Organized by clinicians for clinicians, TEC Vancouver brings health professionals, health organizational and industry leaders together to apply innovations to real life challenges in primary and emergency patient care in BC and beyond.

If you attend this conference, you will:
- See applications of innovations in health care and education
- Hear emerging trends from international experts
- Explore healthcare gaps and technological solutions
- Network & share ideas with like-minded colleagues

Scan to connect with us and learn more!
Dear Colleagues and Friends,

On behalf of TEC Vancouver, it is our pleasure and honour to invite you to attend the inaugural Technologies in Emergency Care (TEC) conference taking place in Vancouver, Canada on Saturday, November 2, 2019 at Vancouver General Hospital.

Conceived and organized by clinicians for clinicians, TEC Vancouver fills a niche to bring together clinicians, health professionals & academians, decision & policy makers, and industry.

We look forward to improving health care delivery by stimulating innovations and partnerships to forge tangible, impactful clinical implementations of technology in health care settings including the Emergency Department and transitions to community and home based care.

We do hope to see you there.

With warm regards,

Kendall and Chad

Dr. Kendall Ho (Co-Chair)
Lead, Digital Emergency Medicine, The University of British Columbia (UBC)
Professor, Department of Emergency Medicine, UBC
Emergency Physician, Vancouver General Hospital (VGH)

Dr. Chad A. Kim Sing (Co-Chair)
Associate Vice President of Medicine, Quality & Safety, Vancouver Coastal Health
Attending Emergency Physician, VGH & UBCH
Clinical Associate Professor, Department of Emergency Medicine, UBC
Physician Leadership and Administration Fellow, UBC-Brigham Health-Harvard
Conference Overview

Conference Themes

Innovations in Patient Care
What do patients and caregivers care about, and how can innovations improve their experiences? How do we apply big data at the coalface of clinical care? Eye-opening approaches and stimulating ideas will be put forward and discussed.

Specific topics include:
- Data analytics techniques to change chronic disease management
- Understanding and supporting patient and caregiver journeys
- Exploration of interdisciplinary collaboration for patient centred care

Health System Transformation
Decision-making from the perspective of policy makers will be explored as a method of transforming health systems. Speakers from health organization and industry leadership will explore the driving force of industry on innovation, and how clinicians can be involved and where they can exert influence.

Specific topics include:
- Transformational impact of the digital cloud for data driven health care
- Cutting edge digital health transformation in BC
- Dynamic clinician networks to address high quality care of patients

Revolution in Provider Communication & Education
Preparation for a technology-enabled emergency and primary care workforce and the leveraging of innovations to stay current will be delved into by key thought leaders. Topics to be highlighted include current must-have educational tools, and promising strategies for health professionals.

Specific topics include:
- Supercharging textbooks and clinical learning via Social Media
- Mobile learning in action: What does this look like?
- Embedding learning into practice using Virtual Health and Simulation

Agenda at a Glance

Morning:
Innovations in Patient Care
- Keynote Presentations
- Invited Speakers
- Abstract Presentations

Lunch (included), networking, & sponsor booths

Mid-Day:
Health System Transformation
- Keynote Presentations
- Invited Speakers
- Abstract Presentations

Early Afternoon:
Revolution in Provider Communication & Education
- Keynote Presentations
- Invited Speakers
- Abstract Presentations

Late Afternoon:
Panel Discussion
Integrating innovations into health practices & the health system: What does it take?
Keynote Speakers

**Dr. Shez Partovi, MD**
Worldwide Lead, Healthcare, Life Sciences, Genomics, Amazon Web Services

*The path to precision health is dependent on both precision diagnostics and precision therapeutics. In this presentation we will review how different peer organizations have embarked on the journey of precision medicine by leveraging the power of Amazon Web Services.*

Dr. Shez Partovi obtained his medical degree from McGill University and completed his neuroradiology subspecialty training at Barrow Neurological Institute. His undergraduate program at UBC was in Life Sciences and Computer Science. He is a serial entrepreneur and has launched a number of health IT companies. After a decade of clinical practice, Dr. Partovi transitioned into an executive role at the 4th largest health system in the US, where he served as its Chief Digital Officer/SVP of Digital Transformation. Dr. Partovi joined Amazon Web Services in 2018 as the Worldwide lead for Healthcare, Life Sciences and Genomics.

