

2022-
2023



**FACILITY
ENGAGEMENT**

An SSC Initiative

**Site Review & Reporting Process
Submission Template File
2022-2023**

**Vernon Jubilee Hospital Physician Society
Interior Health Authority**



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SECTION 1: MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

Activity Title: VJH Daycare vs Inpatient Breast Surgery - Dr. Hamish Hwang	
What Happened	Lessons Learned / What Should be Changed for Next Time
<p>COVID-19 highlighted the need to discharge patients from hospital as soon as possible. This project explored the difference in outcomes between general surgeons at VJH sending total mastectomy patients home the same day of surgery or keeping them overnight and discharging them the following day.</p> <p>A retrospective chart review was completed of all mastectomy patients at VJH from April 2016 to March 2019.</p> <p>Patients who stayed overnight had longer operating times and had suspected or confirmed sleep apnea. Daycare patients had intercostal nerve blocks for pain and were sent home with a Tramacet prescription. There was no difference discovered in patient demographics or in outcomes. No significant findings in postop pain, complications, reoperations, or readmissions.</p>	<p>Patient reported outcomes (eg satisfaction scores) were not able to be obtained as the study was retrospective going back to 2016. This is a factor that should possibly be considered.</p>



SECTION 2: HIGHLIGHTS & RESULTS

Findings reinforced existing literature (previous similar studies). Both daycare and inpatient breast surgery approaches are equally safe with respect to outcomes.

The importance of multimodal analgesia was highlighted.

Possible cost savings, particularly during future events such as pandemics to reduce inpatient admissions. Patients prefer to go home as soon as possible, and the project reassures daycare mastectomy is safe.

Other VJH general surgeons were reassured that there is no significant difference in approaches. They tend to remember “that one bad experience” or wish to give patients a break in having to deal with necessary drain tubes for one day -- not compelling arguments to keep patients overnight.


May result in practice change with other general surgeons who normally keep patients overnight.

Suspected sleep apnea patients may be kept overnight unnecessarily as they have not been formerly tested and may not have a confirmed sleep apnea diagnosis.

Results shared with VJH physicians through Grand Rounds.

Results shared to a larger audience through publication in the Canadian Journal of Surgery (at Dr. Hamish Hwang’s own expense).

Activity Title: Civility Matters, Phase II – Dr. Yann Brierley	
What Happened	Lessons Learned / What Should be Changed for Next Time
<p>Project originally launched due to lab staff experiencing increasing incidents of incivility from hospital staff. Goal was to build a happier and more cohesive staff culture where everyone feels valued and is a contributing member to the team. Civility would become the cornerstone for job satisfaction and the glue that holds teams together, making staff more resilient to work challenges.</p> <p>A survey was launched to garner feedback (Phase I). Based on the survey responses, several tailored civility session/workshops were developed and were to be held for staff, including physicians (Phase II). All participants would receive compensation to attend (hospital staff through Interior Health and physicians through FE project funding). Participants in the workshops would develop ways to build and maintain civility in their respective departments. Civility experts would provide conflict management skills toolkit. Survey would be repeated in 8 to 10 weeks to determine differences. Data would also be obtained in the background regarding sick time and microtrend data (how are people feeling day-to-day?).</p> <p>Outcomes:</p> <p>The Civility Expert didn't quite hit the mark with respect to what staff actually needed. The toolkit that was promised was not provided which led to cynicism by staff at a time when staffing shortages were high. Summer break also led to a pause in the project.</p> <p>Newly revised half hour sessions were held every Tuesday over lunch. Email and posters with QR codes elicited feedback from staff. Session</p>	<p>Culture change is rewarding but hard.</p> <ul style="list-style-type: none"> -No hard data endpoints available to show changes made. Surveys don't often reflect true state of the issue. <p>Culture change is slow.</p> <ul style="list-style-type: none"> -Requires constant pressure with soft and sensitive hands. -Can be uncomfortable departure from previously "accepted" behavior for some. -Need to recognize where leadership is at (ready for a leadership hat or just constantly putting out fires). -Need to establish visioning, goal setting, creating team agreements amongst leaders, and reinforcing expected behavior. <p>Urgency is key.</p> <ul style="list-style-type: none"> -Urgency to fix issue must be enough to motivate people to change. -Lab leadership was not motivated enough to support change. -Perioperative group must be motivated to make change. <p>Having strong senior support is critical for any change.</p> <ul style="list-style-type: none"> -Dyad partner is essential: gives necessary credibility for project; makes a statement that the project is important, and both operations



