It was a first, and a surprise, when my youngest of three daughters came home with brightly-dyed pink hair. Her new hair, which looks great, was just one of the many firsts that took place this summer. There are several new, ground-breaking initiatives underway in Medicine and Quality, and all are exciting.

Our focus on quality improvement remains strong and I am pleased to share that IH's Physician Quality Improvement program launched its inaugural cohort of 18 physicians. The cohort model allows physicians to meet and apply their learnings to their own quality improvement project, while acting on opportunities to advance quality patient care. (Read more on p. 2.)

Great changes are being implemented in our main quality committee for Interior Health – HAMAC (Health Authority Medical Advisory Committee) under the new leadership of Dr. Harsh Hundal. Harsh is also our Executive Medical Director for Physician Engagement and Resource Planning – our first ever EMD in this newly-created position. He is thriving in his new role and we are very fortunate to have him on our team. Harsh will restructure HAMAC to focus on quality and form sub-committees for credentialing and privileging, physician resource planning, clinical informatics, and pharmacy and therapeutics. (Read more on p.3.)

We are close to announcing our top 25 future physician leaders – work that is part of our physician engagement strategy. The inaugural Physician Leadership Program will equip selected physicians with the knowledge, skills, and emotional intelligence to become our future physician leaders in IH so that they can “hit the ground running” when they are in key leadership positions for the organization. I am very excited to begin their training and work closely with recruitment to determine who we need where.

Additionally, we will be the first health authority in B.C. to partner with Joule, the Canadian Medical Association’s subsidiary, designed to assist physicians in the pursuit of clinical excellence. This continuing education and professional development will support medical leadership development within IH.

We see innovation at its finest with a new pilot project involving the use of virtual consultations to improve access to care for patients living in IH-West rural. The trial, in which Lillooet’s ED doctors consult with a physician at the Royal Inland Hospital Emergency Department via video conferencing, is helping patients avoid transfer to Kamloops while also providing support for physicians in Lillooet. I’d like to thank Dr. Nancy Humber for her continued exemplary leadership in the area and her expertise in rural and aboriginal health-care issues. Read the full story on our Loop news website.

Going forward, my focus remains on physician wellness; recruitment of anesthesiologists; and finalizing our review of trauma, infectious disease, and quality, risk and accreditation systems. We are also waiting to hear more from the provincial government about the allocation of the 200 general practitioners and 200 nurse practitioners for B.C. We have already been in discussions with government to make our case for recruiting GP’s and NP’s for areas of need, such as Williams Lake, New Denver, and Oliver.

Lastly, I’d like to give a farewell salute to our outgoing CEO, Chris Mazurkewich. I have never met anyone who cares more about IH than Chris – he has been one of my most impactful mentors. Under Chris’ leadership, we have expanded our focus on quality improvement, started the path to engage and include physicians in decision making, and improved relationships with First Nations. These are just a few of his many lasting legacies.

I’m also very excited to work under the leadership of our new CEO Susan Brown, who will start on Oct. 29. She is another very talented and extremely hard-working leader. Our future is bright.

With the work underway to grow physician leadership, improve care for patients, and build the Medicine and Quality portfolio, we now have one of the most talented teams of any health authority in the province. My job is to get out of their way and let them dazzle you – and, of course, update you on Abbey’s hair colour. Apparently, November will be lavender… I am certainly not the VP at home.
New Physician Cohort Expands Quality Improvement

The foundation of a good quality improvement process is involving the people who do the work in improving the work.

Physician Quality Improvement is a Specialist Services Committee (SSC)* initiative that ensures Interior Health physicians are supported and involved in enhancing the delivery of quality patient care.

The Physician Quality Improvement (PQI) program in IH launched its inaugural cohort of 18 physicians in September. Right now, those cohort physicians are leading quality improvement projects across the region.

“This is an excellent opportunity to engage physician leaders who are focused on quality improvement initiatives at their site,” says Naomi Erickson, Manager, Quality Improvement, and Patient Safety. “Once they apply for their project, we support their quality-improvement learning with tools to help support and lead stakeholders, and implement the project at their site.”

The IH PQI cohort is an intensive 10-month program where members have access to quality improvement training, coaching, data analysis, and administrative support in aligning and collaborating with existing IH resources as their project takes shape.

The cohort model allows physicians to connect others in the health authority while learning and acting on quality improvement opportunities.

“When administrators and physicians collaborate on challenges and solutions, and work in a dyad leadership model, the gap in quality care lessens,” says Dr. Todd Ring, Chief of Staff, Royal Inland Hospital.