**Professor Kelvin K.F. Tsoi, BSc PhD**
Research Associate Professor, Stanley Ho Big Data Decision Analytics Research Centre, Chinese University of Hong Kong
Associate Professor, Jockey Club Institute of Ageing & School of Public Health and Primary Care, Chinese University of Hong Kong
President, International Society of Digital Health (ISDH)

*Professor Tsoi will discuss how Digital Health reduces health system burden by applying machine learning on blood pressure variation to predict the risk of hospitalization among hypertensive patients.*

Prof. Kelvin Tsoi is a Digital Epidemiologist and Data Scientist. He is the President of the International Society of Digital Health. His Doctoral degree in Medical Sciences and Bachelor degree in Statistics were obtained from the Chinese University of Hong Kong. His research focuses on Digital Health, including data capturing techniques, machine learning application and sensor data with wearable devices. Prof. Tsoi is currently conducting research on the non-communicable diseases in ageing population with digital dementia screening and machine learning on blood pressure variability.

Invited Speakers

**Dr. Wayne Choi, MD FRCPC**
Emergency Physician, Royal Columbian Hospital
Member of the Board, Section of Emergency Medicine, Doctors of BC

*A patient’s emergency department (ED) visit is often very stressful: Why am I waiting so long? What happens during the visit? What do I need to know after I’m discharged? Dr. Choi will discuss how he and his team are striving to improve the patient’s experience via an app.*

Dr. Wayne Choi is a full time Emergency Physician at the Royal Columbian Hospital. Prior to medicine, he worked in the software industry with a focus on user experience. Now, Wayne combines his skillset in both, holding a special interest in the intersection of technology, innovation, and medicine. He has designed an ultrasound logging app for education, EchoLog, used across the country. He is also on the board of the Section of Emergency Medicine of Doctors of BC.
Using technology to improve health care delivery in B.C.

Background Virtual Health is a patient-centred care model focused on connecting patients, families and providers, using technology to optimize wellness, specialty care and outcomes. A 2017 Provincial Health Services Authority (PHSA) survey (We are listening) identified that patients and their families were asking for Virtual Health solutions to improve their access to care. That same year, the mandate letter from B.C. Ministry of Health to PHSA specified that virtual care be leveraged and enhanced as part of the care continuum. The Office of Virtual Health (OVH) was created shortly after, with an ambition to support people to receive treatment and stay well by connecting them to care, seamlessly, when and where they need it. Current status - Strategic engagement with PHSA clinical programs helped determine our clinical priorities.

We are currently working on four clinical priorities: 1. Anywhere to anywhere 2. Remote patient monitoring 3. Online therapy 4. Clinical digital messaging With patients as our partners, we are focused on improving patient and family outcomes and experience. Patients are involved every step of the way, from identification of the clinical need, to the selection of new solutions, evaluation and future planning.

The OVH has engaged patients and clinicians in testing various technical solutions, called demonstration projects. Our project lifecycle includes six stages: 1. Engagement 2. Discovery 3. Planning 4. Execution 5. Evaluation 6. Scale Currently 19 clinical programs are participating in various stages of demonstration projects, using one of nine technical solutions. Conclusion Our work addresses the need to improve care delivery for both patients and providers. OVH is leading a system-wide transformation that will see Virtual Health integrated into clinical services as one system of care offering a set of effective and efficient patient-centred solutions that respond to the digital world we live in.

Spencer: Home monitoring of medications to improve adherence and reduce adverse events

Seniors taking multiple medications at home can be challenging for the patients, their caregivers, and their health professionals. Due to polypharmacy, patients can easily get confused regarding frequencies and timing of different medications. Even though there are instruments like bubble packing of medications, or clinicians calling patients or even observing them in medication intake, these isolated solutions can be time consuming for health professionals, inconvenient for patients, or only partially addressing the problems.

