

Medical Staff Newsletter

February 2026

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**denotes readers will need to be on-site or access the PHSA network remotely to view these pages.*

Updates and Reminders:

1. Protecting patient privacy: It starts with us

Last week, the Office of the Information and Privacy Commissioner for British Columbia (OIPC) released its report [Privacy breaches following the Lapu-Lapu Day Festival](#), which identified privacy breaches across PHSA, Vancouver Coastal Health, Fraser Health and Providence Health Care.

PHSA recognizes the critical importance of protecting patient privacy and understands the seriousness of this issue for the public we serve. These breaches are inappropriate, unacceptable and violate PHSA's [Privacy Management and Accountability policy](#).

As noted in the report, unauthorized access occurred across several programs and from various roles. Disciplinary actions have been taken with staff who accessed patient records without authorization or clinical need. These actions included reporting to regulatory colleges, where applicable, as well as suspensions and terminations.

The privacy commissioner outlined several recommendations for the health authorities involved. PHSA has accepted all recommendations directed to our organization and has already begun implementing them. We are also accelerating the rollout of an enhanced privacy audit solution with additional, real-time privacy monitoring to strengthen existing safeguards.

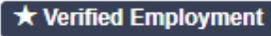
All licensed health professionals in British Columbia are legally and ethically required to protect the privacy and confidentiality of patients' personal health information by collecting, using, accessing, and disclosing it only as necessary for legitimate care purposes; ensuring safeguards prevent unauthorized access; obtaining consent when information is shared outside the care team unless a legal exception applies; adhering to provincial and federal privacy legislation such as FOIPPA, PIPA, and following their regulatory college standards, which require secure handling, accurate documentation, and immediate action in the event of improper access or disclosure.

While PHSA has mechanisms to detect unauthorized access to private patient information, preventing inappropriate access from occurring is our most effective safeguard. As part of that, privacy training is an essential and required administrative safeguard. Per the policy, PHSA requires all staff to complete the Privacy and Security 101 course during onboarding and every two years thereafter. Training completion is part of the initial appointment process for medical staff.

If you are unsure if your privacy training is up to date, we ask that you check to make sure you have completed your own privacy training within the last two years. Log into LearningHub, select 'My Courses' from the top navigation bar and then 'Learning History' and search 'PHSA – LPR – Privacy and Security 101' to check the last completion date. If the results show as 'expired,' you are required to retake the course. The course takes approximately 30 minutes to complete. Additionally, the People & Culture team will be sending out targeted email reminders to staff who have not completed their training or are showing expired status on their recertification.



(*) Employees should also check to ensure their LearningHub account is verified so that their completion status updates on HR reports. To check whether your account is verified [visit the](#)

[profile page](#) and look for the  sign under your name. If you do not see this follow the steps to verify your employment on the page.

2. AccessMyHealth now live across many clinical sites

The new AccessMyHealth patient portal, connected to CST Cerner, is **now live** (as of Feb. 4) for patients who receive care at sites and clinics across PHSA, Providence Health Care, and Vancouver Coastal Health using CST Cerner. By signing up with their BC Services Card, this service supports patients to make more informed decisions about their health by showing results, appointments and documentation in their health record (read below for more details).

If you have not already done so, it is highly recommended medical staff at CST Cerner-live sites complete the LearningHub courses below.

- [Best Practices: Patient-Centered Clinical Documentation](#) (course #36914; duration 25 mins)
 - Overview for staff about inclusive, culturally safe and person-first language as a best- practice standard for clinical document
 - How to identify sensitive information that should not be directly released to the patient via AccessMyHealth
- [AccessMyHealth Patient Portal: Documentation Overview](#) (course #36865; duration: 10 minutes)
 - An overview of which clinical documents will be distributed to AccessMyHealth and how to document sensitive information that should not be sent to AccessMyHealth.

Reminder: The “**Provider Note – Do Not Send To Portal note type**” can be used in addition to a regular clinical note to support medical staff in documenting sensitive information that should not be visible in the patient portal. Learn more on [CST Cerner Help](#).

Key benefits to patients, families, caregivers and other trusted supports:

- Access from anywhere: The portal provides secure, convenient access to health record information online (from desktop or mobile).
- View results: Patients can view their latest lab, medical imaging, and other key diagnostic results without having to wait for an appointment*.
- See upcoming appointments: It’s a quick way for patients to reference appointments and to confirm information that they may have received directly from their care team. Some appointments are not available.
- Read care team notes: Patients can stay informed about their health-care journey with notes from members of their care team*.

**Select results, notes and documentation are available. In most cases, patients will have access to certain notes and documentation created by their care team. [For the full list, click here: [Note Type Distribution \(Excelleris/CareConnect/AccessMyHealth\)](#)]*

[CST Cerner Help](#) has information and resources for medical staff including [talking points](#) to support in-person discussions about AccessMyHealth with patients, [FAQs](#), [adolescent conversation guide](#) and a [proxy fact sheet](#).

Additional information for patients can be found at [AccessMyHealth.ca](https://www.accessmyhealth.ca).

