making clear where final decision making authority rests.*

- It is prudent for the MSA to discuss recruitment needs, number of practitioners and expectations of new MSA members to better inform decisions made at the community, clinic and individual level. Final decision for a new recruit to a clinic is made by the clinic but it will be more successful with information from their peers.
- It is important that all new recruits are aware of the shared responsibility to the ER as one of the factors of being a rural practitioner.

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Project Impact

- Created defined roles and responsibilities for rural physicians in Grand Forks.
- A framework of how physicians make decisions together.
- Defined who we are and what we stand for to pass on to future recruits.

Lessons Learned

- Improved relationship and commonality among physicians.
- The ability to create consensus.

Regional Engagement Panel Presentations

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Facility Engagement Showcase OCT 23-24

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee

Partners in Quality

Interior Health

SSC SPECIALIST SERVICES COMMITTEE

IH Physician Quality Improvement Program

Jim Graham, Manager, PQI/SQI/Alumni

October 24, 2023


THINK BIG.
START SMALL.
ACT FAST.

Physician Quality Improvement Mandate

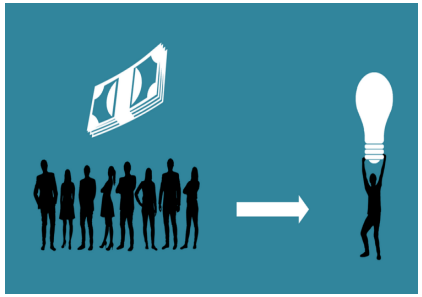
To engage physicians by providing access to quality improvement (QI) education and expertise, increasing physician capacity for involvement in QI projects to enhance the delivery of quality patient care.

PQI Objective

"Work in collaboration with health authorities to enhance physician capability in QI by providing training and opportunities to act on QI activities for the overall purposes of creating a QI culture within the physician community"


"Supported by the SSC and Interior Health, this initiative truly does have the capacity to influence change in the health care system."
– Dr. Devin Harris, PQI Sponsor; Executive Medical Director, Quality, Engagement & Research

Components of PQI



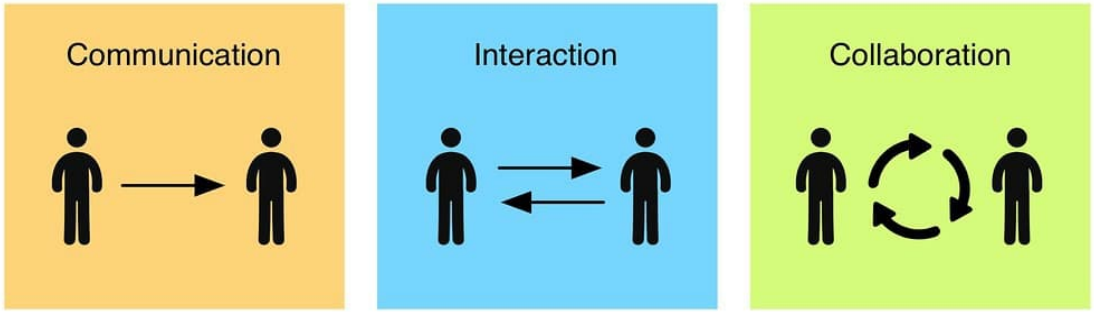
Funding for physician QI training and sessional time related to developing their project idea through PIP.

Technical Support including Quality Improvement Consultants, Data Analyst, IMIT Consultant, Privacy Liaison, etc.

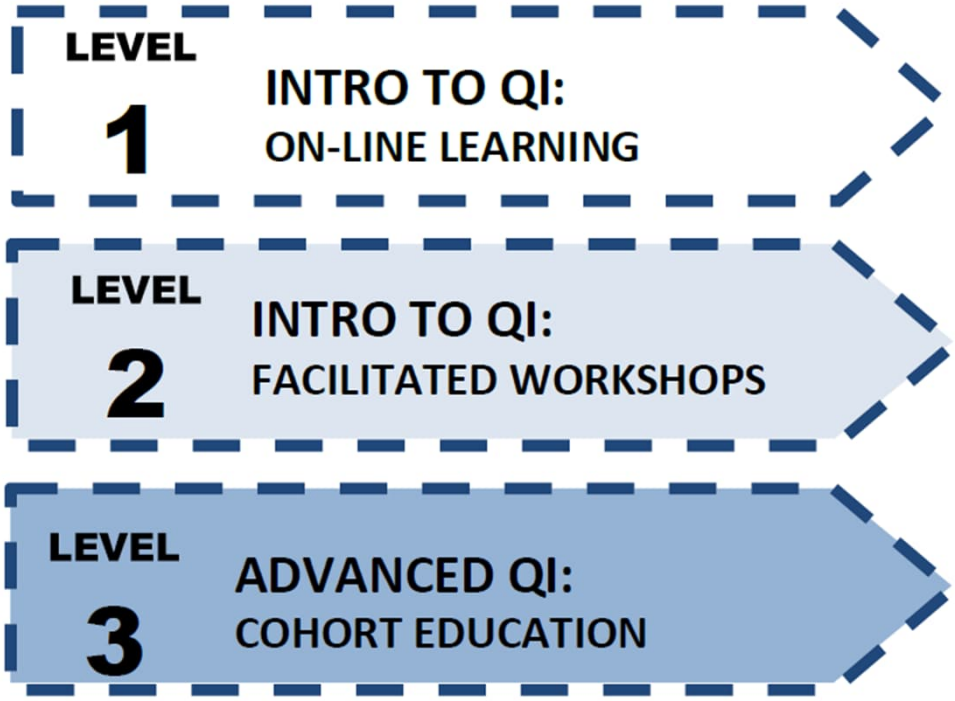
Education including a multi-level approach to Quality Improvement methodology, leadership, and systems thinking.

Components of PQI

- **PQI Physician Advisor & Mentors** to coach and mentor physician colleagues during their QI learning journey and project progression.
    - **Dyad Partnerships** to foster collaboration between physicians and their IH partners to influence real change.



Tiered Options



PQI PHYSICIAN QUALITY IMPROVEMENT
Specialist Services Committee
Partners in Quality
Interior Health
SSC

Level 3: IH PQI Cohort

FLAGSHIP PROGRAM

- In-person/hybrid learning sessions including graduation ceremony
- Applied learning – Develop your QI idea into a project plan during the course of this program (approx. 10 months)
- "Real-time" coaching from PQI Consultant and team
- Stakeholder Engagement / Participation
- Sessional Support for Education and Project Development
- Coaching from experienced Patient Partners

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | Partners in Quality Interior Health SSC