Spencer, the integration of packaging of patients’ medications, together with a convenient digital dispensing of them at home to facilitate intake, coupled with capabilities of the unit to connect with health professionals remotely for monitoring and responding to queries, is conceivably a very useful platform. Pharmacists, nurses, and physicians can work together to remotely monitor patients for correct time and dosing, while patients and caregivers have the security to know that they have the right dosing and also seek help whenever necessary at the comfort of their homes.

This approach is being studied in BC to validate its utility, and how it can help primary health professional teams to support patients and caregivers for optimal medication management at home.
Implementing and Evaluating ActionADE to Transform Medication Safety

Adverse drug events (ADEs), unintended and harmful events resulting from medication use, cause over 276,000 emergency department visits, 100,000 admissions, and 4,500 deaths annually in British Columbia (BC). Patients are commonly re-exposed to medications that previously caused harm, which can result in repeat ADEs. Ineffective processes related to the documentation and communication of ADEs among clinicians in a patient’s circle of care is a substantial contributing factor.

In response to this gap, our research team has developed a software application called ActionADE that enables frontline clinicians to document ADEs in a user-friendly and standardized manner. We developed ActionADE using a participatory design process that engaged clinician end-users throughout the design, piloting, and refinement process. We have partnered with the BC Ministry of Health, Vancouver Coastal Health, Lower Mainland Pharmacy Services and the College of Pharmacists of BC to pilot the integration ActionADE with PharmaNet, BC’s medication dispensing database, using a minimum viable product. This will enable the transmission of ADE information from participating hospitals to a central repository that will be accessible to other clinicians in the patient’s circle of care. With integration, ADE data entered in ActionADE will generate alerts if community pharmacists attempt to re-dispense medications that previously caused harm.

We will evaluate whether ActionADE achieves its goals of preventing re-exposures to harmful medications, and improving patient and health system outcomes in a randomized controlled trial. We will complete an economic evaluation to examine ActionADE’s incremental costs and benefits compared to standard care. ActionADE has the potential to enhance patient care, improving population health, improving health system sustainability, and supporting the work of clinicians. If beneficial, ActionADE may inform future developments of PharmaNet, and systems to facilitate ADE reporting and communication in other health sectors, including in hospitals, long-term care facilities, and physician offices to transform medication safety.
Keynote Speakers

**Dr. Douglas Kingsford**, BHB MBChB PhD FRNZCGP  
Chief Medical Information Officer, Digital Health Initiative, BC Ministry of Health

*Driven by a need and opportunities to improve quality of care, improve population health, increase access to care, provide better patient and clinician experience, and improve clinician productivity and overall system efficiency, the Ministry of Health has launched the provincial Digital Health Initiative. Dr. Kingsford will present the DHI and its implications for care delivery.*

Dr. Kingsford is Chief Medical Information Officer of the Provincial Digital Health Initiative with the Ministry of Health and co-chair of the Information Privacy and Security Standing Committee. He is a primary care physician with an Electronic Engineering PhD in artificial intelligence, with particular interests in artificial intelligence, machine learning, interoperability, integrated care and workflow coordination.

**Tolga Tarhan**, MBA  
Chief Technology Officer, Onica

*The cloud is changing how the world innovates. In this talk, Tolga will explore how the cloud is powering the next generation of medical devices and research.*

As Onica’s Chief Technology Officer, Tolga Tarhan leads the company’s technological vision by pushing innovation and driving strategy for product development and service offerings. With two decades of experience leading and hands-on software development, his cross-functional technical expertise gives him unique insight into the best approaches for building complex systems and applications. Tolga has an MBA from Pepperdine University and helps customers strategize beyond technology solutions to improve their businesses and grow their bottom line.

