Facilitated by:
Dr. Michelle Weizel
Vice President, Medicine and
Deputy Chief Medical Officer

NAVIGATING ISLAND HEALTH MEDICAL LEADERSHIP

ONBOARDING FOUNDATIONS

island health

Navigating Island Health Medical Leadership Series

Onboarding Foundations

Dr. Michelle Weizel
Vice President, Medicine and Deputy Chief Medical Officer

Enhanced Medical Staff Support (EMSS)

Dr. Andrew Clarke,
Medical Director

Enhanced Medical Staff Support (EMSS)

Dr. Bruce Campana,
Medical Director

Contracts & Compensation

Dr. Alicia Power,
Medical Director

Credentialing, Privileging & Governance

Jill Pearman, RM,
Medical Director

Recruitment & Stabilization

Dr. Maria Kang,
Medical Director

Patient Safety & Quality

Dr. Ali Yakhshi Tafti
Medical Director

Today’s Agenda

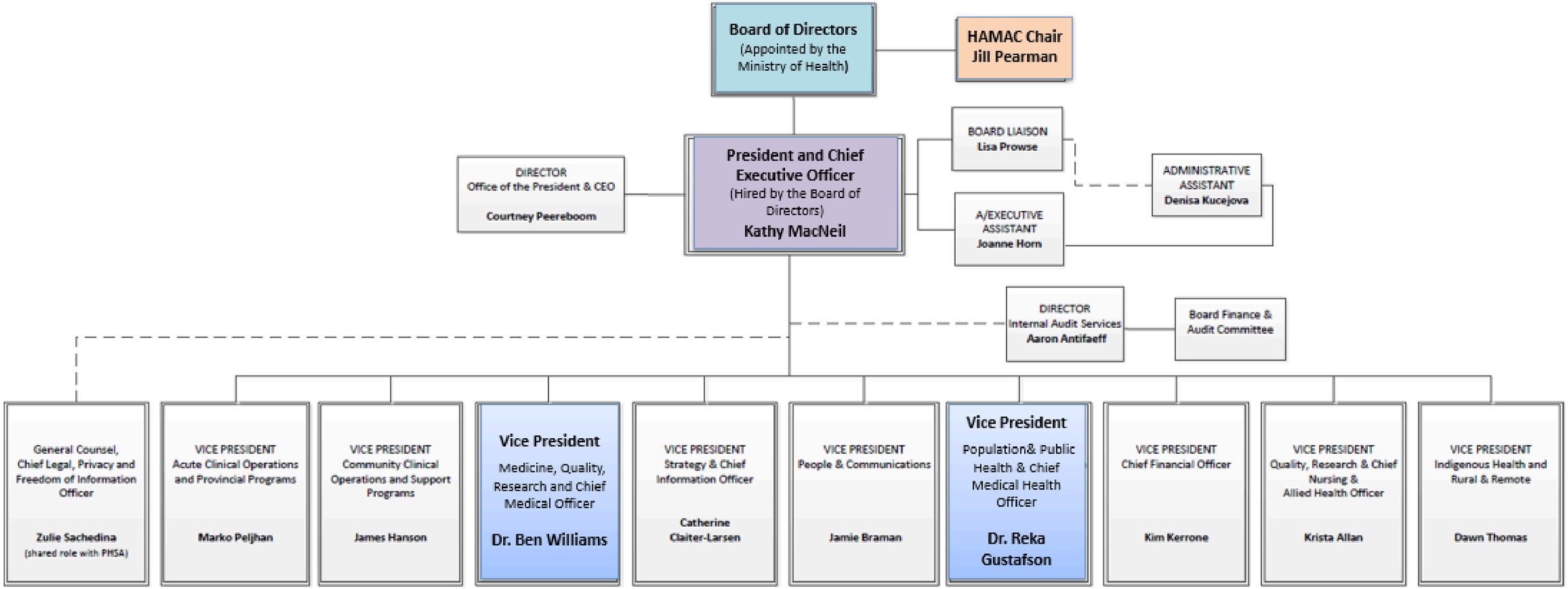
- Territory Acknowledgement

Review

- Island Health Executive Leadership Structure
- New Medical Leadership Structure
- Medical Staff Governance and HAMAC
- Medical Affairs
- Clinical Governance

Medical Leader Manual

Island Health
Executive Leadership Team (ELT)



The Board retains **ultimate legal responsibility** for quality of medical care at Island Health

Hospital Act Sites

- Health Authorities Act
- Hospital Act & Regulations
- Medical Staff Bylaws
- Medical Staff Rules
- Island Health policies
- Hospital Appeal Board

Delegation of Board duties to committees (*Health Authorities Act*)

Quality of care is delegated to HAMAC and its subcommittees (Medical Staff Rules and Bylaws)

appointment and review of Medical Staff;
monitoring of the quality and effectiveness of medical care;
adequacy of Medical Staff resources;
planning goals for meeting medical care needs of the population; and
discipline and review of Medical Staff.

Medical Staff owe **statutory duties** to Board (Hospital Act and Regs)

Act in an advisory capacity to the Board;
Participate in quality improvement initiatives;
Report colleagues who fail to perform their duties; and
Discipline its members and make recommendations on privileges.

Medical Staff Bylaws and Rules

In process of applying for medical staff appointment (i.e. Privileges) in ISLH, the provincial application form includes the following Agreement

AGREEMENT:
In submitting this Application, I agree to the following terms and conditions…:

1. I confirm and acknowledge that:
b. I have read, understand, and will maintain familiarity with the Hospital Act and the Medical Staff Bylaws and Rules of the Health Organizations, or the equivalent policies of the FNHA, as appliable, to which I have applied.

2. I agree that:
a. If granted privileges or appointed to a staff position at the Health Organization or the FNHA, I will fulfil my responsibilities as defined by the Health Organization in its Medical Staff Bylaws and Rules or by the FNHA in its equivalent policies, as applicable, and other policies, procedures, or rules of the Health Organization or the FNHA.

MEDICAL STAFF BYLAWS AND MEDICAL STAFF RULES

Health Authority Medical Advisory Committee (HAMAC)

Outlined by Article 9 and 10 of the Medical Staff Bylaws

Article 9 - THE HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE

9.1 Purpose

9.1.2 The HAMAC makes recommendations to the Board of Directors with respect to cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff to practice within the facilities and programs operated by the Vancouver Island Health Authority.

9.1.3 The HAMAC provides advice to the Board of Directors and to the CEO on:

1.The provision of medical care within the facilities and programs operated by the Vancouver Island Health Authority;

2.The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the Vancouver Island Health Authority;

3.The adequacy of medical staff resources;

4.The continuing education of the members of the medical staff; and

5.Planning goals for meeting the medical care needs of the population served by the Vancouver Island Health Authority.

Health Authority Medical Advisory Committee (HAMAC)

WHO

- Diverse membership—Dept. Heads, Chiefs of Staff, Medical Staff Association and Executive Medical Directors as well as Executive Leadership members
- Chaired by Jillian Pearman, RM, and Vice Chair, Dr. Brian Mc Ardle
- Usually held on the afternoon of the second Thursday of the month

SUBCOMMITTEES

LMACs

- SIMAC (RJH, VGH, Queen Alexandra, GRH) - Drs. Chloe Lemire-Elmore and Laura Fraser
- SPH - Dr. Brendon Irvine
- LMH - Dr. Anik Mommsen-Smith
- CDH (QVH) –Dr. Graham Blackburn
- NRGH - Dr. Mark James
- WCGH - Dr. Tom Dorran
- TGH - Dr. Carrie Marshall
- CVH - Dr. Corey Tomlinson
- CRH - Dr. Dean Percy
- PMH/PHH - Dr. Evan Rogers
- Ladysmith HCC - Dr. Matt Toom
- Chemainus HCC - Dr. Jim Broere

- Medical Planning and Credentialling Committee (MPCC) - Dr. Maria Kang
- Legislative Committee - Vacant
- Medical Education and Resource Committee (MERC) -vacant
- Health Authority Medical Quality Committee (HAMQC) - Dr. Jeff Kerrie

Medical Staff Associations (MSAs)

Outlined by Article 11 of the Medical Staff Bylaws

11 MEDICAL STAFF ASSOCIATIONS ACROSS ISLAND HEALTH

- Nanaimo Medical Staff Engagement Society
- Cowichan District Medical Society
- Campbell River Medical Staff Engagement Initiative Society
- Physician Engagement Society of Comox and Courtenay
- Lady Minto Gulf Island MSA
- Mount Waddington Facility Engagement Committee
- South Island MSA
- Saanich Peninsula Physician Society
- Tofino Medical Staff Engagement Society
- West Coast General Hospital (WCGH) / Port Alberni MSA
- North Island 'Namgis MSA (Cormorant Island)

MSAs are a groups of physicians and other medical professionals that work together to address issues and concerns related to patient care and the practice of medicine. They act as a voice for the medical staff and provide a platform for communication and collaboration with hospital administration and Island Health.

BYLAWS AND RULES

DIRECT A FORMATION OF A MEDICAL LEADERSHIP STRUCTURE

The Medical Staff Bylaws and Rules establish a structured medical leadership system—spanning Department Heads, Medical Directors, Executive Medical Directors, and the Chief Medical Executive—to enable physicians and other practitioners to collectively govern professional practice, ensure quality of care, and provide formal advice to the Board as a self-governing profession.