Previous QI Projects

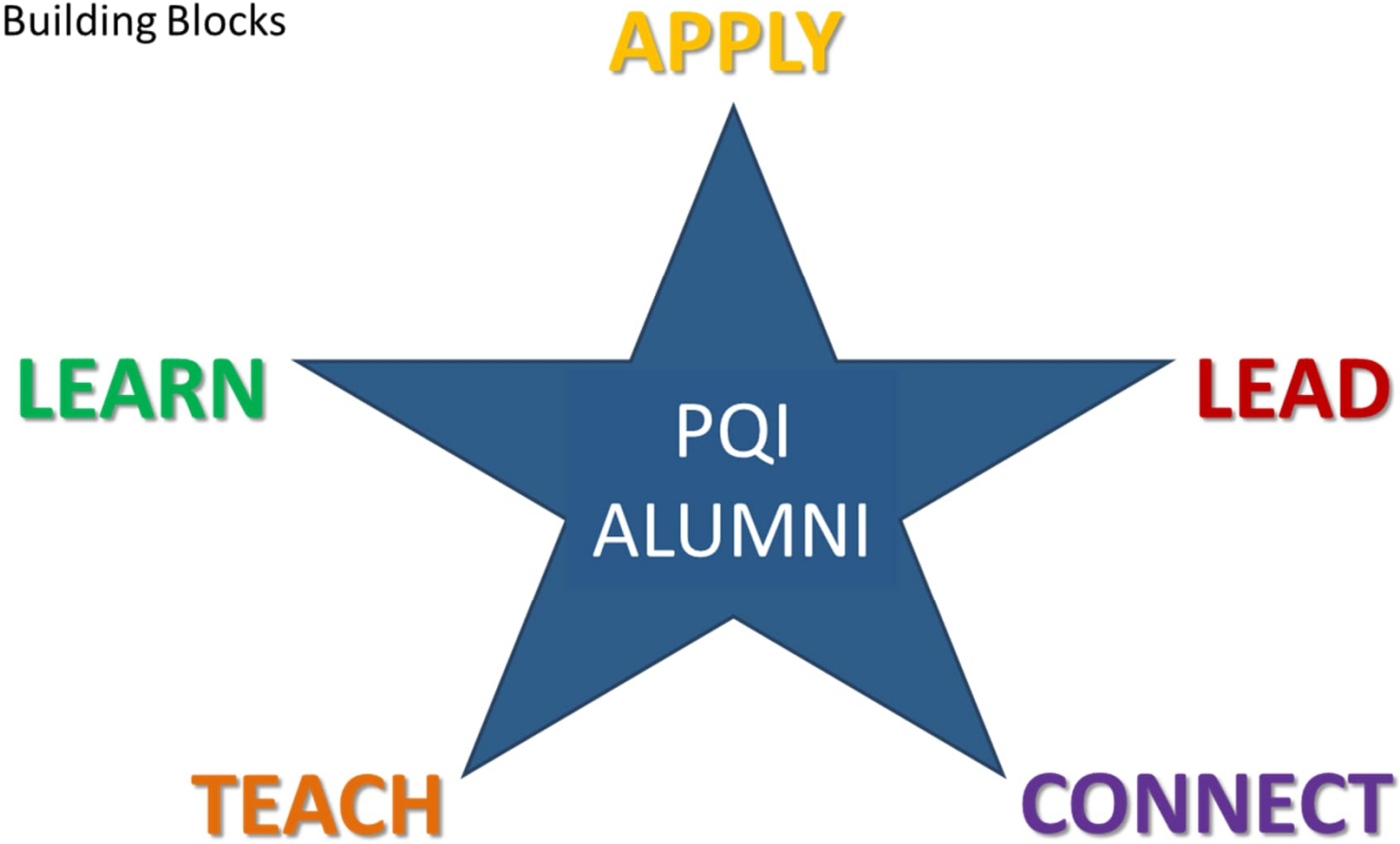
Project Improvement Ideas	
Improving the Quality of Simulation Education	**Improving Staff Efficiency in Supporting Oncology Patients**
Improving Timeliness of Code Blue Response	**Increasing the Frequency of MRP Goals of Care Conversations in Long Term Care**
Improving Chest Pain Management in the ED – Care Pathway	**Improving OR Utilization and Accessibility for Elective and Emergency Caesarean Sections**
Improving Coordination and Integration of Rural Post-Partum Services (Physicians, Midwives, Public Health)	**Primary Care Paramedic (PCP) - Collaborative Heart Attack Management Program (CHAMP)**
Improving High School Youth Participation in Their Own Health Services through a School Based Medical HUB	**Surgical Pain and Symptom Mangement**

Alumni Strategy 2023-25

PQI PHYSICIAN QUALITY IMPROVEMENT
Specialist Services Committee

Partners in Quality
Interior Health
SSC SPECIALIST SERVICES COMMITTEE

Building Blocks



PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | Partners in Quality Interior Health SSC SPECIALIST SERVICES COMMITTEE

Supporting the Potential: Alumni Plan

- **Apply:** Create and support alumni coaching & mentoring program
- **Learn:** Hold an annual IH Alumni Summit, Journal Club, Cohort Corner
- **Lead:** Create opportunity for leadership in spread and post-PQI
- **Teach:** Steady growth in level 3 faculty. Level 2 to be delivered by alumni faculty
- **Connect:** Support closer ties with provincial alumni groups, Synergy Hub and SHARCS

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | Partners in Quality Interior Health SSC

Spread Quality Improvement

- Initiative created to fund and support successful QI projects related to SSC work or Share Care (primarily PQI)
- Spread of best practices will occur site to site
- Project teams will receive QI education and project support from SSC spread Leaders (Drs. Daisy Dulay and Lee Ann Martin)
- Plan for eventual transition of project to Health Authority oversight

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | Partners in Quality Interior Health SSC SPECIALIST SERVICES COMMITTEE

Spread Support

- Independent budget for each project
- Expert coaching from Spread Leader and Manager
- Access to experienced Physician Spread Advisor
- Administrative support
- Data Analytics
- Sessional funding for physician leads/members
- Project expenses

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | Partners in Quality Interior Health SSC

Questions?

To register, apply, nominate a physician, or for more information, contact: pqi@interiorhealth.ca

Medical Staff Safety & Wellness

Rob Mitchell

(Leader, Medical Staff Safety & Wellness – Interior Health)

doctors of bc
Better. Together.

Interior Health
Every person matters

Land Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené **(Ka-Kelh – De-ney),** Ktunaxa **(Tun-ah-hah),** Nlaka’pamux **(Ing-khla-kap-muh)**, Secwépemc **(She-whep-m),** St’át’imc **(Stat-liem),** Syilx **(Saay-ilks),** and Tŝilhqot’in **(Chil-co-teen)** Nations where we live, learn, collaborate and work together.

What is Medical Staff Safety & Wellness?

doctors of bc
Better. Together.

Interior Health
Every person matters

KEY FINDINGS
IHA

One in Two

Half of respondents continue to be impacted by physical or psychological safety incidents (+3%)

37% Yes

Experienced a physical safety incident over the past twelve months.

- **182 experienced 1-5 incidents**
- **26 experienced 6-10 incidents**
- **33 experienced 11-50 incidents**

50% Yes

Experienced a psychological safety incident over the past twelve months

- **212 experienced 1-5 incidents**
- **63 experienced 6-10 incidents**
- **42 experienced 11-50 incidents**

What is Medical Staff Safety & Wellness?

- Ensuring the physical and psychological safety of doctors in their workplace
- Physician Health and Safety Agreement; Renewed in the 2022 Physician Master Agreement, the PHS Agreement continues to provide physicians with the opportunity to be included in widespread systemic change to better support physical and psychological health and safety in the workplace. (Source;Doctors of BC Website)

Provincial Medical Staff Workplace Health & Safety Timeline

TIMELINE

2019 — Memorandum of Agreement on Physical and Psychological Health and Safety 2019-2022

2020 — Current State Analysis Report

2021 — Recommendation 1: Provincial Data Collection

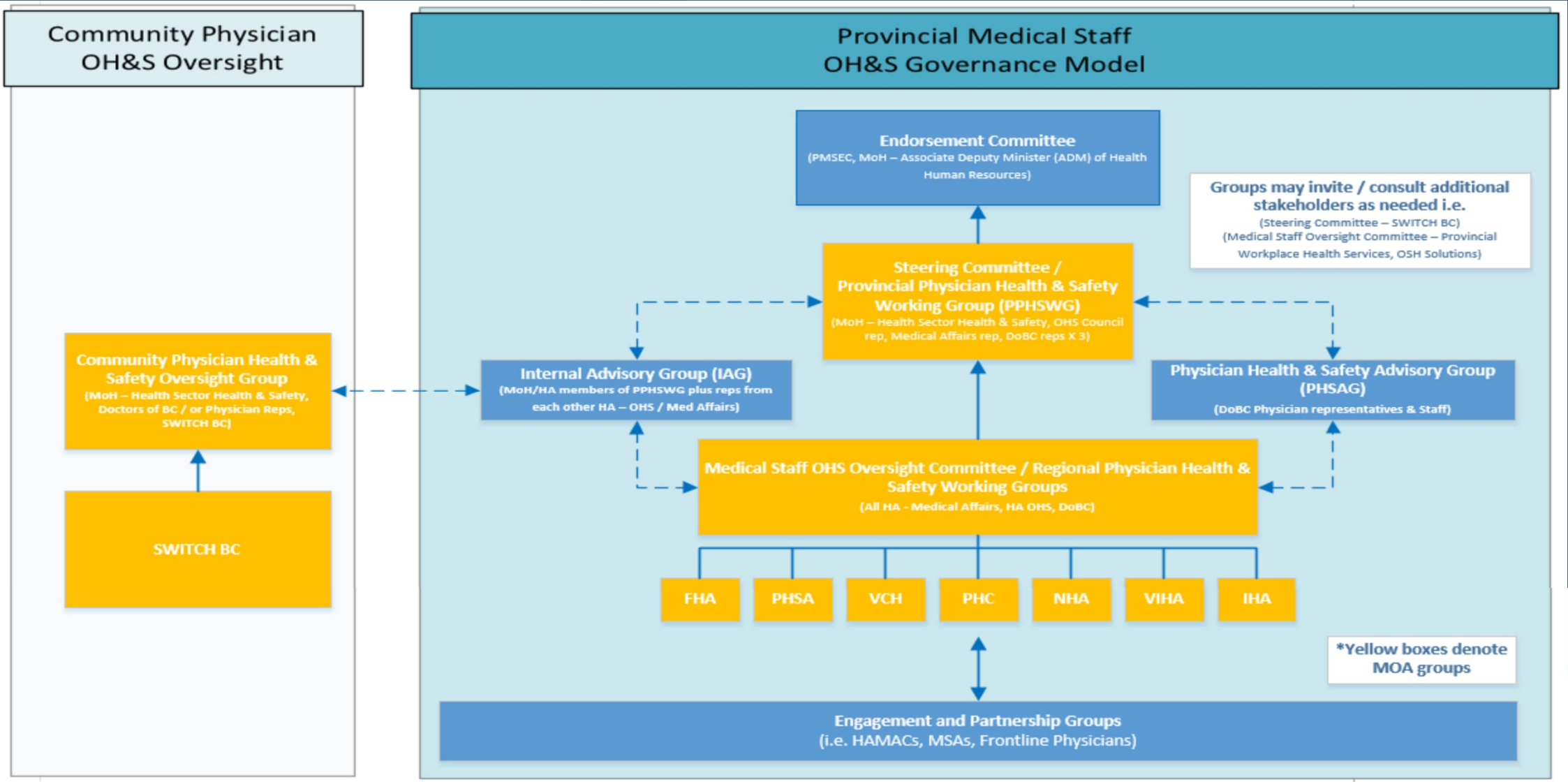
2022 — Memorandum of Agreement on Health and Safety, 2022-2025

