

MEDICAL STAFF ASSOCIATION & MASES

Minutes of June 12, 2017

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Attendees: 5:00 – 6:00 pm Chan Auditorium	J. Arneja B. Baadjes E. Balaisis V. Barakauskas T. Black G. Blair K. Bretherick D. Cabral L. Cheng L. Dahlgren	J. Davidson MF Delisle J. Dionne A. Dowling T. Evans F. Feng J. Freed J. Freeman M. Harvey L. Huang	J. Hukin B. Jung N. Kent N. Kissoon L. Knox M. Lau C. Loock C. Lyons J. Lyons K. Marr	Q. Metcalfe F. Millerd H. Montazer K. Mulpuri M. O'Donnell O. Popescu E. Reimer L. Rowat L. Sauve D. Shaw	C. Skala C. Strahlendorf P. Thiessen L. Tucker S. Vedam S. Weissinger H. Woo J. Wu L. Yan
Guests:	D. Duffy Managing Director, OPSEE BCCH & MASES	C. Davies Interim Vice President - BCWH	L. Lemke Interim Vice President BCCH	G. Miller Vice President, QSOI PHSA	
	B. Nuniam Dictionary Refresh Mgr, BCMQUI	M. Preston Communications Officer BCMQUI	C. Roy President & CEO PHSA		
Quorum:	Active staff Attendees = 377		Quorum = 50 Active staff	Quorum attained – NO	Total Attendees = 49

Agenda Item	Discussion	Action Item
1.0 CALL TO ORDER & APPROVAL OF MINUTES	The President called the meeting to order at 17:15. Minutes from the previous meeting on March 27, 2017 meeting were accepted as presented.	<i>Mar 27/17 minutes approved</i>
2.0 OLD BUSINESS	<u>2.1 MASES & CW MSA Meetings</u> All CW MSA meetings moving forward will be considered jointly as MASES meetings. All CW Medical Staff members are considered members of both groups. <u>2.2 MASES AGM</u> Four items were added to the corporate charter of the MASES, as required by the BC Corporation Act for Non-Profit Societies, in keeping with the requirements. They do not specifically apply to the MASES.	
3.0 STANDING REPORTS	<u>3.1 MSA President Report</u> <i>H. Woo</i> <ul style="list-style-type: none"> Second Cup is now open until midnight, Monday through Friday. They also are planning to extend this to the weekend as well. The CW MSA website MSACW.ca contains applicable meeting documents, links, event notices etc. A SmartPhone App is being designed and will hopefully launch in early 2018. It will allow access to contact directories, hospital contacts, call schedules etc. Catering for today's meeting was provided by Kitsch https://hospitalkitchen.ca/ - a group providing services to increase healthy food options on site. If you wish to attend the appreciation event for J Christilaw & L Arnold, please notify H. Woo ASAP, there are few seats left. <u>PhotoVoice Project</u> https://msacw.ca/photovoice-project/ "Photovoice", a unique research strategy where people create and discuss photographs as a means of catalyzing personal change, is a method of participatory action research (PAR). The aim is to characterize how wellness, safety, communication, and quality care are represented at BC Children's & Women's Hospital using Photovoice, and provide a voice in advocating for public policy interventions to improve patient quality care and safety. The three main goals of the project are: <ul style="list-style-type: none"> To enable people to record and reflect their community's strengths and concerns To promote critical dialogue and knowledge about important community issues through group discussions of photographs To reach policy makers Consent is required for all members in the photos, and is part of the submission process. Please direct questions to lamiyah.adamjee@alumni.ubc.ca	
	<u>3.2 Site President's Report</u> <i>C. Davies & L. Lemke</i>	

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The new site leader has been selected and will be joining us at the end of July. Closer to her arrival date, S. Wanamaker and her secretary contact info will be distributed.

- For more info on Susan, see the POD <https://tinyurl.com/SusanWannamaker>

Site Redevelopment is progressing quickly. On July 5, the keys to begin the commissioning and testing of the new centre.

- Training and orientation of all staff has begun, schedules have gone out, and you should have signed up for orientation. Training has been condensed as much as possible.
- Oct 23 will see the equipment that must remain until patients are being prepared being moved to the new facility, Oct 29 is the current patient move date.

CST has an increased engagement required right now. It is understood it is a difficult time, but it is recommended you, as Medical Staff, try to make time and ensure you are involved. It is incredibly important.

3.3 MASES Update <https://msacw.ca/>

L. Casey

- The CW Med Staff website is up and running and will continue to develop over time as more is added to it. Do try to become familiar with it and check back frequently for updates. If you have suggestions for items to be included, please advise hwoo@cw.bc.ca
- Yoga continues to be offered Weds nights at Beth Israel until Jul 11, when it moves to Tuesdays.
- The mindfulness training has been fully subscribed with 15 applicants for the first round and 15 waitlisted for October. There has been a very good response and may need to continue going forwards.
- The Project application submissions, led by K. Mulpuri, has had a terrific response with 87 submissions.
 - 60 projects requested over 5k, 27 were under 5k
 - They were spread, with 64 at BCCH, 23 at BCWH
 - The focus varied among the projects, Health Admin, Engagement Workplace Improvement, Wellness, Quality Improvement
 - The working group has divided the applications, each undergoes independent review and scoring them. A meeting will be held to review them as a group
- On Jun 19 group will meet to review, adjust scoring and discussion. Possible outcomes (either to approve small projects, or to invite larger projects to continue or reject). Hoping there are few rejections, and more opportunity to modify scope or combine submitted project to have as many as possible moving forwards.

