

July 13, 2016

#17686

*This message has been sent on behalf of Dr. Jeremy Etherington and Catherine Mackay*

To Nanaimo Regional General Hospital Physicians:

We are writing to provide a second progress update on each of our eight commitments to support physicians as outlined in the letter of June 28<sup>th</sup>. In future, these updates will come out on Thursdays. There have been only three business days since our last update on July 12th (available at: <http://www.viha.ca/physicians/>), so this update includes only those areas where there is further progress to report. Future weekly updates, covering progress on all the commitments, will come out on Thursdays.

**Update on our commitments:**

- *Reduction in occupancy at NRGH to less than 95%:*  
Between July 6th and July 12th, occupancy has been maintained at between 93% and 102%. This morning, site occupancy was 101% and the ALC count was 26. We remain focused on daily multidisciplinary discharge reviews concentrated on ALC and hard-to-house patients.
- *Compensating physicians for their additional time required to participate in refreshed learning events and stabilization activities:*  
On July 12th, information regarding compensation for the productivity impact of IHealth was provided to NRGH Medical Staff by Dr. Jeremy Etherington. This funding recognizes extra time spent in the IHealth system by physicians, and anticipates the increased burden of call over the summer months. We understand that questions have arisen regarding this compensation and as such will arrange a face-to-face opportunity to discuss the questions in more detail. Individual physicians with queries should contact Dr. Alan Meakes, EMD Contracts and Compensation, at [Alan.Meakes@viha.ca](mailto:Alan.Meakes@viha.ca).
- *Establishing a collaborative working group to complete a 5-year tertiary services development plan for the NRGH site within the next six months:*  
In our last update, we had planned to use a site leadership meeting on July 20th for discussion regarding the 5-year tertiary services development plan. This is important work and will need input from many who are currently on holiday, so this date will not work. Aligning with our promise to ensure meaningful dialogue and collaboration with site leadership and physicians,

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Dr. Georgia Hirst will work with local physician leaders to determine the most appropriate time and format to start these discussions.

- *Incorporation of quality assurance tools as well as ongoing audit of CPOE into our methodology, adhering to principles of collaboration and transparency:*

A prototype for a streamlined incident reporting process for both IHealth and other concerns is being tested. It will be reviewed by NRGH physicians the week of July 11<sup>th</sup> for feedback and implementation.

**Additional updates:**

- *Closing the loop on reported events in PSLs*

106 PSLs events were reported by physicians since Activation 1b began on March 19th. Over the last few days, the IHealth team has provided updated details for 66% of the reported events. We are in the process of communicating back to reporting physicians and handlers. Unresolved events will be managed through a problem resolution process with the physicians who originated them. This process is beginning and will continue throughout July.

- *IHealth optimization*

Work continues to resolve issues identified during IHealth implementation. An ICU physician engagement team has been established to identify what is required to successfully re-launch the electronic health record. Meetings continue with physicians and nursing staff in the Emergency Department to identify what is required to return to electronic medication orders management.

Thank you for your feedback and involvement as we move forward these commitments.

Yours sincerely,



Dr. Jeremy Etherington  
Executive Vice-President and  
Chief Medical Officer



Catherine Mackay  
Executive Vice-President and  
Chief Operating Officer