

## Vernon Jubilee Hospital Physician Society

SRRP – 2022

### SECTION 1 - MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

Completed January 18, 2022 at a Local Facility Engagement Committee (LFEC) Meeting.

Facilitated by: Cheryl Drewitz-Chesney, Facility Engagement Partner

#### ACTIVITY:

##### Physician Wellness Co-Sponsored Division of Family Practice Events

###### What Happened:

Over the past several years the general medical staff have consistently identified physician wellness as one of their major priorities. The COVID-19 pandemic further brought physician wellness issues including burnout, resiliency, and sustainability to the forefront. Shuswap North Okanagan (SNO) Division of Family Practice was providing wellness activities and education to its physicians. Teaming up with the Vernon Jubilee Hospital Physician Society was a way of optimizing impact by making their educational activities available to all VJH physicians.

The two organizations teamed up on two virtual eight-week wellness events facilitated by Paul Mohapel, a registered PhD psychologist. Each session was 1.5 hours in length and delivered via Zoom:

*Emotional Intelligence* – January 26 to March 30, 2021 – sessional time for attending physicians was paid as well as the administrative course fee.

*Digital Distraction* – September 14 to November 2, 2021 – no sessional time was offered but half of the facilitator's fee was paid by VJHPS.

###### Lessons Learned/Experiences:

- Both courses were well attended, despite the fact that sessional time was not offered for the *Digital Distraction* series.
- There is no easy access to these types of educational events through medical staff's professional body so having them organized through SNO Division of Family Practice and the VJH Physician Society was very convenient. The courses were viewed as an "investment" in the medical staff with stronger and longer outcomes than simply engaging medical staff.
- Attendee feedback noted that learning not only applied to their professional lives but also to their personal lives, creating greater impact and more effective outcomes.
- Some physicians were unable to commit to all eight sessions which may have prevented them from registering.

**Next Steps:**

- Funds have been allocated in the 2022/23 budget to partner with SNO Division of Family Practice on another wellness event.

Consideration will be given to physician feedback suggesting the sessions be recorded and made available to physicians who are unable to attend. However, there is concern that this may increase the speaker fee and reduce interest in attending the live virtual event.

**ACTIVITY:****Strategic Planning - Departments of: Family Practice; Hospitalist Medicine; Internal Medicine; Women's & Children's (Pediatricians)****What Happened:**

Departments engaged in facilitated strategic planning sessions designed to create short, medium and long-term goals and construct a well thought out, concrete and professional plan for discussion with facility management. The intention was to develop the department by addressing issues and budgetary concerns. Department members were asked to "think big," determine what they really wanted for the department and to set goals with corresponding timelines.

**Experiences:**

- The pediatricians separated from Ob/Gyn and formed their own department with interim financial support from Facility Engagement for their new department head. This will continue until Interior Health can commit permanent dollars. The VJH Medical Advisory Committee has formally recognized this new department. VJH Administration noted it has been "tremendously better" to do operational planning with the new pediatric department as they have specific needs that differ from those of Ob/Gyn.
- Department of Internal Medicine members have streamlined and aligned their professional abilities and succession planning has been addressed.
- Strategic planning is a physician driven process that improves physician involvement in decision making, a previously identified priority of the VJH medical staff. It also drives participants to develop ideas and strategies to accomplish goals.
- The positive results experienced by the Departments of Family and Hospitalist Medicine travelled by word of mouth, eliciting interest and fanning encouragement for other departments to begin their own strategic planning process. Semi-formal presentations occurred at LMAC meetings, sharing some highlights and results which helped to convince other interested departments to begin the process.
- Excellent support and work performed by the two strategic planning consultants Kristine Larsen and Lee Crevier.
- Dr. Andrew Sellars, Senior Medical Director and the driving force behind strategic planning envisions all VJH departments will complete strategic planning as well as peer-to-peer physician promotion. Dr. Sellars noted that the momentum resulting from the positive outcomes in Vernon is spreading and has made it easier to promote to departments in other areas such as

Salmon Arm. Physicians previously engaged in the process have helped to convince others of its value and Interior Health provided additional support to Salmon Arm's strategic planning based on the reported success of Vernon's activities.

