

memorandum



**The following has been sent on behalf of Dr. Jeremy Etherington,
Executive Vice President and Chief Medical Officer.**

July 22, 2016

To Nanaimo Regional General Hospital Physicians:

As you may be aware, the Ministry of Health announced yesterday that a third-party review of IHealth will be conducted at Nanaimo Regional General Hospital. This announcement was made after discussions between Health Minister Terry Lake, Dr. Brendan Carr, local physicians and staff. On behalf of the executive team, I would like to express our full support of this review taking place as it will support Island Health in ensuring the highest level of safety and quality care for our patients.

The review, which is expected to be substantially complete by September 30, will be led by Dr. Doug Cochrane, provincial patient safety and quality officer for British Columbia and chair of the BC Patient Safety and Quality Council. While the review is underway, use of IHealth will continue unless Dr. Cochrane recommends otherwise. Further details are available in the attached news release.

While the review is underway, we are continuing to move forward on the eight commitments outlined in our letter of June 28. This letter will provide a progress update on each of these commitments. Work continues to improve use of and confidence in the IHealth system. In addition, there is a focus on improving trust and relationships, which have been impacted by IHealth implementation and stabilization. We are also working to improve communication about what work is underway.

Update on our eight commitments:

- 1. Reduction in occupancy at NRGH to less than 95%:*
Between July 15 and July 20, occupancy has ranged between 94% and 101%. As of the morning of July 21, site occupancy was 101% and the ALC count was 32. This measure was introduced to provide short-term relief to the site, and is now being transitioned into standard operating procedure. Once it is fully transitioned, we will decrease reporting on this measure.
- 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:*

Two hospitalists have been hired and are expected to join the team in early September. Locums are being sought to fill shifts on two weekends in July and on weekdays in August. Work is also underway to define how the hospitalist service can be sustained and supported by introducing two Nurse Practitioners.

3. *Support for Internal Medicine to cohort patients on a single ward and commitment to work over the summer to negotiate a MRP internist contract to cover the cohorted ward and recruit a Nurse Practitioner to support that ward:*
Cohorting on Floor 1 has been achieved as far as is possible, and will be maintained going forward. Work is underway to develop a contract to provide additional Internal Medicine resources for these cohorted patients; it is anticipated this work will be completed by the end of July. Further exploration of the Nurse Practitioner role is also being undertaken.
4. *Financial support for Nephrology to the end of June 2016 for the implementation and testing of the CORE order process:*
The contract, which runs until November 2016, has been signed. As such, this commitment will not be reported on in future updates.
5. *Development of a model to support Emergency Physicians in the patient-admission process:*
The development of specific order sets to support admissions through the ED is now complete. Further progress is awaiting extra capacity in the hospitalist service and Internal Medicine (as per numbers 2 and 3 above).
6. *Compensating physicians for their additional time required to participate in refreshed learning events and stabilization activities:*
This process has been finalized, and a letter detailing the process was sent yesterday to all eligible physicians through their MOCAP call group leaders. This letter will replace a face-to-face meeting, which was felt to be impractical during the holiday period. Please continue to direct specific questions to Dr. Alan Meakes (Alan.Meakes@viha.ca).
7. *Establishing a collaborative working group to complete a 5-year tertiary services development plan for the NRGH site within the next six months:*
A series of questions is being framed for wide circulation to gain early input from physicians and other key stakeholders in Nanaimo, including community partners. The Island Health Planning team will also be holding exploratory meetings at the NRGH site. A collaborative working group will be formed in September, and will incorporate input from the NRGH Local Medical Advisory Committee.

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

As initial steps in this work, a core team for CPOE surveillance has been established, and analysis of data has been initiated. Through this work, analysis of CPOE processes from order to result, including order verification, modification and cancellation are being reviewed. This analysis will assist in identifying trends and themes related to order changes, and any issues and/or opportunities for improvement. Local CPOE users will be approached to provide input as this work moves forward.