Medical Staff Leadership

PRINCIPLES

- All Medical Staff will have an Island Wide Leader
- All Medical Staff will have a Local Leader

ISLAND WIDE LEADERSHIP

Departments (defined by licensure; specific colleges and residency training)

Stand-Alone Divisions (defines by regional service, members from across departments)

- **Divisions** (sub-specialty of a Department)
  - **Sections** (sub-specialty of a Division)

LOCAL LEADERSHIP

Site Chief, Chief of Staff (Hospital Act Sites)

Medical Lead, Medical Director (Non-Hospital Act Sites)

Medical Staff Leadership

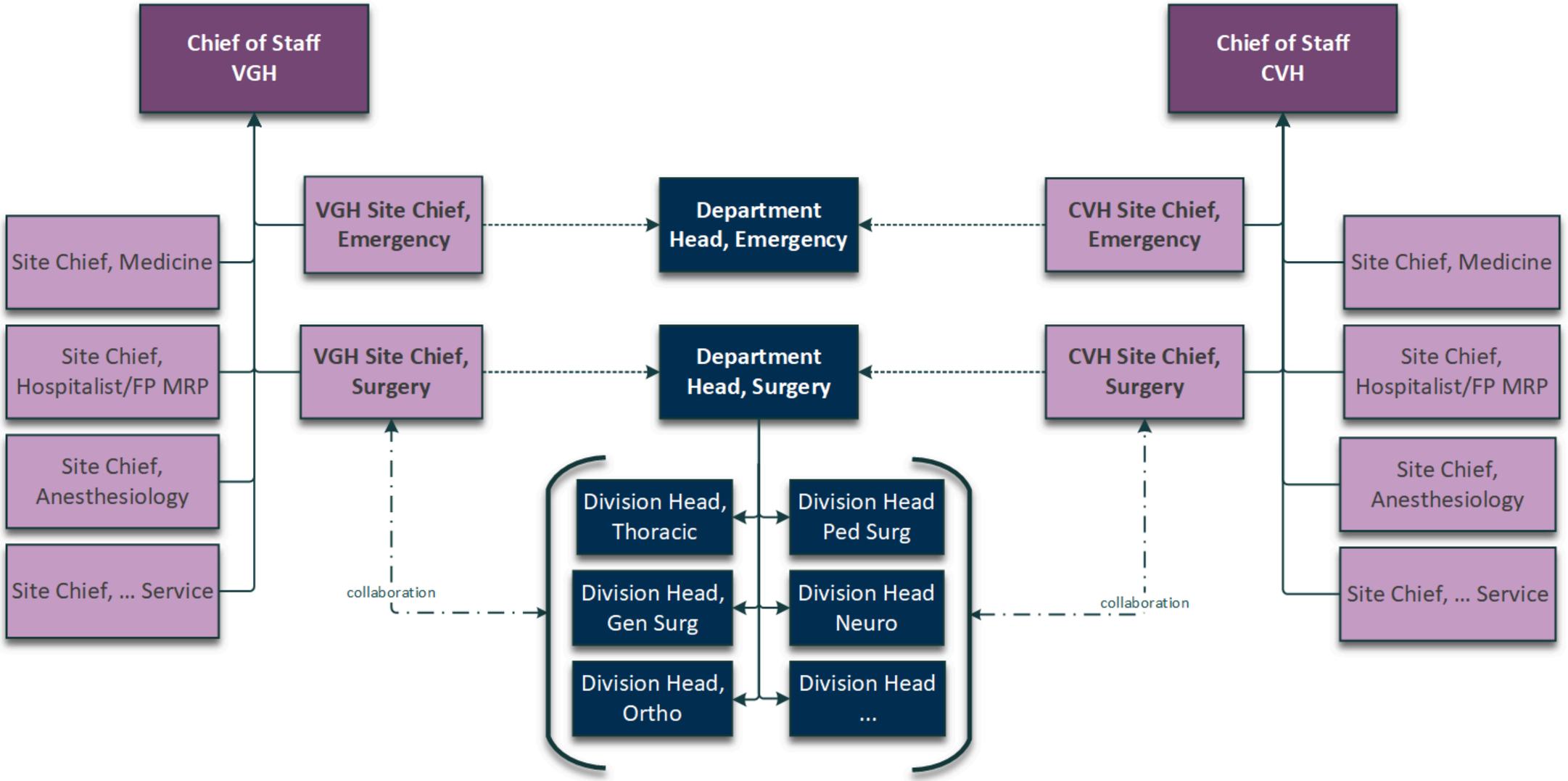
Departments

1.Anesthesiology, Pain and Perioperative Medicine
2.Emergency Medicine
3.Family Physicians
4.Imaging Medicine
5.Laboratory Medicine, Pathology and Medical Genetics
6.Medicine
7.Midwifery
8.Nurse Practitioners
9.Obstetrics and Gynecology
10.Pediatrics
11.Psychiatry
12.Public Health and Preventative Medicine
13.Surgery

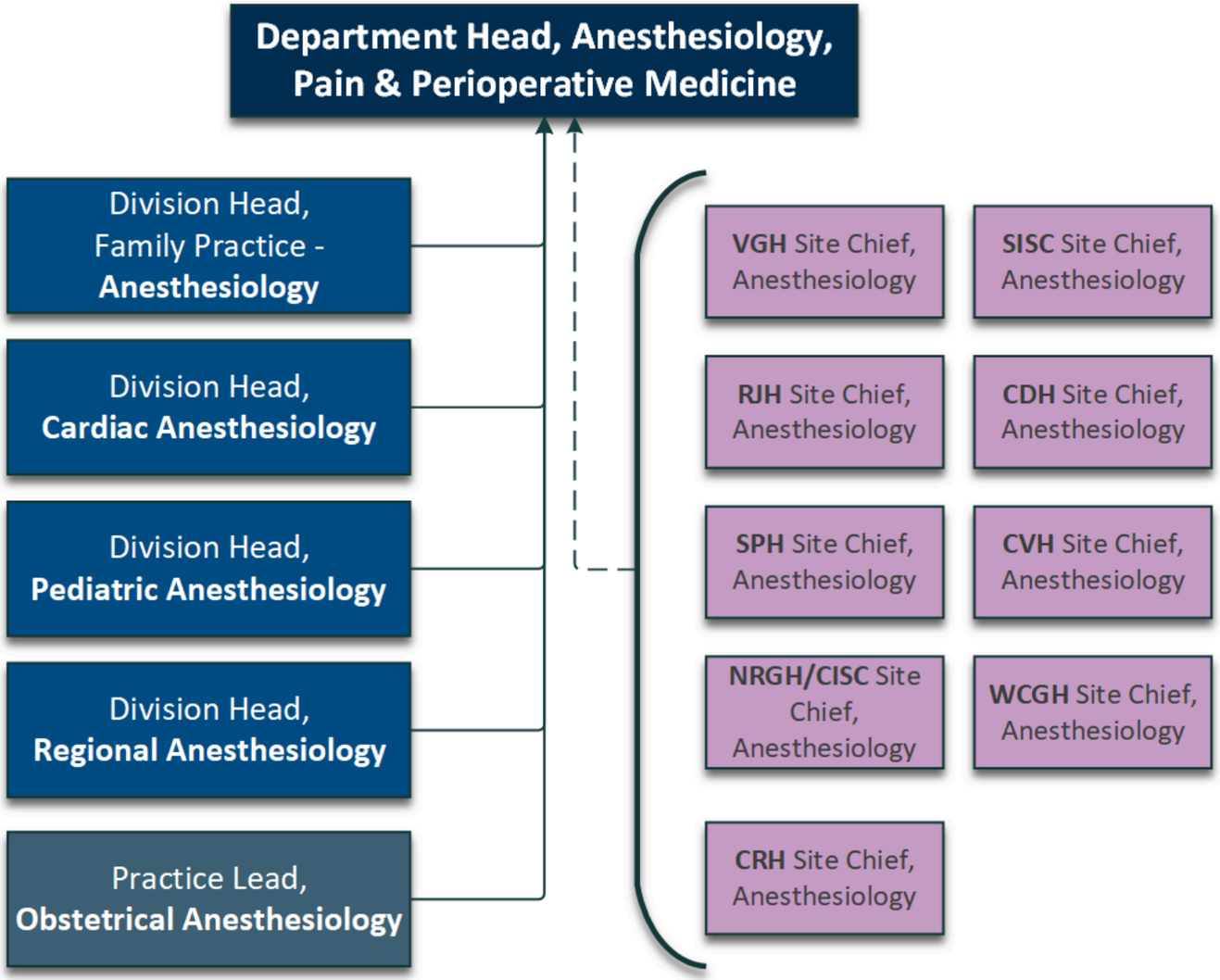
Stand-Alone Divisions

1.Addiction Medicine
2.Critical care
3.Hospitalist and Family Practice Inpatient Care
4.Palliative and End of Life
5.Trauma