Recommendation 2: Multi-Employer Site OHS Obligations

We are here

2023 — PHS Summit!

Provincial Medical Staff Workplace Health & Safety – Governance



IH Regional Medical Staff WHS Working Group

- Executive Medical Director Quality, Engagement & Research – Dr. Devin Harris
- Executive Medical Director Physician Engagement & Resource Planning – (vacant)
- Physician Co-lead MS WHS / DoBC Physician Representative - Dr. Michael Ocana
- Director, Physician Engagement, Planning & Leadership Development - Jarnail Dail
- Corporate Director, Workplace Health & Safety (IHA WH&S) - Lana Schultze
- Manager, Health, Safety & Prevention (IHA WH&S) - Shannon Campbell
- Regional Advisory and Advocate (DoBC) - Brent Weiss
- Doctors of BC Director, Physician Advocacy – Rob Hulyk
- Leader, Medical Staff Workplace Health & Safety - Rob Mitchell
- Guests – ad hoc

Where are we now? Pilots and Planning

doctors of bc
Better. Together.

Interior Health
Every person matters

Collaboration

Site:

Medical Leadership (Local MSA, COS, Department heads etc.) Site Administrative leadership dyads & managers, Facilities Engagement local knowledge

Health Authority:

Leadership, Navig8 Medical Leaders, Networks, Regional supports (Protection services, Simulation, Physician Payment etc.), Employee WHS

Provincial:

Doctors of BC, SWITCH BC, Ministry of Health, Health Authority collaboration

Funding:

PHS Agreement/MOA, Health Authority, FE, MSA CME, Rural, Health System Redesign

Initial Project Work Completed

Physical Safety:

Violence Prevention (online and pilot in-person 3 step), site safety, individual training, team training, reporting

Psychological Safety:

A supportive & psychologically safe work environment, peer to peer support, personal resources, site interventions

Being Practice Ready (Job Ready):

FIT testing, BBF, PPE, immunizations, reporting and tracking systems

Governance/Strategic Partners & Alignment:

Site contact, IH employee WHS, IH MS WHS Working Group, Doctors of BC, SWITCH BC, Ministry of Health

Challenges

Prioritize, phased approach, with urgency but…understanding from medical staff that mature system takes time

Complexity

- Needs of physicians
- Existing groups: PMSEC, HEABC, OHS, etc.
- Newly involved groups: SWITCH BC, Health Authorities, etc.

Transformation

- Cultural
- Psychological Safety
- Finding a shared Vision

Existing Gaps

- Adverse event processes
- Data systems
- Structures & Service Delivery
- Capital Planning/Built environment

Where are we going? What does Success look like?

MSSW Services for Medical Staff - An environment where medical staff are:

- Physically safe (Violence Prevention, site safety)
- Psychologically safe (workplace culture, peer support, anti-racism/gender)
- Practice Ready for safety (incident response and reporting, data systems, FIT, Immunizations, WorkSafe registration etc.)

Next Steps

A Phased Approach – Strategic Collaboration with Provincial Partners

Phase 1 COMPLETE (2019-2022 PMA)

- Projects
- Discovery
- Relationship building
- Pilot planning

Phase 2 CURRENT (2022-2025 PMA)

- Service delivery development and pilots
- Pilot completion and evaluation
- Provincial and regional collaboration
- Expansion planning/Structure Pilot
- Data – MS WHITE

Phase 3 FUTURE (2025+ PMA)

- Mature service delivery regionally & province-wide

How to get involved in Medical Staff Safety & Wellness

- COS/MSA Presidents
- Dyad Partners
- Navig8 participants – (Projects/Mission Impossible, In-person session April ’24)
- Anything to add? Rob Mitchell

(Leader, Medical Staff Workplace Health and Safety)
rob.Mitchell@interiorhealth.ca
250-215-0198

doctors of bc
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Every person matters

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East Kootenay Patient Transport Committee

Dr Todd Loewen, East Kootenay Senior Medical Director
Patti King, East Kootenay Engagement Partner

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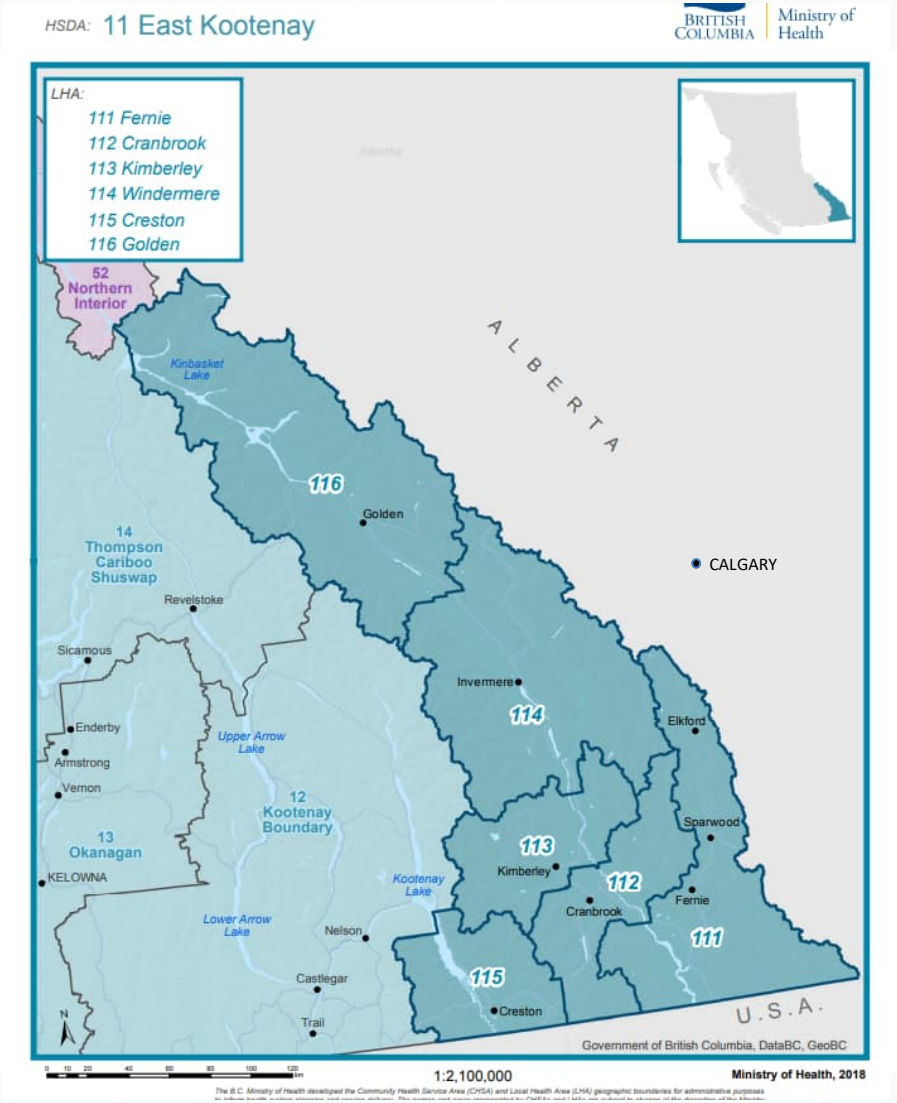