“Administrators and physicians have their individual priorities, but they also have collective priorities and share ideas, which helps facilitate a mentoring culture, teamwork, and psychological safety.”

Dr. Ring is one of the PQI cohort’s inaugural members whose project is to enhance physician performance in the emergency department.

“If we can shift leadership thinking to be focused on value, it will make a difference in the care we provide to patients and families,” says Dr. Ring.

“Qualities that are person-centred, engaged at the frontline, focused, and transparent will help us transition from a volume-based system to a value-based system that engages patients at the beginning, eliminates waste at the unit level, lowers costs, and focuses on care and quality improvement in our daily work.”

Other quality improvement practice areas include gastroenterology, cardiology, hospital medicine, physical and rehabilitation medicine, anesthesiology, rheumatology, and residential and community based care.

“We are on track to make significant improvements in quality at Interior Health,” says Dr. Mike Ertel. "Where we were once behind, we are now provincial leaders.”

* The Specialist Services Committee improves patient care by engaging physicians to collaborate, lead quality improvement, and deliver quality services with SSC supports and incentives. SSC is one of four joint collaborative committees of Doctors of BC and the BC government and includes regular representation from health authorities.

The inaugural class of the Physician Quality Improvement cohort program.

The inaugural class of the Physician Quality Improvement cohort program.
Dr. Harsh Hundal, Executive Medical Director for Physician Engagement & Resource Planning, is the new Chair for the Health Authority Medical Advisory Committee (HAMAC). And, he’s aiming to make a difference.

His first order of business is to reinvigorate clinical governance structure and processes.

“The essence of clinical governance is to ensure that every day we continue to improve the quality of care at our sites and in our communities,” says Dr. Hundal.

“To do this, I see HAMAC and the MACs shifting to strategic governance bodies focused on quality improvement that have the skills to manage issues, identify the root cause, and develop solutions. They will also measure the impact of initiatives and strategize sustainability throughout the health-care system.”

The committee will begin to make these changes with the addition of new sub-committees, an updated meeting format and terms of reference, and, in time, an integrated committee structure with administrator, community, patient, and Aboriginal voices. The Bylaws and Medical Staff Rules will be reviewed to modernize structures and processes.

“I also see HAMAC as an opportunity to support our physicians and provide opportunities for quality improvement, physician wellness, education, and leadership development. This work is already underway through Facility Engagement programs and Physician Quality Improvement projects.”

At the end of his three years as chair, Dr. Hundal says he wants HAMAC to be fully integrated within the quality system.

“The MACs were created in 1919 to drive quality. I want the Board of Directors to have every confidence that the quality of care within our facilities and our communities continues to be a focus. We will provide recommendations, resources, and people that can deliver solutions safely, effectively, and efficiently.”

Dr. Hundal is already working on succession planning through the appointment of a vice-chair, who will take over once his term is complete. Nominations are open and the Board of Directors will make a decision later this fall.

At the most recent HAMAC meeting on Sept. 14 in Kamloops, CEO Chris Mazurkewich shared his vision and praised committee members.

“I am glad to see the structure and energy changing – the focus on quality is coming back,” said Chris.

“Looking ahead, I see HAMAC playing a key role to ensure we do things well and influencing our long term goals in the right way. Through engaged physicians, at HAMAC and across the health authority, we can make a substantial difference in the care we provide and to our bottom line. Thank you for everything you have been doing.”
Physician Recruitment Success

Although there are more than 100 physician vacancies at Interior Health, recruitment this year is going very well.

Since April 1, IH has 55 signed offer letters for 24 rural general practitioners and 31 specialist physicians to provide services at our facilities.

Recruiting physicians is an involved and often lengthy process. Once a vacancy is determined, one of the five-person physician recruitment team will meet with the physician lead at the site to understand their needs and their ideal candidate. From that information, they strategically determine how and where to look for the best person and then develop a marketing plan.

“We have high-touch with each potential physician throughout the recruitment process,” says Jennifer Hiebert, Physician Recruitment Coordinator. “It involves site visits, community introductions, and spousal support for job and family opportunities. In some cases, it can takes up to two years from initial contact with the physician to their first day onsite.”

One of the main focuses for IH, and provincially, is recruitment of anesthesiologists.

“We are doing as much as we can to market our opportunities by advertising online in medical journals, with medical schools and universities across Canada, as well as leveraging relationships with our networks and partners. Engaging on social media, direct sourcing methods, cold calling, and attending conferences are also key components of the strategic marketing efforts to create awareness of our health authority in Canada,” says Jennifer.