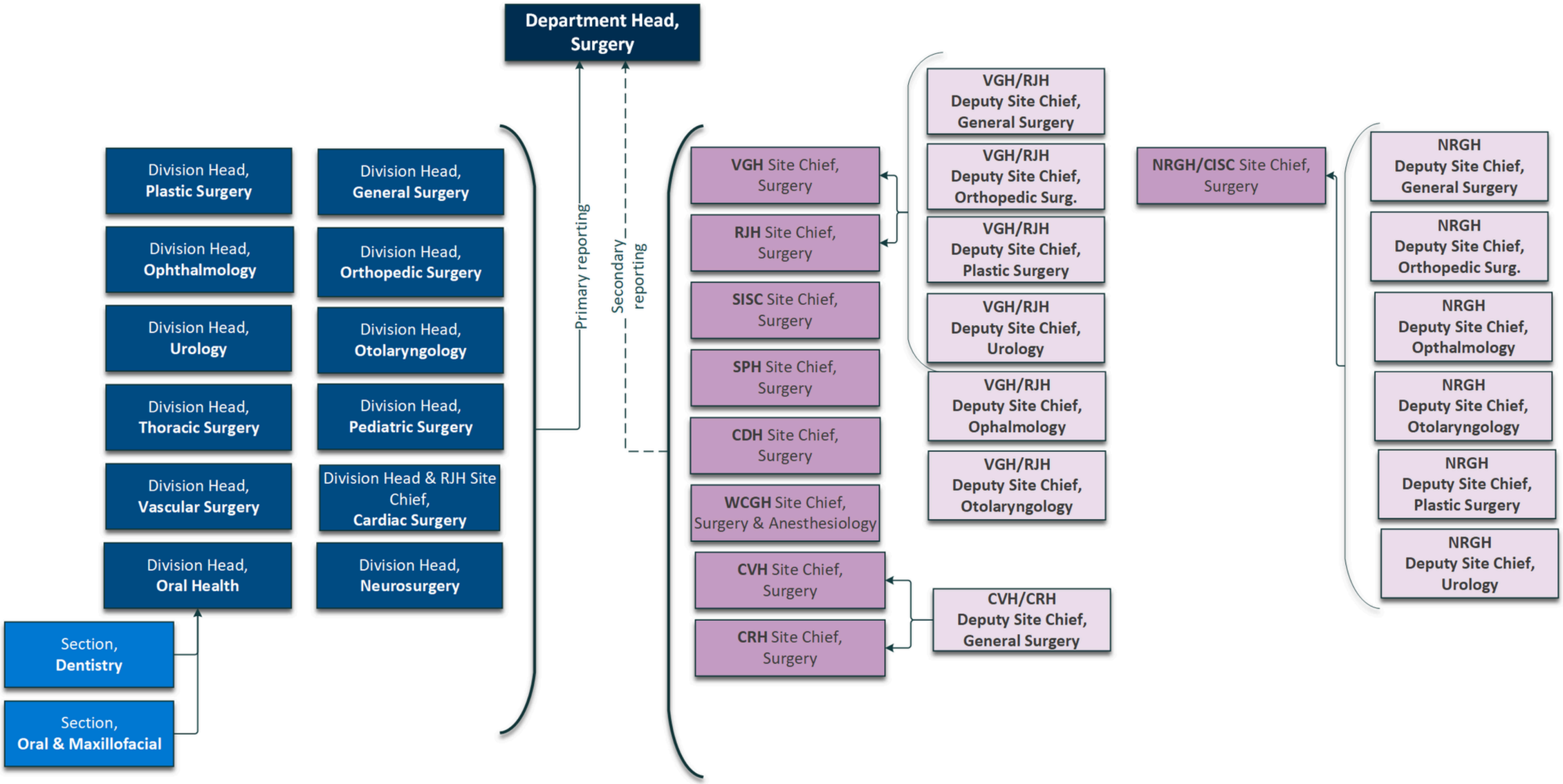
Medical Staff Leadership - Local Acute



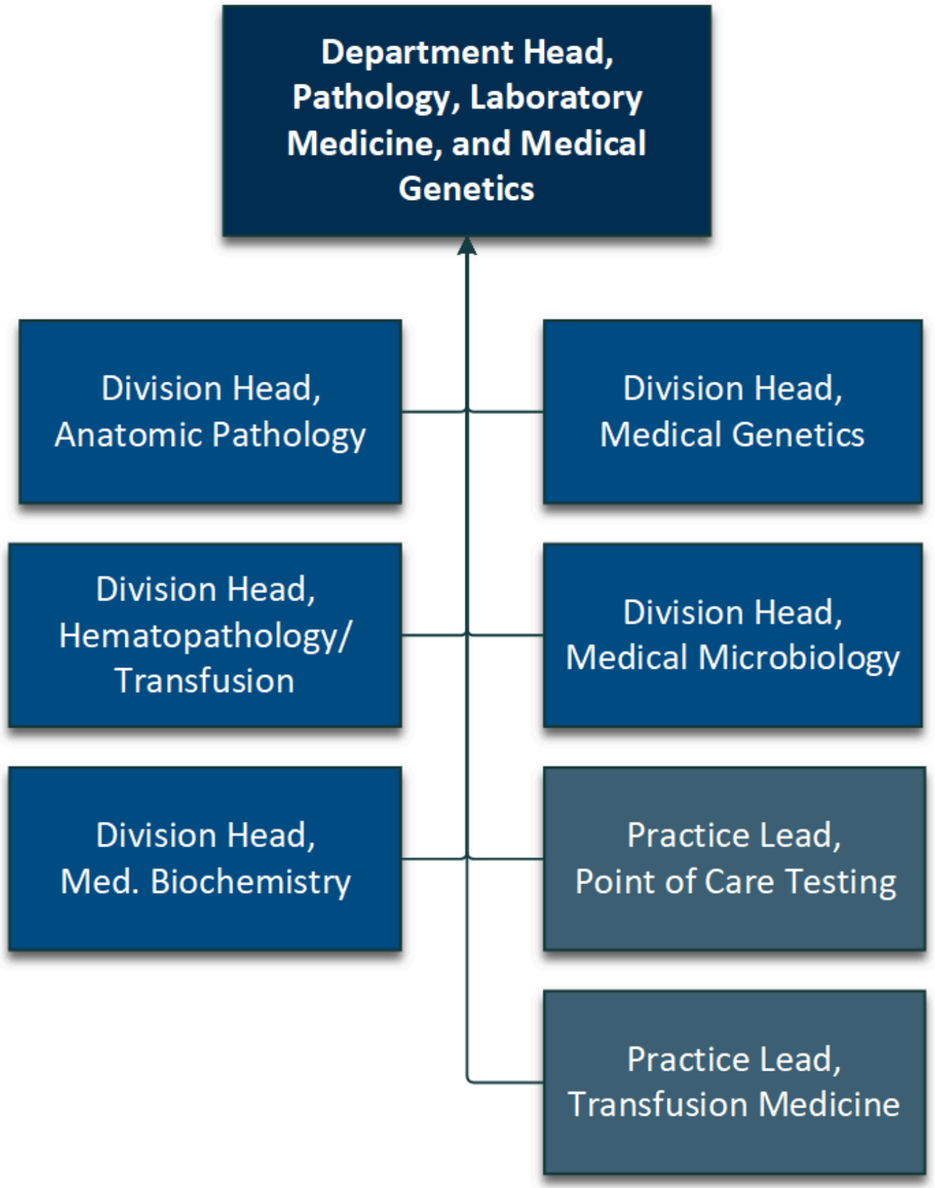
Anesthesiology, Pain & Perioperative Medicine



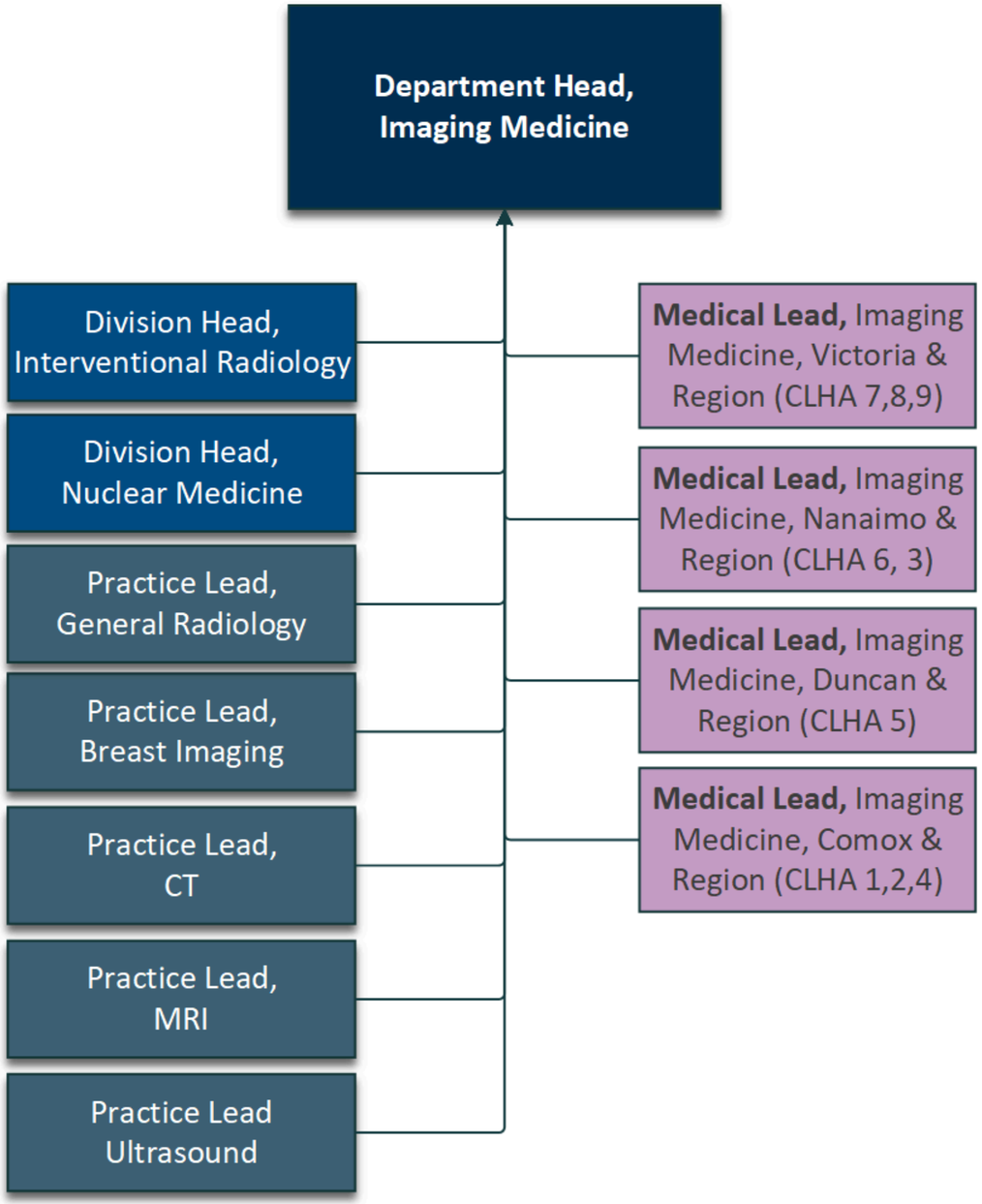
Surgery


Department Head, Surgery
Primary reporting
Secondary reporting
Division Head, Plastic Surgery
Division Head, General Surgery
Division Head, Ophthalmology
Division Head, Orthopedic Surgery
Division Head, Urology
Division Head, Otolaryngology
Division Head, Thoracic Surgery
Division Head, Pediatric Surgery
Division Head, Vascular Surgery
Division Head & RJH Site Chief, Cardiac Surgery
Division Head, Oral Health
Division Head, Neurosurgery
Section, Dentistry
Section, Oral & Maxillofacial
VGH Site Chief, Surgery
RJH Site Chief, Surgery
SISC Site Chief, Surgery
SPH Site Chief, Surgery
CDH Site Chief, Surgery
WCGH Site Chief, Surgery & Anesthesiology
CVH Site Chief, Surgery
CRH Site Chief, Surgery
VGH/RJH Deputy Site Chief, General Surgery
VGH/RJH Deputy Site Chief, Orthopedic Surg.
VGH/RJH Deputy Site Chief, Plastic Surgery
VGH/RJH Deputy Site Chief, Urology
VGH/RJH Deputy Site Chief, Ophalmology
VGH/RJH Deputy Site Chief, Otolaryngology
CVH/CRH Deputy Site Chief, General Surgery
NRGH/CISC Site Chief, Surgery
NRGH Deputy Site Chief, General Surgery
NRGH Deputy Site Chief, Orthopedic Surg.
NRGH Deputy Site Chief, Opthalmology
NRGH Deputy Site Chief, Otolaryngology
NRGH Deputy Site Chief, Plastic Surgery
NRGH Deputy Site Chief, Urology