summaries were available in printed document form in the lab lunchroom. Dr. Brierley made personal reminders to staff encouraging attendance at sessions.

and medical sides are working together to initiate change. Dyad already has a relationship network in place, can reduce barriers not otherwise seen, source additional funding options and will support project leads.

Identify local champions to harness their passion to maintain and further the project.

-Takes pressure off leadership team.

Important to pay people for their time.

-Don't schedule sessions during an individual's time off.

-Ensure participants participate as often as possible. Many meetings were held with senior perioperative leadership and physicians to communicate goals and expectations.

Toolkit is also applicable to addressing challenges with public although it is not in project's scope to educate them.



SECTION 2: HIGHLIGHTS & RESULTS

-Attendance from medical lab technicians (MLT) was greater than medical lab assistants (MLA) although MLAs originally had more civility issues and likely needed the help the most. MLAs became too busy to attend sessions due to high inpatient work volume. When they did attend, participation was spotty with the same staff attending.

-Lab leadership attendance was low; therefore, leading by example was not clear. Efforts to free staff up from workload to attend sessions was not clearly evident.

-No input from staff on session content was received despite gift card incentives to do so.

-Lab physicians (pathologists) attended and were very engaged.

-After 12 sessions completed, poll deployed to approximately 80 staff with eight responses. Majority said they found the sessions useful, would recommend them to others and had found opportunities to implement strategies provided in the sessions. Seventy-five per cent felt they learned something new.

-Lab leadership felt the bulk of staff did not like sessions held over lunch time in the same lunch room where they really just wanted to decompress, catch up on their devices, and take a break from all work-related issues. Also felt sessions were too frequent and took too much “mental power.”

-No appetite for another lab civility survey as per lab leadership. Decision made to pause lab civility project over Christmas.

-VJH administration was subsequently challenged by civility issues in perioperative department. Dr. Brierley shifted to support this new area by launching survey. There were 55 respondents: 34 non-physicians; 21 physicians. Majority felt civility was not a burning issue in their department despite well known incidents of incivility in that area.

-Half hour civility sessions began on scheduled mornings for all perioperative staff with compensation paid for all. Printed notes provided. Good attendance experienced (35 to 58 per session). Sessions slated to continue.

-Working with Alicia Ponich, Director IH North Clinical Operations, and managers to maintain messaging to staff. Civility affirmation cards developed to share and discuss during regular morning huddles. Card messaging examples:

-Practice the Art of the Pause. Let Silence do the Heavy Lifting.

-Keep TEA in mind. Thoughts influence our Emotions which shape our Actions.

-Be Intentional in your Thoughts and Actions. Plan an act of kindness at work and carry it out.

-Straighten the spine to change your mindset and provide a softer tone of voice.



