

PHSA Medical Staff

Quarterly Newsletter | Volume 1 | Issue 2

May 17th, 2022

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Updates:

1. C&W CST Update: Shifting through CST Peaks and Valleys

Dr. Jana Davidson, CW Chief Medical Officer | Dr. Jonathan Wong, CW CST Medical Lead

The CST Cerner and split activation is our new normal until all go-live phases are complete. Read more in the [Latest Provider Update](#) for an update on:

- Message from the C&W executive team
- Transfer workflow work underway
- Take the CST support survey
- CST downtime procedures & forms
- Training and access to CST Cerner
- Resources and more

2. Report from the PHS Medical Advisory Committee (HAMAC)

Eric Webber, Chair PHS Medical Advisory Committee

The HAMAC is a committee representing the medical staff (dentists, midwives, nurse practitioners, and physicians) and medical leaders across the PHS, which reports to the PHS Board of Directors. This committee oversees the appointment and reappointment of all medical staff, as well as matters related to quality of care. Over the past eight months the HAMAC has been engaged in updating the Medical Staff Rules. This has included working closely with the presidents of the Medical Staff Associations (MSA) and other interested individuals to ensure that the needs and concerns of the medical staff are considered. It

is anticipated that the proposed new Rules will be approved by the HAMAC at our meeting this month and presented for approval to the Board of Directors in June.

At our March meeting we discussed a detailed report from BC Cancer regarding the implementation of the Clinical & Systems Transformation (CST) at the BC Cancer Vancouver site based on an aggregate review of the Patient Safety Learning System (PSLS). The review offers important lessons both for BC Cancer and for other PHSA programs that will be adopting CST. The HAMAC aspires to be an important conduit for communication between the PHSA medical staff and the PHSA Board of Directors. Your connections to the HAMAC include your local MAC, your local MSA, or directly through the chair at ewebber@cw.bc.ca.

Reminders:

3. Reappointment Leader Reviews

Heather Paterson, Manager, Medical Affairs

We would like to extend a big thank you to all the medical staff who completed their reappointment documents. We are happy to report that 99% have fully submitted their reappointment documents with the majority having submitted on time and in advance of the C&W CST go-live.

Medical Staff Leader review of medical staff reappointments is now underway. Eligible leaders should have received a notification email on May 2nd with instructions to log in and complete their reviews. The deadline for primary medical leaders to complete their reviews is **Friday, May 20th**. Reviews by department heads with divisions and secondary medical leader reviews will follow.

If you have any questions about Reappointment, you can contact Medical Affairs at Reappointment@phsa.ca.

4. Privileging dictionary Evaluation Survey

BC Medical Quality Initiative

In our last newsletter, medical staff received an invitation to share honest and confidential feedback to help improve the use of privileging dictionaries. The BC Medical Quality Initiative (BCMQUI) team is targeting 375 responses and has received just over 200 so far, with 16 responses from PHSA. Your feedback is vital to help improve future versions of the privileging dictionaries and privileging processes. The survey contains 18 questions and should take 10-15 minutes to complete through the following link: https://survey.ca1.qualtrics.com/jfe/form/SV_0qv4wuExjE0E2Fw

If you have any questions about the survey, you can contact the BC MQI office at support@bcmqi.ca.

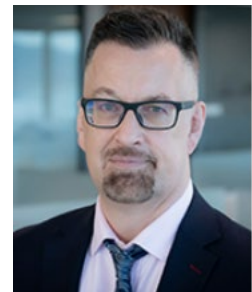
In the news:

5. Messages from Leadership

David Byres, President & CEO

In February, I introduced Dr. Sean Virani as incumbent vice president, medical and academic affairs.

Dr. Virani officially joined PHSA on April 1 and has quickly established himself as a valuable addition to our PHSA executive leadership team (ELT). Along with other fellow ELT physicians and clinicians, including HAMAC Chair Dr. Eric Webber, Sean is playing a key role in bringing physician voices and perspectives to executive decision making across PHSA. Importantly, he will lead us in engaging medical staff in the work of how we can most effectively execute on strategic priorities related to the PHSA mandate, and help shift the culture of the health authority to be truly people-centred, be it patients, medical staff, employees or partners.



In the weeks and months ahead, leaders across PHSA will be looking to take action in support of the results of several recent surveys, including those for PHSA Employee Engagement, PHSA Patient Safety & Culture, and Doctors of BC Health Authority Engagement. The findings across all three surveys are quite similar, with participants expressing appreciation for their colleagues and co-workers, but also concern for workload and wellness. The most sobering finding, measured in a few different ways, is that very few people believe anything with change as a result of what was shared. Meaningful change will take time – and to borrow from an Indigenous teaching, it will take all of us being 'good medicine' to and for each other – but I am committed to being a partner in working with all of you to make PHSA a place where you are proud to provide care each and every day.