Lab, Pathology, and Medical Genetics

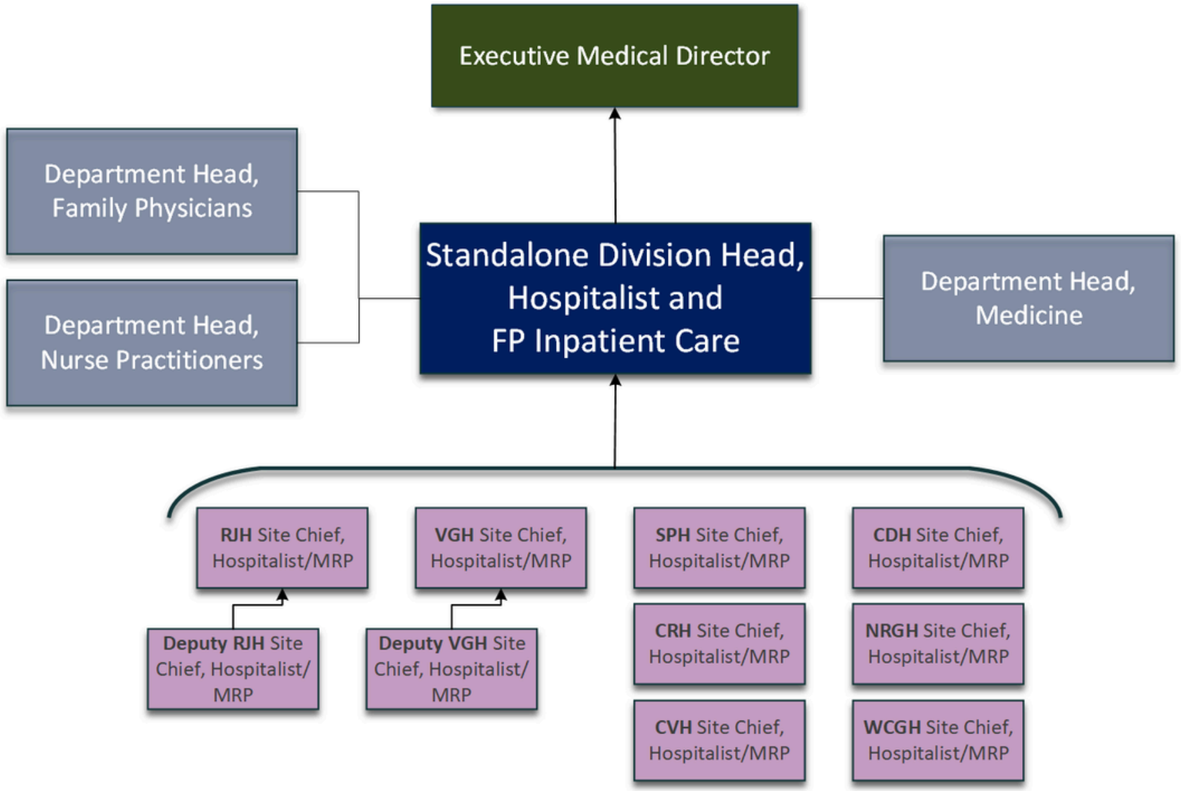


Imaging Medicine

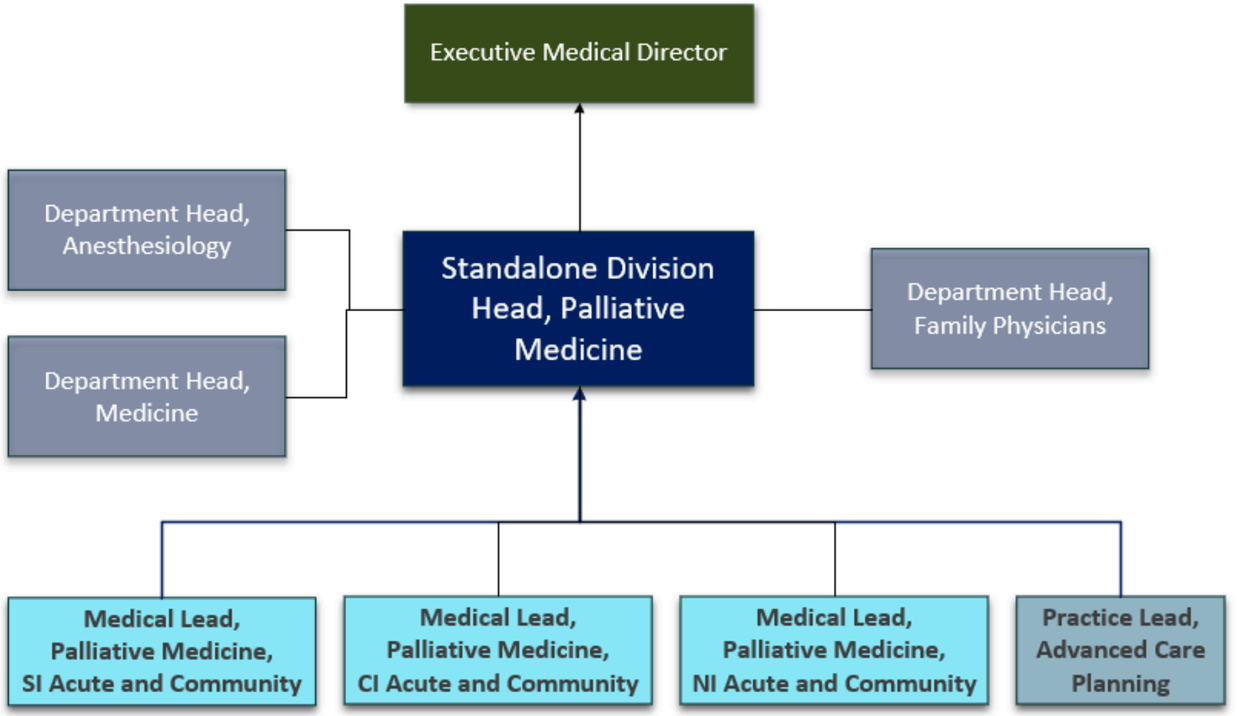


Stand-Alone Divisions

Stand-Alone Division (Acute): Medical Staff from more than one department working in the same field. “Members” also belong to the Department based on core training.



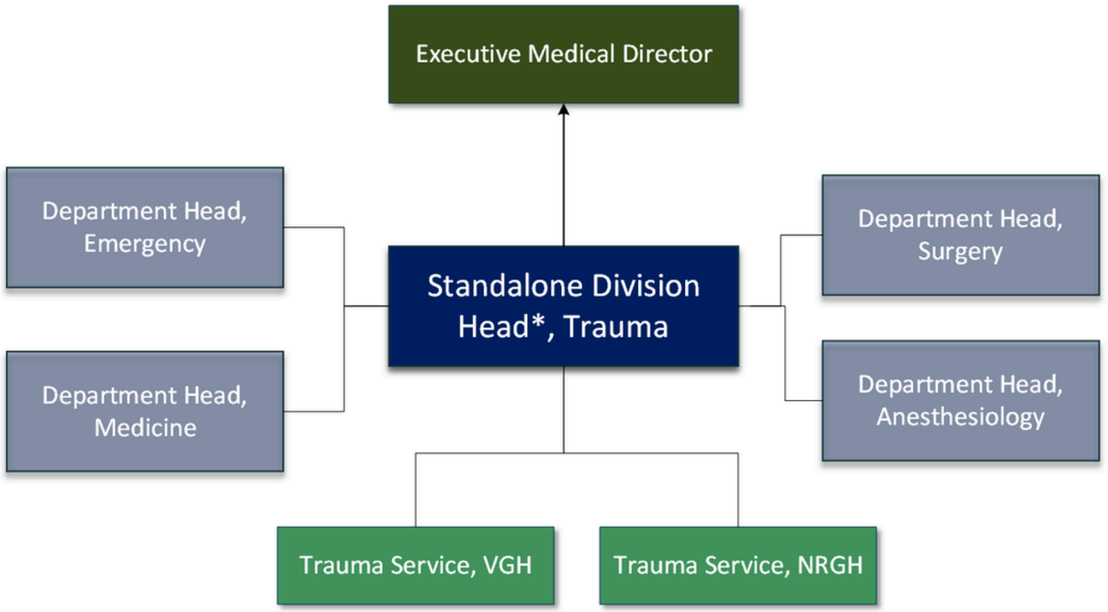
- For **acute** only programs, Site Chiefs have dual reporting to the Chief of Staff and to the Standalone Division Head.



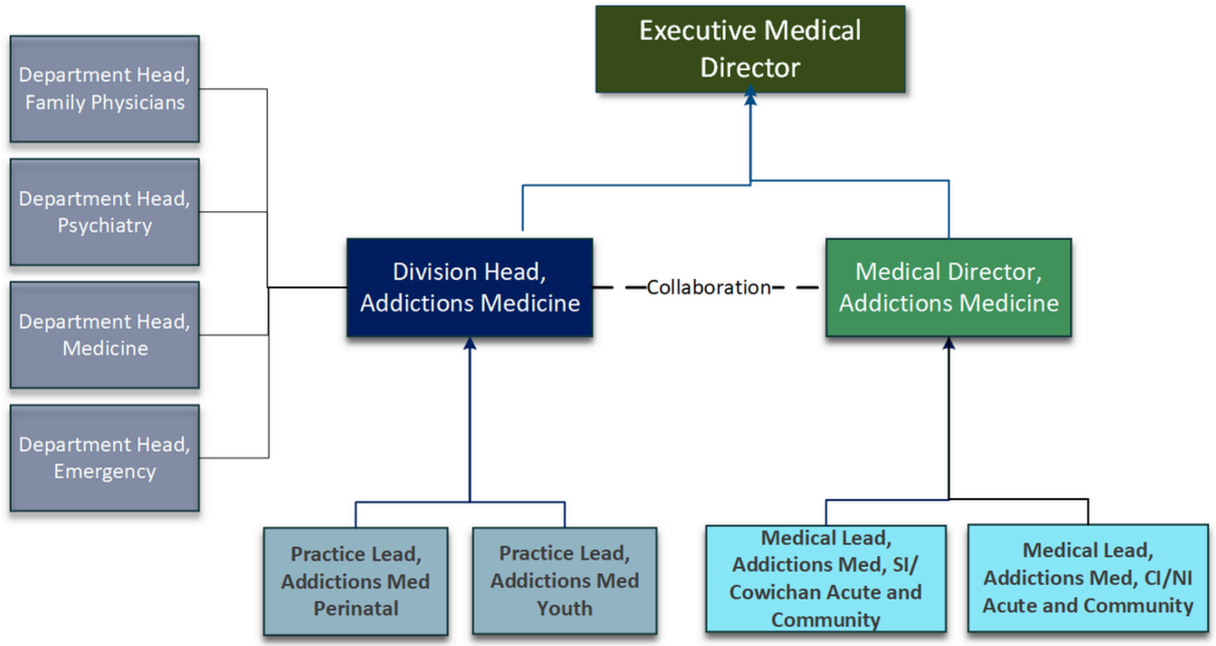
- Programs that span **community** and **acute** sites, Medical Leads report to the Standalone Division Head.

Stand-Alone Divisions

Stand-Alone Division (Acute): some Stand-Alone Divisions have unique features.

