We have started off a busy year in Medicine and Quality, with a number of priorities and focus areas.

One of these is to improve engagement with physicians throughout Interior Health. We know that engaged physicians are the foundation of a high performing health system and, at the end of the day, the winner is the patient.

Dr. Harsh Hundal and Rose Harrison have been instrumental in leading this work and have developed the Physician Engagement Initiative. They will be presenting their ideas for transformational leadership to improve engagement at Local Medical Advisory Committees (LMACs) in the coming weeks, as well as provincially to Doctors of BC and the Faculty of Medicine at UBC. I am very excited to see our medical staff set new standards of excellence in the delivery of health-care services in IH.

Another exciting initiative is the Physician at Triage project. Last December, a four-week trial at Kelowna General Hospital emergency took place to prevent and manage department overcrowding. They trialled a physician at triage to improve time for patients to reach a physician initial assessment (PIA). The results were an outstanding success.

This innovative project is a first for B.C. and will significantly reduce wait times, streamline triage, and get patients through the ED faster. The project has been endorsed by senior leadership and formal pilots at two IH sites will take place this summer.

Between these larger projects, I spent time meeting with chiefs of staff at acute sites in New Denver, Nakusp, Nelson, and Trail.

One thing that came through loud and clear was transportation concerns. We’ll be working with BC Ambulance Service to come up with solutions to improve transportation throughout the Kootenay Boundary and give patients access to a higher level of care, when needed. We also discussed access and flow, and recruitment and retention concerns.

Recruitment and retention of anesthesiologists is a serious issue in IH and across B.C. We felt the impacts after the anesthesiologist in Cranbrook left earlier this year. I would like to take a moment to acknowledge the hard work and commitment from staff at East Kootenay Regional Hospital. Everybody came together – from general practitioners, to surgeons, to front-line staff – and they were able to avoid closing the operating room and cancelling surgeries. Hats off to Karen Bloemink, Jane Cusden, Erica Phillips, Dr. Lawrence Jewett, Dr. Sue MacDonald, and the nursing staff who stepped in during this time of need.

I’d also like to recognize physicians and staff at Royal Inland Hospital’s emergency department. Their efforts to improve their patients’ care experiences and decrease wait times have been recognized in the Western Emergency Department Operations Committee (WEDOC) annual awards. Well done everybody! Read more about this on p. 5.

We had excellent representation at the BC Patient Safety Quality Council’s annual Quality Forum. Employees from across IH presented diverse perspectives of the health-care system, solidifying our commitment to quality improvement and patient safety. Kudos to everyone who participated.

As we move into the spring season, we will be actively recruiting a new chair for the Health Authority Medical Advisory Committee (HAMAC). After three years at the helm, Dr. Glenn Fedor’s term as chair has ended. I’d like to thank Glenn for his leadership and his impressive ability to always be available, even while living in Williams Lake. I know his Durango has seen a lot of miles.

Thank you to everyone for your continued commitment to quality, engagement, safety, and patient care. I see many positive changes for us ahead and I look forward to sharing them with you as they unfold.

The Ertel family (L-R): Wendy, Madeleine, Abbey, Emily, and Mike, with old dog Stanley and new puppy Norman.
Facility Engagement Initiative is flourishing

As of 2018, 20 facilities across Interior Health have initiated more than 200 Facility Engagement activities.

“I’m pleased to report that the Facility Engagement Initiative at Interior Health is flourishing,” says Dr. John Falconer, IH Facility Engagement Physician Liaison and chair of the KGH Facility Engagement working group.

“Our sites are brimming with enthusiasm, there are a wide variety of projects underway, and the physician engagement amongst groups is excellent.”

Facility Engagement is a provincial initiative that originates from the 2014-19 B.C. Physician Master Agreement. It aims to strengthen relationships, communication, and collaboration between health authorities and facility-based physicians, to improve the physician work environment and the delivery of patient care.

“One of the positive impacts of this project has been the inter-divisional and inter-departmental opportunities to come together and collaborate on a regular basis,” says Dr. Falconer. “Pediatrics is meeting with emergency; radiology is meeting with surgery – these cross-collaborations are new. Getting physicians together to discuss common issues is very positive step forward.

