## Rotary Club of Meadow Ridge

### **The Four Way Flasher**



Vol. 27, Issue 40

May 4, 2021

#### Website: MeadowRidgeRotary.ca

	Meetings: Tuesday 12 N	oon, Virtual Meeting	
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#### MAY IS YOUTH SERVICE MONTH

Happy Birthday			Happy Anniversary		
May 9:	Walter Volpatti				
LIPCOMING SPEAKERS:					

UPCOMING SPEAKERS

May 4: Jen Hirsch – John Howard Society May 11:

#### **RI PRESIDENT'S MESSAGE**



For years, Susanne and I hosted many Rotary Youth Exchange students in our home. This program was an entry point to Rotary for me, and my heart is truly in it. When Rotary's exchange programs were suspended because of COVID-19 to keep students and families safe, we felt sorry, especially for the participants, because those years cannot be repeated.

Because of the many uncertainties of the pandemic, the Rotary Board has decided to suspend in-person exchanges through June 2022. As we look ahead with hope, we thank Youth Exchange officers, host families, and volunteers for their contributions in years past, and we encourage districts to offer virtual exchanges as a way of connecting students around the world with each other and with our communities.

For those who are not able to participate in Rotary Youth Exchange, Rotary offers other opportunities. New Generations Service Exchange (NGSE) is a Rotary program that deserves wider recognition: It is an excellent opportunity for young people ages 18 to 30 to participate in community service as individuals or in a group and to gain internship experience. Simukai Matshalaga, a Rotaractor from Zimbabwe, stayed with us in Ratzeburg during her NGSE experience three years ago.

When I applied for the New Generations Service Exchange program, I did not realize that I was signing up for a life-changing experience. This program gave me that opportunity and much more. It taught me about the importance of failing fast, learning quicker, and being myself.

Some of my greatest experiences happened at the dinner table. The warmth and kindness of every home I lived in still resonate with me today. It took me weeks to understand how a stranger could care for me as deeply as these members of the Rotary family did. I am inspired by the lessons of humility I learned from all the amazing people I met. I came to understand a new culture and realized that the only things that separate us as people are our experiences and, at times, our false assumptions.

May 18: Chili Yalamanchili - Who's Who

Professionally, it gave me confidence in my own abilities as an engineer. Seeing how other organizations handled problems made me aware that the best person to solve the challenges in my country was me. Returning home from northern Germany, I declined a promotion, quit my job, and began building a family business — a decision that previously I would have never made, out of fear.

I am indebted to the Rotary family. I am not sure whether the friends, mentors, and families I left behind knew that they changed my life permanently. I hope they now do.

New Generations Service Exchange changed Simukai's life. It can change yours, too. All Rotary members can experience something similar at any time: I encourage everyone to take a virtual journey this month and visit meetings of other clubs online. You will see how different Rotary is around the world as you meet great people and make new friends.

Let us build upon these connections forged online — and later, when the time is right, enjoy in-person exchanges through Rotary Friendship Exchange, another excellent program for Rotary members of all ages.

Our ability to meet in person is limited now, but we know that *Rotary Opens Opportunities*, always. Now is the time to get ready, so that when the pandemic is behind us, Rotary's exchange programs will come back stronger than before, serving a world that is yearning to reconnect.

Holger Knaack President 2020-21

#### **OUR CLUB LAST WEEK'S MEETING:**

President **Clint Callison** presided

Guests: Al Stjerngaard - Rotary Area D Assistant Governor, Shashanka Vangari, Dr. Frank Ervin

#### Induction of Shashanka Vangari

#### Introduction by his sponsor Chili Yalamanchili



Shashanka immigrated to Canada in 2002 with his wife and two boys. He currently resides in Maple Ridge. He is involved in various charitable actuaries to support social causes particularly with children and elderly care. He works closely with various voluntary organizations including Operation Eyesight, Tools Cancer Collaboration, Hugs Canada and

Light the Night. Shashanka was instrumental in establishing a nonprofit to represent the South Indian community in Vancouver that immigrated to Canada from his home province showcasing the rich culture and helping them to settle comfortably in a new country they now call home. In between contributing to the medical field, during his breaks, Shashanka loves to travel and he is an avid sportsman. He likes to play cricket, badminton, table tennis and volleyball.

#### Induction of Shashanka Vangari to the Meadow Ridge Rotary Club by Rotary AG Al Stjerngaard

**Al** - Fellow Rotarians and guests, it is my privilege and pleasure today to have received a proposal for membership of a new member to the Rotary club of Meadow Ridge. Shashanka, you have been asked to join into membership in the Rotary Club of Meadow Ridge, into the friendship of Rotary throughout the world. You will join approximately 1.2 million other Rotarians in over 170 countries that are all bound together in a common ideal of *Service Above Self.* The object of this club and all Rotary clubs is to encourage and foster this ideal as a basis of worthy enterprise. You are to share in this effort of service. You have been proposed for membership in this club because the club members believe you to be a worthy representative of your vocation, your desire to serve humanity, your interest in the ideals of Rotary and your willingness to do your share in translating these ideals into action.