For any CST Cerner issues related to the portal, please contact the [Service Desk](#).

3. Update on Pager Retirement Project

Due to shifting organizational priorities and funding constraints, the Pager Retirement Project will be closing effective immediately.

Over the past several years, the project team has collaborated closely with clinical leaders and frontline providers across PHSA, Providence Health Care, and Vancouver Coastal Health to explore a clinically informed and effective path toward retiring pager technology. Through a successful proof of concept, we identified a replacement for pagers through the implementation of the PerfectServe Clinical Collaboration tool with clinicians at Sechelt Hospital and Lions Gate Hospital.

This update may be disappointing, particularly for those who have been advocating for improved clinical communication tools. This decision was not made lightly. At this time, expansion of this work to additional clinical areas will not be moving forward; however, we continue to explore with our Clinical Informatics teams how we might be able to better support pagers in a more cost effective and strategic way.

What remains unchanged:

- The two pilot groups currently using the PerfectServe tool as part of the proof-of-concept work will retain access and will receive full technical support through the Service Desk.
- Those using pagers will also continue to receive operational and technical support through existing channels.

Thank you for your engagement, partnership, and patience throughout this work. Your insights have been invaluable in shaping the pilot and in demonstrating the need for modern communication solutions.

If you have questions or would like to discuss this change further, please feel email pagerretirement@phsa.ca.

4. Online medical device service request system transitioning March 4

The Biomedical Engineering team is transitioning to a new Computerized Maintenance Management System (CMMS) called *Nuvolo* on March 4, 2026. This upgrade will improve how medical device service requests are submitted, tracked, and managed across the organization. The current CMMS, which is called TMS, will be taken offline on February 27 at 3:00 pm in preparation for the transition.

After this time, web-based service requests will **not be available** until Nuvolo launches on March 4.

During the downtime (February 27–March 4), please [contact your local Biomedical Engineering shop](#) directly for all medical device service needs. Once Nuvolo is live, a virtual tour will guide you through the new service request form the first time you log in.

5. Complete survey to improve IT Broadcast messages

Provincial Digital Health and Information Services (PDHIS) is gathering feedback to improve IT Broadcast messages – the emails shared across PHSA about upcoming IT changes. The current IT Broadcast tool notifies impacted groups, including staff and medical staff about IT-related updates, downtimes, and service impacts.

[Complete the survey by March 15](#)

Your input will help ensure the right information reaches the right people at the right time.

In the News:

6. New Physician Chair PHSA/SSC Quality Improvement Committee

Dr. Ashok Krishnamoorthy, psychiatrist and quality improvement lead at BCMHSUS has been appointed the new Physician Chair of the PHSA/SSC Quality Improvement Committee effective March 1.

Dr. Ashok Krishnamoorthy brings deep clinical expertise, a strong commitment to quality improvement, and a collaborative leadership approach that will support continued integration, consistency, and impact across PHSA's Specialist Services Committee QI Programs.

As Physician Chair, Dr. Krishnamoorthy will provide physician leadership and strategic oversight to the quality improvement initiatives funded by the [Specialist Services Committee](#) at PHSA. Dr. Krishnamoorthy will work to advance the impact of these programs and build further alignment with:

- PHSA Medical Staff Governance and Quality Structures
- PHSA's Integrated Quality & Safety Strategy Priorities
- The strategic directions of the Joint Collaborative Committees

Appreciation is extended to Dr. Monty Martin for a decade of leadership as the co-chair for the PHSA quality improvement portfolio. During Dr. Martin's tenure, the physician quality improvement program grew substantially along with PHSA. His contributions have supported development of the Physician Quality Improvement team and education program, the introduction of the Spreading Quality Improvement initiative, as well as the early stages of the Alum and Coaching portfolios.

Dr. Martin brought a thoughtful approach and integrity to the work, with a clear focus on patient and family centered care. Dr. Martin will continue his leadership, shifting into the provincial sphere, as a Doctors of BC representative on the Specialist Services Committee.

For more information, please contact martina.francisco@phsa.ca.

7. Reminder to Self-Report Your Influenza Protection Choice

As viral respiratory illness season continues, all medical staff are expected to report their influenza protection choice. Currently, only 56% of medical staff have self-reported.

Keeping your flu vaccine up to date helps protect patients by reducing the risk of transmitting influenza in care settings, particularly to those who are older, immunocompromised, pregnant, or living with chronic illness. Vaccination supports safer clinical environments, helps prevent outbreaks, and contributes to continuity of care by reducing staff illness and absences.

Questions or need support?

Visit the [Viral Respiratory Illness](#) page on POD or contact influenza@phsa.ca.

Upcoming Events and Courses:

8. Apply Now: Advanced Oncology NP Fellowship

PHSA and BC Cancer have launched Canada's first Nurse Practitioner clinical fellowship specializing in oncology. This 13-month program is designed for NPs nearing graduation or within four years of oncology experience.

This first-of-its-kind program strengthens BC's oncology workforce and supports [BC's 10-Year Cancer Action Plan](#) by expanding the number of highly trained oncology NPs available across the province.

