

Culture corner

National Day for Truth and Reconciliation & Orange Shirt Day

September 30 marks a day to raise awareness of the intergenerational impacts of residential schools on individuals, families and communities. In the VCH region, the Sechelt residential school and the St. Paul's residential school (located in present-day North Vancouver) collectively operated for 130 years.

We acknowledge the devastating impacts these institutions had and continue to have on patients and communities. Public commemoration of the painful history and ongoing impacts of residential schools is a vital component of the reconciliation process.

All VCH staff and medical staff are encouraged to wear **orange** and check out the [list of events](#) happening in B.C. throughout September to honour [Orange Shirt Day](#) and our collective journey toward Truth and Reconciliation.



Welcome to HAMAC!

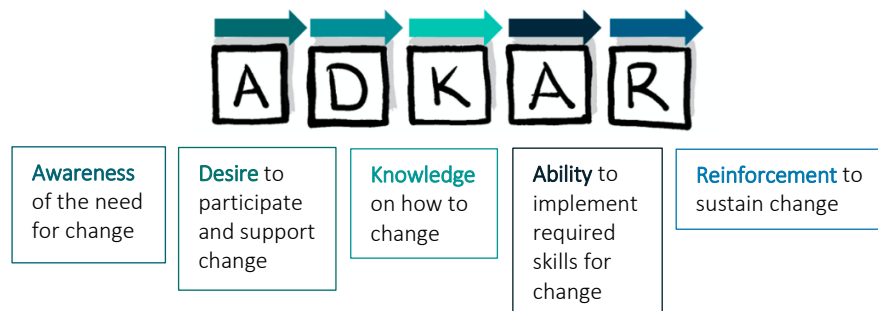
New Vancouver Medical Advisory Committee
Chair appointed Sept 1, 2022 for a two-year term



Dr. Manraj (Raju) Heran

Strategy for change management

The HAMAC received a presentation about a simplified, people-focused model for change. The ADKAR model (Awareness Desire Knowledge Ability Reinforcement) helps us recognize where our teams are at and where they may be stuck. The HAMAC is adopting this change management model for its ongoing work and encourages medical leaders to familiarize themselves with this model for their respective change management projects.



The HAMAC discussed two areas involving change management:

Mental Health Act (MHA) forms audit

HAMAC is monitoring the completion of MHA Form 4 (Medical Certificate) and Form 5 (Deemed Consent) to improve patient care, uphold human rights and meet legal requirements of medical staff. Based on a review of the last four months of data, there is room for improvement on quality and completion rates.

How can we support medical staff working in the ED and non-mental health/substance use settings to complete MHA Forms 4 and 5 in a timely manner as required by legislation?

- Add context to the forms—highlight **why** they are needed and the impacts on patients/families.
- Ensure forms are bundled and easily accessible with access to form requirements and supports available.
- Follow practices from sites with highest rates of completion (e.g. Richmond Hospital's readily available completion checklist for ED physicians).
- Designate a role for collecting and ensuring all forms are completed on time.
- Utilize Cerner's automated function for Form 5 completion (triggers reminder to complete).

CST: VGH go-live and sustainment

The November 5 VGH go-live will be the largest Cerner implementation in project history. Diversion tactics to support the VGH go-live are needed, along with direction on how to address sustainment requirements beyond the launch.

How can medical leaders and their teams support the CST diversion strategy and transition to sustainment?

Diversion/Go-live

- Improve communication and engagement strategies (e.g. with Dept. Heads, MSAs, acute/rural).
- Follow usual bypass protocols (e.g. ambulance diversion).
- Consider areas of highest-risk during diversion: diagnostics, labs and rural patient transfers.

Sustainment

- Organize ongoing training initiatives to support staff through the evolution of CST. Must be flexible to support staff schedules.
- Clarify leadership structures and governance that will oversee sustainment.
- Establish a Cerner informatics support team to analyze data to drive decision making and quality.