



Site Reporting and Review Submission

2019/2020

Vernon Jubilee Hospital Physician Society
(VJHPS)
Interior Health Authority



Background

State of the VJHPS

The Vernon Jubilee Hospital Physician Society (VJHPS) was created in 2016 because of the Facility Engagement Initiative (FEI). The Society represents Vernon Jubilee Hospital (VJH) physicians, dentists, midwives and nurse practitioners with hospital privileges. VJHPS, designed to give the VJH facility-based physicians a more meaningful voice in improving patient care, their working environment and to increase collaboration with key stakeholders, including IH and the VJH Administration. The VJHPS, created by the VJH Medical Staff Association (MSA), has an arms-length relationship working independently from the MSA. Since the Society's inception physicians feel the FEI has given them:

- more opportunities to work on activities that improve patient care, and the physician work environment
- improved relations with local VJH Administration – very receptive and supportive
- increased collaboration with VJH Administration – one or more dyads sitting on each of the 23 activities currently underway

Composition of the Board and Working Group

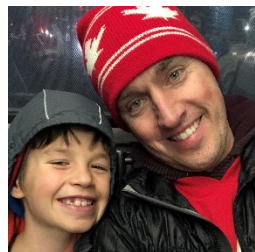
Board of Directors' Mandate

The VJHPS Board is responsible for the strategic direction of the VJH Physician Society and the supervision of the ongoing management of Society activities. The Board plays a governance role regarding the affairs and business of the society, including a fiduciary responsibility. The Board's primary responsibility includes overseeing and approving the VJHPS Working Group's activities, reviewing, overseeing and approving an annual work plan and a budget for the allocation of funds. Also, the Board guides the members of the Working Group and other Board committees in the identification of potential projects/activities, and in executing initiatives that meet the objectives of the 2014 Physician Master Agreement (MOU), a collaboration of the Ministry of Health, BC Health Authorities, and Doctors of BC.

Board Representation

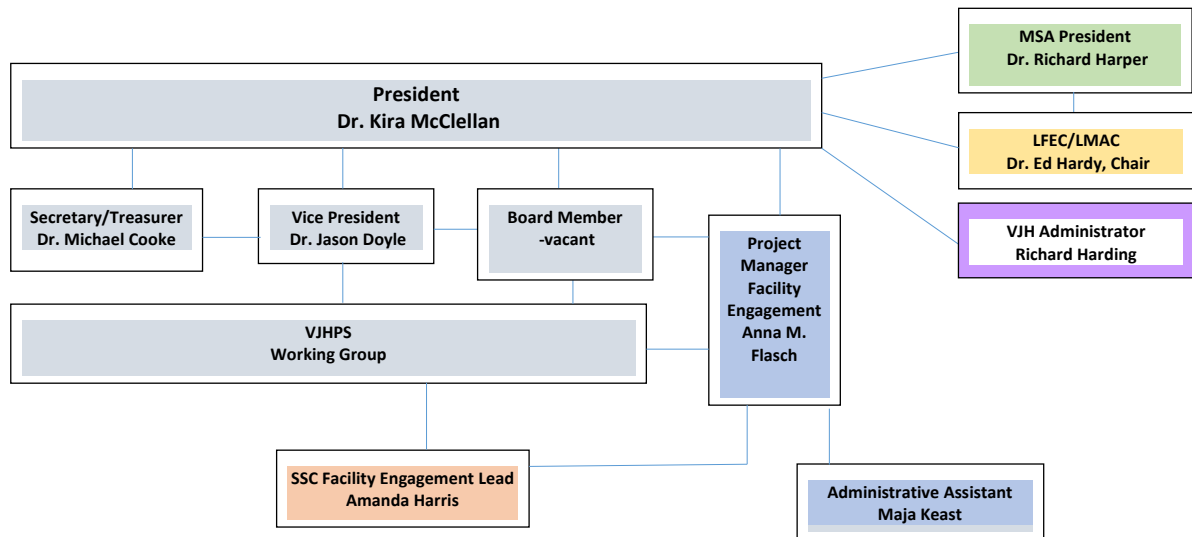
Generally, according to the Society's bylaws, the Board is composed of a minimum of 3 directors who are in good standing with the VJH MSA, constituting:

- ❖ VJHPS President, Dr. Kira McClellan, Hospitalist & FP Department & MSA Vice President
- ❖ VJHPS Vice President, Dr. Jason Doyle, Laboratory Department
- ❖ VJHPS Secretary/Treasurer, Dr. Michael Cooke, Women's and Children's Department



Left to Right: Drs. McClellan, Doyle & Cooke

VJHPS Organizational Chart and Reporting Structure



Working Group Mandate

The VJHPS Working Group is a committee made up of representatives from all ten departments within the hospital plus SNO Divisions of Family Practice and Medical Students representing Education. This Working Group provides recommendations on strategic direction to the Board of Directors of VJHPS on matters of importance to medical staff and their patients.

Working Group Representation

The VJHPS Working Group consists of departmental representation from the following: Anaesthesiology, Diagnostic Imaging, Emergency Medicine, Family Medicine, Hospitalist Medicine, Laboratory Medicine, Internal Medicine, Women’s & Children’s Health Services, Psychiatry, and Surgery, plus representation from SNO Divisions of Family Practice, the VJH Medical Staff Association Executive and three medical students.

Working Group Representation



From left: Dr. Kevin Wiseman (Surgery), Dr. Jason Doyle (Laboratory Medicine), Dr. Adam Weathermon (Diagnostic Imaging), Dr. Michael Cooke (Women's & Children's Health Services), Dr. Kira McClellan (Hospitalist Medicine), Dr. Chris Cunningham (Family Medicine), Dr. Lia Harris (Women's & Children's Health Services), Dr. Scott Ainslie (Surgery), Dr. Peter King – *now resigned* (Emergency Medicine), Dr. Kevin Stevenson (Psychiatry), Dr. Glenn Vaz (Internal Medicine), and Anna Flasch (VJHPS Project Management Support).