- VJH Administration has committed fully to supporting the strategic planning process for all departments. Dr. Sellars has noted that this full support is what has distinguished VJH from other facilities in Interior Health.
- Follow-up to a completed strategic plan includes regular quarterly meetings between the physician leads and administration to check on how things are going and to inquire if support is required from administration to reach department goals. Success story: The Department of Family Medicine lead and their IT representative met with Richard Harding (VJH MSA Acting President) and Casey Hughes (VJH Director, Clinical Operations) to discuss optimizing physician clinical workspace on the wards to foster private and "less distractable" workstations. A local IT working group was created from these discussions and walk-about were performed. New stations are set to open early April while others have been optimized for electronic documentation and privacy.

#### **Lessons Learned:**

- Despite the department of Family Practice beginning their strategic planning process concurrently with the advent of COVID-19, the process was found to proceed quickly, facilitated by consultants who were focused on completing the process. A pause in the process may be necessary to allow enough time for adequate attention to the work, especially if there is a feeling that there is not ample commitment from all department members. There is risk in a pause in that the process may never re-start so delaying the process should be done strategically in order to not slow any momentum.
- Large departments may find navigating the process more challenging (eg Family Medicine) due to scheduling and availability of members.
- Implementation of the plan can be challenging given the pressures of work and available time for projects. Soliciting engagement within one's own department is vital to ensure that the work of implementing the plan is not being placed on any one department member.
- Although departments moving through the strategic planning process may not interact with any clinical operations management at VJH, the "outcome" is where that interaction begins to take place. This also confirms the department agrees as a whole regarding the identified goals which allows administration to advocate to help them reach their goals. Dr. Sellars noted he had encouraged the consultants facilitating the strategic process to invite someone from administration to contribute to the conversation, although not all departments were willing.

#### **Next Steps:**

- External consultants conducting the Facilities Engagement Initiative review have interviewed some VJH physicians regarding their strategic planning projects. A final report will be released in the near future. LFEC participants agreed to share information with outside enquiries via Engagement Partner Cheryl Drewitz-Chesney.
- Regular follow-up meetings as part of Dr. Sellars' bi-weekly meetings with Richard Harding, (VJH Administrator), will include the department's respective administrative manager. Department heads will determine the most appropriate physician to attend this meeting. Dr. Sellars will initiate the process through his administrative support person.

- Strategic Planning for the Department of Anesthesiology has been initiated. Funding has been set aside in the 2022/23 budget to cover strategic planning for the remaining departments at VJH.

### **ACTIVITY:**

#### **Centralized Booking and Rapid Access General Surgery OR Time – Dr. Hamish Hwang**

##### **What Happened:**

The purpose of this project was to equalize the patient wait list amongst VJH general surgeons. Patients would be triaged by the first available surgeon and subsequently handed off to the first available surgeon with OR time to perform the necessary OR procedure. Results included: optimizing OR utilization; overall reduced wait time for all patients, equalization of surgeon's wait lists and movement of the extreme wait-listed patients to a surgeon to complete their procedure well before target benchmarks. Other benefits: patient autonomy; building trust among surgeons in the same community; quick to implement; adaptable and, above all, sustainable – no additional funding required.

##### **Experiences:**

- The advent of COVID-19 disrupted some post implementation data collection.
- Criteria for the process (inclusion and exclusion of certain procedures/patients) was agreed upon at the start among the general surgeons. This was easily achieved as a shared pathway for endoscopy patients had previously been created by this same group of surgeons (shared care and trust among the group was already occurring). Meetings were also held with nursing staff and the administration involved in rolling out the new process. Criteria discussion and implementation took less than one month.

##### **Lessons Learned:**

- It is important to give everyone the opportunity to provide their opinion and contribute to the proposed project as well as the option to opt out if so desired.
- Once the process was running and producing positive results, it was easy to secure ongoing commitment from participants.
- Administration noted that the results have been better patient focused care with a systematic approach. The procedures can now be counted as a planned surgical procedure in daily VJH or OR stats.

##### **Next Steps:**

- Results of the original Centralized Booking activity expanded into a Rapid Access General (RAG) Surgery OR Time activity and then expanded even further into the Orthopedic department which used the basis of the process to create Daytime Orthopedic Trauma (DOT) time.