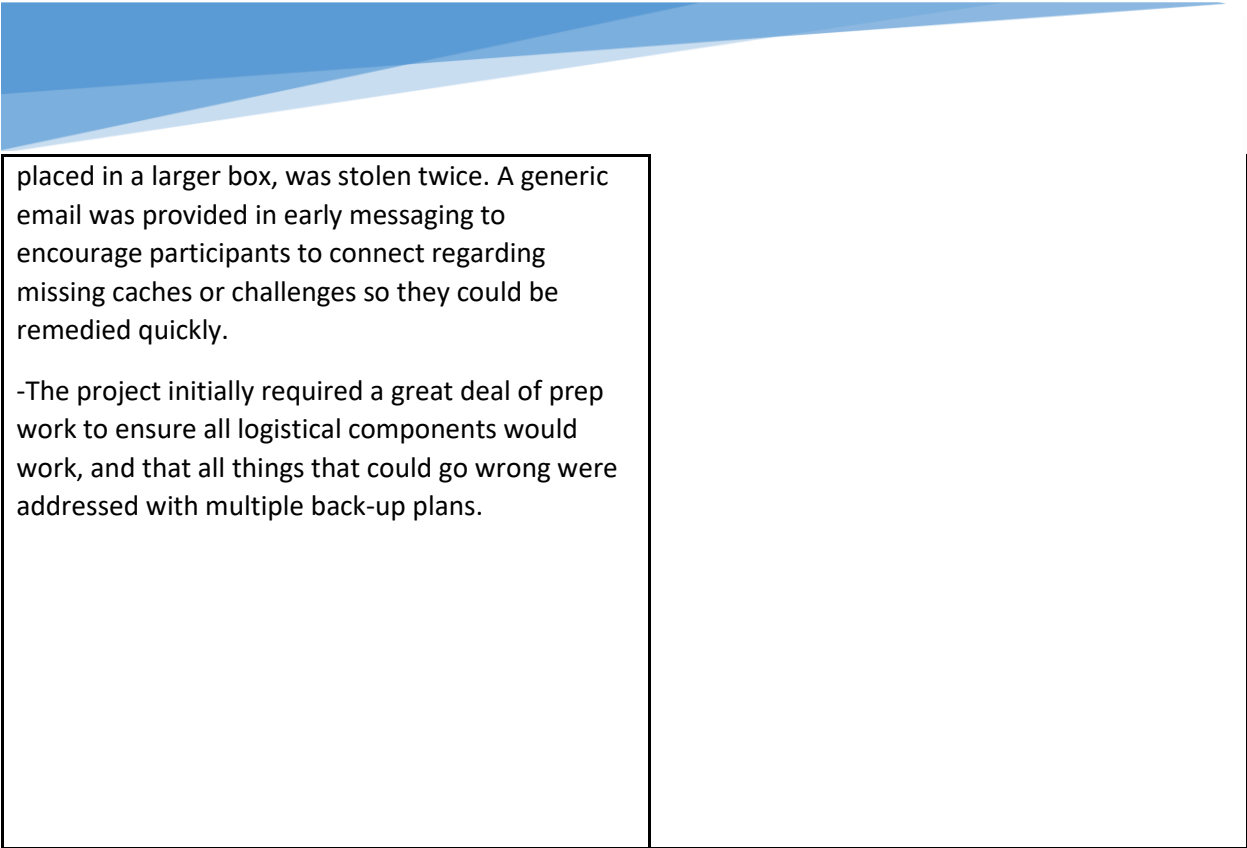
-Avoid doing TO or FOR. Consider doing WITH.

-When feeling defensive or agitated: Slow down and breathe.

-Feedback from perioperative staff: appreciated there was a longitudinal approach vs “one-and-done” session. Eight to ten sessions planned; more if group requests.

