

MONTHLY PROJECT REPORTS TO THE VICTORIA DIVISION BOARD OF DIRECTORS

Ending
March 31, 2023

Mission
Happy Doctors, Healthy Communities
Vision
Family medicine in Victoria is fulfilling, sustainable, and attractive to all family medicine-trained physicians in their various roles.
Approach
<ul style="list-style-type: none"> • Affirming the value of all physicians trained in family medicine by amplifying their voice and experience. • Committing to being respectful, equitable, and inclusive. • Ensuring our work is member-driven in response to local concerns. • Engaging with stakeholders to effect needed change at a community <i>and</i> systems level. • Executing innovative solutions grounded in practice – <i>and</i> research-based evidence.

Project managers for the Victoria Division of Family Practice (VDFP) submit detailed monthly reports to the Executive Director. The detailed reports are summarized and provided to the Board of Directors in their monthly agenda package.

To increase transparency and maximize opportunities for collaboration, the Victoria Division circulates a version of the Board report to members and partners. The report provides high-level information on how the VDFP is achieving the strategic goals in our [current Strategic Plan](#). Further information about each project is available upon request.

We welcome your questions and input. Please contact the Executive Director, Catriona Park, at cpark@victoriadivision.ca

Project / Program Status Legend:

Color Coding	Progress
	Good - Excellent Progress
	Limited - Moderate Progress
	At Risk/Significant Problems

Project / Program Name: Physician Engagement, PMH / PCN Development

Summary

Physician Lead: Katharine McKeen (PCN SC, Indigenous Advisory)

Board Liaison: Anna Mason (PCN SC)

Project Manager: Helen Welch

Project Coordinator: Alyssa Beurling

The Victoria Collaborative Services Committee (CSC) is currently implementing Primary Care Networks (PCN) in Victoria through the PCN Steering Committee and its associated structures (operations table, working groups, etc.). VDFP is a key partner in this work and is the employer for the PCN administrative team. Other VDFP staff are implementing the physician engagement strategy as part of overall PMH/PCN development.

Note: The CSC is the table where community based physicians, represented by the VDFP, collaborate with Island Health. The CSC identifies priorities common to both organizations and enables shared (lead/lead) work to make improvements in the local primary care system.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Physician Change management / Engagement	<p>Physician Leads</p> <ul style="list-style-type: none"> - Physician Leads continue to meet bi-weekly. The focus is largely on PCN activities and strategies. <p>PCN in Practice (formerly Learning Labs)</p> <ul style="list-style-type: none"> - PCN staff are busy doing one on one office visits to update members on all things related to the PCN. There is conversation ongoing about how to integrate other Division information in these meetings. <p>Quarterly Webinars for PCN Updates</p> <ul style="list-style-type: none"> - None this month. <p>PMH/PCN Development -One on One TBC Fund</p> <ul style="list-style-type: none"> - As this fund is largely unspent, we will not be offering it again in 2023/24. Physicians will be compensated for meetings through other funding activities. <p>Locum Compensation Discussion</p> <ul style="list-style-type: none"> - In follow up to an action item from the January 31 locum compensation discussion with members, two surveys (one to locums and one to FSFP physicians) were distributed to compile information on how hosts approach locum payments (e.g., rates, models), as well as what locums are looking for and what factors influence their job decisions. A report and summary document have been drafted. - Results will be shared in the next Newsflash, and were emailed directly to participants who attended the original meeting. 	

