

VICTORIA COLLABORATIVE SERVICES COMMITTEE

Friday, April 28, 2023

9:00 am-11:00 am

Zoom - virtual video/tele conference.

Members Attending:					
Name	Position	P/R/T	Name	Position	P/R/T
Keva Glynn	Island Health, Executive Director, (CSC Co-chair)	P	Dr. Melissa Duff	VDFP Chair, (CSC Co-chair)	P
Dr. Leah MacDonald	Island Health, Executive Medical Director, Primary Care Strategy (CSC Co-chair)	P	Dr. Anna Mason	VDFP Vice-chair, (CSC Co-chair)	P
Dr. William Cunningham	Island Health, Medical Director, UGV	P	Dr. David Harrison	VDFP Board member, Family Physician	P
Dr. Kelsey Louie (interim)	Indigenous Advisory Group	P	Dr. Aaron Childs	VDFP, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	P	Catriona Park	VDFP Executive Director	P
Sarah Crawford-Bohl (guest)	Island Health, Executive Director	R	Cynthia Durand-Smith (guest)	Acting Victoria PCN Director	P
Beth-Ann Parmar	Island Health, Site Director, (guest)	P	Annebeth Leurs	Doctors of BC, Engagement Partner	P
Jennifer Zadorozniak	Island Health, PCN Project Manager	P	Nicole Dehoop	VDFP Operations Coordinator (minutes)	P
Dr. Robin Saunders	SI PBH	P			

P = Present R = Regrets T=Telephone (chair highlighted)

1.0 Welcome

- Dr Duff opened the meeting at 9:00 am with a welcome, land acknowledgement, and introductions.
- **Consent Agenda:**
 - VDFP projects summary
 - FPSC meeting summary
 - PCN Progress Report

**Decision: Approval of April 28 meeting agenda and Consent Agenda.
By consensus, approved.**

2.0 Review of CSC minutes and action items

- February 24, 2023, Victoria CSC minutes were reviewed and there were no changes.

**Decision: Approval of February 24, 2023, Victoria CSC minutes.
By consensus, approved.**

- Review of action items from February 24, 2023:
 - #1 – letter/email re: WiC stabilization funding - complete
 - #2 - group patient education services review – Offerings will be changing - complete.
 - #3 – ISC summary – complete
 - #4 – Confirm plan for dates/times for Joint CSC meetings – CSC co-chairs to meet to discuss – in-progress.
 - #5 – Agenda items & CSH learnings – ongoingDeferred/pending item:
 - #1 – CSC communications strategy – add to future agenda – ongoing

Action #1: Doodle poll to Vic CSC & SI PBH Co-chairs to further discuss Joint CSC meetings and collaboration.

3.0 Cultural Safety & Humility Learnings

- Dr Anna Mason shared article and learnings of the history of Uplands area and burial mounds.
<https://www.capitaldaily.ca/news/indigenous-bones-victoria-burial-mounds-songhees-lekwungen-coast-salish-oak-bay>

4.0 Shared Strategic Work

- Victoria PCN update
 - Highlights presented from PCN March meeting:
 - PCN Year 3 implementation approved – 40 FTEs
 - PCN Change Management Budget for 2023/24 approved by PCN SC in March and VDFP Board approved at April board meeting.
 - Reviewed Year 3 Change Management budget:
 - Cultural Safety – VNFC change management, needs assessment, learning journey, and Indigenous Artwork
 - Team-based care -Current postings for change lead and two coordinators. There is still discussion about a practice consultant, but it has not been finalized.
 - Learning & Development – education and professional development
 - Evaluation – continued work with Reichert & Associates
 - Communications & Engagement – continued work with Annelise ter Mors. Creating a micro-site website for recruitment and plans for attending various conferences
 - Project management - Building Community Council, maternity, seniors and HCCT
- Space planning update
 - Working with Sparks Strategic to build community connections. Municipalities, developers, and non-profits are all keen on supporting primary care.
 - Met with the Mayor of Victoria and they are keen to continue, and a follow-up meeting is scheduled with their director of leasing next week.
 - Since PCN is not an entity they cannot hold a lease. We have been discussing whether VDFP or another non-profit can be leaseholder.
- Maternity services update
 - Environmental scan of community maternity and newborn services:
 - Part 1 assessment of current state is complete.
 - Part 2 – gaps, opportunities and proposed services is in progress.
 - The hope was to finish by the end of May but will take longer.
 - Key concerns:
 - No formal list of people without a maternity provider which is causing variances e.g. In January ~30-50, then in March ~200-300, then in April ~100.
 - Discovery that tracking of maternity patients is not formal and only circulated among providers in the community; has no prioritization, triage, or risk information.
 - Decrease in the number of FP and OB providers e.g. 2021 - four call groups with 43 providers, 2022 those four call groups combined to two call groups with 29 providers, and 2023 two call groups but one group has ceased to attach patients and has caused an influx of unattached maternity patients into hospital with ~50-60 deliveries per month.

- Closure of Access Midwifery in September 2022
- VGH urgent antenatal clinic has little resources for administrative oversight. ~100 patients attached at this clinic and staffed by FPs and OBs when their Doc of Day rotation. The pressure on FPs and OBs has increased as in addition to their LFP and hospital responsibilities; not sustainable.
- Next steps:
 - A two-year fair care maternity proposal submitted by SIDFP on behalf of both PCNs was approved two days ago. Sheri Fielding will lead this project. Two parts to the project:
 - Stabilizing access to maternity service
 - Building collaborative team-based care model
- Discussion/feedback:
 - There is now a crisis in this area. The number of women without a provider is in the 300 range and having no prenatal care.
 - SI PBH communicated directly with DoBC. There is hope for short-term funding.
 - Post-natal care reintroduction into the community is an urgent issue.
 - Island Health is looking at other models and Dr Bos has been part of the preliminary conversations with Shared Care.
 - This is a crisis but in rural communities this is a reality all the time. If rural communities fail, they all end up coming to the larger urban centers.
 - Discussed at FP lead meeting and will have more discussion with OBs to determine what FPs could do to help their colleagues.
 - Bring awareness to Attachment WG of the mother/baby dyad to develop a mechanism for priority attachment.