Invited Speakers

**Dr. Jim Christenson**, MD FRCP  
Professor and Head, Department of Emergency Medicine, University of British Columbia Faculty of Medicine  
Executive Lead, BC Emergency Medicine Network

*During this presentation, Dr. Christensen will discuss the BC Emergency Medicine Network and its impact on Emergency Medicine in BC.*

Dr. Jim Christenson is an emergency physician at St. Paul’s Hospital in Vancouver. He is a Professor and Head of the Academic Department of Emergency Medicine at the University of British Columbia. He has a wide range of experience in emergency care clinical research, related to clinical decision rules and resuscitation.

Dr. Christenson leads a team that built and launched the BC Emergency Medicine Network (EMN) to facilitate knowledge sharing and clinical support for all emergency practitioners in British Columbia. It is growing quickly and utilizing technology to change the way emergency care providers in all emergency settings are supported and how they communicate new knowledge and practice change.
Redirecting Non-Urgent Emergency Department Patients To Alternative Healthcare Facilities

Overcrowding of emergency departments (ED) is a significant problem in the Canadian public healthcare system. According to the Canadian Institute for Health Information (CIHI), the median emergency room wait time to see a physician is 2.7 hours. Individuals with non-urgent conditions are turning to emergency rooms instead of going to a non-emergency facility such as a walk-in clinic. Hospital resources become overutilized and staff become overburdened, with non-urgent individuals also forced to wait exceedingly long times to be treated due to their low priority assessment (Canadian Triage and Acuity Scale Level 4, 5).

A potential solution to this problem is a software that allows triage staff at hospitals to redirect non-urgent patients to less crowded walk-in clinics nearby. Thus, the number of non-urgent patients in EDs will decrease, the number of patients at clinics will increase and the overall wait time for patients will be reduced. The research was formed with consultation with over 24 medical professionals, including hospital directors, such as Dr. Heather Lindsay (Department Head and Medical Director of Emergency Medicine at Vancouver General Hospital), physicians, nursing and representatives from Vancouver Coastal Health and Providence Health Care, clinics, and healthcare software providers. Furthermore, we surveyed 76 potential patients, with 83% willing to divert to the nearby walk-in clinics for a faster time to physician, given their non-urgent triage status.

Applying this research results in system-wide cost and resource savings. British Columbia’s Medical Services Plan (MSP) indicates a physician at a hospital ED bills 4 times as much as a physician at a walk-in clinic for the same patient with the non-urgent condition. Hospital EDs can use resources more effectively and reduce stress on staff, and clinics can increase their utilization rates. Ultimately, patients have better care as a result of transparency and awareness in their healthcare.

Technology Enhanced Healthcare Simulation

Technology Enhanced Healthcare Simulation is an educational tool with which the learner physically interacts to mimic an aspect of clinical care for the purpose of teaching or assessment (INACSL, 2019). Within British Columbia, multiple centers are using simulation in their emergency departments for the purpose of teaching and team building to improve patient outcomes and decrease departmental latent safety threats. Latent safety threats are defined as errors in design, organization, training or maintenance that may contribute to medical errors and have a significant impact on patient safety (Wetzel et al, 2013).

Within Vancouver Coastal Health (VCH) a unique method of delivery for these in situ simulations is being used to facilitate emergency department critical care situations in rural sites via telehealth technology called “telesimulation." Telesimulation consists of blending simulation technology platforms with telehealth monitors and audio capabilities to help conduct and facilitate emergency department simulations to those in hard to reach geographical areas. This talk will discuss the emerging role of telesimulation in the simulation landscape here at VCH.


**Section 3: Revolution in Provider Communication & Education**

**Keynote Speakers**

**Dr. Teresa Chan**, HBSc BEd MD FRCP MHPE DRCPSC  
Emergency Physician, Hamilton Health Sciences  
Base Hospital Physician, Centre for Paramedic Education and Research  
Assistant Professor, McMaster University

*Dr. Chan will discuss the ins and outs of the current models for operating FOAM organizations and reveal some of the systemic threats, and invite participants to consider how online continuing education will evolve in the coming years.*

Dr. Teresa Chan is an assistant professor at McMaster University. Locally, she is the Specialty Committee Chair of the RCPSC Clinician Educator Area of Focused Competency Diploma program, and the McMaster Program Director. Dr. Chan is one of the founding members of the CanadiEM website, the MedEdLIFE research collaborative, and a key member of the METRIQ Study Group. She is the Chief Academic Officer of the international Faculty Incubator program for the Academic Life in Emergency Medicine (ALiEM) group. Dr. Chan is also interested in developing & evaluating medical education innovations.