Activity Title: The Great VJH Geocache Hunt – Maja Keast, VJH Physician Society

What Happened	Lessons Learned / What Should be Changed for Next Time
<p>This project enabled VJH physicians to take a leadership role in fostering wellness and work-life balance for all VJH employees.</p> <p>Nine members of the VJH Physician Society Working Group hid 20 specifically marked containers or “caches” and invited ALL VJH staff (including physicians) to find them. A few caches were located within walking distance of the hospital or on a bus route so those without a vehicle could participate. Employees were encouraged to get outside with family, friends, pets, or colleagues and, using GPS coordinates (on their cellular telephones) along with written clues, pinpoint the cache locations. Once found, they documented the code inside the cache, printed their first name and department on the tracking sheet inside and took a selfie which they submitted to the Physician Society in order to qualify for weekly prizes as well as a grand prize.</p> <p>There were a number of challenges with the project:</p> <ul style="list-style-type: none"> -Difficult connecting with VJH Working Group members during the summer months as regular Society meetings are paused. Communication was limited to email and individual mobile texts as opposed to creating hype at a meeting. -Some GPS coordinates were slightly off and required refining but only after several hunters notified Society administration of their inability to find a cache. -Some caches were removed, one was eaten by a dog and another, accompanied by candy treats and 	<p>The positive buzz from this project, coupled with lessons learned, makes it easy for this event to be repeated next year, perhaps with an expanded format such as a team component.</p> <p>For this project to be successful it is important that:</p> <ul style="list-style-type: none"> -Cache locations are within strong cellular signal service areas so GPS locations are accurate. GPS coordinates, once obtained, should be plotted against Google Maps to ensure best result of where the cache is located. -Caches should be hidden with the intent that participants find them. If they have a positive experience, they are inclined to search for more caches. -Caches hidden in remote areas or where reaching the cache requires a higher level of physical exertion should be identified to ensure participant safety. -Every participant is different. Some liked the competition to win prizes associated with this event while others simply enjoyed the activity. Some departments used it as a team building activity while other employees viewed it as a fun activity to do with their kids. Department team competition could be a component of this project next year.



placed in a larger box, was stolen twice. A generic email was provided in early messaging to encourage participants to connect regarding missing caches or challenges so they could be remedied quickly.

-The project initially required a great deal of prep work to ensure all logistical components would work, and that all things that could go wrong were addressed with multiple back-up plans.



SECTION 2: HIGHLIGHTS & RESULTS

Over 100 participants hunted for caches in locations ranging from trails as far away as Oyama and Lavington and as close as a bench outside the hospital. There was even a cache hidden in the geocaching section of the downtown library. Participants showed their appreciation by sending comments with their photos, thanking organizers for creating the hunt and relaying their experiences of bonding with family members or enjoying a fun afternoon in the Okanagan sunshine. There were also many requests for a repeat of the event next year.

For additional highlights and results, please view:

<https://www.youtube.com/watch?v=9x7hGCGWmLg>


SECTION 2: HIGHLIGHTS & RESULTS

Feedback from Engagement Partner Cheryl Drewitz-Chesney

Vernon Alliance: The Alliance pivoted from discussing projects supported/led by individual organizations at the table and information sharing, to identifying and addressing issues that can be addressed together by multiple organizations at the Alliance and impact the region.

Finances: The Physician Society undertakes regular, iterative reviews to optimize use of yearly FE funds. This has enabled a number of unique physicians to lead and participate in activities at VJH and support dozens of activities and engagement opportunities. Financial support has been provided by IH in conjunction with certain physician-led activities, such as support for staff to attend Civility courses, and dyad partnerships to support initiatives.

Physician Leadership: VJHPS is undertaking new initiatives and learning opportunities to advance one of their strategic priorities: physician leadership. Support staff continue to organize group applications for leadership courses with 3 plus successful applications last year, and the idea has spread provincially. With the funding guidelines expansion that included leadership courses, a new Physician Leadership fund was developed by VJHPS to encourage physicians to begin or continue in leadership positions; new leadership learning opportunities have been created or encouraged among MSA members eg. RESET conference, Strengthfinders.



With the high level of physician engagement at VJH, ongoing new project proposals and JCC rates could be challenging for budgeting in the upcoming year. The site could consider applying for contingency funding in 2023/24.

Identified in last year's feed back was incorporating evaluation measures in projects that could be linked to provincial benchmarks for spread initiatives once these were established. This being the first pilot year of provincial spread initiatives, some measures may be shared this year by SSC which could be considered for inclusion of evaluation of new project proposals.

