Season’s greetings, everyone. Our team had a big year – from successful quality improvement initiatives and physician engagement projects, to changes in our structure and team membership. As I reflect on it all, I am thankful to everyone who has helped make these accomplishments possible.

My first acknowledgment goes to the entire Quality team, who’ve done outstanding work to grow physician engagement at Interior Health. In this year’s Doctors of BC physician engagement survey, IH placed third among all health authorities in B.C.; an impressive improvement from previous years. Where we were once behind, we are now the leading the way. Extra credit goes to Dr. Harsh Hundal and Rose Harrison for spearheading this important work.

Credit for our physician engagement success goes in part to our emphasis on the physician-administrator relationship. Dyads across IH are modelling the culture change we want to see. Ongoing connections are also made and nurtured through the Physician Administrator Co-Leadership Training (PACT) sessions. The last PACT focused on wellness and resiliency – essential to maintain balance in both our personal and professional lives. This is why we are investing in wellness to grow a healthy leadership team that fosters engagement. Read more about the PACT session on p. 3.

Another sign of enhanced physician engagement is the increase in the physician influenza immunization self-reporting rate. It’s as high as it’s ever been. While there is still room to improve, we are moving in the right direction.

There are many exciting quality improvement initiatives underway and we have been leveraging our external partners, such as the Specialist Services Committee and Doctors of BC, for funding to support these projects. The SSC project to manage responsive behaviours in the long-term care population is an excellent example of improving quality of care through an inter-professional team approach. Read more about this project on p. 6.

The Health Authority Medical Advisory Committee (HAMAC) has defined its five new sub-committees. These groups will assist with the work that HAMAC members could do not alone. The sub-committees are: credentialing and privileging; medical staff resources; clinical informatics; pharmacy and therapeutics; and physician performance. I am excited to see what these teams accomplish.

Our Medicine and Quality leadership structure has also expanded as we welcome three new senior medical directors to the medical leadership team: Doctors Nancy Humber, Glenn Fedor, and Darren Lorenz share IH West from their respective home towns in Lillooet, Williams Lake, and Salmon Arm. By supporting smaller, regional areas, it enables our medical leaders to be more present in their community, continue to practice medicine, reduce travel time, and increase engagement. Get to know more about Darren on p. 7.

I am delighted that Glenn McRae has now formally joined our team as Executive Director, Quality and Patient Safety. Glenn’s focus in the new year will be to work with senior leadership to develop and lead the organization’s quality and patient safety plan. (cont’d on p. 2)
The top 25 future physician leaders have been selected and I thank everyone who nominated someone or applied. It was a difficult decision to choose only 25 out of 150 applicants, while ensuring placement in a geographically sensitive manner. Watch for a profile on these physicians in a future issue.

We are growing into a strong, talented team and it’s a credit to IH that there are many interested people wanting to join our portfolio. It is great for the organization and, ultimately, the people in our care.

Heading in to 2019, my focus is continuing to enhance our physician-administrator dyad working relationships. Building a bridge between physicians and our people in operations is extremely important to grow physician engagement and to improve system change in health care. I am also looking forward enhancing our relationship with Divisions of Family Practice, particularly because of the focus on primary care transformation, primary care networks, and urgent primary care centres.

As 2018 comes to a close, I thank each of you for the all work you have been doing – I realize it can take a toll. We often talk about rate of depression and anxiety among medical staff at senior and provincial levels – your wellness is very important to all of us. Please look after yourself this holiday season, unplug, and spend time with family and friends.

Wishing you all a safe and happy Christmas.

Lower your flu risk.
Get immunized.
Building resiliency and connection in health care

Medical, administrative, executive, and Aboriginal leaders from across IH came together in Kelowna at the Physician Administrator Co-Leadership Training (PACT) session in October. The focus of the two-day session was strengthening resilience and managing distractions.