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5 Patient transport

Identify and communicate best practices for current state

- Offer IHA-wide communication brief on current state, IHA's consultation underway, and anticipated changes. (IHA)

Provide feedback for future changes

- (From Kimberley Regional Meeting): Form East Kootenay regional working group to explore pilot project accessing regional Facility Engagement Initiative (FEI) funds on patient transport to improve experience for local physicians and to build relationships between smaller sites and regional centre. (IHA and EK MSAs)
- Distribute trauma transfer report and provide feedback to Dr Norm Kienitz prior to going to Patient Transport Network. (IHA and MSAs)
- Identify best practices and target waste in transport processes. (All)

From Regional Roundtable:

Establish East Kootenay pilot project accessing regional Facility Engagement Initiative funds on patient transport to improve experience for local physicians and to build relationships between smaller sites and regional center (IHA and EK MSAs)

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2018

Committee Formed

- Comprised of physician representatives of all 5 EK MSAs, Project Staff, IHA representatives, BCEHS, Provincial WG representative, other stakeholders ad-hoc

- Developed Terms of Reference

- Co-Chairs: Physician/MSA rep & IH HART EK Team Lead

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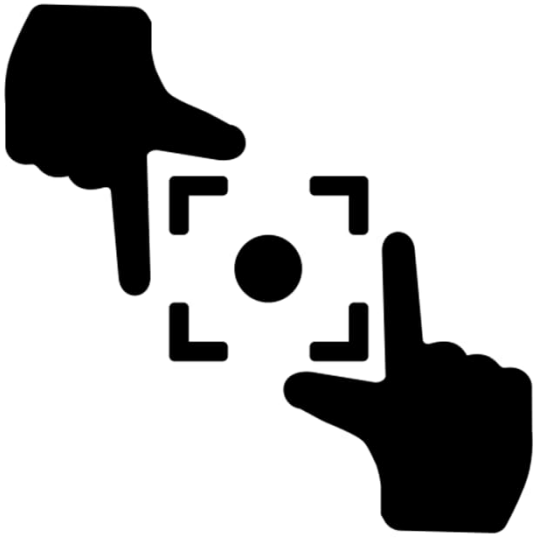
2018/2019

Determined Committee's Scope

- Environmental Scan
- Research Review
- EK Roadshow



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2019

Strategic Priorities

1. **To build the Committee's knowledge and understanding** of the issues impacting patient transportation in the East Kootenay region and disseminate this information across EK facilities to build knowledge and capacity.
2. **To effectively measure the current state** of patient transportation in East Kootenay and identify the key factors of what is working and what is not
3. **To build and support the capacity of interdisciplinary teams** at the rural sites to maintain care of more complex patients in order to reduce transportation needs and overcapacity at regional site
4. **To cultivate a collective voice** of East Kootenay medical staff and regional stakeholders to inform and influence policy makers.

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2019

Regional Meeting with BC Emergency Health Services

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2019

Red Data Collection

- EKRH data collection with plan to expand to all rural sites to identify trends/problem areas.

Educational Opportunities

- Develop list of education opportunities available and spread successful SIMs projects to other sites

Transport Roadshow #2

- Bring BCEHS presentation and HART to all EK rural sites

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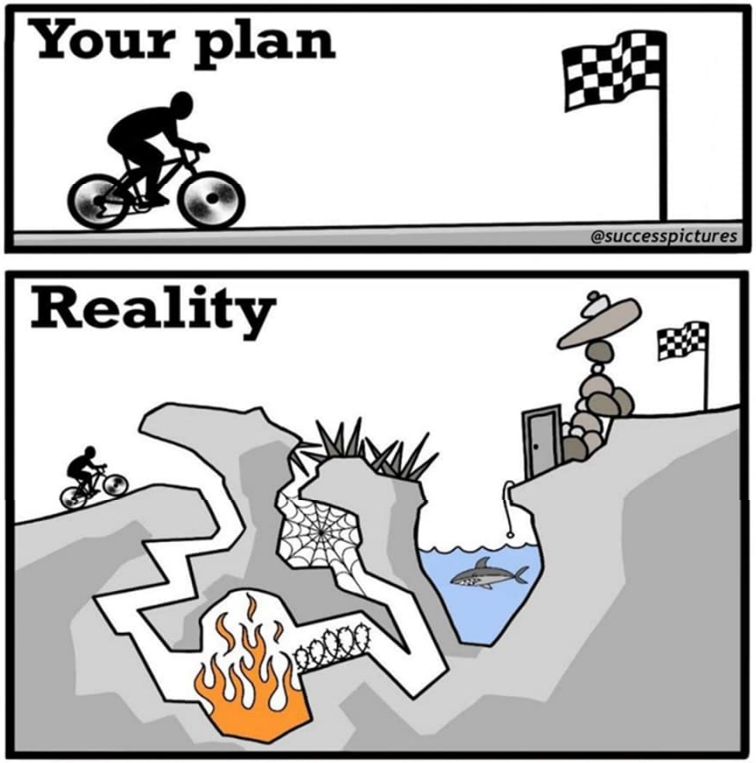
2020

Covid-19 Pandemic



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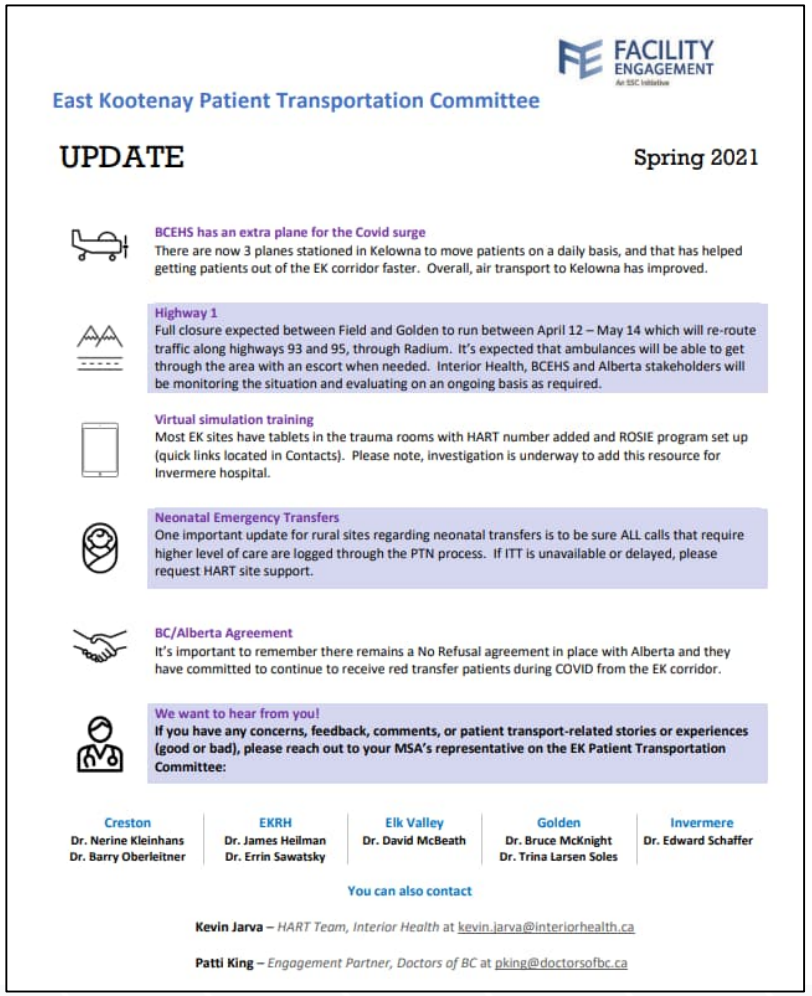
2021

Re-Connecting



FACILITY ENGAGEMENT

East Kootenay Patient Transportation Committee

UPDATE Spring 2021

BCEHS has an extra plane for the Covid surge
There are now 3 planes stationed in Kelowna to move patients on a daily basis, and that has helped getting patients out of the EK corridor faster. Overall, air transport to Kelowna has improved.

Highway 1
Full closure expected between Field and Golden to run between April 12 – May 14 which will re-route traffic along highways 93 and 95, through Radium. It's expected that ambulances will be able to get through the area with an escort when needed. Interior Health, BCEHS and Alberta stakeholders will be monitoring the situation and evaluating on an ongoing basis as required.