In addition, the team also works closely with Health Match BC, funded by the Ministry of Health, and the Divisions of Family Practice to collaborate resources and marketing efforts.

“Despite current shortages, our recruitment numbers this year have been really impressive,” says Dr. Mike Ertel. “Thanks to the great work of our physician recruitment team, and collaboration with our partners, we are increasing our inventory of physician specialists across IH.”

Physician postings and recruitment resources are listed on Interior Health’s physician recruitment website, www.betterhere.ca.

Medical Imaging Improvements Underway

To reduce wait times and improve patient access and choice for Magnetic Resonance Imaging (MRI) scans, the following changes have been made:

- **Patient Choice** – a new requisition fax cover sheet will allow the patient to indicate acceptable sites for their MRI exam.
- **Full Exam Access** – general practitioners and nurse practitioners will be able to order any MRI exam at all IH sites, as long as it is appropriate and provided at that site.
- ** Appropriateness** – guidelines regarding ordering MRI lumbar and hips/knees exams are included; inappropriate exam requests will be returned.
- **MRI Priority Coding** – guidelines regarding MRI exam priorities are included and will be reviewed, and if necessary changed, within Medical Imaging.
- **Next Up** – coordinated booking processes for other scheduled exams along with improved communications between Medical Imaging, referring practitioners, and patients.
Shambhala: Practicing medicine on a farm

As a Grateful Dead fan, Dr. Jeff Eppler didn’t expect to grow an appreciation for electronic dance music, but after volunteering for five consecutive years at the Shambhala Music Festival, that’s changed.

“I’ve come to appreciate electronic dance music, but what I like most about the festival is the culture and practicing medicine in a unique environment,” says Dr. Eppler. “Everyone looks out for one another and the creative costumes are beyond imagination.”

During the five-day festival, approximately 18,000 people camp on a private farm, the Salmo River Ranch, making Shambhala the biggest “city” in the West Kootenays. Music plays for 20 hours a day at the seven stages scattered throughout the site. Next to the base stage, an old farm outbuilding is converted into the festival’s medical station. Even though it has a dirt floor and is so loud a stethoscope is obsolete, it is well-equipped to treat festival goers’ wide range of health concerns.

The medical station sees more than 100 people per day and dispatches just a handful or less to Kootenay Boundary Regional Hospital in Trail, about an hour away. Many of these transfers are for acute medical conditions unrelated to festival activities, such as pneumonia, diabetes, and, this year, a patient with suspected pre-term labour.

“There’s no question the care we provide is excellent,” says Dr. Eppler. “We are self-sufficient and there’s a minimal impact on local resources. I take a lot of pride in delivering good care, but also not to impact the fine people of Salmo, Nelson, and Trail.”

The medical team treats people day and night for a variety of reasons – from allergic reactions, asthma attacks, sprains, and dehydration, to potentially serious complications of substance use including delirium and decreased level of consciousness.

For Dr. Eppler, the focus is on harm reduction. “It’s true that not everyone behaves responsibly, but I am not there to judge or to police – I am there to keep people safe.”

“A culture of harm reduction pervades Shambhala. Volunteers wander the grounds to identify festival goers who might be in medical distress and it’s not unusual for a stranger to check in with you just to make sure ‘you’re okay.’ While volunteers and first responders carry naloxone kits, so far fentanyl has not been an issue at the festival.”

Providing care to this many people is a well-planned and coordinated effort. There’s the medical station, with five medical teams drawing on volunteer physicians, nurses, and paramedics from across the country; a safe space for women; the Sanctuary for those experiencing anxiety; and ANKORS free drug testing tent.

Students often conduct their own research on harm reduction and Dr. Eppler has recorded teaching modules that will be available on YouTube.

“It’s good to educate people about what to expect and what to look for. There are certain patterns that you see and different treatments that you need to initiate. We want to educate volunteers before they arrive so they are comfortable and prepared.”

Although hearing is challenging and there are flashing lights and people everywhere, Dr. Eppler says it’s still an exciting and fun place to practice medicine.

“It’s fast-paced, we have great first responders, and the medical care is excellent. Over the years, we have treated some very sick people. We took good care of them and they are okay because of it. I am proud of the work we do and that feels good.”

Dr. Eppler assessing a patient in the medical tent’s trauma room.

Shambhala Music Festival Medical Team
(Photos courtesy of Allen McEachern Photography.)
Facility Engagement takes next steps forward

Facility Engagement is a provincial initiative of the Specialist Services Committee that aims to strengthen relationships and engagement between health authorities and facility-based physicians.