**Dr. Robert DiRaddo**, PhD  
Principal Officer & Section Head, National Research Council – Simulation and Digital Health

*Robert will present his group’s current research work in digital therapeutics and digital monitoring, with particular emphasis on projects with the B.C. ecosystem and work of relevance to emergency medicine.*

Robert DiRaddo obtained his PhD in Engineering from McGill University in Montreal. He started his career in the private sector working at two multi-national companies. He then moved to the NRC starting as an Assistant Research Officer and eventually progressed to Principal Research Officer and Section Head, Simulation and Digital Health at NRC. He currently oversees four biomedical software research teams that work in a variety of projects in collaboration with clinicians and industry. Projects his researchers have worked on range from the development of a surgical skills simulator, virtual-reality cognitive care and remote interactive patient management.

**Invited Speakers**

**Dr. Rob Power**, EdD  
President, Power Learning Solutions  
President, International Association for Mobile Learning  
Adjunct Professor of Educational Technology, Athabasca University, Cape Breton University, Mount Royal University, Ontario Tech University, University of Manitoba

*Dr. Power will discuss opportunities to leverage mobile technologies for just-in-time learning for emergency health care professionals, and to improve communication with patients. Dr. Power will also identify some of the pitfalls with the use of mobile technologies in emergency patient care.*

Rob Power is the President of Power Learning Solutions. He also teaches graduate-level educational technology courses in distributed learning contexts at 4 major universities. Dr. Power has taught information and communications technology at the K12 and post-secondary levels, and has worked as an instructional developer in the higher and continuing education sectors. Since 2013, he has taken a leading role with the International Association for Mobile Learning (IAmLearn), and has served as the Chair of the 12th World Conference on Mobile and Contextual Learning (mLearn 2013). Dr. Power was elected President of the Executive Committee of IAmLearn at mLearn 2017.
Dr. John Pawlovich, MD FCFP
Program Coordinator, REAP (Rural Education Action Plan, BC)
Medical Director, Carrier Sekani Family Services
Clinical Professor, Department of Family Practice, University of British Columbia
Sector Lead, Rural Coordination Center of BC (RCCbc)

Dr. Pawlovich will share his experience using simulation in the rural emergency room using virtual care technology

Dr. John Pawlovich is a Clinical Professor in the Department of Family Practice at University of British Columbia (UBC). He has worked in many rural and remote sites across Canada. Over the last twenty plus years, his interest in Indigenous Health has evolved with a focus of bringing innovative primary care and specialty services onto reserve to reach the people most in need. Using new technology such as telehealth from his home office in Abbotsford, British Columbia, Dr. Pawlovich is able to connect to multiple remote aboriginal communities to help provide the daily primary care they deserve and need.

Dr. Pawlovich is a co-founder and co-lead of the BC Virtual Health Grand Rounds and the e-Health theme lead for the UBC Faculty of Medicine. He speaks both nationally and internationally on virtual healthcare solutions and systems.