Absent: Dr. Tom Cull (Anesthesia), Dr. Leanne Hewitson (Emergency Medicine), Dr. Marius Aucamp (Hospitalist Medicine), Dr. Richard Harper (Medical Staff Association President), Dr. Mark Ansdell (SNO Division of FP), Taryn Zabolotniuk, Emily Ertel and, Hamish Frayne (Medical Students) and Maja Keast (VJHPS Admin Support).

VJHPS Working Group

VJH Departmental Representation			
<i>Department</i>	<i>Department Head</i>	<i>Department Delegate(s)</i>	<i>Email</i>
Anaesthesiology	Dr. Tom Cull	Dr. Tom Cull	cullt@hotmail.com
Diagnostic Imaging	Dr. Adam Weathermon	Dr. Adam Weathermon	aweathermon@gmail.com
Emergency Medicine	Dr. Susan Wiseman	Dr. Leanne Hewitson	leanehewitson@gmail.com
Family Medicine	Dr. Andy Spencer	Dr. Chris Cunningham	dr.chris.cunningham@hotmail.com
Hospitalist Medicine	Dr. Andrea Wood	Dr. Marius Aucamp Dr. Kira McClellan	mhaucamp@gmail.com kiramcclellan@yahoo.ca
Laboratory Medicine	Dr. Jason Doyle	Dr. Jason Doyle (Pathology)	jasondoyle@shaw.ca jason.doyle@interiorhealth.ca
Internal Medicine	Dr. Danie Roux	Dr. Glenn Vaz	glennvaz@telus.net
Women's & Children's Health Services	Dr. Sara Hulliger	Dr. Lia Harris Dr. Michael Cooke	lharris@shawcable.com mdcooke76@yahoo.com
Psychiatry	Dr. Francois Pretorius	Dr. Kevin Stevenson	kw.stevenson@shaw.ca
Surgery	Dr. Kevin Wiseman	Dr. Kevin Wiseman	drkwiseman@gmail.com
Executive/Board of Directors			
<i>Department</i>	<i>Name</i>		
Hospitalist & Family Medicine	Dr. Kira McClellan PRESIDENT		
Lab Medicine	Dr. Jason Doyle VICE PRESIDENT		
Woman's & Children's Health Services	Dr. Michael Cooke SECRETARY/TREASURER		
Other Representation			
MSA President	Family Medicine	Dr. Richard Harper	richard_harper@me.com
SNO Div of FP	Family Medicine	Dr. Mark Ansdell	m.l.ansdell@googlemail.com
VJHPS Project Manager			
Anna M. Flasch		projectmanager@vernonphysiciansociety.ca ph: 778-363-2555	
VJHPS Administrative Assistant			
Maja Keast		administrative@vernonphysiciansociety.ca ph: 778-212-0488	
SSC Liaison Facility Engagement Initiative			
Amanda Harris		aharris@doctorsofbc.ca	
IH Liaison Facility Engagement Initiative			
Vacant			
Medical Students			
Taryn Zabolotniuk		taryn.z@alumni.ubc.ca	
Emily Ertel		eertel@alumni.ubc.ca	
Hamish Frayne		hfrayne@alumni.ubc.ca	

Feedback from VJH Physicians

The following are representative statements from physicians involved in the Facility Engagement Initiative at Vernon Jubilee Hospital:

**Dr. Kevin Wiseman, VJHPS Past President 2018 - 2019, VJHPS Working Group
Surgery Department**

"We feel more respected in decisions and get more support for our ideas. We're making a difference for our patients. Our voices are being heard."

**Dr. Lia Harris, VJHPS Working Group
Women's & Children's Health Services Department**

"I joined the Facility Engagement Initiative because I had ideas for improving physician involvement, collaboration, and participation, within and between physician groups, with the Administration, and with other hospital professionals. Within a year, my ideas were implemented and being used by several departments for simulation training and enrichment meetings. I don't think there would be as much, or possibly any, participation if it were not for this Initiative. Now, as I go about my clinical day, I am always wondering how processes and practices could be improved with help from the Initiative."

**Dr. Scott Ainslie, VJHPS Past President 2017 – 2018 VJHPS Working Group
Surgery Department**

"We're bringing people together who haven't connected for a long time... communicating more often, looking at the needs of our patients, listening to different points of view. There's more trust."

**Dr. Chris Cunningham, VJHPS Past President 2016 - 2017 VJHPS Working Group
Family Medicine Department**

"This provides a way to be involved, to improve your clinical working environment, and improve care delivery for your patients. Projects have moved from conceptual plans to completion with enacted changes and improvements."

Attendance or involvement of site and regional HA leaders

Collaboration

Each approved VJHPS activity has a designated VJH Administrative representative (dyad) identified and working with a VJHPS Activity Lead. This model fosters a collaborative working environment with all parties working towards common goals and objectives.

