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President's Message



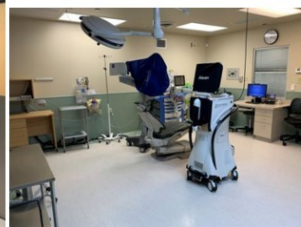
VJH Physician Society President's Message

Hello **VJH Facility Engagement (FE) Physician Society** (*that's all the medical staff including NPs, midwives, and dentists, for those of you not aware you are a member 😊*):

There has been much excitement in the news this month. St. John's was still digging out a week after their "hurricane disguised as a blizzard." The first (and second) case of the Coronavirus has hit North American soil. Megan and Harry are making a new home in (gasp!) our province. The impeachment hearing south of the border carries on. This letter won't be nearly as riveting as any of those events, but I thought a "mid winter FE update" might be nice to give, nonetheless, and at least help you to get to sleep tonight.

PROJECTS

While the poor **Department of Family Medicine** continues to hemorrhage from all the wrong places (our Fierce Leader Andy Spencer is stepping down, and several more seasoned veterans are pulling back from hospital life (a big **"thank you,"** to Drs. Waldron, Butters, Barss, Burnett, and Theron, for your service), the Division of General Surgery is stronger than ever and now exploring the idea of operating even MORE. Hamish's latest project explores the idea of optimizing the OR suite at Pleasant Valley Health Centre in Armstrong. This could potentially lower wait times for certain



procedures, spice up the GP-A's and RN's professional lives in Armstrong, and give our city-based surgeons some clean country air to breath. Well. If Tolko isn't spewing. And the fields aren't being prepared with liquid manure. A centralized OR booking process is also being trialed within the Division of General Surgery to help lower wait times for both endoscopy and hernia surgery. It's looking promising in it's early stages.

Also on the topic of surgery is Dr. Carmen Larsen's project to help create a formal and structured **Surgical Assist Group** with which to be reckoned. There is power in numbers. And organization.

Our **Division of Orthopaedics** and **Department of Hospitalists** are trying to develop a co-management strategy for their mutual elderly patients. The Hospitalists continue to struggle with recruitment/retention/manpower, (despite a fabulous new recruitment movie about how great their department is) and might be lucky enough to get through a week with all hands on deck. They are, however, keeping the local Scooter Rental Business in good standing. The **CHANMOBILE** is up and running again, this time with Dr. Nikki Kirkpatrick at the helm.

Paediatrics continues to be our heaviest user of the Allied Health Education activity, teaching valuable education sessions and the **Department of Emergency Medicine** is faithful with their SIMS resuscitations.



All departments have utilized the Uncompensated Committee Work and "Make your Departmental Relations Better" Enrichment Meeting projects heavily. Kumbaya.

Dr. Jason Doyle makes **Laboratory Medicine** proud with his patience and perseverance. He continues to hang in while making new friends at the IHA IM-IT department. Reducing Redundant Lab Testing is our longest-active project, but with ongoing forward (albeit "glacial") movement. We will continue to keep some money tucked away in that pot - if for nothing else than a ginormous celebration at its completion.

Drs. Paul Carey and Eiko Waida, our local **PQI Cohort**¹, are active and underway with their projects. FE is co-sponsoring Paul's project aimed at protecting the rights of our involuntary patients, while Eiko has completely blown apart the Diabetic Clinic and is trying to put it back together in a "better than ever" kind of way. Stay tuned on both of those. Richard Harding will be happy to know that no structural damage came of the explosion.

PRIORITIES

While all of these activities run in the back and foregrounds, our super-fun-and-always-engaged-and-rational Working Group continues to work towards strengthening your (as the physician society) priorities. Priorities were identified by you (yes, by you guys, you

probably have forgotten) back in the 2018-19 year at our "Visioning Session." There were 3 (we cut you off there).

1. Physician Wellness: We are working with our local **SNO** (Shuswap North Okanagan) **Division of Family Medicine** (kind of our counterpart organization for local FPs, overseen by the GP-SC) to co-host Physician Wellness presentations. These have historically been fantastic, well attended, and definitely worthwhile. Anna sends invites and the events are posted on our website <https://www.vernonphysiciansociety.ca/>.

2. Recruitment and Retention: Our ongoing recruitment project continues to fund any department's recruitment efforts (sessional time for your hosting of visiting physicians, plus expenses). See our website or talk to Anna for further details. Dr. Jennifer Smith, you know who you are.

3. Improving Physician Involvement in Decision Making: This is a biggie and a touch on the all-consuming side of things. Whoever voted for this priority needs to join me in my lack of sleep over this.

Problems: the facets in which we can get/be involved are endless.

Benefits: the facets in which we can get/be involved are endless.

Anywhere from decisions at our local level (How many telemetry packs do we need?, How do we develop an OR tracker?, How are we going to implement "PACcing by Exception"?, **What colour to paint the Wallaroots....?**), to local and regional development of PPOs (that redundant Bowel Care PPO or everyone's favourite Palliative PPO.....), to "Network" decisions like Trauma Protocols, Paediatric transport procedures, and Mental Health and Substance Use processes, the list is exhausting.

Not only does the list go on. And on. And on. But we don't even really know what the list is.