Area	Details	Progress
	<p>General PCN Physician Engagement</p> <ul style="list-style-type: none"> - There are many family physicians involved in PCN Implementation – e.g. developing strategies for the Longitudinal Case Managers, MHSU consults, Social Workers, High Complexity Care team and the Health Connect Registry. - As a result of PCN engagement with clinics we have also had several new members over the last few months. 	
PMH -PCN Resource Updates	<p>Allied Health Professionals (Strategy 2)</p> <p>Social Workers (SWs) and MHSU Consultants</p> <ul style="list-style-type: none"> - Transition plan in progress for MHSU patients. - Cohort 1: the 1st SW has started. Working with PMHs in their EMRs. - Cohort 2: MHSU HC already working with the PCN. 2nd SW hired; planned start date May 1, 2023. - Cohort 3: Posting for 3rd MHSU HC active. Will need to post for SW at later date. <p>Clinical Pharmacists</p> <ul style="list-style-type: none"> - CPs are co-located out of the James Bay UPCC. - The PCN is exploring options to increase CP uptake: <ul style="list-style-type: none"> o Include CPs in SW/MHSU cohort placement. o CP case findings via EMR. o Connecting CPs with active PCN AHPs. <p>RNs</p> <ul style="list-style-type: none"> - RNs in practice have been approved for: <ul style="list-style-type: none"> o Richmond Medical Clinic; two interviews completed. o Saanich Plaza Medical; 5 applicants to be reviewed. o Ross Bay Medical; next to have job posting. - An expression of interest to fill remaining 3 AHPs has gone out via Divisions Newsflash. <p>Longitudinal Case Management Team (Strategy 3)</p> <ul style="list-style-type: none"> - The program has been expanded to include 28 FPs, who are supported by 3 CMs. - The PCN team continues to engage more PMHs/FPs/NPs to introduce the program and connect to CMs. 	
Recruitment & Retention	<p>Funding for the Regional R&R strategy has been approved. Highlights of the work include funding for staff support (R&R coordinator), conference attendance, red carpet welcome and increase social marketing.</p> <p>We will attend 5 conferences in Canada in 2023.</p> <p>Our regional Social Media marketing campaign resumed March 1 and we are working on refreshing and improving the islanddocs.com website.</p> <p>The Resident Engagement weekend is set for May 6 in Parksville, we have a packed agenda with plenty of time for discussion around practice options that include panelists in the areas of FSFP, LTC, hospitalists, UPCCs, locums and</p>	

Area	Details	Progress
	<p>leadership.</p> <p>The funding received for WIC stabilization has apparently been extended until March 31, 2024, although we are awaiting official confirmation.</p> <p>We have 4 physicians visiting Victoria in April looking at clinics. The Volume of enquiries continues to be steady.</p>	
Urban Locum Pilot (ULP)	<p>Highlights</p> <ul style="list-style-type: none"> - We have roughly 3.6 FTE (best case scenario) across the duration of the program. - 82 host applications have been received and 284 shifts covered. <p>Mentorship</p> <ul style="list-style-type: none"> - Kathy Dabrus led a virtual presentation on Pathways at the March 27 locum meeting. Three locums attended, as well as an additional mentor who also locums. There was lively discussion, and the presentation recording will be posted to the ongoing ULP mentor resource page. - Kathy Dabrus and Silvia Schriever have agreed to host next month’s in-person locum/mentor networking session, which will take place without program staff or a set agenda. Five locums are currently RSVP’d. 	

Next Steps

Continued recruitment to ULP.

Project / Program Name: Vic-SI Long Term Care Initiative

Summary

LTCI Co-Chair: *Dr. Margaret Manville (Island Health)* **LTCI Co-Chair:** *Dr. Mike Miles (VDFP)*
Board Liaison: *Dr. Dave Harrison*
LTCI Steering Committee members: *Dr. Ian Bekker, Dr. David Brook, Dr. Nikki Del Bel, Dr. Dave Harrison, Dr. Ben How, Dr. Margaret Manville, Dr. Katharine McKeen, Dr. Mike Miles, Dr. Peter Neweduk, Catriona Park, Catherine Ryan (NP), Dr. Robin Saunders*
Program Manager: *Jessica Swinburnson*

The Vic-SI LTCI launched in 2015, with an emphasis on improving medical care for all residents in care homes, through **engaging and supporting physicians** to meet the provincial LTCI Best Practice Expectations (BPEs), and **facilitating collaborative system change** with physicians, long-term care site teams, and Island Health. Our mission is to consistently meet the LTCI BPEs and make impacts in the system-level outcomes by 2020 through three key focus areas (see in Key Program Areas).