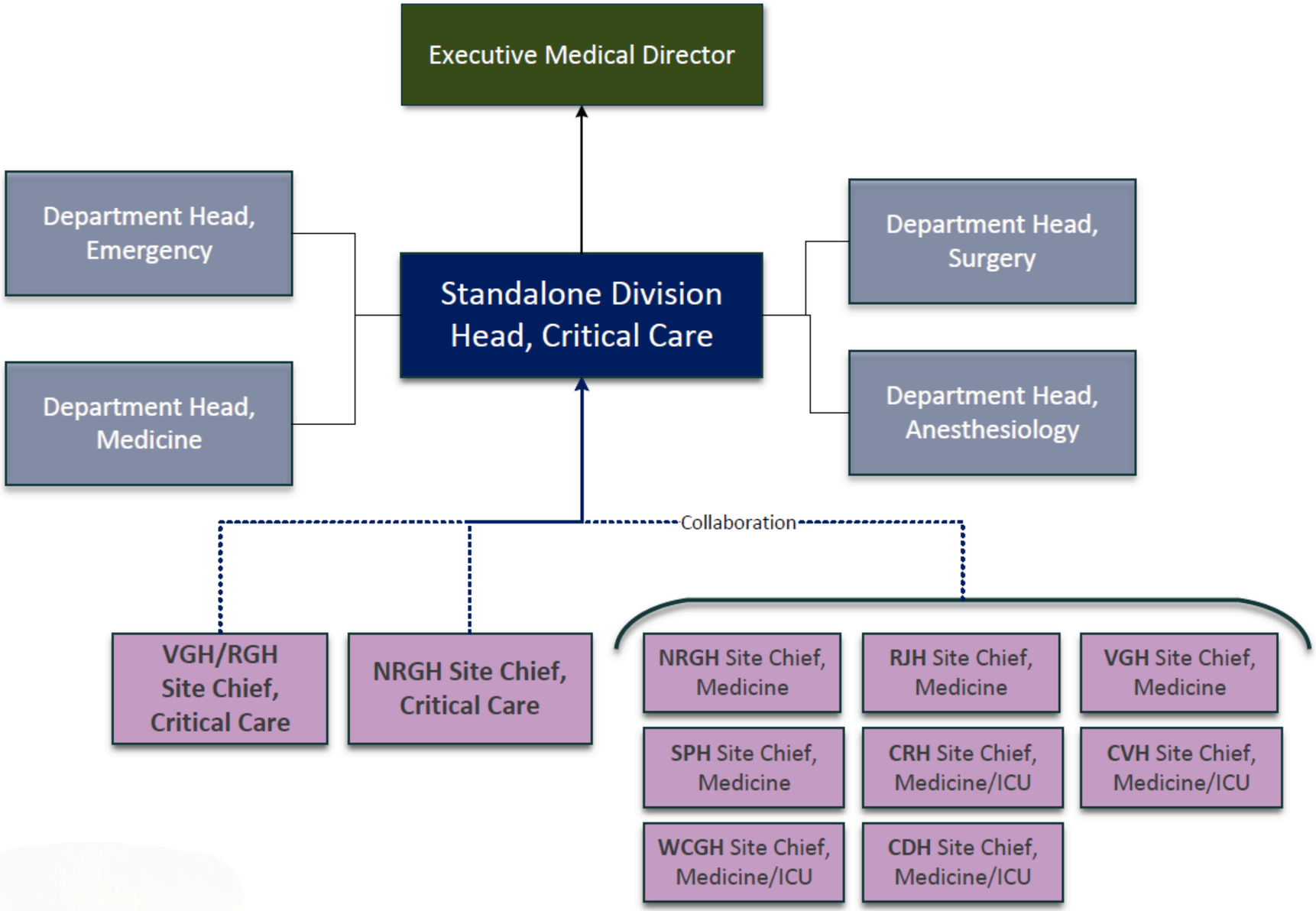


The Trauma Division Head oversees governance and operations; does not have direct reports.

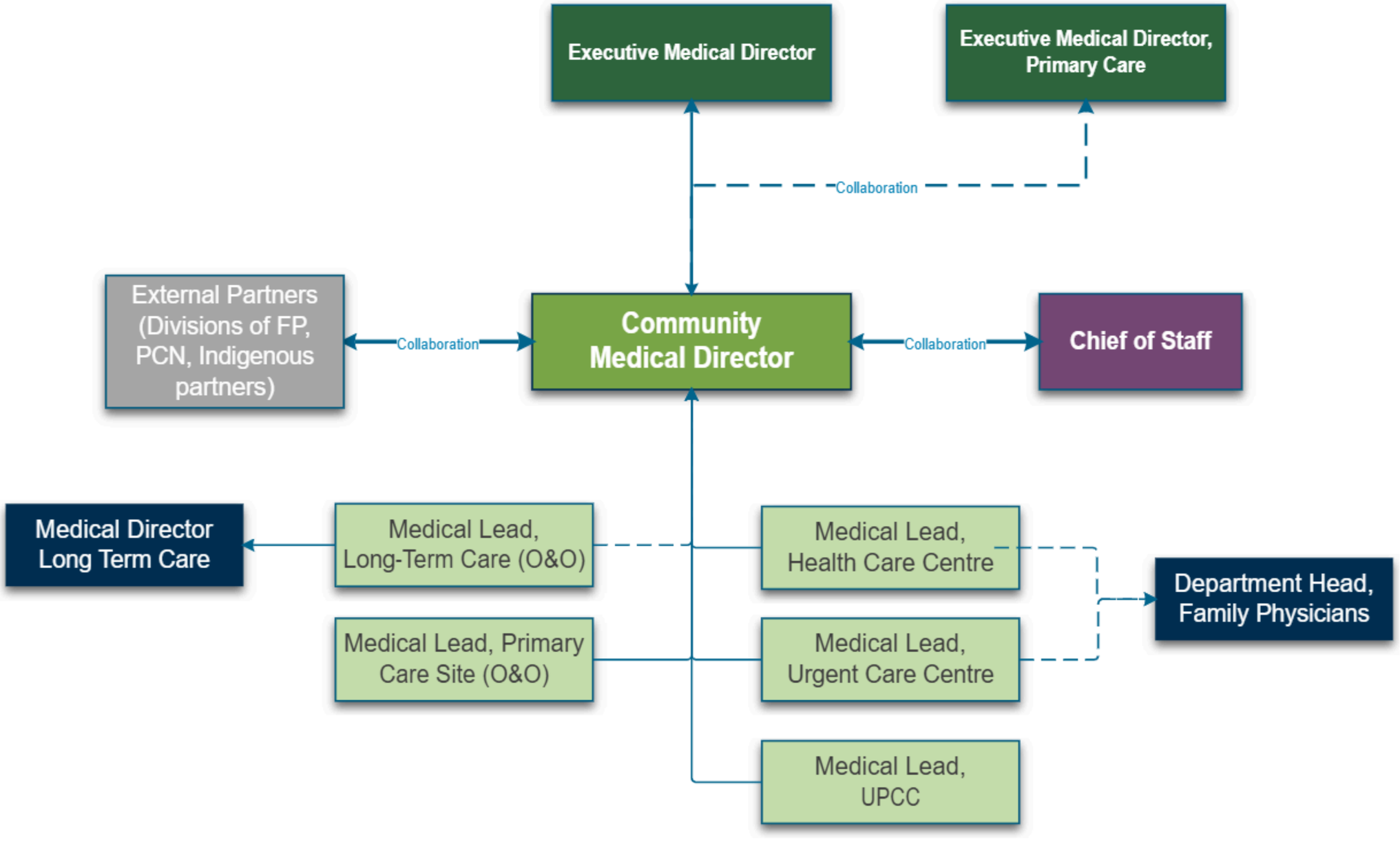


Addiction Medicine has a unique structure, with split Division Head and Medical Director roles.

Stand-Alone Divisions



Medical Staff Leadership - Community



Roles & Responsibilities

TITLE	RESPONSIBILITIES	REPORTS TO
CHIEF OF STAFF	Senior site-level leader responsible for the quality of medical care and practice provided by members of the medical staff at an **acute site**.	Executive Medical Director (EMD)
SITE CHIEF (acute)	The operational and governance leader for a **service at a site**. responsible for credentialling and privileging, recruitment, local quality matters, and medical staff oversight and review.	Chief of Staff and Department Head
MEDICAL LEAD (acute and community)	The operational and governance leader **for multiple sites, typically across community and acute.** Responsible for credentialling and privileging, recruitment, local quality matters, and medical staff oversight and review.	Department Head Collaborates with Chiefs of Staff, as needed
DEPARTMENT HEAD	A senior regional leader responsible for the quality of medical care provided by the Department members, medical staff governance, operational, strategic, and workforce planning within the **Department**.	EMD
DIVISION HEAD	Oversees quality of medical care provided by the Division members, governance, operational, strategic planning, and workforce planning within the **Division**.	Department Head
SECTION HEAD	Oversees clinical, academic, quality and governance activities of a **Section**.	Division Head
PRACTICE LEAD	Provides oversight for **specialized skills** or privileges and supports Department and Division Heads in ensuring adequate training and quality reviews.	Department or Division Head

Governance Accountabilities

For Hospital and Inpatient Sites

	Site Chief/Medical Lead or Chief of Staff (rural sites)	Division Head	Department Head
C&P Applications	“Primary" stage Provisional to active privileges	Define C&P criteria for specialties; expertise support May complete “Primary” stage application	"Secondary" stage Flagged and/or Non-Routine applications
Workforce Planning	**Local** workforce needs	IH-wide **Division** Strategy and Workforce Planning	IH-wide **Departmental** Strategy and Workforce Planning
Recruitment	Oversee recruitment and selection process	Participate in local recruitment where applicable/as needed	Participate in local recruitment where applicable/as needed
Medical Quality and Education	No	Yes (Division)	Yes (Department)
Respectful Workplace	Primary role	Supportive role	Supportive role

Governance Accountabilities (Cont.)

For Community Sites (IH owned and operated)

	Site Medical Lead	Community Medical Director	Division Head or Department Head
C&P (Hospital Act Sites)	“Primary” role	N/A	Supports flagged and/or non-routine applications
Contracting (non-Hospital Act Sites)	“Primary” role	Provides support for complex cases.	N/A
HHR Planning	Involved in site-level workforce plans	Contributes to departmental and local workforce plans	Leads departmental workforce planning
Recruitment	Oversees local recruitment and selection process	Participates in local recruitment where applicable/as needed	N/A
Medical Quality and Education	Support local medical staff to participate in quality and education activities	Support local medical staff to participate in quality and education activities	Leads medical quality and education for dept/div.
Respectful Workplace	Primary Role	Supportive Role	Oversight/Accountability for HA sites

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MEDICAL & ACADEMIC AFFAIRS

What is Medical and Academic Affairs (MAA)?

