

July 8, 2016

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 progress update on each of the eight commitments outlined in Dr. Carr's letter of June 28th. Beginning next Wednesday, a weekly update will be provided.

1. Reduction in occupancy at NRGH to less than 95%:
 - You will be aware that over the past year, the NRGH occupancy has averaged 103%. Reducing occupancy was identified as a critical need to support physicians and staff during IHealth implementation. With our renewed efforts over the past week, occupancy has been maintained at between 96% and 102%. This morning site occupancy was 96%. We want to acknowledge the tremendous efforts of staff, physicians and local leadership in making this happen. To support occupancy management, daily multidisciplinary discharge reviews are continuing with a focus on ALC and hard-to-house patients. Over the past week, an additional seven private residential care and mental health beds have been purchased and in-patients are being transitioned to those beds. This work is contributing to a reduction of the ALC count which today is 26.
2. 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 efforts are fully underway for new hospitalists and one new hospitalist candidate has been interviewed. Until a full complement is in place, we will continue to work closely with the hospitalists to assist with finding locums and other physicians willing to pick up shifts. We can report that several NPs have expressed interest in working at the site and in the coming week, Dr. Drew Digney and Chief Nursing Officer Dawn Nedzelski will work with the Hospitalist Site Chief to determine how best the NPs can be integrated into the hospitalist service.
3. Support for Internal Medicine to cohort patients on a single ward and commitment to work over the summer to try to negotiate a MRP internist contract to cover the cohorted ward and recruit a Nurse Practitioner to support that ward:
 - Progress has been made towards cohorting patients on Floor 1 and the next step will be to work with the Internal Medicine group to define the MRP role and draft an MRP Internist contract.

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4. Financial support for Nephrology to the end of June 2016 for the implementation and testing of the CORE order process:
 - Financial support for Nephrology has been extended to support ongoing efforts in the CORE order process and CPOE refinements.
5. Development of a model to support Emergency Physicians in the patient-admission process:
 - As an interim step, pharmacy technicians have been assigned to complete Best Possible Medication History in the Emergency Department in support of the patient admission process. Over the coming weeks, a comprehensive and permanent model will be developed to more fully support the patient admission process. This work will be done in collaboration with local physicians and site managers.
6. Compensating physicians for their additional time required to participate in refreshed learning events and stabilization activities:
 - A compensation model to address the productivity impact of IHealth is nearing completion. Further details will be provided by Dr. Jeremy Etherington in a separate email early next week.
7. Establishing a collaborative working group to complete a 5-year tertiary services development plan for the NRGH site within the next six months:
 - Work has been initiated within the Island Health Planning Department to develop a Project Charter to guide the planning process. To ensure a collaborative approach, the draft Project Charter will be brought for discussion and input to the July 20th site leadership meeting. Site leadership meetings include all managers and physician leaders from the site.
8. Incorporation of quality assurance tools as well as ongoing audit of CPOE into our methodology, adhering to principles of collaboration and transparency:
 - Dr. Adele Harrison and Catherine Claiter-Larsen will be engaging with NRGH physicians and clinicians the week of July 11th to establish the IHealth quality assurance process. A prototype for a streamlined incident reporting process has been developed and will be reviewed by NRGH physicians the week of July 11th for feedback and implementation. In addition, all outstanding PSLS events reported by physicians since Activation 1b are being reviewed, and follow up will take place next week. A new process to streamline PSLS reporting and follow up is being developed.

If you have any inquiries with respect to this letter please contact Dr. Drew Digney (drew.digney@viha.ca) or Sharon Parkes (sharon.parkes@viha.ca).

All members of Executive and the senior management team remain actively involved and committed to supporting the site and the commitments that have been made. We want to thank you all for your efforts and as noted, weekly progress reports will be provided.

Yours sincerely,



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



Catherine Mackay
Executive Vice-President and
Chief Operating Officer