Virtual simulation training
Most EK sites have tablets in the trauma rooms with HART number added and ROSIE program set up (quick links located in Contacts). Please note, investigation is underway to add this resource for Invermere hospital.

Neonatal Emergency Transfers
One important update for rural sites regarding neonatal transfers is to be sure ALL calls that require higher level of care are logged through the PTN process. If ITT is unavailable or delayed, please request HART site support.

BC/Alberta Agreement
It's important to remember there remains a No Refusal agreement in place with Alberta and they have committed to continue to receive red transfer patients during COVID from the EK corridor.

We want to hear from you!
If you have any concerns, feedback, comments, or patient transport-related stories or experiences (good or bad), please reach out to your MSA's representative on the EK Patient Transportation Committee:

Creston	EKRH	Elk Valley	Golden	Invermere
Dr. Nerine Kleinhans Dr. Barry Oberleitner	Dr. James Heilman Dr. Errin Sawatsky	Dr. David McBeath	Dr. Bruce McKnight Dr. Trina Larsen Soles	Dr. Edward Schaffer

You can also contact

Kevin Jarva – *HART Team, Interior Health* at kevin.jarva@interiorhealth.ca

Patti King – *Engagement Partner, Doctors of BC* at pking@doctorsofbc.ca

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2022 - 2023

Agitation in the Emergency Department Sessions

- Offered to rural site physicians, allied health and administrators
- Presentations on managing agitation, Mental Health Act and Form 4 processes
- 2-way communication

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Mental Health – One Pager

East Kootenay – Psychiatric Support for Rural Sites 2023

FOR PSYCHIATRIC EMERGENCIES

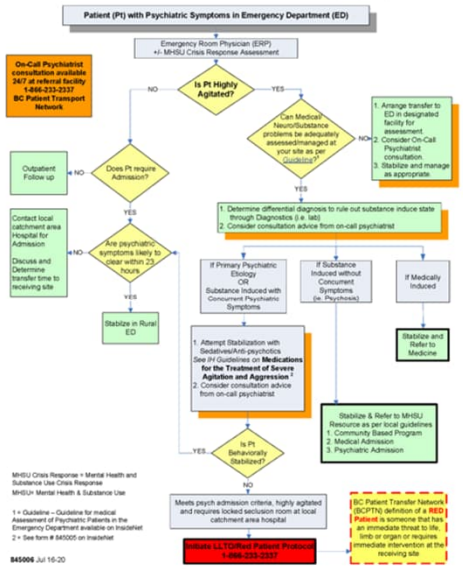
- **ON CALL - EK Psychiatrists**
  - Contact via switchboard at EKRH
- Be sure to follow the Medical Assessment of *Psychiatric Patients in the Emergency Department, LLTO Psychiatric Emergency* flowsheets and *Medication Guidelines for Psychiatric Emergencies*. **See reverse for *Psychiatric Behavioural Emergency LLTO Decision Tree***
- **Remember:** If safety can be maintained, you may need to keep patient at your rural site until space is available in the referral centre or they have stabilized and can be discharged with local resources and follow up.
  - If patients need to remain at your hospital, on-call psychiatry is there to support your team.
- **EK HART Team:** If you anticipate a patient transfer or need site support you can contact the HART team (Day Cell:250-919-4054, Night Cell:250-919-1743).

FOR NON-EMERGENCY PSYCHIATRIC SUPPORT (ADVICE, HELP, INFORMATION)

- **Between 8 am to 4 pm you can contact EK Psychiatrists Dr. Khosroshahy and Dr. Shope**
  - Note: morning calls after 9:30 am MT recommended when possible. This is to ensure psychiatrists have completed morning rounds and are aware of bed availability at EKRH.
- **For non-urgent referrals – Refer to outpatient care through regular intake process.**
  - For consultation or advice on current patient of EK Psychiatrists, contact their office during office hours. Email or send fax to 250-417-6180.
  - **Elk Valley, Invermere** - Virtual support available (via usual referral process)
  - **For Cranbrook, Creston and Golden:** Telepsychiatry Consultation Service available from Dr. Fatima Allibhai in Kamloops. Note: these are 'one time' consultations to help in making diagnosis/guide treatment. Goal is to provide enough information so referring physician can carry treatment plan forward. Not for ongoing care.
- **For guidance on a patient that is NOT currently a patient of the EK psychiatrists, consider contacting the RACE Line at: 1-877-696-2131 Mon-Fri 0800-1700 PT**
- **For mental health issues related to pregnancy/post-partum** there is a provincial referral process and virtual-based assessment and follow up. Note – there is often a wait for patient to be seen. Referral form link here.

Dated: May 18 2023

Psychiatric Behavioural Emergencies LLTO Decision Tree



Dated: May 18 2023

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Key Learnings & Impacts

	Statement	
	Participation at the meeting / committee was **informative and contributes to regional priorities.**	100%
	Continued participation at the meeting / committee will contribute to **change and improve relationships and collaboration at regional level.**	100%
	Continued participation at the meeting / committee will contribute to **enhanced MSA collective voice in health system planning and decision-making.***	100%

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Committee Feedback

*"Having a collective voice has made a difference. **This group also matters provincially** because it's grassroots action at a local level."*

*"It's **helped us to liaise better with stakeholders and service providers** with a collective voice."*

*"Some things are out of the Committee's control, but **we are having an impact** and stakeholders are listening."*

*"**Patients are winning** as we learn and get to know each other better."*

"Sending representatives (to provincial Rural Transport Workshop) *and having a group to bring information back to was **valuable**."*

*"I think **there is real value in this group being used to disseminate information** to the communities of the East Kootenays and help organize sessions like the roadshow, as well acting as a collective voice when appropriate."*

*"Building the relationships together and identifying common challenges **helps us to navigate the system better.**"*

*"A **place to have a voice**."*

*"I've **learned things I didn't know before**."*

*"**Better together** than on our own."*

Knowledge Sharing

Search Knowledge | Share | Connect | Newsletters | Main FE Website

Peer-to-Peer Learning

Ideas and strategies you can use

PEER TO PEER LEARNING

How are we collaborating for regional action?

The East Kootenay Patient Transportation Committee has created a collective, united voice for change

"Change is more effective when you've got united voices, and when we have the issues clearly identified so that we can figure out how to fix them." - Dr Trina Larsen Soles

"Change is more effective when you've got united voices, and when we have the issues clearly identified so that we can figure out how to fix them." - Dr Trina Larsen Soles

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Kootenay Boundary FE Regional Gender Equity Table

Dr. Shelina Musaji

Women in Medical Leadership – CMA Joule Course


FACILITY
ENGAGEMENT
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Dr Shelina Musaji (she/her)
Panel Discussion Topic
CMA Joule Course
Dr. Shelina Musaji
KB Facility Engagement Regional Gender Equity Table

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FE Regional Planetary Health Table

Dr. Kyle Merritt, Kootenay Lake Hospital MSA
Dr. Sue Pollock, IH Medical Health Officer

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Interior Regional Planetary Health Table

Presenters:
Dr. Kyle Merritt
Ozora Amin

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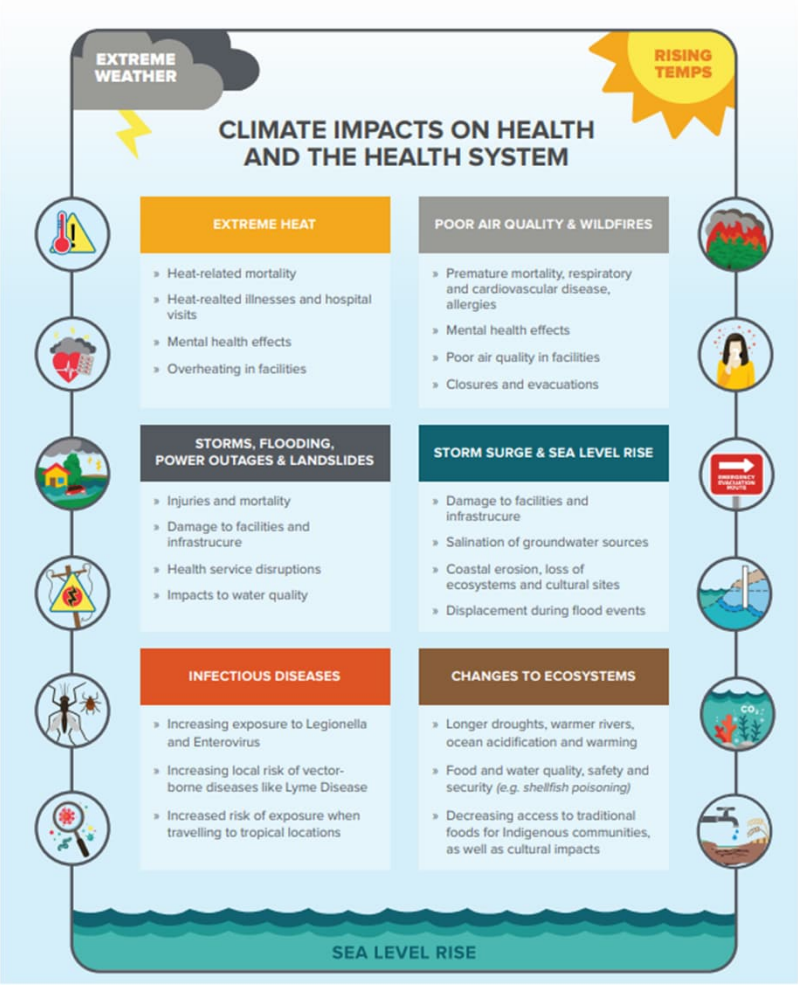
What is planetary health?