In addition, a prototype for a new CPOE support button on the PowerChart toolbar to automatically create a support incident and provide the ability to attach a screenshot has been developed. The prototype is scheduled to be reviewed by Dr. Rachel Carson on her return later in the week of July 25.

Additional updates:

- *Closing the loop on reported events in PSLs:*
We continue to reach out to physicians to provide updated details on physician-reported PSLs events since March 19.

Thank you for your ongoing feedback and involvement.

Yours sincerely,



Dr. Jeremy Etherington
Executive Vice President and
Chief Medical Officer

NEWS RELEASE

For Immediate Release
2016HLTH0058-001336
July 21, 2016

Ministry of Health

Dr. Doug Cochrane to lead review of IHealth in Nanaimo

VICTORIA – Dr. Doug Cochrane, provincial patient safety and quality officer for British Columbia and chair of the BC Patient Safety & Quality Council, will lead a review of the functioning of IHealth, the new electronic health record system at Nanaimo Regional General Hospital.

The Ministry of Health and Island Health agreed jointly to take this proactive step to conduct a third-party review following a July 20, 2016, meeting between Health Minister Terry Lake, Island Health CEO Brendan Carr and a number of Nanaimo Regional General Hospital physicians and staff, as well as representatives of the ministry.

“All sides agree that electronic health records are a vital part of a modern patient-centred health-care system,” said Lake. “This review is to acknowledge and address the concerns that have been raised, with the goal of ensuring safe, quality care for patients.”

The review will assess and make recommendations to address any workflow and patient-care quality concerns identified. It will also assess the implementation of IHealth at Nanaimo Regional General Hospital, Oceanside Health Centre and Dufferin Place and make recommendations on how to improve the implementation of electronic health records at other Island Health sites.

The review may include recommendations for immediate, short-term and long-term actions and strategies. It is expected to be substantially complete by Sept. 30, 2016.

“We undertook this massive change in clinical practice understanding it would take significant ongoing efforts to improve and stabilize the system,” said Island Health CEO Dr. Brendan Carr. “We remain committed to ensuring electronic health records support the highest-quality and safest patient care possible.”

Island Health began implementation of IHealth at Nanaimo Regional General Hospital, Oceanside Health Centre and Dufferin Place in March. IHealth is a recording and reporting tool, enabling electronic health documentation, communication, scheduling, ordering and decision-making.

Electronic health records are being implemented worldwide, replacing paper-based systems. IHealth is intended to enhance both the quality and safety of care offered at Island Health, as care providers are able to quickly access patients’ complete health and medication history to assist in making care decisions.

Dr. Cochrane is a practising physician and has extensive experience in patient safety, health-care quality and risk management. The review will provide recommendations on the collaborative work required to ensure an effective electronic health records system.

Dr. Cochrane has previously led reviews and provided recommendations on:

- surgical-site infection control at Surrey Memorial Hospital in 2005;
- the quality of diagnostic imaging, and the credentialing of radiologists in 2011-12;
- Fraser Health's implementation of recommendations for C. difficile prevention in 2012; and
- a number of other reviews into quality of care and physician performance both in British Columbia and Ontario.

The BC Patient Safety & Quality Council was created in 2008 to improve quality throughout the health-care system in British Columbia, through collaboration with patients, the public and those working in the health-care system. Its purpose is to provide advice and make recommendations to the Minister of Health on matters related to patient safety and quality of care in all health-care sectors, and to bring health-system stakeholders together in a collaborative partnership to promote and inform a provincially co-ordinated, innovative and patient-centred approach to patient safety and quality improvement in British Columbia. The council also reviews opportunities to improve quality of care when asked to do so by the Minister of Health.

Learn more:

A bio of Dr. Doug Cochrane is available here:

<https://bcpsqc.ca/about-the-council/meet-our-team/douglas-cochrane/>

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