
August 4, 2016

This message has been sent on behalf of Dr. Martin Wale

To Nanaimo Regional General Hospital Physicians:

Below is our fifth progress update on each of the eight commitments outlined in the June 28th letter.

Update on our eight commitments:

- *Reduction in occupancy at NRGH to less than 95%:*
As stated in our last update, this work has transitioned into routine activity. Significant effort continues to reduce site occupancy, although the current interventions, which have stopped short of disrupting routine surgery, have not achieved a consistent reduction to 95%. Ongoing measures will include continuing to review occupancy and its impact on hospitalists and internal medicine services, although the indicator will no longer be reported here.
- *Stabilization of medical staff resources and other supports for hospitalists, including recruitment of two Nurse Practitioners, and Medical Affairs assistance in recruiting new hospitalists:*
Recruitment for hospitalists continues in order to reach a full complement. There remains a need to fill three vacancies and licensing is pending for two recruited hospitalists. While this work progresses, the Physician Recruitment office will hold twice monthly meetings with hospitalists to support their recruitment needs. In addition, residents who have expressed an interest in working at the NRGH site will be followed up. Locums continue to be sought for August.

Hiring of Nurse Practitioners is on hold pending discussions about how these roles will best support and augment the hospitalist service.
- *Support for Internal Medicine to cohort patients on a single ward (complete), supported by an MRP internist contract to cover the cohorted ward:*
A draft contract was shared with Dr. Niels Schwarz and Dr. Michael Lang for discussion and feedback from Internal Medicine physicians. Discussions to confirm payment options/availability of funding are pending. Once these are completed, further details will be brought forward for discussion with physicians (a meeting is scheduled for early September).

- Financial support for Nephrology:*
This commitment is now complete. Prior updates on this deliverable can be found at <http://www.viha.ca/physicians/>.
- Development of a model to support Emergency Physicians in the patient-admission process:*
No update at this time. Further progress on this commitment is dependent on extra capacity in the hospitalist service and Internal Medicine (numbers 2 and 3 above).
- Compensating physicians for their additional time required to participate in refreshed learning events and stabilization activities:*
Medical Affairs continues to process received applications for payment. Questions regarding declaring compliance with the requirements for compensation or invoicing requirements should be sent to Dr. Alan Meakes (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:*
Initial exploratory meetings with key stakeholders at NRGH continue. The main consultation process and launch of the collaborative working group will occur in September. Questions to gain input on this process will be distributed through LMAC membership in the next few days to seek initial input from physicians on this project. Work has begun on data analysis in preparation for the kickoff meeting of the working group in September.
- Incorporation of quality assurance tools as well as ongoing audit of CPOE into our methodology, adhering to principles of collaboration and transparency:*
The detailed work plan for CPOE surveillance and terms of reference for a CPOE Quality Improvement Group have been drafted and are out for review by physicians and other stakeholders. Analysis continues related to modification and cancellation of medication and lab orders. This data will be combined with other sources of information into a quality assurance dashboard that will be used to inform improvements to the CPOE system. Opportunities for input from those placing orders will be provided (target late August).

Additional updates:

- Closing the loop on reported events in PSLs*
As of this week, 41% of outstanding physician-originated PSLs events have been reviewed with physicians. Of the remaining 59%, work progresses to close the loop with individual physicians whenever possible. 28% of events were reported anonymously; these are being reviewed by the IHealth team and results will be provided to department heads.

Thank you for your ongoing feedback and involvement. If you have any questions or suggestions related to this work, please contact Martin.wale@viha.ca .

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Martin Wale', with a long horizontal flourish extending to the right.

Dr. Martin Wale
Acting Executive Vice President and
Chief Medical Officer