“IH has committed to supporting the Facility Engagement, both with my liaison position and with Dr. Harsh Hundal as an Executive Medical Director having this as an important part of his portfolio.”

On Dec. 6, 2017, physician representatives from each IH facility, health administrators and executives, and representatives from HEABC and the Specialist Service Committee (SSC), met together for the Interior Health Facility Engagement Symposium.

“The event was an excellent opportunity for learning and dialogue, to exchange ideas, to build relationships, and for everyone to get a feel for the initiatives underway at other IH sites.”

While all Facility Engagement projects are unique and vary in length, they share a common theme to give physicians a meaningful voice to address issues that affect them.

For example, the Lillooet hospital physician group has increased mental health care access for children and youth with mental health issues. Initiated by Dr. Nancy Humber, the physicians worked together with local and regional Interior Health representatives, along with schools, First Nations councillors, and other community members, to arrange for two child and youth psychiatrists to provide outreach clinics to Lillooet and surrounding area.

And, at Vernon Jubilee Hospital, Dr. Jason Doyle brought forward concerns about redundant laboratory testing. In collaboration with the Vernon Jubilee Hospital Physician Society, they examined laboratory utilization and developed recurrent laboratory testing guidelines for inpatients. As a result of the changes, patients will experience less anxiety and discomfort resulting from unnecessary tests.

“There are many impressive projects happening across IH and I am ecstatic that IH is utilizing the Facility Engagement initiative to improve areas in need across the health authority.”

To learn more, visit www.facilityengagement.ca.
Royal Inland Hospital’s emergency department (ED) physicians and staff have worked hard to improve their patients’ care experiences and decrease the time they are waiting to be seen, discharged, or admitted to hospital.

Now, those efforts have been recognized in the Western Emergency Department Operations Committee (WEDOC) annual awards, which tabbed the RIH ED in the Most Improvement category. RIH had improvements in four process measurements:

- **Time to MD**: the time it takes for a patient to see a physician and begin decision and treatment plans, an indicator of patient satisfaction and clinical processes;
- **Door to Disposition**: the length of time a patient spends in the ED before onward care, a measure of the function of the overall department and support services;
- **ED Length of Stay**: similar to the above, this is the total length of time a patient spends in the ED, including waiting to be admitted;
- **Time waiting for inpatient bed**: a reflection of how quickly patients leave the department to go to inpatient units, and a true measure of the hospital’s access and flow, both within RIH and with other IH and community hospitals and partners, as a whole.

Richard Jewitt, RIH Health Service Director, says the award reflects well on the entire hospital, as all departments work together to improve access and flow. The ED has also worked hard to improve ambulance off-load delays, and has seen significant reductions in the last year.

“It’s good to see improvements but we still have work to do. It’s a journey for sure,” says Richard. “But this award is great as it reflects the significant efforts being made by staff and leaders to improve the patient experience. It’s a team effort, and that team is the whole RIH site, not just in the ED. Getting recognition like this, at this time, is quite motivating – it helps reinforce that we’re on the right track.”

Dr. Todd Ring, Chief of Staff, was also pleased to see the recognition, and pointed to Dr. Henk Van Zyl, RIH ED Medical Lead, and Mike Rickson, ED Manager, for their hard work in leading the emergency department to its recent successes.

“Thanks for the great news!” says Dr. Ring, who is also an RIH ED physician. “I think we should win an award for best staff as well (physician and nurses).”

Congratulations to all!
**Medical Assistance in Dying (MAiD)**

**On April 4**, Dr. Douglas Smith will discuss the clinical ethics related to medical assistance in dying (MAiD). The WebEx presentation, *Considerations for Medical Assistance in Dying: the Interior Health experience*, takes place from 1-2 p.m.

Dr. Smith is the IH physician lead on the provincial MAiD working group and Executive Medical Director for Residential Care, Palliative and End of Life Care, and Medical Assistance in Dying.

Register for this event [here](#). Teleconference: 1-877-977-0888 (access ID 1359#).

To learn more about this relatively new end-of-life care option for eligible Canadians, visit the [MAiD page](#) on the Interior Health website (www.interiorhealth.ca/MAiD).

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**Responsive Behaviour Rounds**

**On April 19**, a Residential Care medical director and a geriatric psychiatrist will discuss older adults living in residential care, who present with complex mental health needs and related behavioural changes. The WebEx presentation takes place from 1-2 p.m.