At a glance

Fellows receive intensive clinical training across major tumour sites, supported by weekly seminars, supervised practicums, and elective experiences in areas such as palliative care, survivorship, and pain and symptom management. The curriculum integrates tumor-site-specific training while incorporating PHSA Indigenous teachings, anti-racism, ethics, spiritual care, and DEI to support culturally safe, high-quality oncology care and meaningful learner engagement.

Graduates will be prepared to write the [AOCNP® exam](#) and have their advanced competencies formally recognized.

Who can apply

Eligible NPs must hold or be close to completing a Master of Nursing: Nurse Practitioner degree, meet BCCNM licensure requirements, demonstrate interest in oncology, and commit to full-time participation.

Apply by March 31, 2026

Applications for the 2026 cohort close March 31 and can be made through [PHSA Careers](#) (**internal*). Search for Nurse Practitioner Oncology Education Program.

NPs interested in advancing their oncology practice and contributing to the future of cancer care in BC are encouraged to apply.

For more information visit [Continuing Education Opportunities](#) page on the PHSA website or contact Chantel Canessa, executive director and department head, Nurse Practitioners, PHSA at: ccanessa2@phsa.ca.

9. March 5: The Other Side of the Stethoscope

The next Medical Staff Wellness and Learning Rounds session, taking place on March 5, will provide an overview of the Physician Health Program.

The session, titled *The Other Side of the Stethoscope – BC’s Physician Health Program, Medical Staff Burnout and Building Resilience*, will be held virtually and explore medical staff burnout through an individual and systems lens and evidence-informed mitigation strategies. Participants will gain a practical understanding of burnout and evidence-informed mitigation strategies, examine how local medical culture can influence medical staff wellbeing, and reflect on the role of healthy boundaries in sustaining practice. The presentation will also offer guidance on how to recognize a colleague in distress and how to offer supportive conversations, including connecting peers to appropriate resources.

Overview of the Physician Health Program

- Date: March 5
- Time: 4–6 p.m.
- Format: Virtual session with presentation and breakout discussions
- Presented by Dr. Maureen Mayhew

[Click here to register](#)

Sessions are CME accredited. For more information, please contact: ASCEND@phsa.ca

10. Physician Quality Improvement (PQI) Level 3: Applied Training Program – Fall 2026 Intake

The PHSA Physician Quality Improvement (PQI) program is now accepting applications for its 10TH Cohort beginning in fall 2026. In partnership with the Specialist Services Committee, PQI provides *in-depth quality improvement (QI) training designed to build physician and medical staff leadership in QI across PHSA*. Over one year, participants attend seven full-day (or equivalent) learning sessions and complete a QI project supported by the PQI team. The sessions are a mix of in-person or virtual sessions (not hybrid).

Eligibility and Requirements

Eligible participants include physicians and medical staff (NPs, midwives, and dentists) who practice within PHSA programs and services (BCCH, BCWH, BCC, BCCDC, BCEHS and BCMHSUS). PQI also accepts dyad partners participating alongside the primary physician/medical staff applicant.

What to expect

- PQI participants learn about QI methodology and tools applied directly to their own QI projects with the support of dedicated PQI technical staff.
- Funding is available for participation in the training program and project work.
- Physicians are eligible for **CME credits**

What next?

- PQI is now accepting applications online [PQI Application Form](#).
- Application deadline: **March 31, 2026**
- Program start: **September 2026**

For more information, please contact PQI@phsa.ca

10. Improving Specialist Access for Rural Communities – Virtual Symposium

Doctors of BC will host a virtual symposium to support specialists, family physicians, and Health Authority partners working to strengthen access to specialist care in rural communities. The session will provide an opportunity to discuss experiences related to rural specialist access, examine successful approaches and persistent challenges, review available supports for establishing specialist outreach clinics, and enhance connections between specialists and rural communities.

Date: Tuesday, March 3

Time: 6–8 p.m. PST

Registration: [Register here](#)

The symposium will present early findings from research analyzing key enablers and barriers affecting the delivery of specialist care in rural areas of B.C. The symposium will also include an overview of provincial supports, programs, and policies to assist teams in developing and sustaining rural specialist outreach clinics.

Compensation for attendance is available at the Doctors of BC sessional rate.

For more information, please contact Facility Engagement, Doctors of BC at: engagement@doctorsofbc.ca.

PHSA Operational & Leaders' News

- Read the latest [PHSA Operational News](#) and [Leaders' News](#)*:
 - [Mark your calendar for PHSA's next town hall on March 11](#)
 - [Specific Copilot Chat guidance available on Infocentre](#)
 - Unique PHSA stories this week
 - Jobs of the week

Ongoing Resources:

- Check out the [Medical Staff webpages](#) on phsa.ca for information and resources for dentists, midwives, nurse practitioners, clinical scientists and physicians.
- Learn about [health and wellness](#) resources to support you.
- Looking for past issues of the Medical Staff Newsletter? Visit our [Communications page](#).
- Visit [POD](#) for stories about our workforce and supporting resources*.