SECTION 3: KEY ACTIVITIES FOR 2023-24

Pre-Amble:

VJH Physician Society hosted a strategic planning session March 14, 2023. Twenty-eight physicians attended and were asked to put what they felt were top priorities under the Society's four strategic pillars. Priorities followed a few general themes:

- Foster a sense of community among physicians through events – social (MSA), educational (FE) or informal (physicians linking with physicians for hiking, biking, family get-togethers)
- Develop physician led platforms to educate, inform and facilitate connection.
- Increase awareness around wait times for ER, radiology, clinic etc. in an effort to better manage patient expectations.
- Reduce burden for diagnostics (lab, imaging).
- Expand recruitment activities.
- Create incentives to promote retention.

Working in groups, physicians then identified activities and opportunities for collaboration that would address key priorities.

The information below is based on the feedback and insights from that meeting and has not been “fine tuned.” The Working Group will meet April 11,2023 to further refine priorities, activities and key performance indicators for the 2023-24 fiscal year.

STRATEGIC PLAN: 2023 - 2024

The Vernon Jubilee Hospital Physician Society (VJHPS) represents physicians, dentists, midwives, and nurse practitioners with privileges.

Mission: VJHPS acts to engage Interior Health to improve patient care and physician wellbeing by developing solutions, streamlining systems and promoting collaboration and open professional dialogue with key stakeholders.

Vision: VJHPS is an agent of positive change and an effective partner within the BC Health Care System.

Strategic Goal #1 Physician Engagement – Identify physician engagement opportunities and strengthen physician collaboration and advocacy to ensure the views of medical staff are effectively communicated.	
Activities	Performance Measures
<p>Physician Hub - Development of a physician led platform in collaboration with the Division of Family Practice that includes recruitment advertisements and videos, “meet-ups” that allow physicians to engage both professionally and socially; training opportunities; forums on clinical issues. Potential for this to be a regional initiative encompassing all physician societies/MSAs and Divisions of Family Practice within Interior Health.</p> <p>Department/Interdepartmental Enrichment Meetings – Meetings are intended to build relationships within and between departments for the purpose of planning, reviewing, prioritizing, and improving patient and family-centred care and the physician work environment. Meetings include regular journal clubs hosted within a department, or meetings (not required for hospital privileges) between departments to improve collaborative patient care. Funding will be provided for room rental charges, audio visual equipment, meal costs up to \$35 plus GST and gratuity per person, up to two hours of sessional time for physicians or up to a maximum of a \$500 honorarium for a speaker.</p>	<p>Website metrics: Number of visits to the site; Length of stay when visiting.</p> <p>Enrollment in courses.</p> <p>Number of responses to recruitment advertisements and videos.</p> <p>Physician feedback via annual survey.</p> <p>Number of funding claims.</p> <p>Physician feedback via annual survey indicating whether there was improved engagement among MSA members over the previous year. <u>Baseline data:</u> VJH Physician Society and Working Group members were polled at the end of 2022/23:</p> <p>0% always. 29% frequently. 57% sometimes. 14% rarely/never</p>

Uncompensated Committee Work - Providing medical staff with an opportunity to engage and be compensated for providing their expertise at facility-related meetings not required for privileges and not compensated through Interior Health. Sessional time will be reimbursed for up to a maximum of 2.5 hours per meeting per participant.

Governance - sessional reimbursement for the VJHPS Executive to work on behalf of the MSA to:

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

Working Group – Comprised of physician representatives from all hospital departments, this group is a committee of the VJHPS. Members engage with VJH medical staff and advise the VJHPS Executive with respect to matters of importance to medical staff, their

Same criteria as Department/Interdepartmental Enrichment Meetings.

Physician and VJH Administration feedback via annual survey indicating whether there was improved engagement between MSA members and the VJH Health Authority Staff over the previous year. Baseline data: VJH Physician Society and Working Group members as well as IH administration were polled at the end of 2022/23:

	Physicians	HA
Always	0%	60%
Frequently	86%	40%
Sometimes	0%	0%
Rarely/Never	14%	0%

Meeting attendance.

Same key performance indicators as Department/Interdepartmental Enrichment Meetings and Uncompensated Committee Work.