As of March 2023, the Vic-SI LTCI is active at all 37 local long-term care sites, with **71 LTCI physicians** acting as MRP for 98% of all 3,441 local residents. These 71 physicians represent approximately 68% of all MRPs practicing in LTC. 100% of residents are covered by LTCI after-hours call groups in Victoria, Sooke, and the Saanich Peninsula.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Practice Support	<p><u>Learning Series:</u> -April, Conversations with Families – Dr. Christine Jones -Sessions are recorded and are viewable on the website here</p> <p><u>After-Hours Call Groups:</u> -LTCI after-hours call groups in Sooke, Saanich Peninsula, and Victoria provide coverage for <u>ALL</u> long-term care residents in Victoria-South Island -LTCI team have written and recorded 20 resource videos, 14 of which are directly related to after-hours call QI. View the After-hours call training modules here. These videos aim to support facility staff in appropriate call group use -The call group continues to support and cover the Bridgeview Unit (ALC beds) at Gorge rd Hospital -The annual Victoria AHCG review event occurred in February 28. See the presentation here. No major changes to reasons for call or call volume, anecdotal shifts in quality of call due to LTC home staffing issues. LTCI is exploring current dispatch scripts to see if opportunity to prompt callers to be more organized</p> <p><u>Resources and supports:</u> -QI Resource Pathway Tool on LTCI website, here -LTCI resource search function available here</p> <p><u>Mentoring Program</u> -The Advanced Long-term Care Training Program, developed and trialed with physician leads, is available for physicians interested in expanding their long-term care knowledge -LTCI physicians have been undertaking sessionally remunerated shadowing sessions to facilitate resident handover in the event of retirement or panel size reduction -Planning for a significant number of shadowing sessions with physicians new to LTC to support the retirement of a FP with a significant panel size</p>	
Practice Model Innovation	<p>Summary:</p> <ul style="list-style-type: none"> -Coordinated practice models are functioning at 24 of 37 local sites -Facilities continue to experience reduced capacity due to significant staffing shortages -LTCI team works with sites to support regular quality meetings where the interdisciplinary team reviews the best practice expectations -View the BPE commitments here 	
Excellent Care and Quality Improvement	<ul style="list-style-type: none"> -The LTCI has a Community of Practice Working group led by Dr. Ian Bekker. LTC physicians meet every six weeks to discuss common LTC clinical concerns and aim to reach a common approach. -The goal of the group is to create a community of practice and centre of 	

Area	Details	Progress
	<p>excellence</p> <p>-Topics have included Supportive Care Visits, Dementia Behaviours (BPSD), Goals of Care, and polypharmacy</p> <p>-LTCI team working on finalizing draft guidelines that are a result of these collaborative meetings</p> <p>-Published documents are available here, further documents will be available soon</p>	
Program Admin	<p><u>Evaluation:</u></p> <p>-Vic-SI LTCI SC is participating in the provincial FPSC quarterly evaluation/satisfaction survey</p> <p>-FPSC has suspended the data component of these evaluation reports due to data inconsistencies, Vic-SI LTCI has opted in to help FPSC check data accuracy.</p> <p>-Initial Vic-SI LTCI Power Chart queries, and physical chart reviews at a facility could not duplicate the values (proactive visits, care conference attendance etc.) presented in the FPSC reports</p> <p>-These reports were collated from MSP billing data and LTCI remains hopeful that they will be a valuable resource for the program once inconsistencies can be addressed</p> <p><u>Governance:</u></p> <p>-FPSC released updated BPE matrices and released them for feedback. The LTCI SC reviewed and provided written feedback, view feedback here</p> <p>-The intent is for the FPSC to include the updated BPE guide in amended TOR and FTA, possibly for 2024</p> <p>-As of end of March, no update has been forthcoming. Most recent advice from FPSC was that the feedback is being incorporated and the matrices will be re-distributed once this is finalized</p> <p>-Next LTCI SC meeting April 4 with a budget and recruitment focus</p> <p>-FPSC have updated the LTCI funds transfer agreement (FTA) and memorandum of understanding (MOU) for fiscal 2023</p> <p>-First version of the new FTA indicated FPSC intended to fund <u>only</u> permanent public beds. LTCI programming has always also included privately funded care home beds</p> <p>-This shift was a major concern given that 600+ beds of the Vic-SI LTCI system are private, their removal would translate into a \$250k reduction in funding</p> <p>-Vic-SI worked with Vancouver Division and queried the intention of this point. FPSC has since walked-back this point in the FTA, distributed a new FTA, and private beds are still included in the program for fiscal 2023</p> <p>-Vic-SI LTCI is also working with the Vancouver LTCI to provide FPSC data regarding serious recruitment issues in LTC. The intent is to highlight that the next iteration of FP contracts must proactively consider LTC. The impacts on the rest of the healthcare system will be huge if there are empty LTC beds due to inability to find MRPs. Other LTCIs are having a very difficult time recruiting for LTC due to the uncertainty surrounding contracts</p> <p><u>Project Management:</u></p> <p>-HR:</p>	