Activities demonstrating MSA and HA collaboration

Working Group	Activity Report	IH Dyad Partner
Dr. Mark Andsell	SNO Divisions of Family Practice Report	
Dr. Hewitson	Uncompensated Committee Work	<i>Richard Harding</i>
Dr. Harris	Allied Health Education	<i>Kelly Chapman</i>
Dr. Harris	Resuscitation Simulations (SIMS)	<i>Kelly Chapman</i>
Dr. Harris	Department/Interdepartmental Enrichment	<i>Richard Harding</i>
Dr. Vaz	Inter-Society FEI Sessional Reimbursement	<i>None Identified</i>
Dr. Weathermon	Fine Wire Localization	<i>Kelly Chapman</i>
Dr. Cunningham	Uncharted/Missed Documents	<i>Richard Harding/Patty Metcalf/Heather Reid</i>
Dr. Wiseman	Physician Lounge Refurbishment	<i>Richard Harding/Kelly Chapman</i>
Dr. Wiseman	M&M Committee Catering	<i>Dr. Peter Bosma</i>
Dr. Doyle	Reducing Redundant Lab Testing	<i>Andi Kyle</i>
Dr. Cull	IMG Anesthesiologist RC Exam Prep	<i>None Identified</i>
Dr. Cull	Physician Recruitment	<i>Dr. Peter Bosma</i>
Dr. Larsen	Physician Surgical Assist Working Group	<i>Kelly Chapman</i>
Dr. Dooley	VJH Surgery/Hospitalist Co-Management Elderly	<i>Kelly Chapman</i>
Dr. Hwang	Centralized Booking Pilots for Hernia	<i>Holly Wise/Kelly Chapman/Chad Rideout</i>
Dr. Hwang	Centralized Booking Pilots for Endoscopy	<i>Kathy Goldie (office manager)/Susan Caldwell (MOA) Tracey Lekopoy (MOA) Holly Wise, Kelly Chapman, Chad Rideout</i>
Dr. Paul Carey	Protecting the Rights of Involuntary Patients	<i>Sandy Da Silva IH Mental Health/Ross Gibson PQI</i>
Dr. Paul Dooley	Advancing Comprehensive Care of the Arthroplasty Patient	<i>Physiotherapists/Aneesthesiologists/Perioperative Nursing</i>

LFEC (Local Facility Engagement Committee) Representation

This committee is comprised of the VJHPS President, VJHPS Vice-President, MSA President, Chair of the LFEC/LMAC, VJH Chief of Staff, the VJH Health Service Administrator-North Okanagan and IH SMD. Meetings are held monthly and offer an opportunity for all in attendance to share new activities and strategic direction from their respective areas. All members of the LFEC feel the committee is effective, and the VJH administrator is receptive and transparent when receiving and providing information.

Vision

VJHPS is an agent of positive change and an effective partner within the B.C. Health Care System.

Mission

The VJHPS engages with IH, and physicians, dentists, midwives and nurse practitioners with VJH privileges, to improve patient care and physicians' wellbeing, by developing solutions, streamlining systems, and promoting collaboration and open professional dialogue with key stakeholders.

Current State

A visioning session held in January 2020, comprised of VJHPS Executive Committee physicians from the VJH MSA, VJH Administration Leadership, VJH Chief of Staff, Facility Engagement Liaison and VJHPS Administrative was extremely successful and well-represented. The following is the result of that meeting.

Strengths

WHAT HAS WORKED OVER THE PAST YEAR? WHAT WERE SOME OF THE PROCESSES OR ACTIVITIES THAT WERE SUCCESSFUL AND THAT YOU WOULD LIKE TO CONTINUE PURSUING OVER THE NEXT YEAR?

- Motivation to attend meetings and work on activities has increased overall and has brought medical staff closer together.
- Reimbursement for attending meetings has given medical staff more incentive to attend meetings.
- Changing the Medical Executive Committee meeting (MEC) to the Local Facility Engagement Committee meeting (LFEC) has focused attention on engagement between local IH administration and medical staff.
- VJHPS recognized that Richard Harding is open and receptive to discussion and willing to work with VJHPS.
- Richard Harding participates in FEI at three locations: VJH, Salmon Arm, and Revelstoke.
 - Also, VJHPS recognized that he has an overloaded workload and continues to do this work without specific admin support for FE.
- VJHPS has seen a steady movement from constant change to a more stable course with positive results, experienced in many departments.
- Successful activities = 22 completed activities, one of the most notable being the MRI Implementation and Planning activity. At present, there are 23 activities currently active.
- FEI platform has provided a method to make engagement easier.
- The Facility Engagement Initiative has positively affected multiple departments with its collaborative projects/activities.
- LFEC Terms of Reference were adopted, which brings together VJHPS Executive, VJH Administration, LMAC Chair, MSA President, and SMD.
- LFEC opened opportunities to have conversations regarding physician involvement in future growth such as capital planning, e.g. replacing old major equipment such as CT scanner; 3 large projects currently in process = new mortuary, 2nd CT scanner, and new psychiatry building; Mental Health is a focus of the Ministry of Health; new five story building will take 4-5 yrs to complete.

Opportunities

WHAT COULD HAVE BEEN IMPROVED LAST YEAR?

- There still exists a feeling that physicians are “being dictated to” instead of involving them at the beginning of a project and working with them to elicit a commonly agreed to change.
- Sometimes physicians are asked for input; input is given, but are then informed or learn later, their input wasn’t enacted upon, and a different decision made.
- Sometimes physicians are only peripherally involved in decision making and, therefore, not aware of the IH work underway.
- It is the responsibility of the department heads to communicate info back to their members. Communication may partly be breaking down at this point. It has been suggested to present a summary of linkages between FE physicians and their projects, e.g. what is already underway and what projects require assistance.

Threats

WHAT WERE SOME OF THE PROCESSES/ACTIVITIES THAT DID NOT GO WELL OR THAT COULD HAVE BEEN IMPROVED?

- Communication can be strengthened, and the VJHPS can help: Requested VJH Administration to send VJHPS information “sound bites” to post on the website and in e-newsletters, for example, new plans for psychiatry, to make physicians aware of the IH work underway.
- Suggest possibly beefing up VJHPS Working Group role regarding communication back to their departments. The best communication is physician to physician.
- Encourage Working Group department representatives to increase communication back to their departments.
- Suggest creating 1-pager of key points for distribution.
- Shuswap North Okanagan Divisions of Family Practice has recently joined the working group: Dr. Mark Ansdell attended the last WG meeting and volunteered to keep in touch regarding SNO activities.
 - VJHPS has piggybacked on the SNO Division of FP for wellness events. Suggest putting a standing report from SNO on Working Group agenda and encourage more involvement.
- Doctors of BC physician survey - Feedback was valuable but showed much room for improvement.
- Senior IH leaders are more open to meeting with staff and receptive to conversations.
- More IH leadership regular site visits required, not just when a problem arises.
- There may be an upcoming shift to a Provincial Health Services Authority model - impact?
- Changes are occurring, which may be setting the stage. Improve sharing information, difficulty in receiving info from higher IH levels.
- LFEC meeting a forum to have reports from all partners – add to the agenda.
- Suggest inviting Chief of Staff to Working Group meetings (poll Working Group members).
- Identify what physicians want to know.
- Identify where physicians want to be involved.