Meeting attendance.

Departmental representation.



<p>patients, and the Health Authority. Meeting monthly, the Working Group provides information, insights and recommendations regarding:</p> <ul style="list-style-type: none">-VJHPS Strategic Plan and the budget for the allocation of funds-Potential projects and initiatives that meet the objectives of the MOU-Issues or concerns of the medical staff or health authority leaders locally or regionally.-challenges and opportunities brought forward by Doctors of BC Engagement Partner.-Other matters that may be referred to it by the VJHPS Executive. <p><u>Communication, Appreciation and Physician Leadership</u> – To improve communication and relationships among all VJH staff to improve staff morale through the promotion of dialogue, kindness, civility, gratitude, and joy in the workplace. Includes delivering multi-faceted communication focusing on facility engagement activities and successes, physician wellness and MSA, Physician Society, health authority, and Doctors of BC initiatives in a variety of formats.</p> <p><u>Inter-Society Facility Engagement</u> - To attend meetings or other physician societies’ activities when invited in order to share best practices, discuss joint initiatives or ways of improving physician wellness, facility engagement or patient care. Sessional time, up to 2 hours, for Physician Society Executive/Working Group attendance. No food and/or travel expenses will be reimbursed.</p> <p><u>Physician Engagement Application Support</u> - This activity supports the physician in researching, developing and presenting new application(s) for funding through FEI, Health System Redesign (HSR), VJH Foundation, QI, PQI and other Alliance partners. Being able to claim for sessional reimbursement for proposal</p>	<p>Same key performance indicators as Department/Interdepartmental Enrichment Meetings and Uncompensated Committee Work.</p> <p>Number of people who open VJHPS newsletter.</p> <p>Website metrics – number of visits to website, pages opened, time spent per visit.</p> <p>Feedback from physician led hospital-wide engagement and appreciation events eg. Geocaching adventure.</p> <p>Number of meetings attended.</p> <p>Number of initiatives resulting from Inter-Society engagement.</p> <p>Number of funding proposals developed and accepted through this initiative.</p>
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<p>development entices physicians to become involved in more activities leading to the achievement of the Vernon Jubilee Hospital Physician Society (VJHPS) mission.</p>	
<p>Strategic Goal #2 Physician Development (Leadership & Wellness) – Provide opportunities for training, knowledge sharing, mentoring and support in an effort to ensure the safety, health and wellness of physicians and quality care for patients.</p>	
<p>Activities</p>	<p>Performance Measures</p>
<p>Physician Leadership Investment Fund – Funds are available to support leadership and professional development training for our local physicians to enable them to improve their skills and expertise in their leadership and quality improvement work. Funding is capped at three (3) hours per physician per course to a maximum of nine (9) hours per physician per fiscal year. For those interested or ready to commit to a leadership position (eg Department Head, MSA Executive, Chief of Staff, local champions), full course funding may be considered on a case-by-case basis.</p> <p>Strength Finder – This activity is designed to help physicians create strength-based cultures within their departments. Research shows that when individuals work to their strengths as opposed to their abilities they are more effective, productive and enjoy higher levels of job satisfaction. Physicians are provided with a Top 5 Clifton Strengths assessment tool which provides an in-depth analysis on that individuals natural patterns of thinking, feeling and behaving with advice on how to best use innate talents to improve performance. Complimentary on-line resources are also available. Once physicians within a department understand their strengths and are speaking the same language, planning and allocation of</p>	<p>Number of physicians that enroll in one or more leadership or professional development training programs.</p> <p>Department/individual survey pre-strength finder and one year post strength finder to determine the effectiveness of this project on department performance, morale and individual well being.</p>