A corporate support portfolio

MAA Supports

- *Medical Staff*
- *Operational Leadership*
- *Ministry of Health*

Governance

- **HAMAC and Departmental (Medical Staff)**

  –C&P
  –Manpower planning/Workforce stabilization
  –Recruitment
  –Quality assurance/Quality Improvement/Education, CDP

    »ISAR/Cultural Safety
    »Violence Prevention (PMA directed)
    »PQI/SQI
    »Rural CME, Health System Redesign

  –Individual Medical staff performance/professional issues (EMSS)

- **Physician Extender Governance**

  –Associate Physicians
  –Physician Assistants

- **Non-Hospital Act Governance**
- **Return of Service program governance**

  –PRA IMG
  –UBC IMG

Contracts

- **Negotiations**
- **Contract Management for Island Health contracts**

  –Service Contracts
  –MOCAP Contracts
  –Sessional Contracts
  –Medical Leadership Contracts
  –REAP

- **Contract negotiations and management for Non-Island health contracts**

  –Private primary care clinics
  –Primary care network clinics

Compensation

–Invoice management and payment
–Stewardship for Public funds
–PMA initiatives
–Workload funding cycle
–NITAOP

Engagement

–Medical Staff Onboarding
–Medical Leader Education & Development
–Medical Staff Recognition
–Occupational Health and Safety
–FEI/Doctors of BC
–MSA relationships
–UBC Medical School and Postgraduate relationships
–Communications

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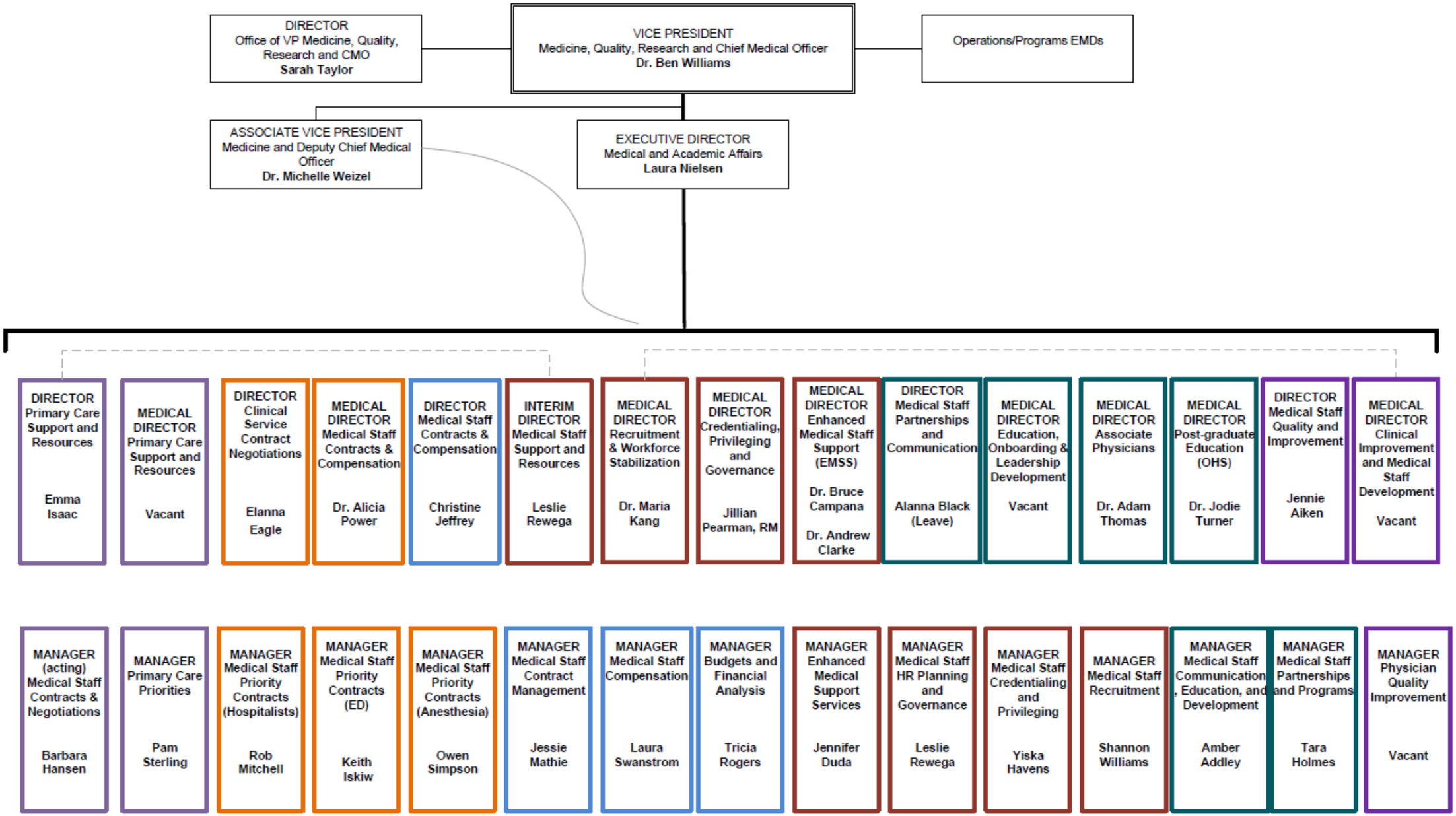
Medical & Academic Affairs (MAA)



Credentialing & Privileging

WHO

- Jill Pearman RM, Medical Director, Credentialing, Privileging & Governance
- Leslie Rewega, Director, Medical Staff Support and Resources
- Jessica Havens, Manager, Medical Staff Credentialing & Privileging

WHAT

- Manages appointments and reappointments to the medical staff
- Reviews and processes categories of privileges for medical staff members
- Evaluates and handles routine and non-routine applications
- Supports and oversees medical staff governance in accordance with the Bylaws and Rules
- Conducts provisional-to-active status reviews
- Administers and tracks medical staff leaves of absence

Recruitment

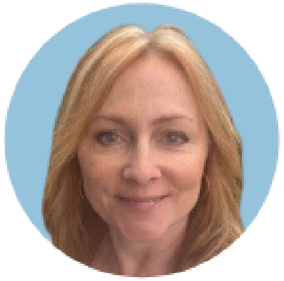
WHO

- Dr. Maria Kang, Medical Director, Recruitment & Workforce Stabilization
- Leslie Rewega, Director, Medical Staff Support and Resources
- Shannon Williams, Manager, Medical Staff Recruitment

WHAT

- Human resource planning – Medical Staff, Physician extenders (APs, PAs, CAs)
- Urgent/Critical Emergency Shift Coverage process
- Assists departments with impact assessment and approval process for recruitment of physicians, midwives, and dentists
- Provides advice and support to ensure compliance with the recruitment policy
- Supports search and selection processes
- Manages the Practice Ready Assessment and UBC IMG Return of Service programs

Recruitment Team



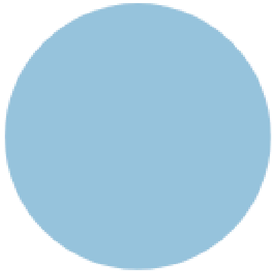
Manager
Shannon Williams

Recruiter
Surgery and Anesthesia
Melissa Allen

Recruiter
Urban Primary Care
Harjinder Conway

Recruiter
Psychiatry and Return of Service Programs
Christal Lawson

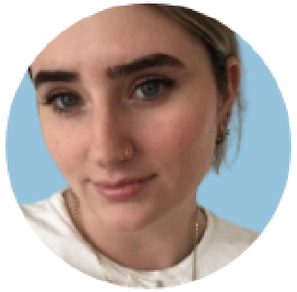
Recruiter
Maternity and Imaging/Laboratory Medicin
Jessica Robinson



Recruiter

Silya Reinhold

Recruiter
Emergency Medicine, Hospitalists
Darsey Batchelor



Recruiter
Medicine
Savanah Munzar

Marketer, Medical Staff Recruitment
Nicole Fleming-Wicks

Recruiter
Rural Primary Care and Midwifery
Helga Lange

Coordinator, Medical Staff Recruitment
Janelle Mitchell

Recruitment Assistant
Leanne Stephenson

Enhanced Medical Staff Support (EMSS)

WHO

- Dr. Bruce Campana, Medical Director, Enhanced Medical Staff Support
- Dr. Andrew Clarke, Medical Director, Enhanced Medical Staff Support
- Leslie Rewega, Director, Medical Staff Support and Resources
- Jennifer Duda, Manager, Enhanced Medical Staff Support
- Ryan Sidorchuk, HR Specialist, Enhanced Medical Staff Support
- Shayla Stein, Associate Legal Counsel, Legal Services

WHAT

- Supports medical leaders in attending to professional/performance concerns of medical staff
- Resolves professional issues proactively while strengthening leaders’ ability to understand, manage, and address concerns across the organization.
- Supportive and solutions-based, rather than punitive, if possible

Contract Management

WHO

- Alicia Power, Medical Director, Medical Staff Contract & Compensation
- Christine Jefferies, Medical Staff Contracts, Compensation and Practice
- Leslie Rewega, Director, Medical Staff Support and Resources
- Christine Van Bruggen, Manager, Medical Staff Contract Management
- Jessie Mathie, Interim Director, Clinical Service Contract Negotiations
- Barbara Hansen, Acting Manager, Clinical Service Contract Negotiations
- Keith Iskiw, Manager, Medical Staff Contracts (ED)
- Owen Simpson, Manager, Medical Staff Contracts (Anesthesia)

WHAT

- Negotiates and prepares medical staff contracts for clinical, on-call (MOCAP), medical leadership and physician administrative services
- Processes medical staff payments
- Facilitates medical staff contract management
- Provides stewardship for Ministry funds that support these services

Physician Compensation

WHO

- Dr. Alicia Power, Medical Director, Medical Staff Contracts & Compensation
- Christine Jeffrey, Director, Medical Staff Contracts & Compensation
- Laura Swanstrom, Manager, Medical Staff Compensation
- Tricia Rogers, Manager, Budgets and Financial Analysis
- Christine Van Bruggen, Manager, Medical Staff Contract Management

WHAT

- Primary function is to ensure timely payments for medical staff working under contracts and other arrangements within Island Health
- First point of contact with the Contract Management who works with Compensation and Analysts for contract payments and monitoring
- Receives and processes invoices

Medical Leadership Development

WHO

- Vacant, Medical Director, Education, Onboarding & Leadership Development
- Jennie Aitken, Interim Director, Medical Staff Partnerships & Communication
- Amber Addley, Manager, Medical Staff Communication, Education and Development
- Kerry Ann Moore, Education Coordinator, Medical Staff Education & Development

WHAT

- Medical Education Committee (MERC) promotes learning opportunities for medical staff and stewards medical staff education schedules
- Series of workshops, courses, and events to enhance leadership skills
- Topics include psychological safety, conflict resolution, DEI
- The UBC Sauder School of Business Medical Leadership course equips senior physicians with leadership skills for healthcare planning and delivery
- All workshops are eligible for both MOC Section 1 and Mainpro+ Continuing Medical Education (CME) credits

Education Standard Schedules

- Departmental Education Standards outline *required*, *recommended*, and *optional* training specific to each practice area.
- The Education & Development team distributes Department Education Schedules to new Medical Leaders and sends quarterly reminders to Department and Division Heads for redistribution to Medical Staff.
- Medical Staff receive MOC and Mainpro+ CME credits for required learning.
- No remuneration is provided for required learning, except for the Violence Prevention 3.5 course.
- Medical Leaders are responsible for sharing schedules with their departments and ensuring required and recommended learning is completed annually.