## **ENGAGEMENT PARTNER FEEDBACK – Cheryl Drewitz-Chesney**

- Coordinating and aligning the roles and governance of the MSA and VJH Physician Society was extended to completing an extensive review of the support team, hiring a new program director as well as improving engagement in the Working Group meetings which resulted in several positive changes being implemented (change to a rotating chair; request for video cameras to remain on during Zoom meetings; integrating breakout group discussions; reformatting round table department sharing to focus on successes and challenges).
- Despite wildfires, temperature extremes, capacity challenges and continuing COVID-19 pressures, there has been ongoing commitment between the MSA and administration to engage and work together.
- Good feedback loops are present. Physicians raise an issue which is taken to LFEC, discussed with leadership, and then communicated back to the department. Leadership has been responsive and respectful in discussions.
- In looking at last year's feedback letter recommendations, it was noted that the VJHPS highlights their successes through physician activity presentations at Working Group meetings; work is being done on succession planning, and incorporating evaluations into all activities is encouraged (including IH, QI etc.) The measures needed to gauge if a project has potential spread regionally and, where appropriate, provincially through the SSC Spread Initiative has not yet been identified by IH. Once it is available, it will be shared with the group.
- Regular check-ins with the Working Group determine whether they agree with the current direction of the Society, which was noted to be a positive and responsible effort of the group.

## SECTION 2: HIGHLIGHTS AND RESULTS

COVID-19, extreme heat, wildfires, and hospital capacity issues made for a challenging year, not only for physicians but all VJH staff. Despite the challenges, meetings were well attended, attendance at CME's increased, and physicians launched some cutting-edge activities focused on patient care and wellness initiatives designed to positively impact hospital culture overall.

Some examples:

- Radioactive Seed Localization for Breast Cancer

Dr. Michael Horkoff

Breast Lumpectomy for breast cancer has become the preferential surgical treatment for 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 tumour intra-operatively. 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 project involves developing a protocol and implementation plan for I-125 seed localization to begin at VJH. VJH will be the

second site in British Columbia using this technique, and the first in Interior Health.

- US Care – Civility Matters to Patient Care

Dr. Yann Brierley

The need to address incivility was made apparent when the degree of disrespect that front-line medical laboratory assistants (MLAs) responsible for patient blood collection was relayed to those at the lab operations and directorship level. In subsequent discussion with other hospital support staff departments, such as housekeeping and food services, it became clear that the laboratory staff is not the sole recipient of mistreatment and disrespectful behavior by allied hospital staff

Incivility is a learned and insidious behavior and its effects far reaching. It denies teams of their potential, undermines hospital morale and can drive people to quit. The complexity that is inherent in any modern hospital setting is made manageable when we treat each with respect and truly value each other's role in health care delivery. Health care is incumbent on the integration of a multitude of teams, but the pursuit of optimal health care is predicated on the fact that team members feel safe, have a voice, and feel valued. Hence, it became evident that messaging about the importance of civility in the workplace should be made hospital wide.

Culture change towards civility at VJH has the enthusiastic support of both senior medical staff and hospital administration. "Us Care" is a new focus that promotes collectively working together to nurture a hospital culture of caring that enables staff to foster joy at work and provide the best possible patient care. The first initiative under the "Us Care" banner is a Civility Matters to Patient Care campaign. As part of the campaign, which includes a brochure and poster with a QR code to resource information, presentations on the importance of civility will be made to all hospital staff. Follow-up meetings and

additional modes of messaging are also planned. Based on a literature review of studies and initiatives targeting incivility at other health care sites, expected outcomes include a reduction in:

Sick leave

Loss of productivity

Staff turnover

Staff disengagement

Medical errors

- Surgical Checklist Simulation and Redesign

Dr. Julian Semik

This quality improvement project, funded by Facility Engagement and PQI, used a simulated operating room to refine surgical workflow processes and eliminate the possibility of wrong patient, wrong procedure, wrong sided surgery by 100 per cent without substantially effecting efficiency on orthopedic surgery patients at VJH. The resulting process involves taking a picture of the signed surgical site in the preoperative area. Next, the surgeon records the patient stating their full name, date of birth, side and type of surgery. In the operating room, an app is used to compare the signed surgical site with what the surgeon is observing to ensure that they match. The patient's consent and personal message video is then played to the team verifying the surgery can proceed. This refined process has had significant impact on operating room safety and physician confidence.