<p>assignments becomes based on who is truly best suited for the role.</p> <p>Physician Wellness Co-Sponsorship with Division of Family Practice – Focusing on the Strength Finder Assessment Tool, Dr. Paul Mohapel will provide a workshop to hospital and family physicians on how to use this tool to improve individual wellness and team effectiveness.</p> <p>Continuing Medical Education (CME) – a monthly opportunity for medical staff to obtain medical education on topics relevant to physician wellness and patient care. CMEs are held virtually and, in an effort to increase engagement, physicians from Revelstoke, Salmon Arm, Penticton, Kelowna, and Kamloops are invited to attend. Hospital administration are invited to those topics focused on wellness. Sessions are recorded and can be viewed post-event on the VJHPS website.</p>	<p>Attendance at event.</p> <p>Attendance is a factor in the survey for the above activity to determine whether there is a higher level of efficacy among those who attended the workshop.</p> <p>Attendance at CMEs.</p> <p>Number of times recorded CME is viewed on-line.</p>
<p>Strategic Goal #3 Quality Improvement – Identify, research, and implement initiatives designed to improve operational efficiencies and enable VJH staff to provide quality patient care.</p>	
<p>Activities</p>	<p>Performance Measures</p>
<p>Allied Health Education - Physician role in teaching/enhancing education for facility allied health professionals (nurses, Respiratory Therapist (RTs), social workers, and physicians, to improve patient care, collaboration, efficiency, and knowledge. Physician educators are eligible to receive up to 20 hours of sessional fees annually when no other source of funding exists.</p> <p>Radioactive Seed Localization for Breast Cancer -Breast Lumpectomy for breast cancer has become the preferential surgical treatment for</p>	<p>Number of allied health educational opportunities.</p> <p>Number of participants at each educational opportunity.</p> <p>The number of patients impacted by this new procedure.</p>

most patients because of its decrease in morbidity compared to a total mastectomy. For breast cancers that cannot be reliably palpated because of their small size, wire localization is currently used to identify the tumor intraoperatively. Radioactive Iodine-125 seed localization has several advantages to wire localization, including easier placement, more flexibility on timing of placement, no change of migration prior to surgery and better patient outcomes with a lower positive margin rate post excision. This proposal involves developing a protocol and implementation plan for I-125 seed localization to begin at Vernon Jubilee Hospital (VJH). Our site will be the second site in British Columbia using this technique and the first in Interior Health.

The objective of this project is to design and implement a protocol at VJH for Iodine-125 seed localization used during breast lumpectomy for breast cancer. Specifically, to prioritize issues that significantly affect physicians and patient care, and to have meaningful interactions between the medical staff and health authority leaders, including physicians in formal Interior Health medical leadership roles.

FE is providing sessional funding; VJH Foundation is funding the radioactive seeds.

Resuscitation Simulation (SIMS) – this activity supports the regular practice of communication, knowledge, and skills involved in emergency/resuscitation for those who would encounter emergency/resuscitation as part of their scope of practice. Physician leads create and run regular SIMS for both colleague physicians and allied health staff. These regular, ongoing simulation exercises follow recognized emergency/resuscitation protocols, as taught in courses such as Advanced Cardiovascular Life Support (ACLS), Advance Trauma Life Support

Potentially the next phase of this project would be to measure patient outcomes.

Number of simulations administered.

Number of participants at each simulation.

(ATLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), Advanced Paediatric Life Support (APLS), etc. The lead physician engages with Interior Health (IH)) in advance of the simulation to ensure clinical needs can be met while the simulation is being administered. The goals of this activity are to improve uptake of simulations (SIMS) participation for Vernon Jubilee Hospital (VJH), and improved communication between physicians and allied health staff in support of patient care.

Strategic Planning – Emergency Department

The goal is to facilitate the development of a strategic plan by engaging members in an interactive process. The plan is meant to guide quarterly operational discussions with Interior Health (IH) Administration and other partners over the next 3 to 5 years and provide a focused direction for how the department will respond to the evolving nature of both their department and our community as it grows.

1. Improve engagement of members resulting in a collective direction for the Emergency Department.
2. Create a more cohesive working arrangement between Departments in how they provide inpatient care for the community.
3. Provide IH Administration and other partners with a clear picture of how these Departments wish to develop.

