MEDICAL STAFF NEWS AND MUSES

15 December 2017

Friends listen to what you say. Best friends listen to what you don't say.

Best friends make the good times better and the hard times easier.

Both quotes sourced online from quotegarden.com as "Author Unknown'

Physician Fall Retreat — Owen Heisler

On Tuesday November 28, our annual physician fall retreat was held in Edmonton. The meeting was excellent and we received very positive feedback. As for all meetings, this related entirely to enthusiastic presenters and an engaged audience. The focus of the first part of the meeting was Physician Wellness. Joanne Cowie expertly set the stage by sharing a TED talk on leadership and how we all make differences in other people's lives, sometimes without even knowing – what the presenter called the lollipop moment. Mel Lewis, the Associate Dean Learner Advocacy & Wellness UofA, presented on the challenges for learners progressing through their learning experience which I reflected relate as much to those of us that have passed those milestones as it does those still on that journey. Jerry Beach, the CPSA Assistant Registrar Physician Health presented not only on the supportive role of the CPSA in addressing wellness but also shared an occupational health perspective that was of great value. Terrie Brandon, Program & Clinical Director PFSP, outlined challenges and opportunities in promoting physician wellness and the support that is available through PFSP. Sue Reid concluded the formal presentations by sharing a personal perspective grounded in her interest in this topic that really provided great context for the participants. Michael Auld, currently a member of the Quality Committee of the Covenant Health Board balanced with his day job having a clinical and leadership role in Lethbridge, convened a lively panel discussion that had people asking for more when it had to be called to a close because of time - Thanks to the great panel that included both Pauline Alakija (MCH MSA President) and Jennine Wismark (GNCH MSA President) who joined the presenters (2 on stage and 2 in the audience) to make this such a success. I want to thank all the presenters and most especially all those who attended for an excellent opportunity to share thoughts and insights into physician wellness. I think everyone came away with an expanded understanding of challenges but also insights into how to best address these challenges as a collective whole with the support of colleagues.

Attending the entire meeting were three Covenant Health Board members, including the Board Chair, plus members of the administration team, including the CEO. Following the wellness presentations, we had an informal 'fireside chat' that was moderated by Bill Hnydyk, another physician member of the Quality Committee of the Board, composed of Ed Stelmach (Board Chair), Patrick Dumelie (CEO), Rosa Rudelich (COO) and myself. It provided a great opportunity for direct interaction between physicians and administration, both during this formal portion but during networking conversations I saw happening throughout the event. I extend a huge thanks to the Board members and administration for being part of this event. I think it represents a tangible and visible reflection of the value Covenant Health places on engagement of physicians.

The presentations from the meeting are on the medical staff portal. What cannot be captured on the portal was the opportunity to share directly with colleagues - such a valuable part of these meetings, especially with such an important topic. In the Nov-Dec 2017 issue of Harvard Business Review there is an article entitled "The IT Transformation Health Care Needs" talked about how the implementation of these systems can be very stressful on providers. While I know with the upcoming AHS CIS implementation in the near future, there are plans to mitigate the known challenges through use of EPIC's model for roll-out, I still worry this will add additional stress to many of our colleagues. It is important we are all in a good place to both recognize as well as support

colleagues who are impacted by all the changes in health care, including the implementation of the CIS. We are all stronger together and in support of each other.

It is our intent to focus the spring retreat on wellness by building on this retreat. We will also invite Gallup to attend and present again to build on their excellent presentation last spring. If anybody has any suggestions how we can make this meeting a priority for all, please let me know. The Medical Affairs team, Joanne and I would like to do all we can to support all physicians in Covenant to be able to do their very best each and every day.

Best Friend at Work? Owen Heisler

One of the most perplexing questions on the Gallup Survey was "Do you have a best friend at work?" Physicians in general do not score high on this question. Gallup indicates that the question is a measure of how much support an individual feels in their work environment – the idea of 'does somebody have your back?'

I thought about this as I listened to the Wellness panel discussion at the Retreat referenced above. There seemed to be a consensus that to facilitate wellness, we need to have forums where physicians can meet casually will colleagues and develop support networks. There was discussion about the importance of vibrant medical staffs and busy medical staff lounges (supported by food!). It would be my observation that over the course of my career the amount of networking with other physicians has decreased. In one way, this is likely good as physicians develop better work-life balances. When I first started in practice, physicians you worked with were those you socialized with almost exclusively. Now, there are more activities outside the hospital which is good. In the past there was more direct physician-to-physician interaction as it relates to patient care. This has changed with more referral to a 'service' and different models of hospital care. This is neither good nor bad – it just is. I believe through all these changes it has lessened the opportunities to network with physician colleagues.

It is important that we develop stronger teams. However, while it is important for the team to interact together, each member of the team comes with unique strengths and unique backgrounds, experiences and expectations. Physicians are unique. Nurses are unique and so forth. Maybe the idea of a 'best' friend is embodied in the two quotes I have included in this Newsletter. It is having someone who understands your perspective, even when it is not voiced. It might be just having someone who has walked the same journey before and found a way forward that you had not thought of.