“Health care is an emotional industry and it’s important that we understand how the ever changing workplace environment impacts our personal wellness,” says Dr. Sue MacDonald, Executive Medical Director, Aboriginal Health, Physician Leadership, and Kootenay Boundary. “PACT sessions provide an opportunity to hear from internal and external facilitators on topics that are relevant to both physician and administrative leaders.”

Day one began with a compelling presentation from Dr. Marie-Helene Pelletier, Registered Psychologist, who spoke of reducing anxiety, lowering burnout, and investing in resiliency to improve leadership. A panel discussion followed with former CEO Chris Mazurkewich and new CEO Susan Brown. They were asked to share their thoughts on resiliency as a key leadership skill.

“Personal and professional transitions will impact resiliency, so it is important to be self-aware, recognize strengths and weaknesses, and have coping strategies,” said Susan. “We can all be leaders and influencers on our culture, so build resiliency into your teams and do your best to maintain it.”

Vanessa Mitchell, IH Aboriginal Health Lead, then spoke about resiliency from her perspective as an Aboriginal Health leader.

“Resiliency of Aboriginal people was impacted by the colonial narrative, which includes residential schools, the Sixties Scoop, and the Indian Act,” said Vanessa. “Today, Aboriginal people’s resiliency is reflected through their connection and reconections with their cultural ceremonies, traditions, and teachings of song, dance, and language within their self, their family, community, Nation, and the Land.”

She emphasized that in health care it is important to connect with who you are and where you come from to build your own story and resiliency, then to share that with the recipients of our care and those with whom we work.

The second-day facilitation, led by Dr. Paul Mohapel, Associate Faculty Member, Royal Roads University’s Leadership Program, focused on dealing with distractions.

Dr. Mohapel that explained that in an era of unrelenting distractions, demands, and pressures, leaders now more than ever need to learn to sharpen focus to thrive in the complex world of health care. The hectic pace of leading appears to be contributing to greater stress, poorer focus, and reduced productiveness.

The session provided opportunity for group discussion, workshop learning, and strategies to pay attention to what matters and strengthen relationships as a leader.

“It was fulfilling to see the level of engagement over the two days,” says Dr. MacDonald. “PACT has grown into a safe place to share ideas, discuss issues in an interactive setting, and walk away with tools that help our leaders in their day-to-day roles.

“Overall, the important learning is that resilience is not a trait that people either have or do not have, but instead involves behaviours, thoughts, and actions that can be learned and developed.”
Love is all you need

Meaningful and supportive relationships between colleagues are foundational for the medical staff in Williams Lake.

“The Round Table of Collegiality” is held once a month at the home of a colleague, with the core value that all are equals and an emphasis on building relationship. Each meeting begins with stating the following three things:

1. “John Lennon said ‘Love is all you need.’ ”
2. “We know that there is no better place to experience love than in the midst of our colleagues.”
3. “Enthusiasm is love’s purest form – so bring it!”

Generally, this statement is followed by a two-minute discussion on a topic that encourages collegiality.

They then share a meal, sometimes a song, and often a hug or two. This is followed by a brief clinical teaching. The focus, however, is on relationships, not lengthy teachings.

“The time is set aside for celebrating each other and getting beneath the surface. We learn that being vulnerable is our path to building greater trust and lasting collegiality,” says Dr. Paul Magnuson, Williams Lake physician. “We endeavor to pick each other up, dust each other off, and support one another.”

Dr. Mike Ertel, VP Medicine and Quality, shares his support for the work the Williams Lake medical team.

“This is an excellent example of engagement and commitment,” says Dr. Ertel. “Collegiality meetings have a trickle-down effect to all other medical staff activities and local medical meetings.

I am inspired to see the deliberateness this team takes in building their medical culture.”

Paul emphasizes this is just one method for building relationships, and that there are many ways to arrive at the same destination.