- Human health and the health of our planet are inextricably linked
- “Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends”



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Caring for Patients and the Planet: Kyle's Story

- Link between patient health and planetary health
- KB Doctors and Nurses for Planetary Health
  - Working group of volunteers
- KLH FE Engaging in Climate Action
  - Funding to do this work at the site level, interest in spreading regionally
- Regional Planetary Health Table
  - Platform to have a wider impact across facilities

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First Interior-wide Table

- Engagement Partners in Interior noticing MSA interest in planetary health across the region
- IH funding new position(s), initiating IH Environmental Sustainability Committees at facilities
- Convened a meeting to explore interest in regional FE table in partnership with IH in Dec. 2021
    - 9 MSA reps and 3 HA partners agree to move forward
- Decision was made to apply for funding for 2022-2023 fiscal year

Nelson/KLH Dr. Marian Berry Dr. Kyle Merritt	**Trail/KBRH** Dr. Seth Bitting	**Revelstoke/QVH** Dr. Kurt Deschner Dr. Kirk McCarroll	**Salmon Arm/SLGH** Dr. Nadia Widmer
Kelowna/KGH Dr. Megan Hill Dr. Nicola Tam	**Cranbrook/EKRH** Dr. Ilona Hale Dr. Sophia Bianchi	**Vernon/VGH** Dr. Allison Rankin	**Fernie/EVH** Dr. Lisa Tessler

Kamloops/RIH Dr. Anise Barton	**Interior Health Medical Health Officer** Dr. Sue Pollock	**IH Environmental Sustainability** Amanda McKenzie Ozora Amin

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RPHT Strategic Priorities and Projects Underway

"LEARN - SPREAD - EMBED"

#1: LEARN
To build the table members' knowledge and understanding of Planetary Health and sustainable health systems

#2: SPREAD
To spread successful local-level initiatives to multiple sites across the IH region

#3: EMBED
To embed climate conscious health care initiatives into the IH health system

PROJECTS INITIATED

- Knowledge-sharing event
- Climate-conscious inhalers
- Medical leadership position
- Exploring projects related to reducing single use plastics, inpatient food services, and anesthetic gases

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IH Climate Change and Sustainability Roadmap 2023-2028

The Roadmap sets direction for 2023-2028, detailing our plans to embed health-focused sustainability and climate change action across our organization.

The Roadmap is informed by the different roles IH plays – as an ***organization, healthcare provider*** *and a* ***community member***

Through a suite of guiding principles, goals, and 20 comprehensive actions, a clear path forward has been developed to reach IH's desired future state

SUSTAINABILITY

- Natural Environment
- Social
- Governance

CLIMATE CHANGE

- Mitigation and Greenhouse Gas Reductions
- Adaptation and Resilience

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How the RPHT table can advance the roadmap

- Aligning RPHT priorities to IH Climate Change & Sustainability areas of focus and goals
- Continuous dialogue and collaboration between MSA representatives at various sites and IH partners at both the local and regional level

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Planetary Health Medical Leadership

- Job description drafted for Interior Health based on VCH Senior Medical Director (SMD) for Planetary Health
- Position as a concept being discussed at LMAC & RMAC
- RPHT meeting with Dr. Andrea MacNeill, VCH SMD for Planetary Health, about key learnings and insights

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Thank you!

For questions or to get in touch, contact:

RPHT FE Project Managers: Danica Burwash, danicaburwash@gmail.com & Jen Brunelle, jbrunelle@rrdfp.ca

Leah Jackson, Engagement Partner, ljackson@doctorsofbc.ca

LUNCH

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Interior Health

Facility Engagement Showcase OCT 23-24

From Shame to Strength:
Transforming Inhibition into Empowerment

Dr. Daisy Dulay & Kristy Wolfe

Keynote Speakers

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Interior Health

Facility Engagement Showcase OCT 23-24

Transforming Inhibition Into Empowerment

Dr. Daisy Dulay, Cardiologist
Kristy Wolfe, Digital Storytelling Facilitator

DISCUSS

how shame shows us in healthcare when seeking help

INTRODUCE

the concept of using stories as a means of healing

EXPLORE

broader implications of advocating for culture change through storytelling

Photograph by Maverick Wolfe

Conflict of Interest/Disclaimer

Presenter	**Dr Daisy Dulay**	**Kristy Wolfe**
Relationships with commercial interests:		
Grants / Research Support	Facility Engagement funding from South Island MSA for QI project work	Western Canadian Children's Heart Network Rotary Club of Canmore
Speakers Bureau / Honoraria	Doctors of BC	Pediatric Cardiac Intensive Care Society
Consulting Fees		Digital story co-creation & workshops
Other	None	None

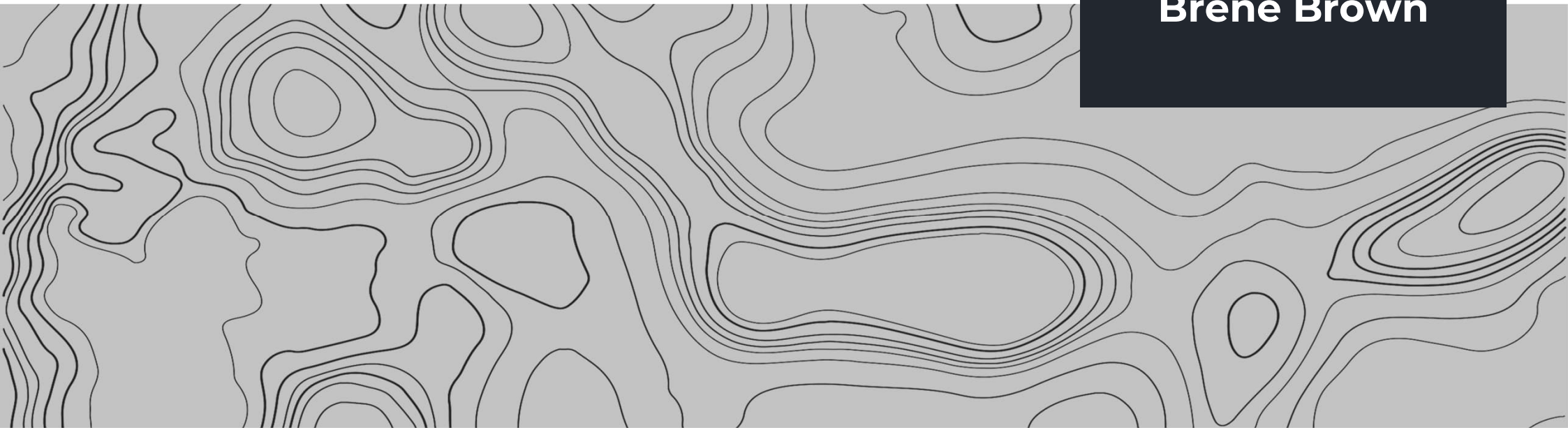
Physician Health Program
British Columbia

Contact us

24-hour helpline: 1 800 663 6729
Office line: 604 398 4300
Email: info@physicianhealth.com
Website: physicianhealth.com

“One of the most important benefits of reaching out to others is learning that the experiences that make us feel the most alone are actually universal.”

