

July 28, 2016

This message has been sent on behalf of Dr. Jeremy Etherington.

To Nanaimo Regional General Hospital Physicians:

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

Update on our eight commitments:

- *Reduction in occupancy at NRGH to less than 95%:*
Between July 22nd and July 27th, occupancy has ranged between 99% and 104%. As of the morning of July 28th, site occupancy was 103% and the ALC count was 38. Since the last update, there have been a number of challenges capacity-wise, in particular increased surgical volumes. Focused ALC work has been expanded to include CNLs, managers and program leads with specific focus on reducing ALC conversion rates. Five vacant liaison and three physiotherapy positions have been filled which will support patient discharges.

This commitment was made to reduce the immediate burden on hospitalists and internal medicine whilst progress was made with numbers 2 and 3 below. Progress with those commitments now allows this work to transition back to routine activity, so it will not be reported in future updates.

- *Stabilization of medical staff resources and other supports for hospitalists, including recruitment of two Nurse Practitioners, and Medical Affairs assistance in recruiting new hospitalists:*
Five full time hospitalists are required to ensure a full complement. As previously reported, two have been hired and are expected to join the team in early September, pending licensing. A meeting is scheduled for July 29th to discuss continued and future hospitalist needs at the NRGH site, including filling three existing hospitalist vacancies.

Locums are being sought to fill shifts on the last weekend of July and on weekdays in August. Work continues to define how the hospitalist service can be augmented and supported by introducing a Nurse Practitioner line.

Island Health Executive Offices

Located at: 2101 Richmond Avenue | Victoria, BC V8R 4R7 Canada
Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

Tel: 250-370-8699 | Fax: 250-370-8750
viha.ca

- *Support for Internal Medicine to cohort patients on a single ward, supported by an MRP internist contract to cover the cohorted ward:*

As previously reported, cohorting of internal medicine patients on Floor 1 is in place and will be maintained going forward. A meeting occurred on July 22nd to discuss contract deliverables and options for an additional resource in Internal Medicine. Immediate next steps include detailing proposed contract deliverables, estimating the number of days a week that an additional resource may be required, and initiating discussions to confirm payment options/availability of funding. Once these are completed, further details will be brought forward for discussion with physicians (target of September).

- *Financial support for Nephrology:*

The following stands in correction to our update memo of July 22, 2016.

Nephrology has arranged short term physician support to stabilize complex Nephrology patient care while tertiary supports are developed and implemented at the NRGH site. Negotiations to address care models and funding are scheduled for Fall 2016 before the current contract expires in November 2016. This commitment is now complete and will not be included in future updates.

The CORE order process is an initiative to support complex order entry, unrelated to the division of Nephrology and that physician group. It is available widely across the NRGH site. Any physician interested in using the CORE process who has not already registered and been trained should contact Gloria Bouchard (Gloria.bouchard@viha.ca) or Rhonda Brown (Rhonda.brown@viha.ca).

- *Development of a model to support Emergency Physicians in the patient-admission process:* 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:*

On Thursday, July 21st, Medical Affairs provided information on additional compensation to eligible physicians through MOCAP call group leaders. To date, Medical Affairs has received numerous emails seeking clarification of the method for declaring compliance with the requirements for compensation as well as details of the invoicing requirements. A number of applications have been received and are proceeding to payment.

The compensation mechanism recognizes the differential burden which usage of IHealth, and particularly order entry, has placed on different groups of physicians – compensation is only available for those falling within those groups. If you have further questions, please contact 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:*

The Island Health Planning team has begun exploratory meetings at NRGH, and will continue to meet with key stakeholders in Nanaimo over August and September as schedules allow. The series of questions to gain early input from physicians and other key stakeholders in Nanaimo have been developed and will be distributed for feedback shortly through the Local Medical Advisory Committee membership. Planning is also beginning to complete an early data analysis that will be provided alongside the early stakeholder input to the collaborative 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:*

Since the last report, the plan and approach for CPOE quality assurance was reviewed by Dr. Georgia Hirst along with Quality stakeholders. The detailed workplan for CPOE surveillance, and terms of reference for a local NRGH CPOE Quality Improvement Group, are being defined. Early analysis of medication and lab order modifications and cancellations is underway. The work will provide opportunities for input from those placing orders.

As shared in the last update, a prototype for a new CPOE support button on the PowerChart toolbar that automatically creates a support incident and provides the ability to attach a screenshot has been developed. A meeting is scheduled for this week to review the prototype with Dr. Rachel Carson.

Additional updates:

- *Closing the loop on reported events in PSLs*

This week, meetings began with Emergency Department physicians and leadership to review outstanding PSLs events and discuss concerns brought forward through the reporting process. A further goal of these conversations is to facilitate a feedback loop on previously reported PSLs events that can inform a future reporting process.

Thank you for your ongoing feedback and involvement.

Yours sincerely,



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