- Gratitude Breakfasts

In conjunction with the VJH Foundation's white heart campaign supporting health care workers, the Physician Society held a burrito breakfast for all hospital staff in October 2021. A local food truck prepared burritos and physicians handed out and personally thanked 450 hospital employees for making a difference. It received positive media attention and although successful in making hospital employees feel appreciated, it was a learning experience for organizers. Food supplies failed to meet demand and the burritos took too long to make resulting in employees having to come back for their food. The Physician Society held a second event March 2, 2022. This event went much more smoothly. Physicians personally thanked and handed out Bannock and breakfast bagels to 700 grateful hospital employees.

### **Meeting Attendance – April 2021 to March 2022**

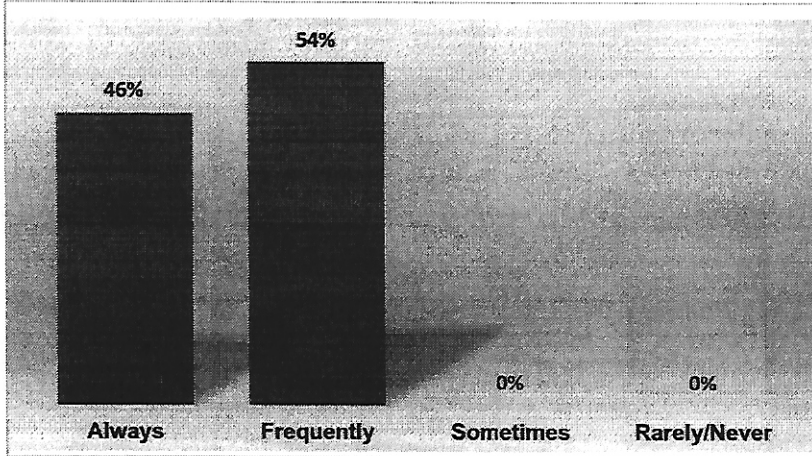
Working Group – 74.5%

LFEC – 84 %

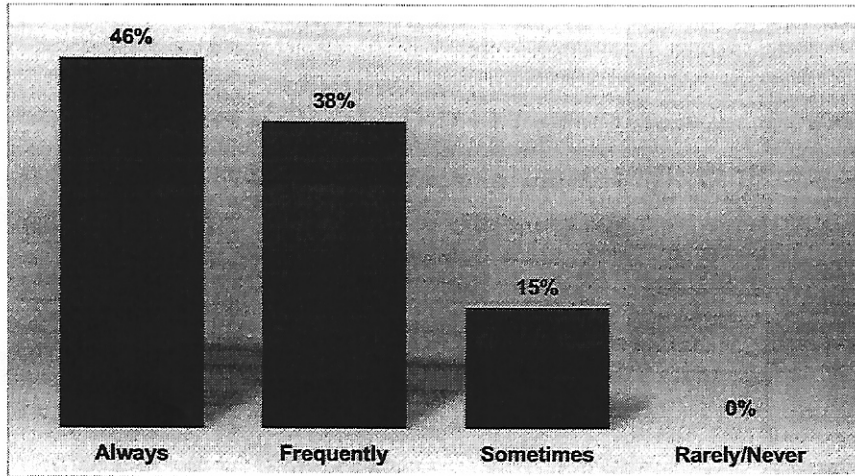
## 2021-22 Site Review & Reporting Process

### MSA Self-Assessment Results

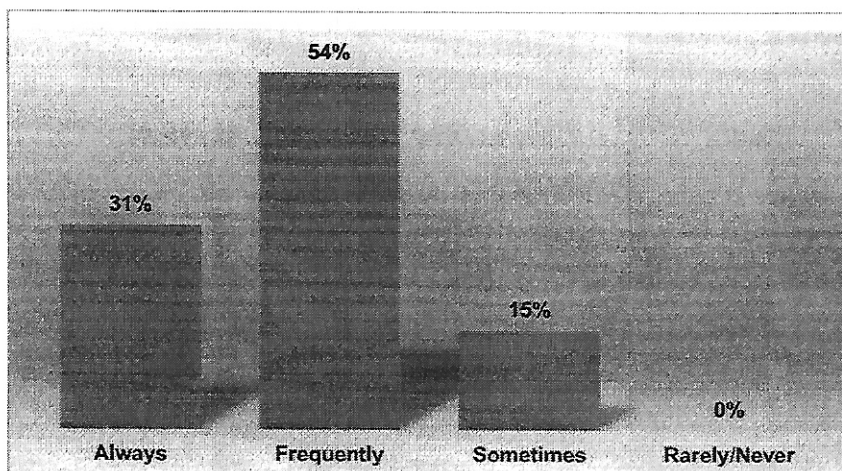
1. 2021/22 MSA strategic priorities support the FEI Outcomes 2019-2023:



2. There was improved engagement among MSA members over the last year:



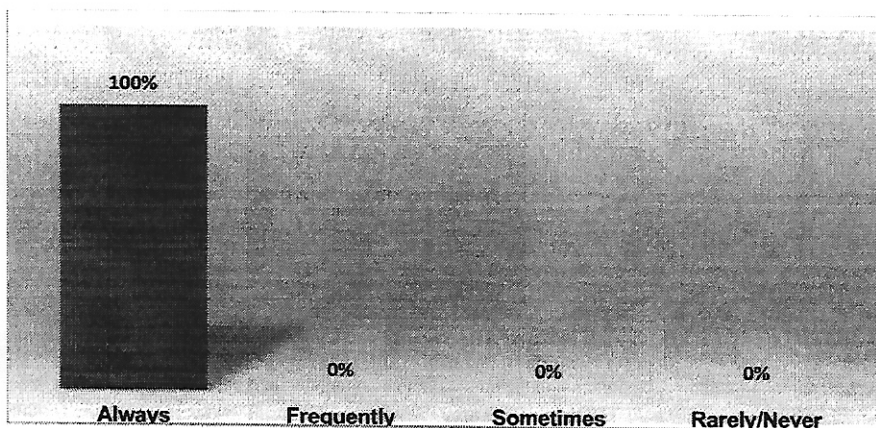
3. There was improved engagement between MSA members, and the site HA staff over the last year:



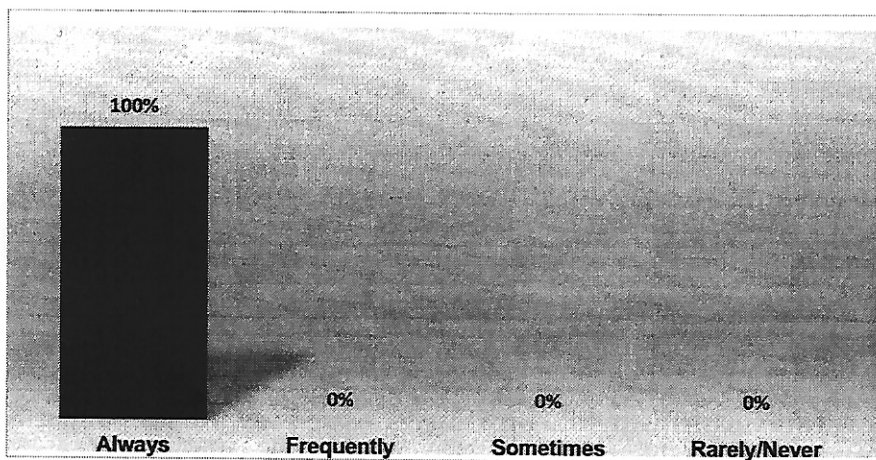
## 2021-22 Site Review & Reporting Process

### HA Self-Assessment Results

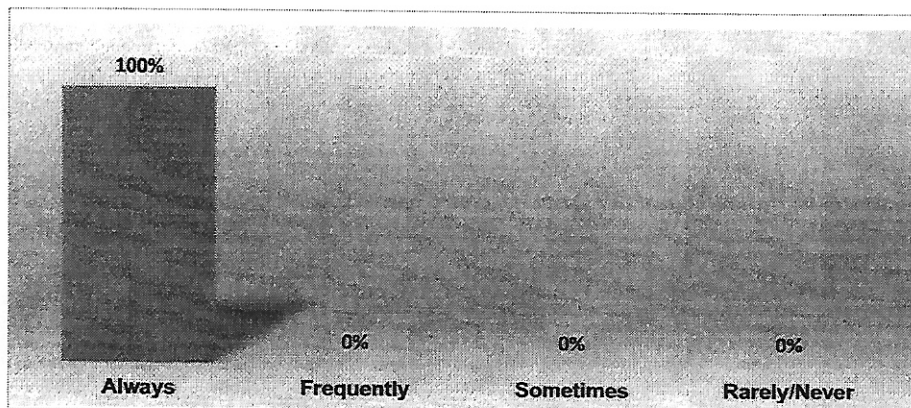
1. Site structures and processes (MSA, HA, joint) support meaningful consultation and collaboration on priorities:



2. Site structures and processes (MSA, HA, joint) support effective communications between MSA and local site leadership:



3. There was improved engagement between MSA members and the site HA staff over the last year:





## Facility Engagement Strategic Plan 2022 - 2023

**Mission:** The VJHPS represents physicians, dentists, midwives and nurse practitioners with privileges. VJHPS acts to engage Interior Health to improve patient care and physicians’ 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 Pillars

Physician Engagement	Physician Development	Quality Care for Patients	Collaboration with Stakeholders	Attraction, Recruitment and Retention of Top Talent
Identify physician engagement opportunities and strengthen physician collaboration and advocacy to ensure the views of medical staff are effectively communicated.	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.	Identify, research and implement initiatives designed to improve operational efficiencies and enable VJH staff to provide quality patient care.	Interact, and communicate with facility-based physicians, IH, Ministry of Health, Doctors of BC and community health leaders to strengthen relationships, share information and identify opportunities for collaboration.	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 AND PERFORMANCE MEASUREMENTS**

### **1. Goal 1: Physician Engagement**

**Activity 1** - Support physicians to attend the following meetings as appropriate by providing sessional payments:

LFEC

Working Group Meetings

VJH Physician Society Executive

Inter-Society Facility Engagement

Uncompensated Committee Meetings

Departmental/Interdepartmental Enrichment Meetings

**Key Performance Indicators:**

Members attend 75% of meetings.

Increase the "Always" responses to 50% or higher on all 3 questions on the annual MSA Self-Assessment survey.

**Activity 2** - Provide facilitator funding for remaining VJH departments to complete strategic planning.

**Key Performance Indicators:**

Completion of strategic plans. (Anesthesiology by November 2022)

Completion of post-strategic planning evaluation with a positive response rate of 75 per cent.

80 per cent attendance at quarterly meetings with departments and hospital administration.

### **2. Goal 2: Physician Development**

**Activity 1** - Provide funding for monthly CME speakers.

**Key Performance Indicators:**

10 CMEs per year.

Minimum 15 people to attend each CME.

**Activity 2:**

Annual physician wellness conference featuring speakers and networking opportunities.

**Key Performance Indicators:**

Minimum attendance – 60 VJH physicians

Presenter evaluations – 80 per cent response rate; minimum satisfaction rating of 7 out of 10.

**Activity 3** - Physician Education Opportunity in conjunction with SNO Division of Family Practice.

VJH to share speaker costs and promotional responsibilities with SNO Div of Family Practice for a 6 to 8 week educational opportunity for VJH and family physicians.

**Key Performance Indicators:**

Minimum attendance – 20 physicians

Presenter evaluation – minimum satisfaction rating of 7 out of 10



#### **Activity 4** – Resuscitation Simulations (SIMS)

Sessional fees paid to physician leads to create and run regular SIMS for colleague physicians and allied health staff. These SIMS follow recognized emergency/resuscitation protocols, as taught in courses such as Advanced Cardiovascular Life Support (ACLS), Advance Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), Advanced Pediatric Life Support (APLS). The Lead meets with stakeholders (Interior Health) to ensure clinical needs are met during SIMS.

#### **Key Performance Indicators:**

Number of SIMS offered; number of participants at each.

### 3. **Goal 3: Quality Care for Patients**

#### **Activity 1** – Grossing Station Feasibility Study

Sessional fees paid for physician to complete feasibility study on requirements and costs to procure a much needed additional grossing station.

#### **Key Performance Indicators:**

- Completion of a comprehensive feasibility study that will enable physicians and hospital administration to effectively discuss future procurement and installation of another grossing station.
- Completion of presentation to Working Group on results of study by October 2022.

#### **Activity 2** – Complex Polypectomy QI

Sessional fees paid to physicians to determine if implementation of a protocol for complex colon polyps leads to improved achievement of key quality indicators. The process will be to review cases before and after implementation of a complex polyp pathway to determine a) what elements of the key quality indicator have improved and which still require improvement and b) barriers to achievement of all quality indicators.

#### **Key Performance Indicators**

A final presentation to the Working Group outlining results of research and next steps by February 2023.