“Over the years, I have developed a deep sense of love and respect for my colleagues,” says Paul. “We still have a long way to go, but it is my desire to eventually see everyone sitting around the fire.”

Residential Care Services is changing its name to Long-term Care Services
There is a gap between physicians and administrative leaders, but much work is underway to lessen the distance.

The UBC Emergency Medicine Residency Interior Site now offers a two-month administrative leadership placement for emergency medicine residents. Starting his placement at Interior Health in October, Dr. Mark Sanderson has nearly completed his placement at Interior Health.

“There’s a parallel structure between administrative leaders and physicians that so many physicians don’t know about,” says Mark. “Seeing the high-level functioning of Interior Health and having a bird’s eye-view of where the organization is going, from a granular level to a broader strategic level, has been fascinating.”

In his first month, Mark attended a number of meetings including the Physician Quality Improvement Conference, the Physician Administrative Co-Leadership Training session, a Health Authority Medical Advisory meeting, and several Executive Medical Director meetings.

“These were great opportunities to explore various relationships with administrative leaders, meet the people who are making decisions, and draw a connection between our two worlds,” says Mark.

Now into his second month, focus has pivoted from meetings to direct work with administrative leaders. For example, alongside administrative leaders from KGH, Mark is working on a quality improvement project for an airway registry.

“Currently, if someone needs an emergency airway, such as intubation, there is no standard way to capture data, such as who performed it, which method was used, or if there were complications,” says Mark.

“The form I am proposing, which is modified from Vancouver General Hospital, ensures every emergency airway outside of the operating room is documented. This way, we can capture the cycles, identify issues, and make modifications for improvement.”

Mark adds he is grateful to doctors Nick Balfour and Paul Linden for their passion and for teaching the specialty of airway in critical care to residents. Mark is also grateful for working under the leadership of doctors Devin Harris and Mike Ertel.

“Mike and Devin take time to debrief a teaching, talk about the bigger picture, the purpose of a decision, and the learning to take away,” says Mark. “It’s almost like a career counselling session. They drill down on what you want to do with your career and how can you make this learning experience tailored to your goals. It’s incredibly useful.”

As Mark transitions into his fourth year of residency, he’ll continue his clinical emergency shifts and will be applying to a Masters of Health Science. However, he won’t forget the experience he’s learned during his administrative time in health care.

“I think there is a big role in teaching residents the basics of how to get things done,” says Mark. “Often, someone has a good idea but they don’t know how or what to do with it. One way I can pay my experience forward is to be a resource for my co-residents and help them apply their idea through by understanding the administrative connections.”

Mark’s overall wish? For Kelowna medicine residents to be known for how to get things done!

“I am thankful to everyone for volunteering their time in this learning experience. This has been fantastic for me and I hope that I will be able to give something back to Interior Health in some way.”
SSC project improves care for older adults

At Overlander Extended Care Home in Kamloops, Amanda Brown, a Regional Knowledge Coordinator – Complex Behaviours, often stops to chat with the people living in long-term care.

“In this photo, I am asking him about his emotional wellness,” says Amanda. “He is sharing his tips with me and says he focuses on things that bring him joy, like his grandchildren, and taking it ‘one day at a time.’ There is a lot to learn from the people in our care, if you stop and listen.”

For the majority people living in long-term care at Interior Health, they have a disorder of the brain. This may include dementia, chronic mental health disease, and other neurological conditions. These individuals can exhibit symptoms or responsive behaviours such as psychosis, intrusive wandering, and physical and/or verbal aggression.

With this high need for mental-health support, IH’s Long-term Care Leadership Team recognized that quality care could be delivered for this population in a more effective and consistent way.

In 2014, Dr. Carol Ward, Geriatric Psychiatrist at Hillside Centre, and Cindy Kozak-Campbell, Executive Director, Long-term Care Services, submitted a Specialist Services Committee (SSC) project proposal called Enhancing Geriatric Psychiatry Services in Long Term Care. After a competitive process, funding was received, and the project began to take shape.