Brené Brown




IRON KANE

Daisy Dulay Oct 29, 2021, 10:20 AM

to kristy

Dear Kristy,

I have been meaning to write this email a while ago but have been hesitant. I was prompted when I was debating to register for the upcoming i4 conference and saw your name!

I have been worried how this might be received by you and if it would be hard to read. I want to share the positive impacts your father has had on me even now though I did not know him that well when I joined the cardiology division in Victoria in 2011. I've been struggling with being a bit of a square peg in my profession.

I can understand if you are not ready. Please do not feel the need to reply.

Regards,

Daisy

The Path Now Taken

A digital story by
Dr. Daisy Dulay

What resonated with you?

slido

What are the shame triggers for you?

ⓘ Click **Present with Slido** or install our Chrome extension to activate this poll while presenting.

Meaningful Moments

Illustration by Sonia Davis

What about you?

What story will you tell?

Get in touch with us!

Daisy Dulay

Email: drdaisydulay@gmail.com

Twitter: @heartdocmom

Kristy Wolfe

Instagram: @kristy.wolfe

BREAK

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Interior Health

Facility Engagement Showcase OCT 23-24

Facility Engagement

Where We've Come From & Where We're Going

Cindy Myles

Director, Facility Engagement

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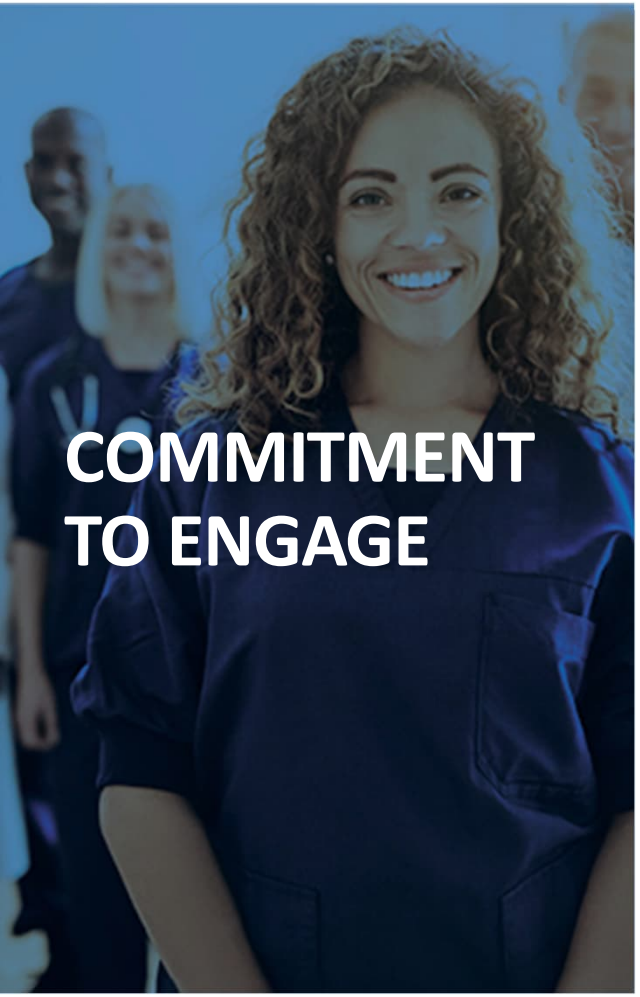
Facility Engagement Showcase OCT 23-24

FACILITY ENGAGEMENT
Specialist Services Committee

FACILITY ENGAGMENT INTERIOR SHOWCASE

An initiative of the Specialist Services Committee, one of four joint collaborative committees of Doctors of BC and the Government of BC.

October 24, 2023



Physician Master Agreement 2014, 2018, 2022

> It affects how we care for patients, yet we didn't have a say

> We don't know who to talk to about a problem

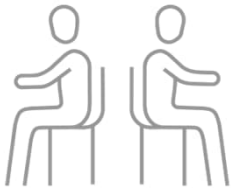
> We invited doctors but they didn't have time to come

MOU on Regional & Local Engagement

Doctors of BC, MOH + all 6 Health Authority CEOs signed and committed to:

- Strengthen communication, relationships & engagement between facility-based physicians & health authorities
- Increase meaningful physician input and involvement in health authority planning and initiatives that directly impact their work environment and patient care delivery

Physician Engagement in health care organizations



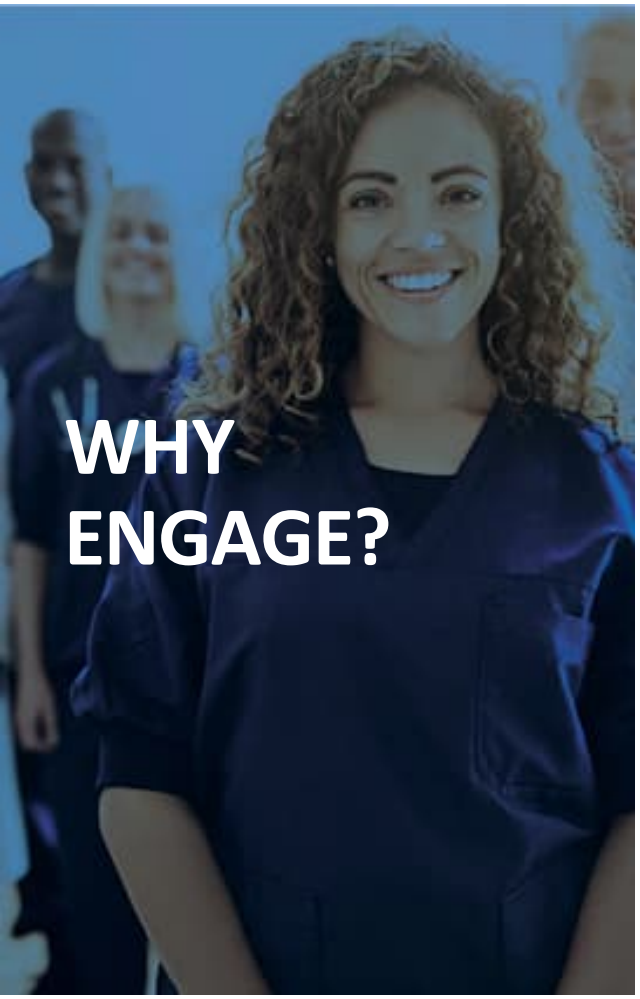
DISENGAGED:

- Burnout
- Exhaustion
- Cynicism
- Reduced effectiveness
- Physician turnover

ENGAGED:

- Vigour
- Dedication
- Absorption
- Quality care
- Medical Staff Wellness

= QUALITY PATIENT CARE



WE FACE THE SAME CHALLENGES.

Physicians / Medical staff

Health Authorities

Too many patients
Not enough time
Scarce resources
System barriers

We care about the same things
and we can't do it without each other.

How to we deliver excellent care in the most efficient way possible?

How do we do what is needed for patients with so many pressures?

How can we work in healthier ways to also care for ourselves?

- **HOW DO WE DEFINE ENGAGEMENT?**

IMPLEMENTING ENGAGEMENT – the IAP2 Model Framework

The International Association of Public Participationn framework (IAP2)[2] can help to plan, set expectations, and enable more effective engagement among stakeholders.

PROVINCIAL STRUCTURE

DOCTORS OF BC

MINISTRY OF HEALTH

PMA
PHYSICIAN MASTER AGREEMENT

2014
2019
2022

MEMORANDUM OF UNDERSTANDING ON REGIONAL AND LOCAL ENGAGEMENT

FPSC
FAMILY PRACTICE SERVICES COMMITTEE

SCC
SHARED CARE COMMITTEE

SSC
SPECIALIST SERVICES COMMITTEE

JSC
JOINT STANDING COMMITTEE ON RURAL ISSUES

FOUR JOINT COLLABORATIVE COMMITTEES

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MEDICAL STAFF ASSOCIATIONS/
PHYSICIAN SOCIETIES
ACUTE CARE HOSPITALS AND
PROGRAMS

FACILITY-BASED PHYSICIANS

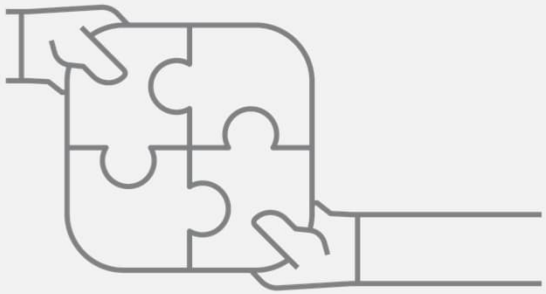
+

6 HEALTH AUTHORITIES

REGIONAL AND LOCAL

FOSTERS MEANINGFUL COLLABORATION

between medical staff associations and health authorities



- Provides funding and resources to MSAs
- Supports local and regional structures and processes for effective interactions between health authorities and MSAs
- Works with health authority leaders to support shared understanding and partnership opportunities with MSAs