Funding covers the facilitator fees only. Departments must apply through Health System Redesign for the other funding required to complete the process.

Increasing Trust with T1D Teens and Diabetes

Team (Phase 2) - This QI project is designed to improve engagement, trust and rapport with T1D teens. The primary change idea is to assess

Completion of the strategic plan.

Results of post strategic planning survey prepared by facilitator.

<p>the benefit of using texting with patients/families, not only for patients, but also the clinical interdisciplinary team. Patients are only booked to be seen (in person, virtually) 4 times/year. However, there is a lot of "work" that should/could be done in between appointments in order to optimize glycemic control. This platform, funded by Kelowna General Hospital Foundation, allows for text conversations to be seen by all team members, including RNs, RDs, and MDs, allowing for easy review of active issues in live time. Data demonstrates it takes ~ 8 minutes/week to manage the platform (for 30 patients). Preliminary data also indicates potential disease outcome benefit in certain subgroups. This phase expands the project to include other pediatric populations within the diabetes clinic, namely the U13 group.</p>	<p>Assessment of program by patients, families, and health care providers.</p>
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Strategic Goal #4 Attraction, Recruitment and Retention of Top Talent – Create a workplace culture of caring, respect, inclusion, and support where employees feel valued, appreciated and actively promote VJH as a great place to work.	
Activities	Performance Measures
<p><u>Us Care: Civility Matters to Patient Care Phase 3</u> - Contending with patient verbal abuse and public distemper is difficult enough but receiving such ill-treatment from a fellow hospital staff member can be especially hurtful. Such events erode trust, abolish the spirit of teamwork, and can damage relationships. What begins as a blow to the self-esteem and self-confidence can lead to resentment, bitterness and staff disengagement with repeat exposure which contributes to staffing shortages and low morale. Moreover, immediately following an incident of incivility, an employee’s capacity to perform their job is significantly reduced which</p>	<p>Attendance and participation at department meetings.</p> <p>Survey responses from participants pre and post each department roll-out.</p>

has the potential to impact patient care. This is the premise behind phase 3 of Us Care - Civility Matters to Patient Care.

The goal of this project is to create a hospital culture of kindness, respect and civility.

Department rollouts include:

- Discussion of what psychological safety looks like and model interaction that can be applied in the wider hospital context, as part of all forms of staff interaction;
- Review, highlight and discussion of survey responses;
- Development of ways to build civility that participants feel will work for the ward/department;
- Discussion of desired follow-up training sessions to help adopt improved civility, psychological safety or how to effectively contend with incivility;
- Solicit ideas on how to maintain civility messaging that will work for the ward/department.

Morbidity and Mortality (M & M) Catering -

assist the Morbidity and Mortality (M&M) Committee with catering expenses only, since attendance at M&M is mandatory and compensation for attendance cannot be reimbursed through FE. Maximum \$35 per person plus GST and gratuity to catering company.

VJH Common Area Reimbursement - allows for the refurbishment of furniture/appliances in Vernon Jubilee Hospital (VJH) physician-only areas. Proposals for specific purchases (up to \$60,000 per annum) are reviewed by the (VJHPS) Executive Committee and approved by the Working Group.

Recruitment - Vernon Jubilee Hospital (VJH) is actively recruiting physicians. This activity allows

No key performance indicator for this activity. This is part of an overall effort to create a hospital culture where physicians feel valued.

No key performance indicator for this activity. This is part of an overall effort to create a hospital culture where physicians feel valued.



<p>medical staff in any VJH department to claim for their time and expenses actively engaging prospective candidates i.e. site visits, facility and/or community tours, social engagements, and Question & Answer (Q&A) Sessions with candidates:</p> <p>A maximum of 8 sessional hours per visit is allowed. Expenses not already paid or reimbursed by Interior Health Authority (IHA) include up to \$1000 per candidate site visit.</p>	<p>Number of potential candidates with whom physicians have engaged.</p> <p>Number of candidates recruited.</p>