ARE THERE AREAS WHERE YOU WOULD LIKE TO SEE MORE PHYSICIAN INVOLVEMENT?

- In decision making regarding changes to processes or protocols. E.g. Preprinted order sets (PPOs).
- Day to day management decisions affects hospital units.
- Question: who is referenced in the term “physician involvement”? Does this refer to physicians in senior IH roles (e.g. VPs) or to regular medical staff?
- Administration connected with new VJH Chief of Staff (COS), through initial orientation conversation. Agreed they need a workplan and to decide how it would align with the MSA and IH strategic plan. How can they make physicians aware of that and bring the workplan together? FE is welcome to sit in or get an overview of the workplan.
- Felt the process is disjointed with the Chief of Staff. May not be aware of how to get involved, or FE may overlook his role. Working Group will be consulted regarding having COS becoming a member of the VJHPS Working Group.
- Pre-printed order sets (PPOs) are a problem in that some “appear” without any input from physicians.
 - The administration tries to hold directors accountable to involve physicians. Clinical Networks are attempting to standardize processes. If they want to change a process, they must bring it to a site to ask if it is sustainable and determine what other departments need to be involved.

ARE THERE AREAS WHERE YOU WOULD LIKE TO SEE MORE HA INVOLVEMENT?

- VJHPS would like to see HA interest in VJHPS projects/activities, more interest in on-the-ground ideas.
- More IH support required in moving projects forward where close collaboration with IH is necessary to achieve a result. E.g. Reducing Redundant Lab Testing activity: was a slow process to elicit technical assistance from I.T. regarding changing Meditech as there was no extra funding for staff to focus time on activity; had to work mostly off the side of their desks. Despite the opportunity for FE to hire external consultants to assist with work in many cases, this is not possible as they would have no access to IH software or services.
- Suggest having a lead IH person to champion FE projects forward through the system.
- PQI has many internal IH supports, which FE does not have.
- VJHPS projects presented at LFEC and Working Group meetings and dyads identified. Physicians can look to see if other funding, such as redesign funding is applicable.
- Dr. Andrew Sellars is now coming into the role of the senior medical director. What we see as important others may not see the same way. Dr. Harsh Hundal is approachable and supportive. Important to see people in person regularly.

WHAT DOES THE FOLLOWING STATEMENT MEAN TO YOU: “SENIOR LEADERSHIP’ DECISION-MAKING IS TRANSPARENT TO PHYSICIANS”? WHAT DOES IMPROVING TRANSPARENCY LOOK LIKE TO YOU IN DAILY PRACTICE /AT YOUR SITE? WHAT TOPIC AREAS DO YOU FEEL REQUIRE GREATER TRANSPARENCY?

- Suggest improving transparency. E.g. PPOs: how is physician input obtained, if any? Some go through MQM, but many others appear not to.
- Many changes in the units are positive. However, instances occur where changes are promised and never occur with no explanation.
- Still unsure of how senior leaders’ decisions are made, still very much in the dark on the process.
- VJHPS feeling that IH has more focus on supporting physician leadership training and positions rather than eliciting feedback from regular medical staff.
- Involve physicians in decision making.
- Clinical network projects that affect physicians within the VJH.
- Standardize the network processes.
- Encourage and enact IH to do site visits and engage physicians before making decisions.
- Have Network leaders to present at Working Group meetings.
- Important to have an IH FEI liaison, sitting on the Working Group Committee.
- IH seems to constantly change its staff (people, titles, roles, org charts). Portfolios grow and are in flux. Sometimes comes down to not knowing where a change originated. E.g. Diabetes clinic = 4 managers, community representatives, staff, three levels of managers equal cross-coverage of issues. FE can only go so far to solve these problems. Comes back to rethinking managerial changes.
- Example: Issue of pulmonary test wait times high with no explanation. After 15+ months, information finally released that a software interface was the problem.

WHAT DO YOU CONSIDER TO BE THE “SENIOR LEADERSHIP”?

- Senior leadership is at a higher level than the local VJH administration.
- Two levels of senior leaders as viewed by medical staff.
 - First is the local site level senior leader (e.g. Chief of Staff and facility administrator) where communication lines are more transparent.
 - Second is other IH leadership at the corporate building. Most medical staff do not understand what goes on there.

WHAT TOPIC AREAS DO YOU FEEL REQUIRE GREATER TRANSPARENCY?

- Greater transparency and information is needed regarding how information flows within IH.
- Greater transparency and Information sharing on how and when do physicians get engaged in decision making.

Priorities for 2020 / 2021

WHAT THE VJHPS WILL FOCUS ON IN 2020/2021

- 1.** Recruitment and Retention of physicians, dentists and midwives
- 2.** Physician Wellness
- 3.** Obtaining more input regarding changes within our environment
 - a. Improving physician involvement in policy and discussion making with both VJH Local Administration and IHA.
 - b. Opportunity to work with local VJH Admin, IHA Senior Executive, and Board around capital planning – Capital Equipment LEADS
- 4.** Communication
 - a. Building pride in VJH
 - b. More explanations on why physicians should get involved in the VJHPS, why they should care about the FEI – testimonials from physicians that are involved
 - c. Increase communication within the Hospital
 - d. Increase communication between our Society Members
- 5.** More regional collaboration between Hospitalist Departments in other sites in IHA
- 6.** Form a formal relationship with community physicians and the Divisions of Family Practice
- 7.** Involve Physician Engagement – Jarnail Dail and Dr. Harsh Hundal
- 8.** More regional collaboration between Hospitalist Departments in other sites in IHA
- 9.** Create a Community Board to have oversight of the Hospital (members of the Community would provide the oversight)

Appendix A

Activity Approval & Evaluation

New Activity Approval Process

New VJHPS activities are submitted on the new activity application form by an MSA member to the VJHPS Executive to ensure the activity abides by the SSC funding guidelines and MOU objectives. After Executive vetting, the new activity is presented to the VJHPS Working Group. Approval will take into consideration the impact the activity will have on the following MOU objectives and areas of impact:

MOU Objectives

- To prioritize issues that significantly affect physicians and patient care.
- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal Interior Health medical leadership roles.