CM0

ACROSS BC & INTERIOR HEALTH

INTERIOR HEALTH

6 Health Authorities across BC

76 Medical Staff Associations (MSAs)

650 Interior Health doctors involved in activities since 2016

22 Interior Health MSAs representing 23 facilities + PHSA (BC Cancer)

Slide 133

CM0 Can we update these figures with Interior ones?
Cindy Myles, 2023-10-17T20:00:02.266

ROLE IN FACILITIES

MSA

All medical staff, facility level

- Represents its members' views collectively and individually
- Provides forum to inform and connect the medical staff
- Raises significant matters to medical staff with administration, LMAC, HAMAC
- Engages medical staff locally on program and resource planning
- Fosters effective communication among medical staff and local site medical and operational leaders

HEALTH AUTHORITY

Medical & operational, multi-level

- Clinical governance, quality assurance, credentialing and privileging
- Medical staff CPD
- Managing budgets and resources (e.g., infrastructure, HHR, contracts)
- Accountable to HA Boards and MOH mandates

ROLE IN FACILITY ENGAGEMENT

MSA

- Maintains governance and decision-making structure
- Can manage and report on FE funds
- Works with site and regional HA medical and operational leaders to develop and sustain mechanisms for effective communication and interactions

HEALTH AUTHORITY

- Works with MSA execs to develop and sustain mechanisms for effective communication and interactions with medical staff
- Consults, involves, and collaborates with medical staff on the MOU commitments
- Provides appropriate information to medical staff to allow for more effective engagement and consultation
- Partners with MSAs on potential FE funding proposals that aligns with FE goals

WHY DOES FE MATTER?

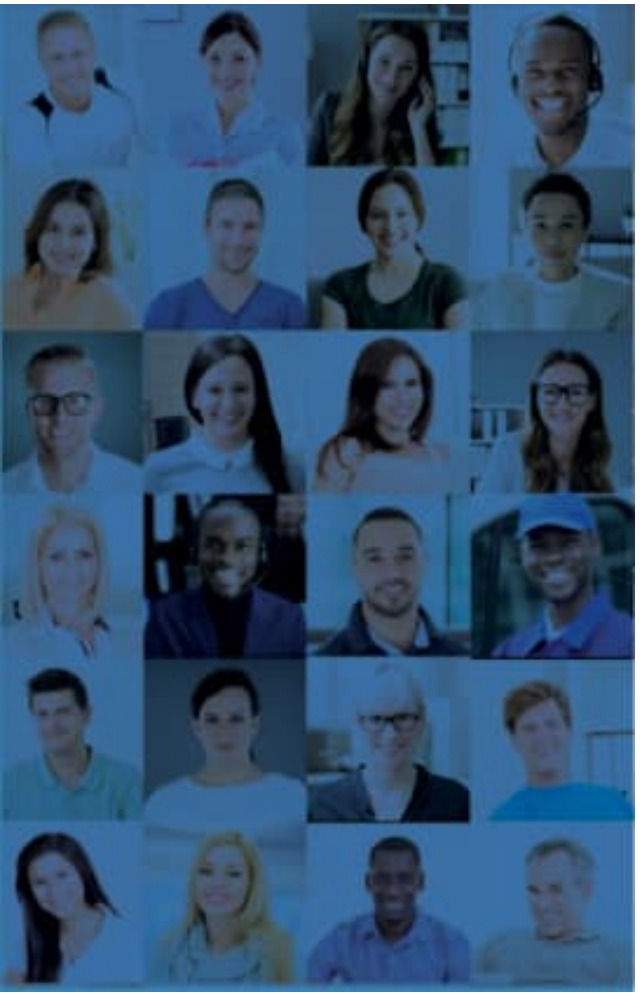
- Triad relationship between medical, operational and elected medical staff leadership = solid foundation for change
- Funding gives physicians capacity to be part of planning and solutions
- Moves away from ‘us vs them’ culture
- More proactive; less reactive
- Improves workplace culture – recruitment and retention

INCREASED…

- Communication, collegiality and collaboration amongst medical staff
- Communication and collaboration between MSAs and health authority leaders – more progress with local medical leaders
- Alignment of medical staff and health authority strategic priorities
- Medical staff collaboration across sites

OPPORTUNITIES EXIST…

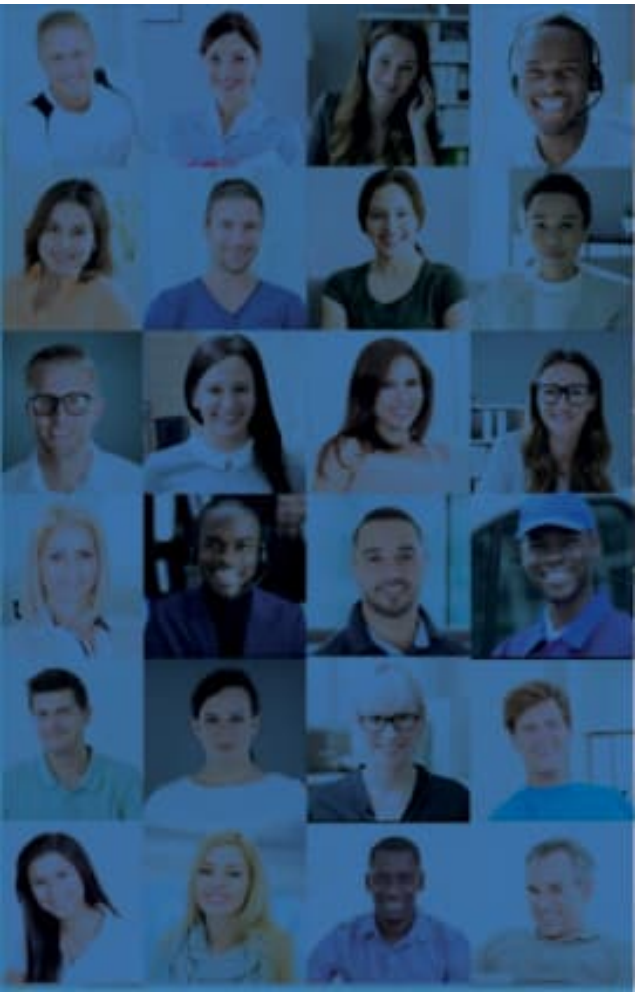
- For strengthening relationships and collaboration between MSAs and HAs, including operations
- To share and learn from others' successes and failures
- To improve understanding of MSA and HA roles and engagement commitments
- To improve medical staff understanding of HA structures and processes
- To continue providing resources for MSAs to develop organizationally



Facility Engagement empowers the physician voice at the table and provides the opportunity to engage in operational improvements that add quality to all staff and patients' lives. It lends the expertise and organization to move the physicians voice into action.

As an administrator, the benefits of adding quality to the workplace are infinite, especially hearing from the physician's point of view and having the dynamic skillset of FE to make it happen.

Tyler Van Ramshorst
Director, Clinical Operations KLH & HCC Nelson
Interior Health
Kootenay Lake Hospital



"Change is more effective when you've got united voices, and when we have the issues clearly identified so that we can figure out how to fix them."

Dr Trina Larsen Soles
Golden-based physician,
East Kootenay Patient
Transportation Committee Member


WHEN WE WORK TOGETHER,
WE CAN…
Solve problems faster and with fewer headaches.
Think bigger, find better ways, and achieve more.

1. Why does FE matter to you? What is working well?

2. Can you think of a recent innovation, activity or discovery within your facility or broader region that you believe we should explore further or that we could learn from and apply in other areas?

Where do you see opportunities for facility-engagement? What is your vision of what Facility Engagement could do (at your site, in the Interior, in the province)?

3. What do you believe are the most important next steps to advance the work of today and pursue the opportunities identified? What action steps could be taken by MSA leaders, clinicians, health authority partners, Doctors of BC?

Facility Engagement Interior Awards

FACILITY ENGAGEMENT
An SSC Initiative

Interior Health

Facility Engagement Showcase OCT 23-24

Thank You

FACILITY ENGAGEMENT
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We Want to Hear From You

FACILITY ENGAGEMENT
An SSC Initiative

Interior Health

Facility Engagement Showcase OCT 23-24