Since Interior Health adopted the Facility Engagement initiative three years ago, more than 200 projects have started. Led by the initiating physician, and supported by Interior Health administration, the projects aim to improve the work environment, the physician experience, the delivery of patient care, and the cost-effectiveness of the health-care system, while aligning with Interior Health’s goals.

This summer, four regional Facility Engagement meetings occurred within IH, at which 124 participants provided feedback and recommendations, now categorized into the following themes:

- Enhanced decision making
- Improved communication and feedback strategies
- Orientation/onboarding
- Physician wellness
- Patient transport
- Strategic planning
- Facility space allocation
- Building trust between physicians and IH staff
- Transparency in decision making
- Crisis management and prevention

Going forward, SSC Facility Engagement Leads will help physicians establish activities to improve the areas of needs and develop strategies at the site level.

To read IH’s success stories or to learn more, visit [www.facilityengagement.ca](http://www.facilityengagement.ca).
2018 Southern Medical Program Excellence Awards

Each year, Southern Medical Program (SMP) students recognize a select number of faculty, staff, tutors, and mentors who have made an outstanding impact on their education and training across the four years of the MD program. Congratulations to the 2018 recipients from Interior Health!

- Dr. Delilah Topic, KGH, Medical Oncology
- Dr. Olusegun Oyedele, SMP, UBC Okanagan
- Dr. Anise Barton, RIH, Surgery
- Dr. Josh Williams, KGH, Emergency Medicine
- Dr. Carolyn Stark, KBRH, Psychiatry
- Dr. Hamish Hwang, VJH, Surgery
- Dr. Graeme McCauley, KGH, Internal Medicine
- Dr. Sean Gorman, RIH, Surgery

Conversations That Matter:
Preparing for the baby boomer tsunami

Dr. Lee MacKay, IH physician practicing in Nelson B.C., joins Simon Fraser University Centre for Dialogue in Conversations That Matter.

Dr. MacKay speaks about re-aligning resources and staff in the Grand Forks and Boundary area in an attempt to get ahead of the impending baby boom.
Medical Admin Support Teams Meet at Last

The Medical Administrative Assistants, Executive Medical Director Administrative Assistants, and Credentialing and Privileging teams from across IH came together Sept. 26-28 for training in Kelowna.

This was the first time this group has been together in person since 2014 and, for the team members that joined after 2014, this was the first time they were able to meet their team mates in person.

“This time together is invaluable to team building and team discussions around many of our important processes,” says Michelle Stuttard, Manager, Medical Administration, Credentialing and Privileging. “Everyone showed up engaged, with their usual ‘can-do’ attitude. As their manager, proud doesn’t begin to cover how I feel about them.”

Michelle says this time together reinforced how valuable their work is to the broader medical leadership teams. As an example of their work, this fall the Credentialing and Privileging team and site medical leaders distributed more than 5,700 reappointment applications. Through these efforts, the team ensures our medical staff have the required privileges to provide patient care in every hospital in Interior Health.

IH Executive Medical Leadership

Dr. Mike Ertel, Vice President, Medicine and Quality  250-469-7070 ext.12216
Dr. Zoe Ayling, Credentialing & Privileging  250-469-7070 ext.3763
Dr. Nick Balfour, IH Central  250-469-7070 ext.12215
Dr. Curtis Bell, Primary & Community Care  250-469-7070 ext.12215
Dr. Andy Hamilton, Surgical Services  250-770-0877
Dr. Devin Harris, Quality & Patient Safety  778-214-4833
Dr. Nancy Humber, IH West Rural  778-209-0345
Dr. Harsh Hundal, Physician Engagement & Resource Planning  250-469-7070 ext.12245
Dr. Lawrence Jewett, East Kootenay  250-469-7070 ext.13763
Dr. Norm Kienitz, IH West Tertiary, IH Trauma & IH Transportation  250-469-7070 ext.13763
Dr. Doug Smith, IH West Rural, IH Transportation  250-469-7070 ext.12208
Dr. Sue MacDonald, Aboriginal Health & Wellness and Kootenay Boundary  250-469-7070 ext.12208
Dr. Douglas Kingsford, Chief Medical Information Officer  778-214-4657
Dr. Harsh Hundal, Physician Engagement & Resource Planning
Dr. Lawrence Jewett, East Kootenay
Dr. Norm Kienitz, IH West Tertiary, IH Trauma & IH Transportation
Dr. Doug Smith, IH West Rural, IH Transportation
Dr. Sue MacDonald, Aboriginal Health & Wellness and Kootenay Boundary
Dr. Douglas Kingsford, Chief Medical Information Officer