Areas of Impact

- Physician engagement
- Patient care quality impact
- Operational impact – improvement in the working environment
- Operational complexity – stakeholder support and involvement
- Cost – budgetary requirements

Evaluation

Evaluations of activities are conducted on a semi-annual basis to assess and measure the effectiveness of the Society's ability to meet or exceed their activity goals and objectives in accordance with the Society's mandate. Assessments of activity effectiveness are gathered through annual visioning sessions, monthly VJHPS Working Group meetings, and semi-annual activity reports submitted by Activity Leads. This input is used to help the Society make changes to their strategic direction and/or future priorities and identify concerns and/or successes of each activity.

Communication Strategy

A comprehensive communication plan is in place to provide a regular flow of information through to key stakeholders. The goals of the plan include ensuring all stakeholders understand the strategic direction of VJHPS, providing frequent opportunities for stakeholder feedback and input, though, for example, website surveys and regular communication of VJHPS activity successes and lessons learned. Monthly newsletters and the VJHPS website are examples of two effective communication tools used. <https://www.vernonphysiciansociety.ca/>

Appendix B

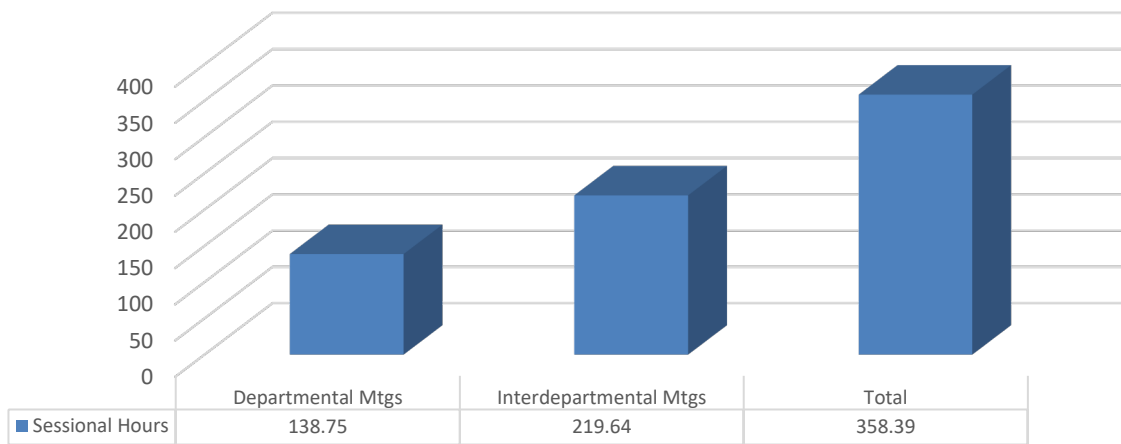
VJHPS Strategic Goals Activity Performance Measures

Strategic Goal #1

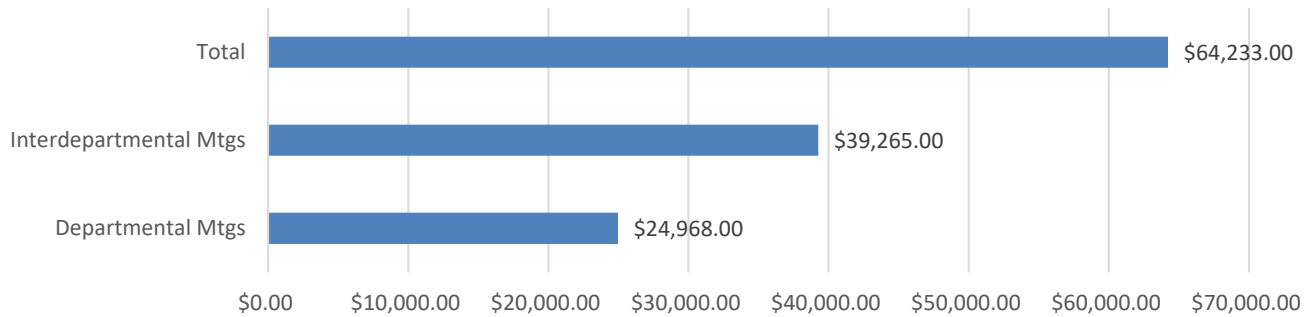
- **Identify physician engagement opportunities to ensure the views of the medical staff are effectively communicated.**

Activity	Performance Measures	Results
Departmental/ Interdepartmental Enrichment Meetings	This activity supports meetings intended to build relationships within and between departments for planning, reviewing, prioritizing, and improving patient and family- centred care and physicians' work environment. Meetings include regular journal clubs, hosted within a department, or meetings between departments to improve collaborative patient care.	8 - Interdepartmental Mtg 5 - Departmental Mtg 13 - Total Mtgs 358 Total Mtg Hours \$64,233 Sessional Hours Paid Departments Represented: Anesthesiology; Emergency; Diagnostic Imaging; Family Practice; Hospitalist; Internal Medicine; Psychology; Surgery; Women's Children's Medicine