I have a question for you, Shashanka, do you agree to accept the obligations of membership in this club and commit yourself to action.

#### Shashanka - Yes, I do.

**Al:** Great, So this club has three challenges for you in the next six months. First off, endeavour to regularly attend Meadow Ridge Rotary meetings and perhaps other Rotary club meetings, you will also endeavour to invite at least one guest to this meeting over the next six months to further the club reach into the community and most importantly you will involve yourself in this club's service projects to further your areas of passion around youth and senior care. Over the next little while, President Clint will have the pleasure of presenting you or sending to you a Rotary pin which we hope you will wear with pride. With that fellow Rotarians and guests I charge you now to not fail in your duty but welcome Shashanka to this club, please give a warm Meadow Ridge Rotary welcome to your newest member.

**Clint** - Welcome we are very excited to have you. We have a lot of fun together and do a lot of amazing things. It still impresses me what this small group of people can accomplish in our community. It is fantastic to have another member to help us do that.

#### Program: Dr. Frank Ervin

Matt DeBruyn introduction of Dr. Frank Ervin

Good afternoon all, indeed today Dr. Frank Ervin will speak to us. He is a local respirologist, he is a pilot, a flight instructor, and I believe he was the first person in Maple Ridge to drive an electric car. We have had a couple of talks by him and it was amazing. Today I feel it is a very opportune time to hear about improvement in health care and that is what Frank is going to talk about.

Matt added that he has a fond memory of Marco Terwiel, remarking that Frank had saved his life.

#### Program: Frank Ervin - Physician Quality Improvement



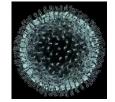
**Frank** - Thank you very much for that introduction. I remember Marco, a long time member of this Rotary club. He was the guy that actually encouraged me to join Rotary in the first place, when I was first here in Maple Ridge 30 years ago. I was kind of an angry young man; I was a little bit frustrated getting things going at the hospital sometimes and I found that being part of Rotary and seeing my

fellow Rotarians working in their vocation and how they responded to challenges both individually and collectively was very very inspiring and it was a big part of my personal growth and development. I hear that you can never really leave Rotary, you just get behind on your dues, so I think I am kind of behind on my dues.

What I would like to do is give you a very brief update about COVID and our local hospital response to COVID and the health authority response and a little bit about how the medical system locally in terms of physicians are responding to it. Just to take a few minutes and then I will talk to you about an important part of my more recent professional life and that is physician quality improvement and physicians learning to perform quality improvement and that sort of thing.

Firstly I wanted to the this Rotary club for that fellowship, I think I was awarded a Paul Harris fellowship, I think I contributed most of the money towards it as it was, I am not sure how things work these days but I was very honoured to receive a Paul Harris Fellowship along with three or four other community members many years ago and I would be remiss if I didn't thank the Rotary club for its support of the Ridge Meadows Hospital over the years. I know that you have a focus on youth and the elderly but we know that part of that has been reflected in your support of Ridge Meadows Hospital.

As far as the hospital update for COVID, we do have COVID patients in the hospital quite often. We would be looking after patients who need hospitalization, primarily for oxygen administration and monitoring. Usually we have zero to six patients, we are not flooded



with COVID patients and we have no one in the ICU at Ridge Meadows because everyone who needs critical care gets shipped out to one of the tertiary care hospitals, usually the Royal Columbian or Surrey and sometimes Abbotsford. So the patients that get shipped out usually go without being on life support, we are usually able to transfer them without them requiring life support but they are in danger of requiring life support. It is a system that has worked quite well so the hospital is not overwhelmed with COVID patients so the important message for you and your family and friends is that if you feel sick and if you feel unwell in any way that you think is an emergency you should go to the emergency department and get proper support and get cared for.



Next I would like to talk about PQI - Physician Quality Improvement. Working with quality improvement really does engender a sense of hope and satisfaction. It is really important for the mental health of the people, health caregivers who participate in formal quality improvement.