Area	Details	Progress
	<p>-Team huddles every week -Team is also supported by Gillian (coordinator 28 hrs/week), Sunita (admin 19 hrs/week), Fiona (consultant 10 hrs/week) -Communications: -LTCI Newsletters available here -LTCI website with resources and learning series recordings here: https://vicsi-ltci.ca/</p>	
	<p><u>LTCI & PCN</u> -LTCI team has been meeting with the PCN team & Island Health about Luther Court CHC providing medical care to the LTC residents where they are co-located. Read the SBAR here -The goal of meeting is to better understand barriers to Luther court CHC providers being MRPs, and then how to remove these barriers -Island Health representatives are in the process of consulting with MOH contract staff to better understand what, if any, barriers exist to assuming care of the 60 LTC residents -LTCI is working with FPSC to better understand how the stipend (\$225/resident/year) interacts with physicians providing medical coverage on a contract instead of fee for service</p>	
<p>System Coordination and Sustainability</p>	<p>-The LTCI Physician Workforce and Practice Planning Committee aims to focus on recruitment, retention, and retirement. Read their publication here -The LTCI is working to find MRP coverage for 458 residents across 18 LTC homes. Approximately 13% of the Vic-SI LTC system -A LTC provider Town Hall occurred Jan 10th to brainstorm solutions and raise awareness -A LTC Information (recruitment) event was held Jan 9th. Attended by 27 physicians not affiliated with LTC -LTCI team are following-up one-on-one with new recruits to determine next steps</p> <ul style="list-style-type: none"> ○ 10 meetings have occurred/scheduled ○ two have agreed to sign up to the LTCI and take panels ○ two are interested later in the year when off parental leave ○ one will start LTC locuming while awaiting confirmation of partner's employment ○ several shadowing sessions scheduled for Spring <p>-LTCI Team actions to support recruitment:</p> <ul style="list-style-type: none"> ● met with Josie Terlesky re: connecting more explicitly with UBC & Island wide recruitment group. LTCI invited to speak at May resident retreat in Parksville ● facilitating a resident day in September at the Summit LTC home for R1s and R2s (50ish attendees) ● facilitating work on a new LTC resident elective ● outreach to physicians who don't care for many LTC residents – How is it going, how can we help, do you have capacity to take on more? ● adding contingency planning to practice model meeting agendas, how 	

Area	Details	Progress
	<p>can existing MRPs stretch to accommodate?</p> <ul style="list-style-type: none"> • working on a re-branded LTCI brochure addressing how LTC has changed & how barriers to practice have been addressed. An online version available here • linking with the PCN, how does the PCN address/incorporate/support LTC? • looking at Luther Court CHC and Health Point as opportunities to collaborate and coordinate medical care • working with Saanich Peninsula LTC physicians to take on new panels, which allows for other MRPs to further consolidate their practices in Victoria <p>-Conversations with Vancouver Division of Family Practice have indicated their LTC program has not been able to recruit new physicians to LTC since the Fall of 2022</p> <p><u>Saanich Peninsula</u></p> <p>-SPWG met in January to reconfirm purpose and mission of the group</p> <p>-Group is planning clinic lunches in the Spring to gauge interest in LTC</p>	

Next Steps

April 4 – LTCI Steering Committee Meeting
 April 18 – LTCI Learning Series Event
 April 24 – SP After-Hours Call Review
 May 6 – Resident Retreat

Project / Program Name: Transitions in Care

Summary

Project / Program Name: Transitions in Care
Physician Lead: Drs. Laura Phillips and Lisa Veres
Board Liaison: Dr. Ami Brosseau
Project Manager: Kristin Atwood

The Transitions in Care Committee (TiC) identifies key challenges to patient transitions in order to implement and evaluate solutions aimed at improving care coordination and continuity. We have emphasized communication improvements and defined short-term goals related to effective, efficient information transfer; the creation of many possible methods of communicating to allow flexibility for different physicians' needs; and positive provider relationships through building trust and awareness. TiC operates on a quality improvement, project-based model.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Communication Systems	A secondary provider field, which will enable auto-distribution to additional providers has been developed. LTC facilities were included in the first	