Department Education Schedules (Cont.)

WHERE

There are two pathways to the education schedules: the Island Health Intranet or Island Health Medical Staff website and they can be accessed on either webpages below:

- Medical Staff Departments and Medical Staff Training and Education Schedules

If you require support with your department education schedules, please email medstaffdevelopment@islandhealth.ca

Cultural Safety and Indigenous Training

TRAINING OPPORTUNITY

San’yas Core Health or Core Mental Health

San'yas is a facilitated online training program that introduces participants to key aspects of Indigenous cultural safety and the importance of addressing Indigenous-specific racism. Recommended to all medical staff.

Cultural Safety Resources:

- Medical Staff Indigenous Culture Safety Training
- Cultural Safety Resource List

For more information or have questions, please email CulturalSafetyandHumility@islandhealth.ca or visit the Cultural Safety and Humility webpage, click here.

Rural Community Medical Education

WHAT

- Provides funding and resources to rural physicians in eligible Rural Practice Subsidiary Communities (RSA) to support community education needs
- Funds may be used to compensate physicians for time spent developing and/or planning CME events
- Funds may be used to deliver activities involving other health care professionals
- Communities may accumulate up to 3 years of funds
- Up to 20% of annual funding can be used to fund a local coordinator position

ELIGIBILITY

- Physicians who reside and practice in eligible Rural Subsidiary Agreement (RSA) communities
- RSA Community Designation assessed on annual basis to determine total points
- “A” communities are the most remote and “D” communities are the least remote

Partnerships & Communication (P&C)

CONSISTS OF TWO PORTFOLIOS:

- Medical Staff Communication, Education and Development
- Partnerships and Programs

WHO

- Vacant, Medical Director, Education, Onboarding & Leadership Development
- Dr. Adam Thomas, Medical Director, Associate Physician Program
- Dr. Jodie Turner, Medical Director, Post Graduate Medical Education
- Jennie Aitken, Interim Director, Medical Staff Partnerships & Communication
- Amber Addley, Manager, Medical Staff Communication, Education & Development
- Tara Holmes, Manager, Medical Staff Partnerships & Programs

Partnerships & Communication

MEDICAL STAFF COMMUNICATION, EDUCATION AND DEVELOPMENT IS RESPONSIBLE FOR:

- Medical staff communications, incl. medical staff website, newsletters, bulletins, Forums
- Medical Leader development, education, and onboarding, including UBC CDP Sauder Physician Leadership Program
- Departmental CPD rounds and CME accreditation process
- Rural Programs
- MSA relationships

PARTNERSHIPS AND PROGRAMS IS RESPONSIBLE FOR:

- Alternate Providers/Associate Physician Program
- Occupational Health and Safety
- The Resident Program
- Medical Staff Recognition
- Extraordinary Temporary Support Program (ETSP)

Physician Health, Safety & Wellness

- IH works closely with Doctors of BC, MSAs, and the Ministry of Health to provide physicians with health and safety resources and support
- The Provincial Physician Health & Safety Working Group (PPHSWG) provides funding to help health authorities collaborate and improve physician physical mental health and safety under the 2022 Physician Master Agreement
- Island Health is currently working with provincial partners to develop and improve:
    - o Violence prevention training programs
    - o Respectful workplace processes
    - o Workplace incident reporting processes
    - o Equity, diversity and inclusion collaborations

Primary Care Support and Resources

WHO

- Dr. Leah MacDonald, Executive Medical Director, Primary Care Support and Resources
- Dr. William Cunningham, Medical Director, Primary Care
- Emma Isaac, Director, Primary Care Support and Resources
- Barbara Hansen, Acting Manager, Medical Staff Contracts and Negotiations
- Pam Sterling, Manager, Primary Care Priorities

WHAT

- Advises about contract options for primary care services;
- Informs practitioners and partners about key contract deliverables;
- Ensures a contract aligns with services and complies with provincial policies;
- Administers a contract through life-cycle, from preparation through renewal; and
- Liaises with Ministry of Health, practitioners and partners to advance primary care initiatives

Medical Staff Quality

WHO

- Dr. Jeff Kerrie, Executive Medical Director, Quality, Safety, Improvement, Risk, Experience, and Research
- Jennie Aitken, Director, Medical Staff Quality & Improvement
- Anna MacDonald, Manager, Physician Quality Improvement

WHAT

- Sepsis QI and Choosing Wisely Canada (Reducing Unnecessary Variation in Care)
- Good Call and Well-Planned (Team-based Action Series)
- Morbidity and Mortality Rounds
- Provider Profile
- Physician Quality Improvement
- Health Authority Medical Quality Committee (HAMQC), Chair, Dr. Jeff Kerrie, Executive Medical Director, Quality, Safety, Improvement, Risk, Experience, and Research

Physician Quality Improvement (PQI) & Spreading Quality Improvement (SQI)

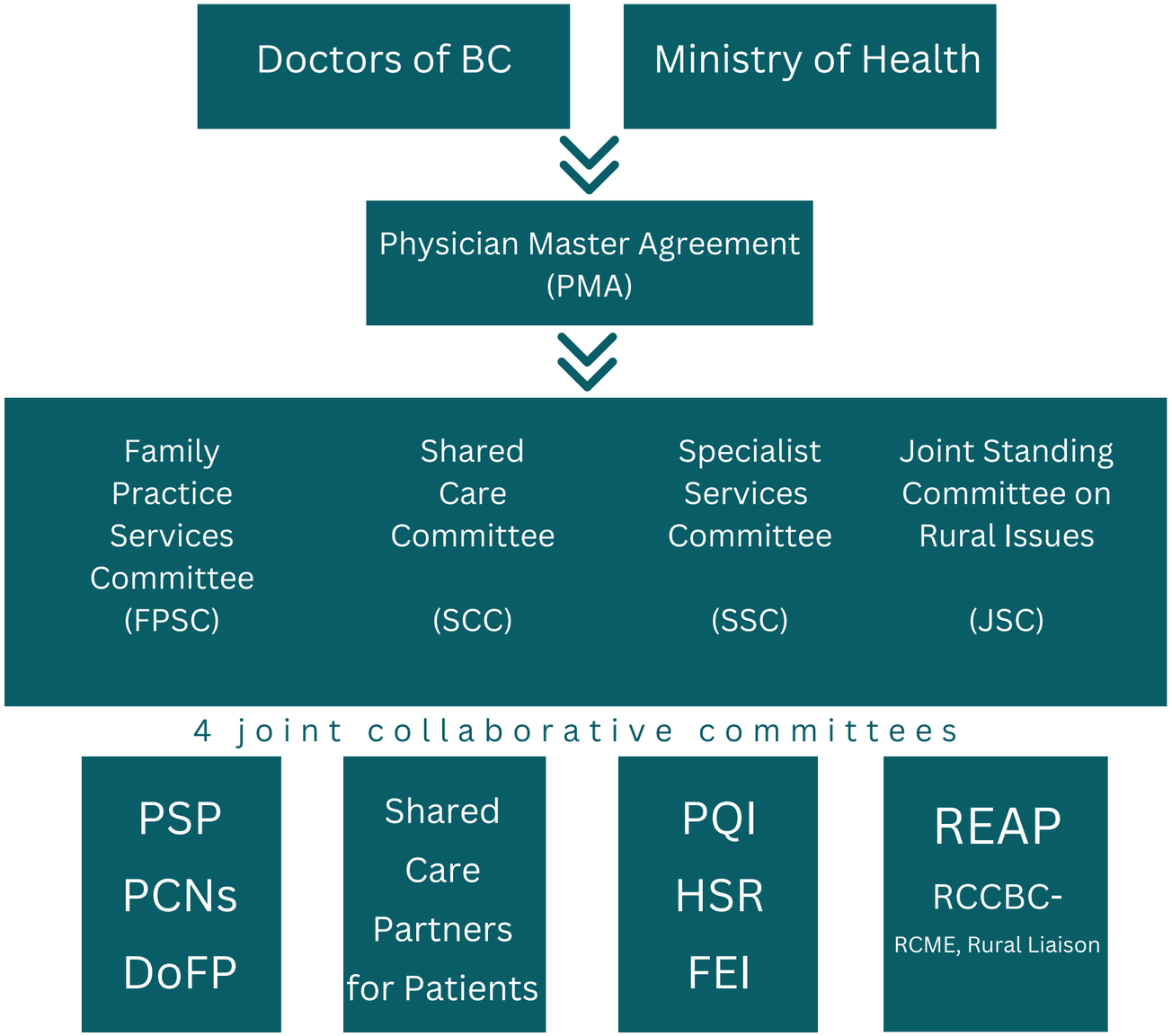
WHAT

- PQI is a professional development and education program for community or facility-based medical staff
- SQI is an initiative by the Specialist Services Committee (SSC). Allows medical staff to share their successful QI projects

WHY

- PQI is for medical staff who want to enhance their quality improvement capacity, build connections with colleagues, and create a continuous improvement culture
- SQI allows medical staff to accelerate the impact and transformation of the healthcare system. SQI offers fiscal and human resources to help spread successful QI projects locally, regionally, and beyond

External Funding for Physicians



Quality Structures




WHO

- Dr. Jeff Kerrie, Executive Medical Director, Quality, Safety, Improvement, Risk, Experience & Research
- Dr. Vamshi Kotha, Medical Director, Research and Innovation
- Dr. Harold Hunt, Medical Director, Quality, Accreditation & Clinical Governance
- Dr. Ali Yakhshi Tafti, Medical Director, Patient Safety, Patient Care Quality Office & Risk