#### **Activity 3** – Creating Decision Pathway for Appendicitis

Sessional fees for physician participants. A recent study at Vernon Jubilee Hospital (VJH) showed that US has a 64 per cent sensitivity for acute appendicitis and that false negative results created confusion in clinical decision making. This project builds on the results of this study to develop a decision pathway agreed upon by surgeons, radiologists and emergency physicians. This will be accomplished by:

- Prioritizing issues that significantly affect physicians and patient care.
- Improving communication and relationships among the medical staff so that their views are more effectively represented.
- Supporting medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- Engaging stakeholders (surgery, radiology, emergency medicine) in developing a clinical decision pathway tool.
- Examining results of a completed study.
- Developing a proposed pathway, obtaining feedback from stakeholders, circulating the consensus pathway and posting laminated diagrams in emergency department.

#### **Key Performance Indicators**

-post-project evaluation to be completed by physicians demonstrating the pathway is effective in clinical decision making by November 30, 2022.

-Positive response to a final presentation made to the Working Group.

**Activity 4** – Radioactive Seed Localization for Breast Cancer

Sessional fee paid for creating a protocol and implementation plan.

Key Performance Indicators:

Completion of a protocol and implementation plan for I-125 seed localization to begin at VJH.

Presentation to the Working Group by February 2023.

**Activity 5** - Allied Health – physician teaching.

Sessional fees paid to medical staff (physicians and midwives) engaged in providing education for allied health professionals (nurses, respiratory therapists, social workers and physicians) where no funding for such activity currently exists, in order to improve patient care, collaboration, efficiency, and knowledge.

Key Performance Indicators

-Evaluation - development of baseline data – the number of allied health teachings; the number of physicians involved in allied health teachings and the associated costs to determine if this is an effective use of FE funds or if there is a more appropriate funding source.

-To stay within \$8,000 budget. Spending in 2021/22 exceeded budget. It is thought that this was due to COVID-19.

4. **Goal 4: Collaboration with Stakeholders**

**Activity 1** – Vernon Alliance

To pay member physicians sessional fees to participate in Vernon Alliance. Possible future development of a regionally, issue-focused alliance.

Key Performance Indicators

-An average attendance rate of 80 per cent.

-Vernon Alliance members to actively address 1 issue related project per year.

\*Note – physician engagement and physician development activities also include collaboration with stakeholders.

5. **Goal 5: Attraction, Recruitment and Retention of Top Talent**

**Activity 1** - Surgical Services Team Workplace Assessment

Development of an assessment and plan to address the disrespectful attitudes and behaviors among surgical staff.

Key Performance Indicators

-Completion of assessment and plan implementation by November 1, 2022.

-Employee satisfaction survey – 80 % response rate with 70% reporting improved levels of employee satisfaction and psychological safety.

-Reduction in departmental staff turnover.

-Elimination of the need for au 1000 reports or corrective action.

**Activity 2** - Civility Matters to Patient Care - Phase 2

Sessional fees paid to physicians developing and participating in this project that is designed to change hospital culture by promoting civility, cooperation and kindness. Several 2.5 hour tailored civility session/workshops will be organized and provided to all ward/department affiliated staff, including physicians.

**Key Performance Indicators**

- A 50 per cent attendance target for physicians attending at least one two-hour civility session for the next identified wards or departments in 2022.
- Survey results that demonstrate a) civility messaging is top of mind; b) respondents feel attitudes and behaviors have improved making the hospital a more enjoyable place to work.

**Activity 3** – Gratitude Events

Funding for physicians to host two initiatives aimed at thanking hospital staff for making a difference, particularly during difficult times. Events will be hosted in collaboration with other departments such as the VJH Foundation in an effort to increase awareness and impact.

**Key Performance Indicators**

- Minimum 700 hospital employees participate in each event.
- Minimum 8 physicians actively participate in event.
- Media coverage – good news story to be picked up by at least two media outlets.
- Two events to be completed by March 15, 2023.

**Activity 4** – Physician Recruitment

Physicians in any VJH department are able to claim time and expenses (not covered by Interior Health) for actively engaging prospective candidates i.e. site visits, facility and/or community tours, social engagements, and Question & Answer (Q&A) Sessions with candidates.

**Key Performance Indicators**

A minimum of 50 per cent of candidates courted by physicians to join the VJH medical staff.