



# Revalidation Oversight Committee

January 18, 2017 Meeting Notes

## ATTENDEES

### MEMBERS

Co-Chairs	Dr. Lynn Stevenson	Associate Deputy Minister, Ministry of Health	IP
	Dr. Dorothy (Sam) Williams	Chair, Health Authority Medical Advisory Committee	IP
Patient Representatives	Christine MacKinnon	Patient Representative	IP
	Maggie Schulz	Patient Representative	IP
Regional Quality and Practice Leaders	Dr. Mary Lyn Fyfe	Chief Medical Information Officer	IP
	Dawn Nedzelski	Chief Nursing Officer	IP
	Dr. Adele Harrison	Executive Medical Director, Quality and Safety	IP
	Dr. Jennifer Grace	Executive Medical Director, Medicine	IP
NRGH Leaders and Staff Representation	Dr. Georgia Hirst	NRGH Chief of Staff, Site Director of Operations	IP
	Dr. Michael Kenyon	NRGH Medical Staff	IP
	Dr. Jim Capstick	NRGH Medical Staff	IP
	Natasha Talbot	Clinical Nurse Educator, NRGH	IP
	David Forbes	Manager, Clinical Pharmacy Programs	VC
	Suzanne Fox	Executive Director, Geography 2	IP
Peers	Dr. Eric Grafstein	CMIO, Vancouver Coastal Health	IP
	Dr. Keith Dipboye	CCIO, CST Project	IP
Secretariat	Craig Mercer	Director, Project Methodology, Acting for Jessica Arril, Executive Project Director, IHealth	VC
	Kimberly Jensen	Client Care Executive, Cerner	IP
BCPSQC	Andrew Wray	Director, Director, Learning and Strategic Initiatives	IP

IP = In Person, VC = Videoconference, TC = Teleconference, R = Regrets

## OBJECTIVES

- 1) Discuss and finalize the Terms of Reference for the Revalidation Oversight Committee
- 2) Discuss the Revalidation approach and timeline, and provide direction on next steps
- 3) Confirm shared messaging regarding actions and next steps

## AGENDA

Item	Purpose	Lead
<b>Call to Order, Welcome by Chairs</b>		<b>Chairs</b>
Dr. Lynn Stevenson called the meeting to order at 1730h and thanked everyone for attending.		
<b>Meeting Objectives, Agenda Review and Approval</b>	<b>Decision</b>	<b>Chairs</b>
Dr. Stevenson queried if members had taken to the opportunity to reflect on the questions raised at the previous meeting. She encouraged members to express any concerns they might have and questioned if the group was ready to proceed with the work ahead.		
Dr. Jim Capstick confirmed that the Medical Staff Association (MSA) are committed to the vision and to fixing what needs to be fixed, but reiterated that there is general dissatisfaction as evidenced in a recently conducted survey. Would the Committee be open to receiving the survey as a data point?		
<b>Action:</b> The Chairs agreed to receive the survey as a data point and share it with the committee members.		

Dr. Sam Williams, Co-Chair and Chair, Health Authority Medical Advisory Council asked that the minutes reflect the continued commitment for all parties involved in the process to be able to speak freely, listen to feedback both positive and negative without consequence.

Dr. Stevenson encouraged members to undertake deep listening to the stories that will be shared, but also to rely on the data and to be open to the evidence.

There was discussion about potential business conflicts of interest and Dr. Capstick hoped that any potential business conflicts would receive full disclosure.

**ACTION:** If any member feels that they have a business conflict they are to bring it to the attention of the Chairs which will then bring it to the membership for consideration and next steps.

Dr. Stevenson spoke to the work that had occurred since the previous meeting and reported that the work of this committee is specifically in relation to Dr. Cochrane’s recommendation #23. There are, however, other concerns being raised by the Nanaimo staff and as such, Island Health executive team members would be onsite on Friday, January 20<sup>th</sup> to learn more about the concerns and immediately begin working on addressing them in parallel to the revalidation process.

There was a discussion about the need for communication to articulate the process and to emphasize that we need to find a new way, try things and communicate differently. Dr. Stevenson stressed that the Committee is not an enduring structure and are here to get the work started.