One of the reasons I wanted to talk about PQI and what is relevant to me is a little bit about my personal story but also about some work I am doing at the provincial level supporting the PQI. So the important thing to know is that this is something that costs money. The government of British Columbia through the Ministry of Health has partnered with the Doctors of BC and in the physician master agreement which is the agreement that we work under, all doctors in the province work under that agreement, it sets our fees and other aspects of our remuneration and how the health care system is run. Rather than taking a fee increase, about 6 years ago, the Doctors of BC agreed with the Ministry of Health to carve off a portion of the physician remuneration budget and form four joint collaborative committees. One is for general practice, GPSC and the committee I have been involved with for the past five years is the Specialist Services Committee. There is also a Shared Care Committee that tries to tie together what general practitioners and specialists do together and I have just joined that committee provincially. Each of those committees are co-chaired by a Ministry of Health rep and physician rep and the decision making in each of those committees is by consensus. So basically is it absolute consensus that is usually required. By absolute consensus that means that everyone has to agree. All of the quote-unquote voting members have to agree on the direction that is being followed.



In terms of the SSC or Specialist Services Committee, we have a strategic framework where we try to engage physicians, we try to transform the care the patients receive and we want to develop physician capabilities. That is where I have been most involved in physician quality improvement is in training other physicians and leading that initiative province wide. The physician engagement part, the flagship program of that, is facility engagement. Each medical staff association of each hospital in the province does get a budget, in our case a Ridge Meadows it is about a third of a million dollars to support physicians to actually do work and engage with the hospital going forward so that we can actively participate in management of the hospital. The other program, the physician quality improvement program has a budget of 10 million or 11 million dollars that is spread province wide to train physicians in quality improvement techniques

The vision is to change the culture of the whole health care system really. To try to have everyone doing two jobs, one is their regular job and the second is to try to improve their job. We don't want any opportunities for improvement left untouched and we think that the best place to find gaps in care are from talking to our patients and also talking to and listening to the frustrations and perceived needs of our healthcare practitioners like nurses and doctors at the front line.

Historically the program is developed in each health authority somewhat organically, but each health authority has a joint steering committee that mimics the SSC so we have an absolute consensus requirement of health authority personal, physician personal and the funding agency with is the SSC and they have technical support staff that support physicians in doing their projects and of course we have QI training. The important thing to know about QI training is that physicians have protected time, time away from their practice that is supported so that they can train in guality improvement techniques and that involves training in some of the aspects of data, understanding how to collect data, how to understand variation, what is just part of regular day to day variation in the system and what is a special cause variation, something that might be an aberration or something very good or something very bad that you have to work on and we understand that when a system is in control and there is nothing really happening outside of normal variation if you want to improve something you have to improve the system or the process, that is one of the fundamental teachings that we do. We teach the students, the physicians and others that come in for training, we train pharmacists as well as nurse practitioners and some administrators because the good training program has kind of leaked out into other parts of the healthcare system. If you are going to learn anything you actually have to do it so we ask the physicians to actually do an improvement project as part of their training.

Frank showed us a book that was at least 3 cm thick of the projects completed by the first five cohorts of trainees. The book is entitled QI Certification Program Project Posters volume one cohorts 1-5 and is a compilation of just the work of our health authority, Fraser Health. He participated in cohort two and his project was on spirometry wait times. About five years ago when he first heard about PQI he was very perturbed about how long it took to get a basic breathing test, spirometry done. So when he got a chance to learn quality improvement he chose that as his improvement project. He worked together with a team at Ridge Meadows hospital to shorten their average wait times for spirometry from

about a month down to less than a week which was quite an improvement!

The important thing is that I felt as a physician that I no longer was disconnected with what was going on at the hospital. If I had a problem, of whatever, whatever problem or issue I had, I felt much more connected to the hospital and I felt I had a little bit of control over a tiny bit of the type of work I did, and certainly my mental health was improved and it is a terrific way of engaging physicians. So when I bought an electric car and there were no charging stations at the hospital I felt empowered to try to work at trying to get a couple or charging station at the hospital. What we find with physicians participation in PQI around the province is that they do not stop at the end of their one year long training program they go on to do a number of quality improvement projects and also those cohorts of physicians forms a real good source of physician leaders going forward and many have taken leadership positions in the quality improvement program.

# Positive Deviance

As an example of the type of stuff that we teach, I'm the module lead in Fraser Health for our creative ideas module for physician quality improvement training and one of the techniques that we teach our physicians is when there is a problem they want to solve that they do not try to reinvent the wheel. One of the things that they can do is look around for somebody in the system or in the world that is doing a much better job than anybody else. What you do is go to that person or that program and find out how are they managing it and how do they manage to do so much better than anyone else and often it is not because they have more resources it's just that they have a better way of doing things or there is a different culture or that sort of thing.

