Summary

Date: November 27, 2020
Time: 12:00–1:00 PM
Location: KGH IHSC 61426

Attendees

Leader: Dr. Cara Wall, Chief of Staff, KGH
Facilitators / Wellness Officers: Drs. Ainsley McCaskill, Deems Jassi
Guests: Dr. Sohayl Ghadirian, Dr. Blair Main, Taaryn Miller NP, Dr. Janno de Wet, Dr. Ben Wierstra, Dr. Stephan Mostowy, Dr. Fred Dyck
Recorder: Sarika de Wet

All attendees participated in dialogue.

Methods

a. Advertisement

- Posters and email invitations distributed via KGH medical staff email lists
- Invitations shared on WhatsApp (KGH Wellness Community group)
- Personal invitations and messages
- Paper posters placed throughout the hospital (lounge, bulletin boards)

b. Selection of Leader / Guest

- Session led by Dr. Cara Wall, Chief of Staff, KGH

c. Record Keeping

- Electronic minutes maintained
- AI minute-taker used with permission
- Written notes recorded

d. Information Sharing

- Summary information to be shared with attending groups

e. Follow-up on Action Items

- As outlined below
- *Items in Green Font falls under the authority of today's leader, and follow up actions have been included.*
- *Items in Blue Font indicates pending Action Items. These actions items are beyond the scope of today's leader. The Wellness Officer will have the responsibility to find the leader under whose portfolio this matter falls and will follow-up, either by inviting the responsible leader to lead a Brown Bag Lunch, or via other communication channel.*

f. Feedback from Attendees

- Informal feedback received through hallway conversations and text messages

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Summary of Pebbles & Asks

1. Technology Improvements

Pebbles:

(a) Ongoing use of paper charts for vital sign (participants discussed inefficiency, safety risks, recruitment disadvantage)
(b) Replacement for Microblog (participants described inefficiencies)
(c) UPCC documentation accessibility

Asks:

(a) Resolve accessibility issues by aligning systems across sites
(b) Prioritize site-wide EMR access to vital signs
(c) Explore whether Microsoft Teams could serve as a more effective alternative, or explore other replacement for Microblog
(d) Make site-wide electronic documentation a strategic priority

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Action Items:

- *Teams will be explored (concerns e.g. can programmes communicate with each other?)*
- *Leadership are aware of the concerns, and are actively considering solutions.*
- *VP of Digital Health has authority to make and implement decisions. EMR concerns falls under the scope of IHA.*

2. Patient Repatriation

Pebble:

(a) Current repatriation system lacks clarity. The process is time-consuming and accessibility is hindred by the process. Once another physician accepts a patient, it is cumbersome to find a bed or transport.
(b) Bed block delays patient transfers
(c) Poor coordination of home supports between Vernon and Kelowna

Ask:

(a) Improve regional coordination, particularly for Lake Country patients
(b) Develop a clearer, more efficient repatriation process, including identifying appropriate contacts and providing administrative support to organize and facilitate the process
(c) Address bed availability challenges impacting repatriation

Action Items:

- *Create an action plan for occupancy push from KGH (Cara, in consultation with Fred and Meghan)*

3. Hallway Bed Management & Quality Improvement Initiatives

Pebble:

(a) Outcomes related to hallway beds are not systematically tracked
(b) Persistent capacity limitations
(c) Lack of consistent data reporting
(d) Criteria for hallway placement vary
(e) Limited patient/family guidance

Ask:

    (a) Provide clear information to patients and family members on how to submit feedback or complaints
    (b) Monitor and report negative outcomes (e.g., AMA rates, falls, delirium)
    (c) Advocate for increased bed numbers and continued support for the tower project
    (d) Implement daily reporting of hallway bed utilization (e.g., daily situational update emails)
    (e) Review and refine criteria for hallway bed use
    (f) Launch a Performance & Quality Improvement (PQI) project focused on hallway bed utilization and impacts

Action Items:

- *Ministry are well aware and concerned with patients in hallways.Leadership have been lobbying ministry - community growth must translate to health care access, including ling-term care and rehab assistance.*
- *PSLS - track and keep record of patients in hallways (including categorizing small harm metrics).*
- *Cara can provide numbers; Flow and access concern; concern shared by leaders and medical staff*
- *Incoming Chief of Staff can be asked to provide this metric as part of daily numbers (Daily Situational Report)*
- *Suggest a PQI project*
- *Can patients be provided with "complaint process pamphlet" - to register complaints.*

4. Enhancing Patient Care & Environment

Pebble:

    (a) Limited activities for long-stay patients
    (b) Gaps in weekend care
    (c) Untapped volunteer potential
    (d) Limited outdoor access for patients

Ask:

    (a) Ensure opportunities for time outdoors and sunlight
    (b) Address lack of stimulation and meaningful engagement
    (c) Advocate for a seven-day-a-week care model
    (d) Explore volunteer involvement for music, conversation, and social support

Action Items:

- *(No action item assigned)*

5. Addressing System-Level Gaps

Pebble:

(a) Funding inequities across regions
(b) "Home First" initiative needs strengthening
(c) Inappropriate patient transfers (e.g., M1/M2 from long-term care)
(d) Limited access to ABI programming

Ask:

(a) Improve availability of Acquired Brain Injury services
(b) Expand home-care services to prevent unnecessary admissions
(c) Reduce inappropriate transfers

Action Items:

- *(No action item assigned)*