It would be great to find a way to get the right balance of interaction with physician colleagues. Not the overdoing it to the exclusion of all the other parts of life but equally so, not being so busy that there is not just a bit of time in the week to spend with colleagues. This is something that cannot be organized 'centrally' but rather needs to be organic, sensitive to local cultures. It may not have a structured outcome but, who knows, even if you may not recognize it, you might have a lollipop situation and make a difference for someone else.

Change in ALC Assessments Owen Heisler

Alberta Health Services (AHS) has introduced a system change across the Edmonton Zone to continuing care assessments. Patients will now be assessed in their home rather than in an acute care setting. This affects assessments at the GNCH, MCH and Villa Caritas.

This change aligns with Covenant's vision of creating vibrant communities of health and healing. It supports improved access and better health outcomes for our patients. Assessing patients at home gives them the time they need to regain strength and independence. It reduces their risk of falls and infection. This change also frees up much-needed beds in acute care, allowing us to better serve emergency in- patients (EIP) and other critically ill patients.

Currently more than 25 per cent of beds at the MCH and GNCH are occupied by patients who require an alternate level of care (ALC); that number doubles for Villa Caritas (51.3 per cent). About one in three ALC patients in acute care is waiting for a continuing care living option. We believe patients are better served by waiting at home where they will be in a healthier environment and supported by Home Care. AHS has assured us that Home Care

is ready to support ALC patients' transition to home and Community Transition Coordinators are available to provide assessments in the community.

Physicians are asked to continue to determine and chart when a patient requires an alternate level of care but to refrain from providing a predetermined discharge location or plan. Physician input is value as part of a team providing input to the Acute Transition Coordinators who are responsible for working with the patient and family to determine next steps. The intent is to work as an acute care team to develop a plan, including information for managing exceptional circumstances when assessment for continuing care living options may be required in acute care.

For some, this may represents a practice change, including our Acute Transition Coordinators. Our Acute Transition Coordinators remain valued members of our care teams but the focus of their work will change; no jobs or support will be lost due to this change. Covenant agrees with AHS that such a focus is in the best interest of those we serve and we will continue to work closely with all stakeholders to address these changes and provide the support necessary.

First Nations Health Care **Owen Heisler**

In the last few months I have been reading about the status of health care for our First Nations populations. It is not a pretty picture and we have to do better. 2017 is quickly drawing to a close. Perhaps in 2018 we can collectively do something to make this better – perhaps it can be a time of rededication to addressing some of these issues. Some of the worrisome facts are:

- In 2014, life expectancy at birth was approximately 74.3 years for First Nations females, and 69.7 years for First Nations males (significantly lower than the rest of the population)
- In 2014, approximately 12 in every 100 live births were preterm births among First Nations women.
- The prevalence of diabetes among First Nations people in Alberta increased from 5% in 2004 to 7% in 2013.
- In 2014, the First Nations infant mortality rate was approximately 10 deaths per 1,000 live births.
- The age-adjusted potential years of life lost rate for First Nations people increased from 114 per 1,000 population in 2004 to 147 per 1,000 population in 2008 and decreased to 122 per 1,000 population in 2013.

We have to do better. The following are the recommendations related to health that were part of the recent Truth and Reconciliation Commission:

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
    i. Increase the number of Aboriginal professionals working in the health-care field.
    ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
    iii. Provide cultural competency training for all healthcare professionals.
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Additions to the Medical Staff Portal — Maureen Korzan

DATE	NAME
21-Nov-17	Brand Change for ASA 325 mg EC tablets
24-Nov-17	Alberta Scan, Issue 1042
27-Nov-17	New Scheduling Application Coming - AHS Telehealth
	AHS Telehealth External Webpage
29-Nov-17	Change to Alternate Level of Care Assessment Process
29-Nov-17	Connect Care Newsletter - November 2017 *(network access required)*
29-Nov-17	Reflecting on Compassion - Toolkit #1
	Reflecting on Respect - Toolkit #2
1-Dec-17	2017 Alberta Physician of Distinction - Dr. Chris Nichol
	Alberta Primetime Interview - CTV
	The Vital Beat - Inspiring Young Medical Minds
4-Dec-17	Trifluridine 1% (Viroptic) eye drops - Shortage
5-Dec-17	Physician Volunteers Recruitment for Medical Applicant Interviews, Faculty of Medicine, U of A
7-Dec-17	C-Reactive Protein Substitution for Erythrocyte Sedimentation Rate
8-Dec-17	December 2017 Revised Corporate Policies and Procedures
	VII-A-30, High Alert Medications
	VII-B-340, Tall Man Lettering
	VII-B-410, Death (changes shown)
12-Dec-17	Reflecting on Collaboration (News Item)
	MA Toolkit #3 - Collaboration
	Mission Awards Video
	Medical Staff Portal - Mission Awards Page (Resources)

Wishes to you and your family for a very MERRY CHRISTMAS plus a safe and joyous New Year!