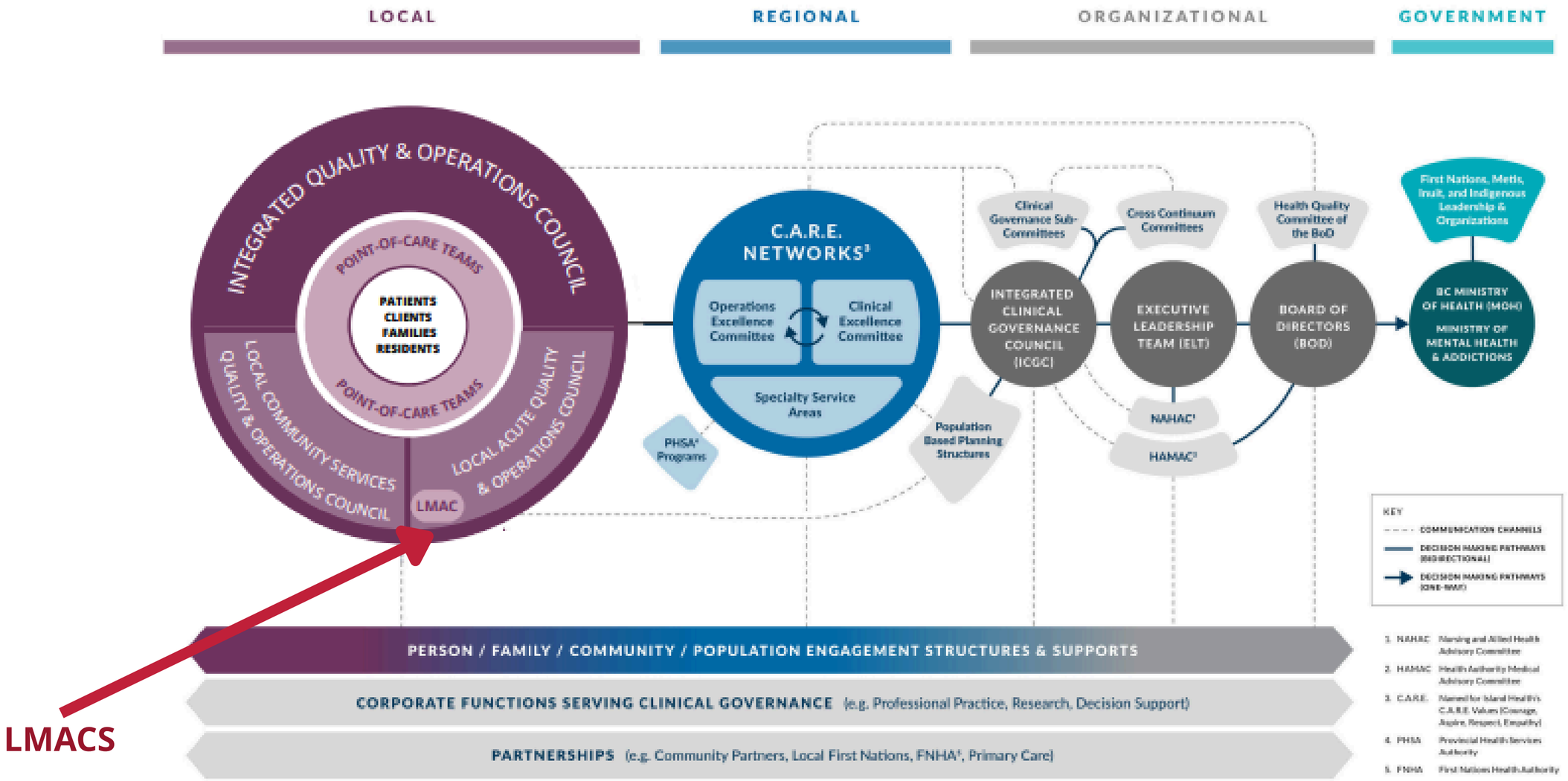
PATIENT CARE QUALITY OFFICE (PCQO)

- PCQO provides an accessible and transparent point of contact for patients, family members and /or their representatives to share feedback, compliments, obtain clarification and information, and to resolve concerns about quality of care received

PATIENT SAFETY LEARNING SYSTEM (PSLS)

- The BC PSLS is a web-based tool that helps healthcare providers manage patient safety events and improve care quality through shared learning.

Clinical Governance Model



LMACS

Local Clinical Governance Structure

INTEGRATED QUALITY COUNCIL	
North Island & West Coast	**CLHA 1:** Port Hardy/Port Alice; Port McNeill/Sointula; Vancouver Island North Remote **CLHA 3:** West Coast (including Ucluelet and Tofino)
Campbell River & Comox Valley	**CLHA 2:** Campbell River, Strathcona region; Vancouver Island West **CLHA 4:** Comox; Comox Valley Rural; Courtenay
Port Alberni	**CLHA 3:** Port Alberni; Alberni Valley/Bamfield
Greater Nanaimo & Oceanside	**CLHA 3:** Qualicum Beach; Oceanside Rural; Parksville **CLHA 6:** Downtown Nanaimo; Departure Bay; Nanaimo North/Lantzville; Nanaimo South; Nanaimo West/Rural; Cedar/Wellington; Gabriola Island
Cowichan Valley	**CLHA 5:** Mill Bay, Shawnigan Lake, Duncan, Lake Cowichan; Ladysmith; Ladysmith Rural; Chemainus
Western Communities	**CLHA 7:** View Royal; Esquimalt; Colwood; Metchosin; Langford North/Highlands; Sooke; Juan de Fuca Coast; Langford South
Saanich Peninsula & SGI	**CLHA 8:** Quadra/Swan Lake; Royal Oak/Cordova Bay/Prospect; Central Saanich; North Saanich; Sidney; Salt Spring Island; Pender/ Galliano/Saturna/ Mayne
Greater Victoria	**CLHA 9:** Downtown Victoria/ Vic West; James Bay/Fairfield; Oaklands/Fernwood; Oak Bay; Gordon Head/Shelbourne; Interurban/Tillicum

- Eight local areas have been identified (see map), aligned with **Consolidated Local Health Area (CLHA)** boundaries, with some adjustments to reflect patient flow and leadership structures.
- The model includes **three core committees** per region: a *community-based services committee*, an *acute sites committee*, and an i*ntegrated council* that brings together all sites and services.
- There are C.A.R.E. Networks (24), Local Structures (24), and Cross Continuum Committees (5)
- For more information, see the CGII FAQs Sheets

Clincal Governance Structure

Care Networks and Specialty Service Areas (SSAs)

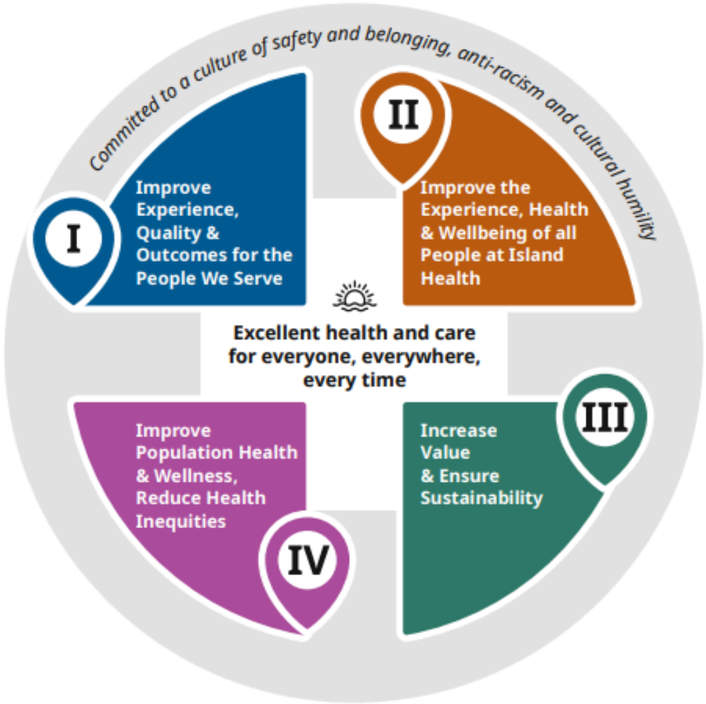
Clinical and Medical Governance Connections

Regional Leader	Committee
EMD	• HAMAC • ICGC • Chair, CLHA QOEC Council
Department Head	• Chair, CARE Network • Chair, Dept Meetings • ICGC • HAMAC • Dept Head Council
Division/Section Head	• Chair, Division Meeting • CARE Network • Chair, SSA • Department Meeting
Practice Lead	• Specialty Service Area (SSA) • Department Meeting

Local Leader	Committee
Chief of Staff	• Chair, LMAC • Co-Chair, Acute QOEC • HAMAC • CLHA QOEC Council • Chief of Staff Quarterly
Site Chief/ Medical Lead	• Acute QOEC • LMAC • CARE Network • Dept Meetings
Community Medical Director	• Co-Chair, Community QOEC • CLHA QOEC Council • Collaborative Service Comm.
Community Medical Lead	• Community QOEC

*CLHA: Consolidated Local Health Area

2025/2026 Outcome Goals



Improve Experience, Quality & Outcomes for the People We Serve (I)

Goals

- G1 Address and eliminate Indigenous-specific racism in healthcare
- G2 Improve care outcomes and patient experience through the adoption and sustainment of key practice standards
- G3 Sustain or improve service access through efficiencies in:
  - G3.1 Episodic Primary Care
  - G3.2 Surgical Booking & Operating Models
  - G3.3 Diagnostic Booking & Operating Models
  - G3.4 Substance Use Care & Treatment
  - G3.5 Rural Health Care
  - G3.6 Time to Physician Assessment in Emergency Departments

Infrastructure Requirements

- IR1 Advance Development of the Clinical Services Plan
- IR2 Strengthening a Culture of Analytics and Accountability
- IR3 Mature Clinical Governance

Improve the Experience, Health & Wellbeing of all People at Island Health (II)

Goals

- G4 Improve staff & medical staff safety & wellbeing & Indigenous employee experience
- G5 Improve workforce productive capacity in selected areas

Increase Value & Ensure Sustainability (III)

Goals

- G6 Improve appropriate service utilization through improved patient navigation and effective use of alternative low-cost services
  - G6.1 Acute-Community-LTC Flow
  - G6.2 MHSU Treatment & Services
- G7 Increase financial sustainability and enable clinical service continuity (Better Care, Better Value) through:
  - G7.1 Administrative and clinical workflow efficiencies
  - G7.2 Improved management of contracts and compliance with standardized supplies and medications
  - G7.3 Reduced reliance on staffing at premium rates
  - G7.4 Clinical services redesign

Infrastructure Requirements

- IR4 Digital Infrastructure: AI Infrastructure, Staff Scheduling/ Human Capital Systems
- IR5 Facility Construction and Operational Readiness: CDH Replacement, 3 New LTC Homes

Improve Population Health & Wellness, Reduce Health Inequities (IV)

Goals

- G8 Improve the uptake of all publicly-funded vaccinations
- G9 Improve health outcomes for children & youth through perinatal, childhood & family interventions
- G10 Reduce alcohol consumption and related harms
- G11 Advance Island Health's response to climate change

Top Risk Themes

- R1 Unresolved Indigenous-specific Racism & Bias
- R2 Unmet Care Access Needs
- R3 Avoidable Variation & Harm
- R4 Lack of Workforce Capacity & Wellness
- R5 Lack of Agility to Respond to Changes in Financial Condition
- R6 Disparity in Population Health & Health Inequities

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Medical Leader Manual

THANK YOU FOR YOUR LEADERSHIP

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