Presenters

Virtual Simulation Modalities to provide realistic situations for emergency nursing students

Vincent Farquhar, RN BN MMEd
Faculty, Emergency Nursing Specialty, British Columbia Institute of Technology

Specialty Nursing at the British Columbia Institute of Technology (BCIT), have developed a range of innovative virtual simulation modalities that enable emergency nursing students to actively apply the learnt curriculum in a novel, fun and realistic way. When designing a virtual simulation-based activity, we sometimes hear people say “yeah, but in the real world I would do this...”? How real do you get with AR/VR and screen-based simulation activities? In the world of specialty nursing students, realism is critical to meeting the learning outcomes of the program. In order to increase competence and confidence, specialty nursing students need to be exposed to a multitude of patient cases such as burn victims, gunshot wounds, traumatic head injuries, and other high-risk, low frequency cases. So, which simulation modality (AR/VR/Screen-based) provides the most realism and is the most practical, in terms of design, development and delivery, for on-campus and distance students? Will off-the-shelf products meet the learning outcomes or do you develop a customized application?
Late Afternoon

Feature Panel
Integrating innovations into health practices & the health system: What does it take?

We all have ideas on how to use innovations to improve patient care and health system transformation. But what does it take to make these ideas and products come to life? How do the different stakeholders work together to create and facilitate true and lasting impact?

This panel features 2 conference keynote speakers, Dr. Shez Partovi & Dr. Teresa Chan, as well as other experts in the healthcare innovation space, shown below, all of whom will help make sense of the diverse roles involved, and identify key steps to translate innovations to real-life practices.

Panelists

**Megan Stowe**, RN BN MScN
Executive Director for Virtual Health and Clinical Education, Vancouver Coastal Health

Megan Stowe is the Executive Director for Virtual Health and Clinical Education at Vancouver Coastal Health Authority. Holding previous roles such as Chief Clinical Information Officer, Clinical Director of Redevelopment and Provincial Director of Operations Megan has become passionate about transformation in healthcare through the intersection of leadership, quality improvement, education and technology. Megan has previously led the implementation of electronic documentation and is currently leading Vancouver Coastal Health’s Virtual Health transformation.

**Darcia Pope**, BComm MHA
Vice President and Chief Transformation Officer, Vancouver Coastal Health

Darcia is Vice President and Chief Transformation Officer at VCH, where she oversees the strategic and operational planning processes, supports the measurement and realization of enterprise-wide strategic initiatives and leads the Innovation Portfolio. Darcia joined VCH in 2002 as Director of Enterprise Services in IMITS before moving into the new position of Executive Director of Transformation focusing on Workforce Optimization, Primary and Community Systems projects, and Strategic Initiatives. Prior to joining VCH, she held roles at St. Paul’s Hospital and was the Change Leader for the amalgamation of Providence Health Care.

**Dr. Ryan C.N. D’Arcy**, EngL BSc MSc PhD
President and Chief Scientific Officer, HealthTech Connex, Inc.
Professor & BC Leadership Chair, Faculty of Applied Sciences, Simon Fraser University
Surrey Memorial Hospital Fdn. BC Leadership Chair in Multimodal Tech. for Healthcare Innovation
Head, Health Sciences and Innovation, Surrey Memorial Hospital

Dr. Ryan C.N. D’Arcy, EngL is neuroscientist and entrepreneur. He co-founded both the Health and Technology District and Health Tech Connex in BC. He is an Engineer Licensee in neurotechnology, and did his post-doctoral training in medical imaging physics at the National Research Council’s (NRC) Institute for Biodiagnostics. He spent over a decade at the NRC, leading the development of Atlantic Canada’s biomedical imaging cluster. In 2012, he began developing BC’s health technology innovation cluster and continued translational neuroimaging and neurotechnology initiatives in point of care technologies, functional MRI, MEG, and EEG monitoring, and advanced multimodal neuroimaging R&D.

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Panelists (Continued)

**Dr. Leanne Currie**, RN PhD  
Associate Professor, School of Nursing, University of British Columbia  
Core Faculty, Designing for People Initiative, University of British Columbia  
Co-Director, Research, Canadian Nursing Informatics Association  
Core Faculty, Centre for Artificial Intelligence for Decision in Action, University of British Columbia  

Dr. Leanne Currie is an Associate Professor at the University of British Columbia School of Nursing where she conducts research in the field of nursing, biomedical and health informatics. Her program of research focuses on clinicians’ use of technology to support their work including computerized clinical decision support systems, user-centred design methods, biomedical informatics education, and the impact of technology on clinicians’ work and patient outcomes.