Beginning in 2016, the project’s focal point was to enhance the role of the regional knowledge coordinator for complex behaviours in long-term care. At the time, just one regional knowledge coordinator supported IH’s 5,400 long-term care beds. Through the project’s funding, 2.5 more positions were added to better support the geographic area of IH.

“The regional knowledge coordinators bring an expertise of older-adult mental health, as well as nursing, to the table,” says Carol. “Their role is to mentor front-line staff, nurses, and care aides, and encourage them to apply their knowledge of P.I.E.C.E.S™, Gentle Persuasive Approach, and Violence Prevention training.”

Additionally, the regional knowledge coordinators help front-line staff develop behavioural care plans through their behavioural consultations.

“It’s very helpful for other care providers to see a complete picture of an individual with behavioural issues,” says Carol. “With a consistent and meaningful approach to gather information, we are better equipped to deliver comprehensive care to people in long-term care.”

The project team also developed resources for continuing education, including: 12 Behaviour Response Rounds learning sessions; an i-Learn module for behavioural care-plan writing; and six accredited workshops for geriatric physicians on dementia-related responsive behaviour.

As the project concludes, the final piece is to develop a virtual model of knowledge translation for rural and remote practitioners called Project ECHO (Extension of Community Healthcare Outcomes). Carol, Dr. Matt Burkey, Child and Adolescent Psychiatrist, and Dr. Paul Carey, Adult Psychiatrist, will develop a Project ECHO for mental health. (Project ECHO, British Columbia, MHSU at Interior Health).

Overall, the results of this SSC project were an outstanding success. Highlights include:

- a decrease in agitated and aggressive responsive behaviours using behavioural consultations and care plans;
- a decrease in transfers to Hillside Centre and the geriatric psychiatry inpatient unit;
- a decrease in potentially inappropriate antipsychotic use;
- and,
- A new total of four, full-time regional knowledge coordinators, covering IH West, Central, and East.

“Overall, this was a successful project and exciting to work with the Long-term Care Leadership Team,” says Carol. “I appreciate the enhanced communications between care providers, and the new scope of care we are able to provide to older adults with behavioural and mental health issues.”
Bolstering leadership in the Shuswap

Born and raised in Merritt, Dr. Darren Lorenz is no stranger to rural living. In fact, when he was considering medicine as a career, the only place he thought about being a family doctor was in a semi-rural community.

Now, Darren lives and works in Salmon Arm with his wife and three children as a full-service family physician. He splits his time between his family practice office, the Salmon Arm addictions clinic, and his new role as Senior Medical Director for Shuswap (Merritt, Revelstoke, and Salmon Arm).

“I see my new role as a resource and on-the-ground support for chiefs of staff and department heads, as well as helping to bridge the gap between physicians and administration,” says Darren.

“In Salmon Arm, for example, we are building on the dyad model and identifying the administrative counterparts for our physicians. This will improve communication between the two groups, break down silos, and enhance quality and care moving forward.”

Other ways Darren is supporting a regional approach is encouraging teams to join the Divisions of Family Practice, forming a Medical Staff Association, and promoting ongoing Quality Assurance forums.

“There are a lot of ways to link physicians, build collegiality, and evolve into a connected, supported team,” says Darren. “We’ll also take a regional approach to solving problems by communicating with our counterparts at other hospitals who have discovered a solution to the same problem we are having at our sites.”

In just his second month as Senior Medical Director, Darren is connecting with leaders and promoting relationships.

“My goal is to attend the monthly LMACs in Revelstoke and Merritt, but what I am looking forward to most is bolstering physician leadership in the Shuswap and throughout Interior Health.”

When Darren is not at his family practice, in the addictions clinic, or in his Senior Medical Director role, he’s skiing with his family at Silver Star Mountain Resort, playing hockey, working on his hobby farm, or golfing.