Sessional Hours

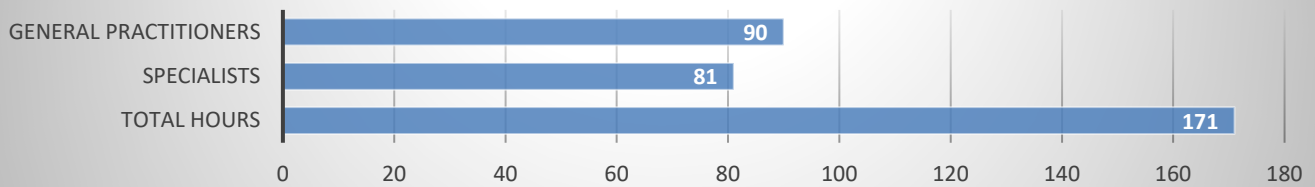


Sessional Paid



Inter-Society Facility Engagement Reimbursement	Open more opportunities for shared learning and intellectual knowledge training & collaboration with sister Societies	- 3 VJH Physicians attended meetings - Sessional Paid \$954.00
Uncompensated Committee Work	Increase the number of meetings and physicians participating in collaborative meetings with IH.	-April 01, 2019 – January 24, 2020 Total Sessional Reimbursed \$25181.00 - Total Specialists Hours 81 - Total General Practitioner Hours 90 - Total Physician Hours 171

Uncompensated Committee Work Hours



Strategic Goal #2


- Identify, prioritize, and address mutually agreed upon initiatives with respect to improving the work environment, patient care and other matters which directly affect the medical staff and patients of the Vernon Jubilee Hospital.

Activity	Performance Measures	Results
ALC	<ul style="list-style-type: none"> - Gain awareness of the Mandated requirements for ALC Designation reporting - Develop an understanding of why we do ALC Designation & Z-coding - Gain clarity of the Role of the ALC Designator and Interprofessional Team - Become familiar with how the ALC Decision is made. - Aware of the current state of ALC Designation Decision Accuracy across IH 	<ul style="list-style-type: none"> - Meeting held July 4, 2020, with physicians - Three IH presenters shared information on ALC - Regional ALC coding procedures are based on national CIHI (Canadian Institute of health information) guidelines. - ALC coding should be reviewed daily for all hospital inpatients. - ALC coding is meant to be a clinical decision - VJH, ALC coding is determined by the TL and does not require physician consent or approval nor consensus from the multidisciplinary team. - Physicians would like to see more collaboration between the MRP and those designating ALC coding (TLs) prior to coding status changes.
Advancing Comprehensive Care of the Arthroplasty Patient	Collect health authority accepted patient reported outcome measures and compare with other sites within the health authority and across the province. Monitor adverse events post implementation and compare with rates reported before initiation of activity. Surgical optimization clinic, pre-surgical screening, preoperative assessment clinic, surgical ward, inpatient/outpatient physiotherapy department, outpatient clinic, recovery room.	Dec 2019/Jan 2020. Kick off meeting to engage stakeholders and outline current state and future plan. Jan-Apr 2020, implement standardized information delivery to arthroplasty patients. Feb/Mar 2020, Develop standardized patient information booklet for arthroplasty.
Centralized Booking for Endoscopy and Hernia	Pilot projects of selective centralized booking for endoscopy and hernia repair. Decrease the wait time from referral to surgery and optimize utilization of available operating room time.	Example: Patients were triaged by the surgeon to whom they were referred and then willing patients with open inguinal and open umbilical hernias who met criteria were booked with the first available surgeon. This required no additional funding from the health authority. The wait times and affect on the rate of underutilized OR time were analyzed. Fully booked OR slates increased from 80% to 85% and ≥90% booked OR slates increased from 97.7% to 99%. The average wait time for inguinal and umbilical hernias decreased from 137 days (n=202, range 9-439) to 82 days (n=13, range 34-124), p<0.05, and 181 days (n=90, range 13-483) to 80 days (n=5, range 17-160) p<0.05, respectively. Selective centralized booking is a promising concept that has led to more efficient utilization of available OR time with a significant decrease in wait times, improving access for all general surgery patients without needing any additional funding. Developed protocol to extend centralized booking to laparoscopic cholecystectomy - Ensured consensus with other surgeons - Engaged administration for roll out
IMG Anesthesiologist RC Exam Prep Reimbursement	<ul style="list-style-type: none"> - Successfully recruit an IMG Anesthesiologist to VJH. - Provide funding reimbursement to support a successfully recruited and 	<ul style="list-style-type: none"> -Successfully recruited 2 Anesthesiologists to VJH. - Improved the work environment - Improved physician wellbeing and reduced stress

