

Project Lead: Dr. Carmen Larsen

Activity: Physician Surgical Assist Working Group

June 8, 2020

The Physician Surgical Assist Working Group, lead by Dr. Carmen Larsen, is an excellent example of the impactful work that can be achieved when you have the Vernon Jubilee Hospital (VJH) Administration working strategically alongside the VJH Physician Society (VJHPS).

The following information, captured during an interview with Dr. Larsen, demonstrates another successful Facility Engagement Initiative funded through the VJHPS.

Who within Interior Health worked with you and your task force, what was their role and the accomplishments achieved?

Kelly Chapman, Director of Health Services, North Okanagan - contributed an understanding of the needs and constraints of IH for the provision of assists in particular with elective assists. She regularly met with members of the working group and facilitated data collection.

Chad Rideout, Manager, Perioperative Services - worked closely with IH staff and the working group to develop a clearer process for the assignment of assists in elective slates.

What meetings, research reports, communications, etc. took place?

- Back in March 2019, multiple meetings were conducted with the working group, including Kelly Chapman and Dr. Kevin Wiseman.
- In April 2019, the assist survey was developed.
- Between May-July 2019, the collection of data from surgical assists was gathered.
- August-September 2019, produced a written report which was circulated among assists.
- October 2019 - final report submitted to VJHPS
- February 2020 – an oral report was given at VJHPS monthly meeting
- June 2020 – a final activity report was presented to the VJHPS Working Group, and the activity was officially completed and closed.

What successes have been achieved?

Based on feedback collected in the survey of 2019 and summarized in the previously submitted report, several positive changes have occurred. There is now a more clear route of communication among assists, surgeons and IH. There are four assists who take turns attending the Department of Surgery meeting monthly and they are included in the distribution of minutes and notices of meetings. There is clarification for the process to welcome a new assist and the surgeons' wishes in terms of skill and availability to work in the OR from the Department of Surgery perspective. There is an orientation package being developed by the assists informed by existing IH documentation. A current database of assists is available to the booking office, with assist and surgeon preferences to streamline filling elective slates, that recognizes expertise, informal seniority, and availability. The booking office now contacts physicians via email instead of telephone calls.

Implementing the schedule/booking strategy has been interrupted by COVID-19; however, as the ORs have opened up again, having that process in place has been beneficial. Having identified \"leads\" for elective/after-hours/obstetrical assists facilitated communication between the OR and the assists throughout the unsettled March-May period of COVID-19. Dr. Mobbs and Dr. Hillis worked diligently to communicate as best as

possible the several changes to the OR schedules that occurred. It was not seamless, but having some key links for communication made it better than if COVID-19 had occurred before this working group convened.

What was your activity's main objective?

The objective was to 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.

Was the objective met?

Yes, completely.

What data source did you use to validate success?

Interview data.
Survey data.

What conclusion did you derive from the work that was done?

This project has been successful in improving communication in the scheduling of assists, communication between surgeons, assists and IH, clarification of processes to become an assist, and development of an orientation guideline.

What do you feel was the overall impact of this activity?

The activity improved the building of connections, trust and collaboration within the MSA and with health system managers.
Concrete initiatives and actions were implemented that will advance or protect the desired changes.

If you were to choose two outcomes what would they be?

1. Increasing physician engagement
2. Enhancing communication with Interior Health

What challenges did you encounter?

It is balancing individual interests with fairness, accountability and systems approach.

Have the challenges identified affected the workplan of your activity, your likely outcomes, or your expected end date?

No. We were able to collaboratively develop solutions that were in the general best interest of surgeons firstly and assists secondarily. Throughout the process, the assists were universal in recognizing that the surgeon is the MRP for his/her patient. Therefore the surgeons must be the driving force in schedule/personnel selection.