The example we use to teach our students is an example of positive deviance where a couple went to Vietnam after the war was over and tried to solve the problem of starvation among respirologist Vietnamese children. They were given no support from the Vietnamese government at the time, they were American and Americans were not all that welcome in Vietnam at that time. They were given 6 months and no funding but they were able to find villages where children were well nourished and they went and found how those families fed their children and those were positive deviant villages. They spread that all around Vietnam, not by telling other people what to do but by pointing other folks toward these positive deviant villages so they could learn from them and accept and understand the notion of how they fed their children properly. What they did was feed their children much more frequently and they used food that, like crayfish that were in the ponds and that sort of thing and added that to the food they were feeding the kids and a number of other things that worked quite well.

Positive deviance...we use that is healthcare all the time. So rather than looking at the bad apples, we don't look a the bad apples, we don't blame people, usually people go to work wanting to do the very best they can, so if there is a problem we solve it by fixing the system not by getting the whip out if you like forcing people to work harder or over inspecting or over controlling folks.

My current involvement in PQI provincially is I am the co chair of the working group that oversees the PQI programs in all six health authorities province wide and recent we have been tasked with trying to spread some of these (held up the project book again) because the government sees that we have a sea of pilot projects, that is how they looked at it, so why don't we try to spread some of these ideas around so that more people could take advantage of the learnings from those action learning projects. So we have been given some funding to try and promote the spread of some of these quality improvement projects which is a challenge.

Nobody really does spread world wide - even places like the Cleveland Clinic and the Mayo Clinic don't do spread well. Why is that...it is because nobody likes to be told what to do, especially doctors, they have to figure it out by themselves and that is where positive deviance looks in. If you approach it from the positive deviance perspective then you can attract people, physicians are naturally attracted to better ideas and if they sort of find out for themselves and they are self motivated, self actualized then they can go ahead and do the work required to change whatever process they want to improve.

So far they have trained over 300 people to be quality improvement advisors and they are hoping to train every doctor in the province within five years to be able to understand basic quality improvement techniques.

Matt - Is there input from patients?

**Frank** - Yes, that is a very good point, yes we try to have a patient in every quality improvement project. At that level it is very important to have patient input. For our spirometry project we had a patient who ended up going for a lung transplant who was having frequent lung function tests and he was part of our team and provided the patient voice and we try to include the patient voice at every level, at the project level, at the health authority steering community level at the SSC level, we have patient representatives at each of those levels.

Libby - How hard is it to get the physicians to buy in?

**Frank** - It's a good question. In the past if a physician attended a committee meeting, they were the only person in the room not being paid, not being compensated for their attendance there. Through the PQI programs doctors are getting leadership and business training to be able to be better equipped to participate in committee meetings. In the current agreement they are certainly not making the same compensation as if they were seeing patients or working in an operating room but at least their overhead is covered. They have been able to promote a culture of engagement with the healthcare system for the physicians.

#### **Announcements**

**Libby -** *Duck Race* will be having a meeting Thursday to brainstorm some ideas on how to promote ticket sales. All ideas are welcome, send them directly to Libby. Also be sure to email all your contacts to suggest tickets!

**Ineke** - Winefest looks like 100 tickets sold so far. Our expenses look different this year for the online event. Please bid on the online auction.

**Dave Rempel** - Our program is looking great. Fred Armstrong will MC the agenda full of great entertainment.

#### Happy and Sad:

**Libby Nelson** has two sad dollars because she keeps getting outbid on the auction items she is interested in.

**Ineke Boekhorst** has happy and sad kind of - all through the Wine Festival and Duck Race work she and Peter have also been working really hard on their house because as of yesterday the house is on the market! They have lived in the house since 1988 and have decided that they need go and live a little bit smaller. If you see a rancher in Maple Ridge or Pitt Meadows that is what they are in search of!

**Dave Rempel** has a disappointed dollar that there are still eight club members who have not purchased tickets to the Winefest. He wishes all of our members would buy tickets!

**Chili Yalamanchili** has 2 happy dollars because we are in the final stretch for the Wine Festival and close to reaching our goal.

Adrienne Dale is very sad because now we do not have anyone to do the speaker program....are there any volunteers?

**Clint Callison** has a sad dollar - Roger Powley has resigned. We lost a great member. He plans to put all of his energy into veterans affairs and building that veterans housing that he would like to get done.

**Matt DeBruyn** has 2 sad dollars from Matt. Eric did a great job on fines last week but Matt neglected to add them to the tally. You will see the balance owed grow soon!

#### Finemaster:

**Patrick Dobbyn** if you have not shared and/or liked the recent Rotary Duck Race posting, you owe two dollars.

Please like and share every new post you see for the Duck Race. It is a good habit to get into to go to the Meadow Ridge Rotary page to look for new posts to like and share rather than waiting for them to pop up in your stream!

**Clint's** closing quote: "A bottle of wine is a perfect amount for two people as long as one of them is not drinking any"

#### Submitted by Deborah Hyslop