	<p>privileged IMG Anesthesiologist for Exam Preparation already undertaken.</p> <ul style="list-style-type: none"> - Engage UBC Department of Anesthesiology, Pharmacology and Therapeutics in exam prep assistance. - Ensure that any new recruits meet the existing practice standards at Vernon Jubilee Hospital Department of Anesthesiology and Per-Operative Medicine. This will improve the recruitment and retention of physicians within VJH. 	
M&M Catering Reimbursement	Increase the number of physicians that attend M&M Rounds and reduce the financial burden of catering costs.	<ul style="list-style-type: none"> - 10 M & M Rounds financially supported Total catering reimbursed \$1,256.00
Physician Lounge Refurbishment	<p>The current state of the furniture in the Surgeon's Lounge is unsanitary.</p> <ul style="list-style-type: none"> - Create a more hygiene environment for physicians/reduce cross contamination - Increase pride in the workplace - Call room didn't have a suitable bed for physicians 	<ul style="list-style-type: none"> - Purchased new furniture for the Physician Lounge - Positive feedback received from physicians who use the lounge - Improved working environment - reduced cross contamination for surgeons - purchased new call bed, which resulted in, improved work environment
Physician Recruitment and Retention	<ul style="list-style-type: none"> - Increase the success of recruiting and retaining physicians - Fill current and future vacancies and reduce attrition 	<ul style="list-style-type: none"> - Successful recruitment of 13 physicians in multiple departments: Psychiatry (4); Anaesthesiology (3); Women's & Children (1); Laboratory (3); Surgery (2). - Improved the physician work environment - Reduced physician stress/wellbeing
Physician Surgical Assist Working Group	<p>Collaborate with physician assists, surgical colleagues and hospital administration to consider a more formal structure for the provision of surgical assist services at Vernon Jubilee Hospital by June 2020 in order provide a safe, well-staffed, comprehensive and skilled surgical assist service and a collective voice for the physicians who staff this service. The long-term benefit will be a more robust surgical assist service that is recognized as a critical component of excellent surgical care at VJH.</p>	<ul style="list-style-type: none"> - May/June 2019 - feedback solicited from the 34 physicians - 12 recommendations were developed by the working group - Fifty percent of the physicians who provide surgical assist services at Vernon Jubilee Hospital participated in this project. Future Direction: If there is interest in better understanding the role and work of assists, and in bridging gaps with surgeon colleagues, future work could be: - What do surgeons want from assists: skill set, scheduling, feedback, role in orientation - What role does IHA have/want? <p>Full Report: https://www.vernonphysiciansociety.ca/wp-content/uploads/2019/09/2019-09-Surgical-Assist-Report.pdf</p>
Protecting the Rights of Involuntary Patients under the Mental Health Act	<p>Admitting patients with mental health disorders on an involuntary basis presents inherent and profound curtailment of individual rights with significant risks to patients and medico-legal risk to physicians and the Health Authority. Recent reports suggest we have fallen short of the legal requirements set out in the Mental Health Guide (2005) by failing to demonstrate standards of care that are shown through the use of standardized documentation.</p>	<ul style="list-style-type: none"> -Through the proposed collaborative work with emergency room physicians, psychiatrists, we anticipate developing an improved understanding of the processes and circumstances that translate into poor adherence to standards. - To respond to the identified risks to patients, physicians, staff and the organization, we plan to co-develop and education, monitoring, feedback, and reporting framework with key stakeholders in a single site with implementation to follow regionally. - The successful outcome and implementation of this project will translate into a sustainable education and monitoring framework that will ensure the protection of individual patient rights, physician, staff and organizational risk and ensure compliance with newly implemented standards in BC. -Physicians at VJH (designated facility) will complete 100% of the Forms 4 and 5 for involuntary admission within 24 hrs of admission, by March 30, 2020. - We have to date, met twice with ER group.

		<ul style="list-style-type: none"> - We are on track for a rollout of the first education a session to ER Docs March 12th. -We will be running the same Session using the ECHO videoconferencing platform for education to a group of rural and remote family docs on March 11 - A session will be run for the department of psychiatry before the end of March. - Early in the next fiscal year, presentation of results will proceed in the current IH PQI graduation June 8.
Uncharted/missed documents	<p>Many documents (Lab, Xray, Reports) from VJH are lost or sent in error to community MDs to wrong MDs, wrong locations. This includes electronic and paper formats.</p> <p>Review physician patient charts and try to see where problems lie and fix logistical errors and correct process</p>	<ul style="list-style-type: none"> - Meeting with physician group identifying the issue from their perspective. - One on one meeting with Richard Harding to go through the detailed steps and created a 'Current State Value Stream Map'. - Physicians supplied examples of erroneously sent reports. - The Imaging Department head reviewed all examples and identified groups of sources of errors. - A meeting with the affected Imaging clerical group was arranged, and the process was discussed. - The Imaging clerical group identified the source of errors as being a part of their patient check-in process. - The Imaging clerical group were instructed to change their process and only add the doctors stated in the 'copies to' section on the requisition. 1. Process and engagement provided an open forum to explain the issue encountered by physicians. 2. Time was given to identify within the department what the source of the errors were. 3. Implementation of a new process was followed up by feedback from the physicians. 4. A positive outcome was achieved through the Physician Engagement process. <p>Phase Two will be to consult with the Laboratory Department to determine whether the same positive results can be achieved.</p>
VJH Surgery/Hospitalist Co-Management of Elderly Surgical Patients	<p>Explore options and mechanisms to institute automatic hospitalist consultation for the purposes of co-management of specific surgical patient populations. Challenges: defining which patients will trigger automatic co-management; determining a compensation model; development of a mechanism to inform hospitalists of the request for co-management; outlining roles and responsibilities for surgeons and hospitalists in co-management. Implementation will begin first with consultation involving all departments involved in the co-management process. Surgery, emergency, hospitalists, unit clerk, ward nurses, and local administration. Objectives will have been met - agreement on an implementation plan has been met. Identified groups will have the opportunity to present how the initiative will affect their group and the</p>	<ul style="list-style-type: none"> - A meeting of cross-departmental representation was held - A report was developed from the meeting - Conclusions were shared with affected departments - An agreement was reached on the implementation plan

	care of patients under them. FEI has the potential to increase the workload for some identified groups such as hospitalists, and this issue will be addressed.	
Allied Health Education	The purpose of this activity is to engage medical staff (physicians and midwives) in teacher roles, to provide education for allied health professionals and physicians, where no funding for such activity currently exists.	<ul style="list-style-type: none"> - 10 Allied Health Educational sessions completed - 59 Hours of Physician time Sessional Reimbursement \$9,380.00 Examples of Teaching: <ul style="list-style-type: none"> - Dr. Lia Harris, a Women’s & Children’s Health Services physician specializing in pediatrics, dedicated a tremendous number of hours offering PALS (Pediatric Advanced Life Support) education this past fall. - Dr. David Smith, a Child, Adolescent and Adult Psychiatrist and Area Medical Director for the Interior Health Central region, presented at the September Kelowna Capri Hotel Social Work Practice Lead Conference on a strategy of care for youth presenting to emergency departments with life-threatening opiate overdoses. - Dr. Jody Snook, another Women’s and Children’s Health Services physician, specializing in pediatrics, continues to support the Nurse Education Days started in 2018. Currently, two sessions per year are held - one in the spring and one in the fall. The same topics are covered at both to allow nurses who couldn’t attend the first time to attend the same session the next day. Sessions are mainly attended by nurses from WCHS but are also open to nurses from the ED and ICU. Generally, 10-15 nurses are present. A variety of topics are covered, some determined by paediatricians and others requested by the nursing staff. In 2018, presentations included fluid balance and the importance of accurate ins and outs, neurological, cardiac and respiratory assessments. In 2019, Glasgow Coma Scale, Asthma and PRAM scoring, and Eat/Sleep/Console management for neonates with opioid withdrawal were covered. In 2020, topics will include, Respiratory Assessment/Respiratory Distress, Diabetes education, Code Pink events, and Eating Disorder care plans. Dr. Snook notes that she feels they have seen progress in the areas covered and that nurses also bring cases to the education days for discussion. There is also more open dialogue on the unit about questions or concerns as they arise.
Fine Wire Localization	FWL procedures are performed when a breast lesion, which is non-palpable but can be identified by imaging, requires resection. A radiologist uses mammography or ultrasound to target the lesion and place a wire through the lesion under imaging guidance. The position of the wire is annotated, and the patient proceeds to the operating room where the surgeon uses the wire to aid in the excision. Excision specimen is then sent to pathology, and imaging confirms that the specimen contains the imaging abnormality. The choice of technique and communication on the part of the	<p>On October 2, 2019, fifteen physicians from several departments at the Vernon Jubilee Hospital (VJH), met to discuss Fine Wire Localization.</p> <p>Eight cases of oncoplastic breast cancer surgery at VJH were presented employing fine wire localization. Full report with issues, challenges and actions taken are contained with the link below:</p> <p>https://www.vernonphysiciansociety.ca/fine-wire-localization-activity-addresses-important-issues/</p>