Going forward, I'd like to create space for Sean to provide a leadership message in this newsletter on behalf of ELT, but please know that you can always reach out to me directly at any time. I place tremendous value on your work and your ideas. I thank you for your commitment to exceptional, culturally safe care; your collaboration with clinical staff and operational leaders; and your dedication in the face of daunting challenges over the past two and a half years.

Dr. Sean Virani, Vice President, Medical & Academic Affairs

Dear colleagues,

It has been an exciting first month on the job and both a tremendous pleasure and honour for me to bring another physician voice to the executive leadership table at PHSA. I'm grateful for the space, patience and support that so many have offered as I transition into this new role. In the last few weeks, I have learned about the great work that PHSA medical staff are leading, not just in the clinical and academic realms, but also related to engagement, quality and culturally safe care. I look forward to learning even more and to supporting you and your teams on advancing health for the patients we collectively serve.



A key component of the mandate I was given when I took this job was to support development and implementation of an organizational quality framework in partnership with the HAMAC and the vice president, quality, safety, clinical informatics, and chief of nursing and allied practice. As part of that work, and to create cross-organizational opportunities for learning and sharing of best-practices among physicians, I will be looking to create new tables within the medical affairs portfolio to foster communication and dialogue; to promote knowledge transfer and facilitate spread of successful initiatives which are already under way at PHSA. I am also keen to streamline the processes for medical staff to engage in quality improvement training and to access available funding for health system redesign. While a number of opportunities to engage in quality activities currently exist, navigating those opportunities can be challenging and the path to accessing support is opaque.

Creating a central repository and intake process for physician training and quality improvement opportunities at PHSA, supported by navigators, will hopefully remove barriers to engagement and create efficiency for everyone who wants to get involved.

I think it is important to acknowledge the need for efficient process as many of us continue to grapple with time management; balancing our personal and professional lives; feeling compelled to positively impact the system while simultaneously feeling frustrated with the pace of change. Having attended medical staff meetings over the last month and in speaking with many of you, I know that physician wellness is a priority for you, and I can assure you it is for PHSA as well. In the coming weeks, I will be reaching out to better understand how medical and academic affairs can support you to thrive in a safe, enabling and nurturing environment – together, and in partnership, I hope we can have a purposeful dialogue and co-create solutions to ensure the wellness of each of us and our colleagues.

6. Now more than ever, we need physicians

Dr. Sean Virani, Vice President, Medical & Academic Affairs

We caught up with Dr. Sean Virani to ask about the evolving role of physicians in our health-care system, the patients who have stuck with him, and his new role as PHSA’s vice president, Medical and Academic Affairs.

For Dr. Sean Virani, a cardiologist who recently took on the role of PHSA’s Vice President, Medical and Academic Affairs, now is the time for physicians and their colleagues to make time for recovery and reflection. It’s an opportunity to appreciate how far you’ve come and the difference you’ve made. And it’s time for the rest of us to find ways to express appreciation for the physicians in our lives.

As Canadians recognize National Physicians’ Day on May 1, can you speak to the role of physicians in our health-care system?

“I’m drawn to the fact that we’ve lived through a pandemic for the last number of years and more than ever, the role of physicians in driving health system redesign, ensuring the wellness of our population, and in maintaining the foundational tenets of public health has never been more clear. Alongside our colleagues, we have advocated for our patients. We have cared and stayed up long hours for our patients. We continue to be drivers of health system redesign. I think the role of physicians has never been more important. And for this National Physicians’ Day, I would ask that all my physician colleagues take a moment to reflect on how they are supporting and advancing the health system through very difficult times. Take a moment of respite and a moment for wellness. I’d encourage all those people within the health system, and those who access the health system, to also take a moment and reflect on the contribution that physicians have made during this time, to reach out and say thank you.”

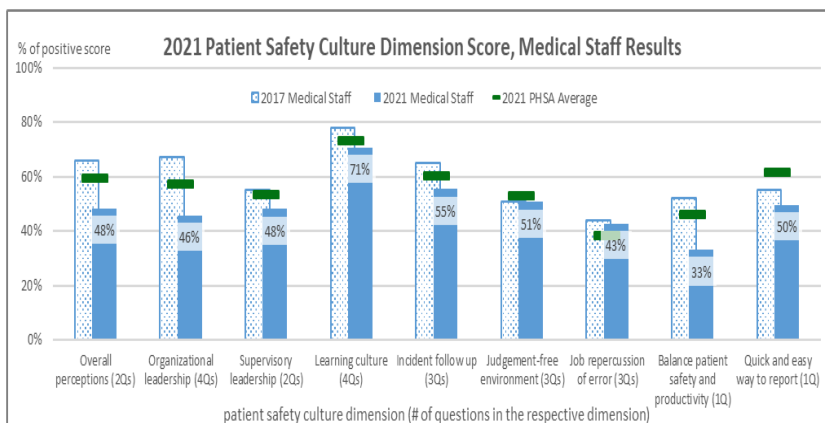
Every health care professional has patients and moments that stay with them through their career. Can you share a few of your defining moments?