Action #2: Invite Drs Bos and Lea to FP leads meeting.

Action #3: Attachment WG to develop a mechanism for priority attachment for mother/baby dyad.

Action #4: Send a specific communication out to FPs in the community regarding the maternity crisis.

- FP Recruitment & Retention
 - Urban Locum program update:
 - The ULP has been advised verbally that the rate is increasing. This is comparable to other compensation models and will be retroactive to April 1.
 - ULP are updating the contracts in anticipation of written confirmation.
 - Overhead payments to clinics will be increased as well.
 - After-hours care pilot update
 - There is a pause in the pilot as compensation details are under discussion.
 - They hoped to launch in March but that has been delayed until payment details are worked out.
- Discussion/feedback:
 - Many kudos to Helen Welch for all her recruitment efforts these last few years!

5.0 MHSU task group update

- MHSU ISC task force overview for two streams of work:
 - Complete an inventory of MSHU services.
 - Develop model of care for peer and family support.
 - Inventory – geographical and some provincially.
 - There is a survey across the two streams to understand what is available, how people navigate the system and their experiences.
 - Dr Morgan Price and Sarah Fletcher will be mapping primary and community care services to determine gap analysis.
 - Develop model of care for peer and family support – evidence review is underway and ready in June, draft peer support model ready in July and final report and recommendation ready in September.
 - These will come back to ISC and CSC for input.
- Island Health MHSU Sprint overview:
 - Four areas of focus:
 - Improve access and reduce wait times for MHSU services in community.
 - Increased response to Toxic Drug Crisis
 - Improve access and flow in CYMH.
 - Advance Indigenous priorities to the Toxic Drug Crisis
 - Gains in MHSU supports for the south island:
 - Increased access to WIC and crisis response in Victoria
 - Bridging care initiative – intended for those who do not need to be admitted but would benefit from intensive day programming.
 - 51 new publicly funded substance use treatment beds.
 - 11 new contracted MHSU mild to moderate counselling services
 - Developed outpatient model for system of care.
 - Toxic Drug Response led to establishing a single access line for substance use support.
 - Indigenous led initiatives have 15 out of the 51 beds prioritized for Indigenous patients.
 - Child and Youth focused on tertiary care and access to Ledger.
 - Model of care shifted for ages 6-12 from onsite care to hybrid (virtual and onsite).
 - Developing day programs in partnership with the school districts.
 - New MHSU line for public and patients 1-888-885-8824. This is not meant for referrals.
 - There have been new proposals come forward with this work. Island Health is continuing with two leaders to work on this over time.
 - Next steps:
 - Resources and leadership will be focused on prioritizing work with primary healthcare partners on the MHSU interface.
 - Standardizing referral pathways and data collection for community MHSU services

- Discussion/feedback:
 - A patient connector needs to be embedded into the model of care that physicians can refer to for navigating the system.
 - Amazing for the community to have these added resources.

Action #5: Circulate MHSU slide presentations to CSC.

6.0 Partner Updates

- VDFP
 - As part of the ongoing PCN work with connecting allied health with PMHs and how it will roll out, things have been amazing. Other than adding a couple of names in the EMR, nothing else needed to change. This is a success and very easy to roll out.
 - We just need to have the MHSU consultants and social workers.
 - Thank you to PCN for doing this, more efficient and this is team-based care.
 - Query: What are the barriers to rolling this out to all? We have a large PCN. The high-level business things e.g., Team charting agreement, privacy and safety. Also, costs on the clinic, EMR, licensing and having change management staff to get this all in place.
 - Looking at offering different positions for allied health and RNs to allow for flexibility and interest in these roles e.g., part-time, alternate hours etc.
 - Three considerations for PCN in year three so we can expand all these resources into PMHs:
 - Being creative with recruitment
 - PMH readiness
 - space

7.0 PCN Governance Refresh updates

- No update, still waiting to hear more details.

8.0 Walk-in clinic stabilization

- Urban Greater Victoria a year ago we had stabilization funding for eight clinics. Now seven clinics as one consolidated and dissolved. Those funding contracts ended on March 31, 2023.
- Renewed funding received until March 31, 2024, and all seven will be signing. Two WIC contracts are fully executed.
- Query: Is there a long-term plan or will be scrambling again next year? We were told this will be the last bridge of funding.
- Query: Who is responsible for pressing for long term plan? WIC owners? CSC? Division? Other? We can raise these questions to FPSC.
- In the SIDFP, five WICs have also been signed. They too have raised the same concerns for a long-term plan.

9.0 Other Business

- Three Bullets of interest to GPSC and WGs
 - There is an urgency to address the maternity crisis.
 - The current walk-in clinic stabilization bridge funding helps, but a long-term solution is needed.
 - We are excited about new MHSU supports locally and provincially.
 - Thank you for the Urban Locum Program and increasing the rate.
- Next meeting:
 - Victoria CSC – Friday, May 26, 2023 via Zoom
- Agenda items for next CSC meeting - tbd

Meeting adjourned at 11:00 am
Next meeting: Friday, May 26, 2023, via Zoom