	radiologist can impact the surgical outcome, and an opportunity to improve practice was identified at a recent radiology meeting.	
MRI Implementation and Planning	Have a functioning MRI operational in 2019. VJHPS to work with VJH Administration regarding the layout, flow and construction of this area to ensure optimization of patient care.	<ul style="list-style-type: none"> - MRI operational in Sept 2019 - Improved patient care and access to MRI - Reduction in waitlists 
Redundant Lab Testing	Reduce the number of redundant lab tests and improve patient care. Dr. Jason Doyle brought forward concerns about redundant laboratory testing. Unnecessary repeated rounds of tests for admitted hospital patients appeared to be occurring, and could potentially be preventable by modifying protocols. The VJHPS arranged for a small representative group of physicians to examine laboratory utilization and develop recurrent laboratory testing guidelines for inpatients (such as guidelines for daily CBC orders). They agreed on simple rules to govern, streamline and limit ordering of tests while patients are in hospital, and worked with the health authority to make changes to ordering practices at the unit clerk level. Through FEI, physicians had the opportunity to collaborate with the site and staff to implement the new guidelines. As a result of the changes, we hope that patients will experience less anxiety and discomfort and will avoid unnecessary tests, and those cost savings will be realized.	<ul style="list-style-type: none"> - Numerous meetings and presentations to IH officials - Meetings with IH MIT - Ongoing activity work <p>After negotiating many obstacles, the team's perseverance may be paying off. The necessary changes to Meditech have been made, and the "go live" date for VJH is April 15, 2020. As of this date, "series orders" for repeat daily lab tests for a specified list of analytes will be restricted to 3 consecutive days. If the test is needed beyond three days, the physician must order it again for three days. Lab orders specified in PPOs will not be affected by this change. Lab utilization will be reviewed and compared before and after the change (after three months and six months initially) to determine if any impact has been made. If successful, the changes will be made IH wide.</p>
Resuscitation SIMS	Increase the number of SIMS conducted in the hospital, knowledge sharing and collaboration amongst departments	<ul style="list-style-type: none"> - Total Sessional 59 Hours - Total # of Claims 50 - Sessional reimbursement \$8,465 - Departments conducting SIMS: Emergency; Women's & Children's Health Services;
VJHPS Working Group Meetings	Bring forward activities for FEI approval and funding	<ul style="list-style-type: none"> - Representatives from all ten departments - President from the MSA - Board representation from SNO Divisions of FP

		<ul style="list-style-type: none">- SSC Liaison- Medical Students- Hold monthly meetings- 77% average attendance at meetings
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Strategic Goal #3

➤ **To meaningfully interact, collaborate and communicate with key stakeholders**

Activity	Performance Measures	Results
Communication Plan	<p>Increase awareness of FEI, the Society and its work, and why physicians need to get involved. A communication plan to be developed outlining the tactics, measurables and outcomes.</p> <p>Website Development: build a VJHPS website that clearly disseminates information about the Society and the impact that VJHPS is making at Vernon Jubilee Hospital. The main goals of the website include showcasing physicians' work on activities; increasing visibility of the Society; providing resources, reporting, evaluation and criteria forms</p>	<p>Communication plan developed. Launched Website in June 2019 https://www.vernonphysiciansociety.ca/</p> <ul style="list-style-type: none"> - Profiled on the website: What is VJHPS; activities; stories; calendar; events; leadership; resources; FAQ; Submit a FEMS Claim; How to Claim; Contact Us; Partner Logos - High readership and visits achieved - Completed new branding, tag line and logo redesign
LFEC (Local Facility Engagement Committee)	<ul style="list-style-type: none"> - LFEC is to discuss Vernon Jubilee Hospital Physician Society (VJHPS) initiatives and engagement proposals. - LFEC serves as a forum for sharing of information about initiatives between Facility Engagement (VJHPS), Local Medical Advisory Committee (LMAC), Medical Staff Association Executive and senior regional Health Authority executives. <p>To foster a collaborative working relationship between the VJHPS, the Medical Staff Association, and the VJH site leadership and regional leadership.</p> <p>Membership: VJH Health Services Administrator; VJH Chief of Staff; VJHPS Executive; VJH MSA Executive; VJH LMAC Chair</p>	<ul style="list-style-type: none"> - All members actively attend monthly meetings - Has opened communication opportunity with IH and physicians - Informs and secures input from IH, prior to activities being approved by VJHPS - Platform to identify appropriate dyad for each activity - Platform to discuss the impact on administration, patient care and the physician working environment - Opportunity to ensure activities align with IH strategic priorities