“I practice as a cardiologist and specifically in the realm of advanced heart failure and cardiac transplant. There’s so much emotion when you talk about the heart and as a result, so many moving stories. Just thinking about the patient’s stay in critical care, there are a lot of life or death decisions that must happen in the moment. It’s the transplant patients, their individual journeys and experiences that are most rich for me, and the most memorable. When you steward a patient through the process of transplant, and are able to see them thrive and grow and return to a normal life after transplant, it’s very rewarding. Many of my patients were transplanted at a young age and go on to have vibrant lives and get married, and to be invited to those weddings – it brings moments of positive reflection. I have two patients in particular who have harnessed that experience and gone on to develop an actual Foundation to support those living with heart failure. To me, to be able to help them on their journey and to see how their journey has inspired them to help others in this pay-it-forward approach, has really been the most rewarding thing I have done in the practice of medicine. To support those who, in turn, support others.” Read more [here](#).

7. 2021 PHSA Patient Safety Culture Survey – Medical Staff Results

Winnie Fan, Director, Strategic Planning and Projects, Quality and Safety

In September 2021, the Quality & Safety Office launched the fifth Patient Safety Culture Survey (PSCS) and sent 17,000 invitations to medical, clinical, and non-clinical employees across programs. In the middle of COVID management and CST, PHSA collected 3,751 responses (22% response rate), and 269 of the survey respondents have self-identified as a medical staff member. In the 2021 PSCS, the medical staff has grown in base size by 500 since the 2017 survey, but we collected 38 fewer responses and saw a 9% lower response rate. Below are the highlights from the medical staff results.



- The 2021 PSCS medical staff dimension scores (solid blue bars) are lower than the 2017 scores (pattern bars). The biggest differences are seen in “Organizational leadership” and “Balance patient safety and productivity,” which dropped by 21% and 19% respectively. Medical staff are also scoring less positive than the PHSA average (green markers) in all dimensions except “Job repercussion of error”.
- “Learning culture” (71%) continues to be the strong dimension, but the dimension seeing the biggest challenge has changed to “Balance patient safety and productivity” (33%). The lowest scored dimension in 2017 was “Job repercussion of error.”
- Out of the 21 survey questions, three questions dropped by 20% or more.
 - Q2: Senior management has a clear picture of the risk associated with patient care. (2021 38%, 2017 63%)
 - Q3: Senior management provides a climate that promotes patient safety. (2021 46%, 2017 66%)
 - Q11: My organization effectively balances the need for patient safety and the need for productivity. (2021 33%, 2017 53%)

We have distributed the detailed program-specific reports to executives, operation leaders and quality directors. We encourage all staff to engage in the patient safety culture discussion and develop an action plan.

PSCS background information and program-level PSCS summary reports are available from POD (<https://pod.phsa.ca/quality-safety/patient/safety-culture>) or from program quality leaders. You can also email patientsafetyculture@phsa.ca with your questions and data requests.

8. Planetary health, climate change and personal health

Dr. Maura Brown, MD, FRCPC, Radiologist, BC Cancer Vancouver

As we have experienced in BC the last year with the heat dome, another record breaking wildfire season, and the atmospheric river, climate change is affecting us here in BC. The [UN Intergovernmental Panel on Climate Change 6th report WG III](#) released April 4, 2022 describes what we need to do to slow climate change and includes the wording “the next few years are critical”. In the scenarios in the report, limiting warming to around 1.5°C requires greenhouse gas emissions to peak before 2025 at the latest, and be reduced by 43% by 2030.

Many opportunities exist for lowering our greenhouse gas emissions. Although large scale replacement of fossil fuel infrastructure with renewable energy is needed, individual actions can contribute to reducing emissions. An important action an individual can take is to choose active transportation including walking, cycling and public transportation whenever possible. The resulting increased physical activity has immediate benefit to individual health by reducing risk of diabetes, cardiovascular disease, breast cancer, colon cancer, dementia and depression. Fewer trips by car will reduce ambient air pollution, particulate matter and ground level ozone, which reduces the burden of cardio-respiratory disease, lung cancer and acute respiratory infections.

The health co-benefits to participating individuals of active transportation are over and above the global health benefits of reducing greenhouse gas emissions. As health care providers we have an opportunity to lead by example in our own lives, and to educate our patients and communities about the health co-benefits of sustainable transportation.

Your ongoing resources:

Thank you for your continued dedication and service to the province of B.C.

- Visit the [COVID-19 Resources section on POD](#) for staff guidelines, FAQs and updates.
- Visit [POD](#) for stories about our workforce and supporting resources.
- Learn about [health and wellness resources](#) to support you.