**Dr. Damian Claydon-Platt**, MBBS GradDip InfSys PhD CHIA MACHI AFRACMA CPHIMS-CA  
Chief Clinical Information Officer, IMITS VPP, VCH, PHSA, & PHC  
Executive Lead, Clinical Systems + Transformation Project, CST  

With 20 years of clinical experience in intensive care and 5 years as Chief Clinical Information Officer (CCIO) at large healthcare organizations, Damian Claydon-Platt is currently the Executive Lead of the Clinical Systems + Transformation project. In this role, he is working to improve the technology ecosystem within healthcare, to support improvements in safety, quality and efficiency, as well as positioning the project to take advantage of the numerous transformation opportunities presented by digitization. He is deeply passionate about the digital transformation of healthcare at all levels.

Conference Organizers

UBC Digital Emergency Medicine
Digital Emergency Medicine is a research unit in the UBC Faculty of Medicine Department of Emergency Medicine, with the goal of introducing, researching and implementing technology innovations in emergency and primary care with their interdisciplinary partners to improve people’s health and strengthen health systems.

VGH+UBC Hospital Foundation
VGH & UBC Hospital Foundation is the philanthropic engine for health care innovation and transformation in BC. As the primary philanthropic partner to VCH — BC’s largest health authority — the Foundation partners with donors to drive innovation and sustainable health care at VGH, UBC Hospital, GF Strong Rehab Centre, VCH Research Institute, and Vancouver Community Health Services.

Department of Emergency Medicine, Vancouver General Hospital (VGH), VCH
The Emergency Department at Vancouver General Hospital cares for over 95,000 patients per year and is a Level 1 Trauma Centre. VGH is a 955 bed adult tertiary care hospital focusing on tertiary, trauma, and neurological care.

Vancouver Coastal Health
Vancouver Coastal Health Authority (VCH) is a world class, award winning health care organization delivering innovative medical care, research and teaching. It provides primary through quaternary care, home and community care, mental health and substance use services, as well as population and preventive health to over 1.25 million British Columbians.
We all have ideas on how to use innovations to improve patient care and health system transformation. But **what does it take to make these ideas and products come to life?** How do the different stakeholders work together to create and facilitate true and lasting impact?

**Founding Sponsor & Partner**

VGH & UBC Hospital Foundation is the philanthropic engine for health care innovation and transformation in British Columbia. As the primary philanthropic partner to Vancouver Coastal Health (VCH) — BC’s largest health authority — the Foundation partners with donors to drive innovation and sustainable health care at Vancouver General Hospital (VGH), UBC Hospital, GF Strong Rehab Centre, Vancouver Coastal Health Research Institute (VCH Research Institute), and Vancouver Community Health Services.

**Platinum Conference Sponsors**

Amazon Web Services (AWS) is the world’s most comprehensive and broadly adopted cloud platform, offering over 165 fully featured services from data centers globally. Millions of customers — including the fastest-growing startups, largest enterprises, and leading government agencies—trust AWS to power their infrastructure, become more agile, and lower costs.

Onica is a global technology consulting company at the forefront of cloud computing. Through collaboration with Amazon Web Services, we help customers embrace a broad spectrum of innovative solutions. From migration strategy to operational excellence, cloud native development, and immersive transformation, Onica is a full spectrum integrator.

Grosvenor Americas is part of the Grosvenor Group, one of the world’s largest privately-owned property companies with operations in more than 60 cities around the world. We invest, develop and co-invest in vibrant urban locations across Canada and the USA where our activities can make a positive contribution to neighborhoods and communities.
Joule is a Canadian Medical Association (CMA) subsidiary designed to assist physicians in the pursuit of clinical excellence. Joule does this explicitly through the support of physician-led innovation, and by inspiring physician-adoption of knowledge products and innovative technologies and services.

Catalyst Healthcare is an award-winning BC-based technology company with a patented connected care platform that links pharmacists to patients at home for medication adherence and remote monitoring.