Minutes Review and Approval	Decision	Chairs
<p>The minutes from the previous meeting were reviewed and amendments were suggested as follows:</p> <ul style="list-style-type: none"> <li>• Dr. Keith Dipboye is the CCIO, CST Project</li> <li>• Correction to page two, should read “BPMH and transitions of care”</li> <li>• Include a qualifier to the statement about the interface. “Complex interface design introduces unnecessary patient risk.”</li> </ul> <p>There was a further suggestion to Include a clarifying statement to item 2 of the BCPSQS summary “What is the next step through the validation process if we find something that doesn’t work, but can’t be fixed?” Dr. Williams suggested that this be discussed later.</p> <p><b>The minutes were approved as amended.</b></p>		

Committee Terms of Reference	Decision	Chairs
<p>There was a discussion about the draft Terms of Reference.</p> <p>Dr. Mike Kenyon suggested that the second paragraph be amended to read “<i>the Oversight Committee will define and oversee a revalidation process, with focus on meaningful engagement and involvement of care providers and other stakeholders, from NRGH, Island Health, the Lower Mainland Clinical Systems Transformation (CST) project, and peer organizations with an emphasis on end users.</i>”</p> <p>Dr. Capstick suggested that recommendation be mentioned and suggested that the statement read “<i>The Revalidation Oversight Committee (Oversight Committee) has been convened in response to the Third Party IHealth review completed by Dr. Doug Cochrane to oversee the Phase 1 Functional Capability Revalidation as outlined in the IHealth report (Recommendation #23).</i>”</p> <p>Dr. Kenyon requested a change to bullet number 2 to reflect concerns about the EHR not being functional or not working as designed. Dr. Williams requested that this information be sent to her by</p>		

email.

**ACTION:** Dr. Kenyon to email Dr. Williams his suggested revision for inclusion in the revision.

Dr. Capstick requested clarity around the table top exercise and inclusion of wording to ensure that there are no penalties arising from participation. Dr. Mary-Lyn Fyfe noted that “table top exercise” had been used by Dr. Cochrane to differentiate from simulation and that the intent is to keep things simple where possible.

Dawn Nedzelski asked that wording in the Terms of Reference also be refined to reflect what is working well.

**ACTION:** Dr. Williams to revise wording where applicable to clarify both positive and negative statements.

Kim Jensen requested that there be some clarification around work teams to include Cerner team members or to reflect that they are included as IHealth team members.

There was agreement that members were comfortable with the discussion so far and with the document being revised by Dr. Williams to reflect the suggestions.

There was a discussion about the values and principles as well as the accountability and reporting sections of the document. Drs. Capstick and Kenyon are to be added to the membership in the Terms of Reference. Dr. Stevenson noted that the work of the committee is to understand the decisions that are going forward and to be the keeper of the process, therefore voting should not be required.

There were editorial revisions suggested to the section on meeting schedule.

It was agreed that the Terms of Reference will remain “draft” for a time in order to capture any changes as they arise.

**ACTION:** An updated version of the Terms of Reference to be sent electronically.

<b>Revalidation Process: Timing, Approach, Population of Work Teams</b>	<b>Discussion/Decision</b>	<b>Dr. ML Fyfe</b>
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Dr. Fyfe presented some early thinking on defining the process advising that these had been drafted in consultation with Drs. Cochrane and Stevenson.

There was general discussion about the process and that some problems can be more in depth and interlinked with other parts of the system which contributes to extended timelines.

**ACTION:** Include the query about prioritization and timing to the parking lot for further exploration.

The anticipated revalidation activities were discussed including the role of governance in implementing recommended changes.

<b>Meeting and Action Summary, Key Messages</b>	<b>Decision</b>	<b>Chairs</b>
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Dr. Stevenson summarized the meeting and advised that she would report out to the Board that despite caveats raised, members of the committee are committed to moving forward. She stated that it is the responsibility of members to hold each other accountable and to build trust together.

<b>Adjournment</b>	<b>Chairs</b>
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The Chairs thanked everyone for their attendance and commitment to move forward.