Those who should attend include: most responsible physician and family physicians who have clients in residential care, residential care nurses, care aides, care coordinators, residential care managers/administrators, social workers, and mental health and allied health staff that support residential care.

Register for this event [here](#). Teleconference: 1-877-977-0888 (access ID 4740#).

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**Physician Administrator Co-Leadership Training**

**On May 4 & 5**, the Physician Administrator Co-leadership Training (PACT) will take place. The program provides training for medical and administrative leadership, as well an opportunity to discuss issues relevant to the medical leadership role. This spring’s CME accredited program will be held at the Four Points Sheraton in Kelowna.

**Day 1: Improving How We Work Together: Toward a Better Understanding of Aboriginal Health and Wellness**

Dr. Sue MacDonald, Executive Medical Director, Aboriginal Health & Wellness, will lead this program with Brad Anderson, Corporate Director of Aboriginal Health, and his team.

**Day 2: Dyad Leadership in Health Care: When the Best Leader is More Than One**

This program focuses on physician engagement and dyad working relationships. Dr. MacDonald will be leading this session with Dr. Harsh Hundal, Executive Medical Director, Physician Engagement & Resource Planning, and Rose Harrison, Medical Affairs Consultant.
PHYSICIAN QUALITY IMPROVEMENT

1-DAY INTRODUCTION TO QI

Would you like to learn more about Quality Improvement?

Join your peers for an introduction to fundamental quality improvement skills and concepts that follows a curriculum co-created by physicians, for physicians.

Interested in leading a QI project? The PQI funding model and program supports will be discussed.

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What will be covered?

- Overview of Physician Led Quality Improvement
- Introduction to Quality Improvement in Health Care
- Introduction to Model for Improvement
- Understanding the System / Human Factors
- Introduction to Ethics in Quality Improvement
- Collaborative Engagement
- Culture as a Core Driver of Improvement
- Framing / Scoping Your Project
- Overview of PQI Project Intake Process
- Overview of QI Education Opportunities

If your salaried/service contract permits or if you are a FFS physician, your time for participating at the event will be recognized through sessional funding at up to seven hours based on the following rates of $157.00/hr for RCPSC specialists and $133.10/hr for non-RCPSC specialists/GPs practicing in Interior Health.

TO REGISTER E-MAIL: pqi@interiorhealth.ca

THINK BIG • START SMALL • ACT FAST
NEW EQUIPMENT EXPANDS SIMULATION TRAINING

For the last several years, patient simulation programs at Interior Health have operated from permanent centres in Kelowna and Kamloops, and through the IH Rural Mobile Simulation program. A third simulator has now been added.

The simulator will be based in a dedicated area in a newly refurbished Education Hub at Kootenay Boundary Regional Hospital (KBRH) in Trail. The simulator also travels to other sites in Kootenay Boundary and the East Kootenays to ensure all remote rural sites have an opportunity for this education.

“Every day, we are called to manage emergency situations and critical-care patients that we may not see as frequently as they do in larger sites,” says Dr. Scot Mountain, Medical Director, KBRH Intensive Care Unit (ICU).

“Patient simulation allows us to practise techniques in a safe setting, increases confidence in staff and physicians, and improves the quality of health services for patients across our rural and remote communities.”

The patient simulator is fully motorized with blinking eyes, a beating heart, and will act and react differently depending on the training scenario.

Dr. Mountain is the medical leader for the simulation working group at KBRH and will help to develop simulation training and curriculum for physicians, residents, and medical students.

“We can build our expertise through patient simulation, rather than by seeing a lot of patients regularly,” says Dr. Mountain.

“Just a couple of months ago, I did an airway simulation for medical residents to intubate a patient during respiratory failure. Not long after, one of the residents from the program intubated a patient. He said things went much more smoothly having just recently practised the process in a simulated environment.”

Dr. Mountain is also planning to implement “just-in-time simulations.” Nurses, physicians, and medical students in the ICU will look at the patients and determine potential complications, then simulate scenarios to build on skills directly related to the patient’s needs.

Learn more about Patient Simulation on the IH website.

Dr. Scot Mountain with the new patient simulator at KBRH.