3.4 Site Redevelopment

E. Reimer

24 days till keys are received and 134 till we are seeing the first patients.

- There will be no tours in July! Small work and deficiency resolution will be going on. Hopefully there will be more opportunities in August, and orientation will include a visit.
- One new piece of incoming tech will be the use of Vocera, an almost hands-free communications device. 700 will be available and distribution (to positions, not people) is being reviewed. There will be opportunities to use, and it will make use of the very robust Wi-Fi network.

It has been a long journey, well over 10 years, and a briefing note will be distributed through your Division/Department heads as a refresher and info on why decisions were made.

If you have questions, contact ereimer@cw.bc.ca

3.5 Clinical Informatics

T. Black

There will be more discussion at the September meeting about CST experiences on the Island, and what we have learned as a result.

Hardware RSA Tokens are expiring. You should have received an email, but check the date on the back. They are replaced, and PHSA is covering cost to replace token.

- For those who work at multiple sites, the Token available at VCH/PHC allows access to BCCH/BCWH as well.

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	<ul style="list-style-type: none"> ▪ Unused icons are being removed tomorrow. Citrix/Cerner logo will be changing. ▪ If you need a way to transfer files, specifically with folks outside PHSA (NOT Patients or the general public), there is a method that is encrypted/secure. Ensure you are following the Privacy policy at all times. The service is audited, so do not use for patients or general public. ▪ Emails are unsafe, and using DropBox is illegal. ▪ Anything downloaded is deleted in 7 days, and has 9-5 support for this App specifically. Announcement from IMITS should be forthcoming once the testing is complete. <p>Blue Cards are moving to printed labels with a barcode. The printed labels allow better standardization and improved quality. The card imprints were often illegible, current multiple blue card templates, people were using the info inappropriately.</p> <ul style="list-style-type: none"> ▪ There will not be a pneumatic system in the TECK Centre. Embossers and addressograph are failing (age) and are obsolete technology. There are many advantages to the printed labels, and card info is often being used inappropriately. ▪ It is Patient centric. Staff won't have to travel – anyone can learn to print their own label, its accurate to the encounter its printed for, the barcode will support a scanner coming in the future and it is CST ready – this is the process new CST will use. ▪ The Encounter Number is NOT on the label, because it would propagate to the next encounter. ▪ Most important info on every encounter and every chart is on the DEMOGRAPHIC FACESHEET! Printing multiple copies, you can learn how to print your own. Start accepting it as the source of truth. <p>3.6 CW MAC Chair Report <i>E. Webber</i> <i>Deferred</i></p> <p>3.7 PHSA CEO Report <i>C. Roy</i> Regarding the selection of S. Wannamaker, sincere thank you to all members of the selection committee. We reviewed a lot of candidates and spent many man hours to select the best candidate for everyone with much input. Advice, wisdom, and an impressive commitment in time was very rewarding. Thank you. We made a great decision and look forward to her arrival. and look forward to what the future of these 2 proud orgs needs to be and leverage the investment being made.</p> <p>We are in a crazy time with the Government, but are in a status quo pattern moving hard and fast on all the capital improvements, we are doing all we can to ensure they are done. With changes occurring within the Government, everything is reviewed, but it delays progress in moving forwards. We will be focused on the priorities of a new Govt to advance our interests.</p>	
<p>4.0 NEW BUSINESS</p>	<p>4.1 PQI Funding <i>G. Miller</i> G. Miller gave a brief comparison of 2 of the 3 funding streams from SSC – Facility Engagement & Physician Quality Improvement. The two streams have some significant differences. <i>See attached slides for more information.</i></p> <p>Facility Engagement (CW MASES) Aim: To strengthen relationships between health authorities and facility-based physicians by enhancing engagement to improve medical staff working conditions and quality of patient care delivery. FE initiatives are guided by the MOU</p> <p>Physician Quality Improvement (PHSA Agencies BCCH, BCWH, BCCA, BCCDC, BCMHSUS) Aim: To promote a culture of physician-led quality improvement across PHSA, to create the capacity and capability for physicians to lead quality improvement, and to engage physicians' improvement ideas and work collaboratively with leadership.</p> <p>4.2 BCMQI – Privileging Dictionary Refresh Project <i>M. Murray</i> You should have seen your dictionary during this past reappointment. They are undergoing a refresh, having been created a few years ago. They were created as part of the 2011 Cochrane Review to satisfy critical info gaps, and create a common reference point for what a practitioner is doing. They are not intended to be a job description or a performance appraisal.</p> <p>It will take approx. 3 years to review all 62 of the current Dictionaries. An info sheet on the ongoing refresh was distributed, and is available at http://bcmqi.ca/ website. If you have</p>	

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	<p>further questions, contact privilegingdictionary@bcmqi.ca</p> <p>4.3 MSA Executive – Upcoming Vacancy <i>H. Woo</i></p> <p>The Secretary/Treasurer position on the CW MSA Executive will be vacant starting in 2018. If you are interested in putting your name, or a colleague forward for consideration, please do so before the December MSA meeting.</p>	
<p>5.0 ADJOURNMENT</p>	<p>The meeting was adjourned at 18:42.</p>	

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