

# PHSA Medical Staff

Quarterly Newsletter | Volume 1 | Issue 3

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#### Updates:

##### 1. News from Infection, Prevention and Control:

*Dr Laura Sauvé, Interim Medical Director, IPAC & Dr Lynne Li, IPAC BCMHSUS Medical lead*

IPAC's mission is to support all staff in preventing nosocomial infections – a major cause of morbidity and mortality. There is information on the IPAC POD page - <https://pod.phsa.ca/quality-safety/infection-prevention-control>. If you ever have infection control questions, you can contact your program's IPAC team – there is after hours coverage provided by C&W medical microbiologists, who can be contacted through switchboard (604-875-2161).

**Respiratory virus season** will be upon us very soon and the COVID-19 pandemic is still ongoing – public health and infectious diseases specialists are anticipating a challenging respiratory virus season. IPAC would like to remind all clinicians to have a low threshold to suspect respiratory illness in patients / clients, and test and use additional precautions appropriately. If warranted by IPAC [Point of Care risk](#) assessment always wear eye protection, mask, gown and gloves.

***We can protect our patients and colleagues by staying home / working remotely when we have a respiratory illness ourselves.***

**Hand hygiene** is a key part of protecting patient safety and is the single most important action we do to prevent hospital-acquired infections! Please set an example for your trainees and staff around you in using the four moments of hand hygiene.

**Emerging infections in the news: Monkey Pox:** There continues to be transmission of monkeypox in BC; [BCCDC](#) and [PICNET](#) have provided guidance about infection control, prevention and management of monkeypox. There is very minimal risk of health care workers acquiring monkeypox from their patients if appropriate precautions are followed. Physicians who think they have a case in inpatient settings should call infectious diseases for clinical advice, and inform their local IPAC team. Physicians who have acquired monkeypox from the community should not work until cleared to do so by public health.

## **2. Report from the PHSa Health Authority Medical Advisory Committee (HAMAC)**

*Eric Webber, Chair PHSa HAMAC*

At the May HAMAC meeting we recommended that the PHSa Board of Directors approve the draft Medical Staff Rules. These Rules were subsequently approved by the PHSa Board in June and are now in effect. There remain some relatively minor details to clarify the administrative structures in several PHSa programs. I encourage you to review the [Medical Staff Rules](#) because they govern much of your work as a member of the PHSa medical staff, including: initial appointments and reappointments, administrative structures, quality and safety, and disciplinary processes. The Rules are intended to be a “living document” and will be reviewed and revised every two years to ensure this document remains current and addresses the interests and needs of the medical staff and PHSa leadership.

In June the HAMAC had our annual planning meeting to identify priorities for the coming year. The members of the HAMAC felt that given our perspectives and responsibilities that the following three areas would be of most interest and value to the medical staff across PHSa:

- 1. Health and Human Resource Planning:** the desire is to consider not only the number of medical staff working in different areas but also the allied staff and resources needed to optimize the efficiency of their work.
- 2. Cultural Sensitivity and Anti-indigenous Racism:** This is a priority across PHSa particularly in light of the “In Plain Sight” report.
- 3. Quality of Care:** This is also a priority across PHSa. The focus of HAMAC will be to highlight and support those areas related to quality in which medical staff are already active.

As always I hope you will take the opportunity to participate in these and other PHSa-related activities through your local Medical Advisory Committees and Medical Staff Associations, or by contacting me directly at [ewebber@cw.bc.ca](mailto:ewebber@cw.bc.ca)

## **Reminders:**

### **3. Privilege 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](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](mailto:support@bcmqi.ca).

### **4. Upcoming Health and Wellness Workshop**

*Kathryn George, Manager, Psychological Health & Safety*

**Plan for fall and consider requesting a Health and Wellness Workshop for the team**

Homewood Health Wellness Workshops for teams are offered through [Health Promotion](#). They provide participants with health and wellbeing strategies, as well as tools to develop a range of personal and professional skills.

Leaders can request wellness workshops for their teams by completing the [Homewood Health Wellness Request Form](#). View a list of available workshops [here](#).

For more information on fostering a psychologically healthy workplace and additional wellness resources, please visit the [Health and Wellness for Managers page](#). Looking for support for teams? Psychological Health & Safety Leaders can provide facilitated team check-ins or topic specific wellness sessions. Request a [team session](#) by contacting [psychhealthsafety@phsa.ca](mailto:psychhealthsafety@phsa.ca).

## In the news:

### 5. Language Access in Healthcare

*Provincial Language Services*

Language matters, especially in health care where miscommunications can have life-altering consequences. PHSA's Provincial Language Services' (PLS) assists health-care professionals across B.C. with access to a number of services that promote inclusion and help bridge the language and communication gap.

- **Spoken language interpreting services:** Available over the phone to GP offices and specialists. An access code, available through PLS, is required to connect to a phone interpreter. Services for GPs and specialists are currently available free of charge.
- **Sign language interpreting services:** Sign language interpreting, intervenor and CART services are available for Deaf, Deaf-Blind and Hard of Hearing (DDBHH) patients. Providing these services is a legislative obligation for physicians in B.C., resulting from a Supreme Court decision in 1996. Services are available free of charge.
- **Francophone Services:** Provides information and guidance to the francophone community as they navigate the health care system in B.C. This can include support with engaging the services of an interpreter for health appointments.

Learn more about Provincial Language Services and the resources they offer by visiting the [PLS website](#).

### 6. Health System Redesign Initiative

*Yuriko Ryan, HSR Program Lead*

The [Health System Redesign \(“HSR”\)](#) initiative was established in 2010 to facilitate physician engagement and collaboration in the redesigning and/or improvement of health services identified by the health authorities. Funding for HSR is provided by Doctors of BC (“DOBC”)’s Joint Collaborative Committees (JCCs), a partnership between the MOH and DOBC. HSR compensates physicians for their input, expertise and participation in planning, decision-making and implementation of new or revised health services that align with PHSA priorities.

In June and July, the Executive Medical Group (EMG) approved twenty proposals for FY2022/23 HSR funding. Five projects will explore psychiatry-focused system redesign. Other topics include clinical pathway redesign, surgical process improvement, provincial provider network development, physician wellness, cultural safety, and equity, diversity and inclusion (EDI). We anticipate over 370 unique physicians, including non-PHSA physicians, will lead or participate in HSR projects this year.

We are not currently accepting new applications for this fiscal year. FY2023/24 Call for Application process will be determined and announced by February 2023. For more information about HSR funding guidelines and information about completed projects, please contact Yuriko Ryan, HSR Program Lead at [yuriko.ryan@phsa.ca](mailto:yuriko.ryan@phsa.ca).

## Upcoming events and courses:

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.