The next few months will see some joint efforts (I refuse to use the word *collaborative* in this letter) from Drs. Pete Bosma (yes, your Chief of Staff), Ed Hardy, and your VJH Physician Society Board (Doyle, Cooke, myself) to try to break down some of the vast abysses of the **4 P's (Protocols, Processes, Procedures, and PPOs)**. The end goal will be to put some "Wet Fingered Clinicians"* (I absolutely couldn't resist...) in positions of contribution to managing and decision making in matters that affect us, the front line workers (ahem, aka the Wet Fingered Clinicians. That does include you, psychiatrists, by the way).

We will further our use of "**dyads**" (not to be confused with a "diad" = a structure in the cardiac myocyte located at the sarcomere Z-line. OK, I looked this up. Alan did you know that??) to try to accomplish some of this.

For those of you not familiar with the DoBC SSC FE in conjunction with your IHA HA and local VJH facility **dyad** term.....

It represents the partnership of a physician (ideally wet fingered) and administrator. For example, Dr. Pete Bosma and Richard Harding are our top administrative leadership dyad at VJH. Richard also forms a dyad with Dr. Richard Harper, our MSA president ², as well as with Dr. Ed Hardy, our LFEC and LMAC chair ³. Richard Harding has a lot of dyads. Drs. Dooley and Wiseman (would have to be conjoined for this to work. Otherwise, it's a triad) and Kelly Chapman form our surgical services dyad. Dr. Eiko Waida and Yvonne Taylor form our Diabetes Centre dyad (along with Drs. Anya Brox and Dr. Alan Martyn). OK. So obviously, the definition does not have to hold to TWO people alone.

We are also trying to develop a "medical services" dyad, where a physician would partner with Lynn Gerein and potentially be involved in the co-management of the four medical floors.

The potential for physicians to be involved in decision making and co-management are endless. At our site, this feels relatively tangible. At the levels of the Health Authority and beyond, maybe a little less so. We, as your VJH Physician Society Working Group, will continue to work to try to make this involvement (i.e. **engagement**) realistic for you. I would encourage you to talk to your VJHPS Working Group representative (see below) to see how you can get your ideas off the ground. No idea is too small (those Wallaroos really could use some exciting colours) and no idea is too big. The PQI initiative¹ likes to use the puddle and ocean analogy (start with a "puddle" project), but I think the sky is the limit. We just need to figure out how to get the Space Elevator rented for the day.

Cheers to you all. My email box is always open (has anyone figured out how to put a lock on their's yet.....?!).

Kira McClellan

President, VJH - Physician Society, Facility Engagement Initiative (FEI)

SUPPLEMENTAL READING:

* Term originally introduced to me by my dear dentist Dr. Gary Wessels.

¹ **Confusing term #1** = PQI (Physician Quality Improvement). Like Facility Engagement (FE), this is also an initiative of Doctors of BC's SSC. They oversee "Quality Improvement Projects" with a regional focus. Umm. Kind of like FE which focuses on the VJH facility. A separate stream of money. No local working group. Drs. Paul Carey and Eiko Waida are working on projects with PQI. Their support comes from off-site PQI admin supporters.

² **Confusing term #2** = MSA president (Dr. Richard Harper) vs VJHPS FEI Physician Society president (me) vs Chief of Staff (Dr. Pete Bosma). At our site, unlike most other sites, we have decided to keep our Medical Staff Association (to whom you pay dues,

which then fund CME, scholarships, Medical Staff fancy banquet, amongst other things) separate from our VJH Physician Society. The groups are comprised of the same doctors. There is overlap with the executives. As the FE PS has fairly strict funding guidelines, the MSA actually steps in to help fund some of the FE PS events, and vice versa. The 2 groups function in parallel with lots of overlap. The Chief of Staff is contracted by the Health Authority to be our official representative there, but also oversees discipline for our physicians when needed. The MSA (president) can support you if you are involved in the aforementioned discipline. Confusing, I know. At this point, we are all still friends.

³ **Confusing term #3** = LFEC, LMAC. **LFEC** = Local Facility Engagement Committee = Committee made by Kevin Wiseman to allow monthly chit chat between the VJHPS president and VP, the Chief of Staff, the MSA president, Richard Harding, and Dr. Ed Hardy (LMAC chair). We eat sandwiches and try to get stuff done. For you. **LMAC** = Local Medical Advisory Committee. Meets directly after LFEC each month and is comprised of all of the department heads, plus Dr. Ed Hardy (chair), Chief of Staff, MSA president, VJHPS president, SNO Division of Family Practice Rep Dr. Mark Ansdell, Richard Harding (site admin lead), Lynn Gerein (site admin lead, medical + other), Kelly Chapman (site admin lead, surgical + other), Roger Parsonage (IHA North Okanagan Community overseer). There is talk about important stuff like credentialing and privileging and issues that affect the facility.

Your Working Group Department Representatives:

Anesthesiology	Dr. Tom Cull
Emergency	Dr. Leanne Hewitson
Diagnostic Imaging	Dr. Adam Weathermon
Family Medicine	Dr. Chris Cunningham & Dr. Richard Harper
Hospitalists	Dr. Marius Aucamp
Internal Medicine	Dr. Glenn Vaz
Lab Medicine	Dr. Jason Doyle
Women's & Children's	Dr. Michael Cooke
Health Services	Dr. Lia Harris
Psychiatry	Dr. Kevin Stevenson
Surgery	Dr. Kevin Wiseman
SNO Division of FP	Dr. Mark Ansdell
Education	Dr. Carmen Larsen

Support Team:

Project Manager Anna Flasch

Administrative Assistant Maja Keast

Doc of BC Rep Amanda Harris

For more information on the VJHPS: <https://www.vernonphysiciansociety.ca/>

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