This Canadian-owned company trades on the NYSE and TSX and has 74,000 consultants across the globe. Our BC team, located in Vancouver and Victoria, is a major IMIT partner to organizations across the BC Health Sector, helping them to empower patients and clinicians through analytics, digital transformation, and innovation.

Medtronic Canada ULC, is a subsidiary of Medtronic plc, which is one of the world’s largest medical technology, services, and solutions companies — alleviating pain, restoring health, and extending life for millions of people around the world. Medtronic employs more than 90,000 people worldwide, serving physicians, hospitals and patients in more than 150 countries. The company is focused on collaborating with stakeholders around the world to take healthcare Further, Together.

Doctors of BC is a voluntary association of 14,000 physicians, residents and medical students in British Columbia. Our vision is to promote a social, economic, and political climate in which members can provide the citizens of BC with the highest standard of health care, while achieving maximum professional satisfaction and fair economic reward.

With deep industry insight and experience in digital health, clinical system redesign, operational excellence and advanced analytics, and a global resource of subject matter experts for support, KPMG in Canada’s healthcare team works with clients to overcome contentious challenges and capitalize on decisive opportunities. Our team fosters collaboration between all levels of the government, and helps to create partnerships between public and private sectors in support of innovation to drive healthier communities through smart design and disruptions.
Conference Details

Registration

All conference attendees are asked to register online at: digem.med.ubc.ca/events

Conference Fees

- General Admission: $225
- Non-Clinical Academics: $125
- Allied Health Professionals & Students*: $85

*The reduced rate applies to nurses, residents, medical students and allied health professionals. Please provide proof of your status at our registration desk during check-in on the conference day.

Who should attend TEC Vancouver?

Conference registration is open to:

- Allied Health Professionals
- Health Administrators & Policy Makers
- Health Professional Trainees

Industry leaders interested in participating are invited to contact digem.assistant@ubc.ca for corporate involvement.

Organizing Committee

Committee Co-Chairs

Dr. Kendall Ho
Lead, Digital Emergency Medicine, UBC; Prof., Dept. of Emergency Medicine, UBC; Emergency Physician, VGH & UBCH

Dr. Chad A. Kim Sing
Associate Vice President of Medicine, Quality & Safety, VCH; Emergency Physician, VGH & UBCH; Clinical Associate Prof., UBC; Physician Leadership and Administration Fellow, UBC-Brigham Health-Harvard

Committee Members

Dr. Noah Alexander
Emergency Physician, VGH & UBCH

Nadia Chowdhury
Product Manager, Thrive Health

Zena Lind
Care Management Leader, Emergency Dept., VGH

Lara Gurney
Nurse Clinician, Emergency Dept., VGH

Susan Harrison-Salt
Head Nurse Educator, Emergency Dept., VGH

Lori Korchinski
Director, Clinical Operations, Emergency, Trauma & Critical Care, VGH

Allan Lai
Nurse, Emergency Dept. & ICU, VGH

Dr. Christopher Lee
Associate Department Head & Medical Director, Emergency Dept., VGH & UBCH; Lead Physician, Disaster Management, VGH; Emergency Physician, VGH & UBCH

Dr. Heather C. Lindsay
Department Head and Medical Director, Emergency Dept., VGH & UBCH; Clinical Assistant Prof., Dept. of Emergency Medicine, UBC; Emergency Physician, VGH & UBCH

Lori Quinn
Patient Services Manager, Emergency Dept., VGH

Alexia Simeoni
Head Nurse of Operations, VCH

Dr. Kenneth Van Dewark
Emergency Physician, VGH & UBCH

Andrew Hofman
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Britta Beatty
Event Coordinator

Cherise Louie
Event Coordinator

Lisa Rasmussen
Event Coordinator

Jamie Vanden Broek
Communications Coordinator

VCH = Vancouver Coastal Health
VGH = Vancouver General Hospital
UBC = University of British Columbia
UBCH = UBC Hospital

Contact Information

If you have any questions, please don’t hesitate to contact us:

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