Area	Details	Progress
	<p>phase.</p> <p>HIM has requested assistance in understanding how to best send results out to physicians who have multiple locations, as they have learned that results may be going to the wrong clinic and being deleted without being reviewed (as the clinic identifies the patient as not attached to that site). This could potentially mean that up to 40,000 lab and imaging results are not being reviewed across the island. I am working with them on a memo with an interim solution which will be distributed to all Divisions to share with their members.</p> <p>Medical Affairs has indicated that, contrary to their previous communication, they are not able to enable collection of back-office or direct lines for FPs to store in Cerner (so that hospital clinicians can call a physician directly instead of calling their main office line). HIM has received a formal communication from Medical Affairs that implied that the data elements do, in fact, exist and that there is a mechanism for consent – contrary to what we have been told for years. However, their investigation demonstrated the data quality is poor, so they are doing additional testing to figure out how to fix the problems.</p>	
Familiar Faces	<p>We are working with Island Health to determine the best way to sustain remuneration for ED physicians involved in care conferences after the project’s conclusion. Patient Flow was unable to find a solution and agreed that this should be brought to the CSC. We presented and Leah MacDonald has offered to assist with business case planning for operational funding. We have confirmed that MoH will not provide sessional funding for this work. This has been escalated to the Victoria Emergency Physicians Association to negotiate with Island Health. We will continue to monitor and offer assistance if possible/needed.</p>	
Transitions for Opioid Users (“Suboxone/OAT project”)	<p>The proposal was approved by both VDFP and SIDFP Boards and submitted to Shared Care. However, Shared Care’s capacity for reviewing proposals at their April meeting had already been met, so review of our proposal is delayed until May.</p> <p>We have a UBC FLEX student who has been conducting key stakeholder interviews with existing ED initiation projects in Interior Health and Vancouver Coastal as well as with patient-supporting community organizations. She had a poster presentation accepted to the Quality Forum (June 2023) and Mel is assisting her with creating a poster.</p>	
Tips and Tricks	<p>Last Spring, we placed a description of Tips and Tricks in the UBC FLEX project catalogue and three students have been in contact requesting to work on the project. Alyssa has completed the outstanding work and the Tips have been republished and advertised via Newsflash. An annual review has been incorporated into the TiC workflow (next review January 2024).</p>	
Patient	Continuing to meet with the Digital Health Strategy (DHS) and Canada	

Area	Details	Progress
Summaries – Sustainability and Spread	<p>Health Infoway about the best approach to supporting this work in BC. Lisa and Laura’s time is being covered by the Digital Health Strategy.</p> <p>We are working on collating the results of our past projects into a manuscript for publication, with co-authors from Reichert and Associates who produced the case study for the GPSC. Tables, figures, and final edits have been completed and the manuscript is being reformatted for submission to the journal.</p>	
Patient Summaries – Collaboration with VIHA	<p>EMR Connect provides a monthly data feed to update on the number of patient summaries being sent, so that we can continue to track long-term sustainability. Alyssa is monitoring monthly.</p>	
Long Term Care Transitions	<p>Island Health has implemented the database and Mel is working on a communication for ED physicians to help them use the information to distinguish LTC patients from assisted living when they present to ED. She is also in contact with LTCI regarding the long-term maintenance of the information.</p>	
Coordinating Complex Care – Heart Failure	<p>We have provided substantial input into the Heart Failure Unit nursing discharge tool. The HFU is trialing the tool with patients and tracking FP names for follow-up. We have distributed patient surveys to the ward and continue to receive tracking data from the ward.</p> <p>We are building toward a collaborative approach to training hospital-based MRPs to ensure that they provide medication rationale information routinely when completing summaries. The CPOE team is not yet ready to create this training but has asked us to keep in touch every few weeks so that it doesn’t fall off the radar.</p> <p>The Heart Failure Unit has created an admission notice that invites FPs to fax back a form with a patient’s scheduled follow-up appointment (if possible) so that HFU staff can remind patients of when they are to see their FP upon discharge. The nursing staff have approved the form and it is in use.</p> <p>The working group has decided to end the project with a culminating education event for FPs at which the many services available for heart failure patients can be showcased. The event has been confirmed for April 3 2023, at the Hotel Grand Pacific. We are planning an in-person, Dine and Learn style event. Our hope was for 50 registrants and we have in fact had 60 people sign up, so we expanded the numbers with the hotel and are just finalizing event logistics.</p> <p>We were successful in getting a timeline extension for this work which will allow us to extend into the summer to wrap the project.</p>	
Specialist Referrals	<p>The working group requested that the project be launched with anonymous opportunities to engage due to the ongoing tensions and concerns about negative consequences for existing FP-specialist relationship. An</p>	

Area	Details	Progress
	<p>engagement survey is being designed by Reichert and Associates for launch in late April. Mel is monitoring during my absence.</p> <p>MOA engagement was identified as a key part of this work. We have met with six MOAs – 3 from FP clinics, 2 from a specialist clinic, and 1 from a UPCC. We have a list of specialties and clinic types to target from our working group, and received recommendations from Helen Welch and from Cherith Golightly about specific individuals to reach out to. Mel will be working on these consultations while I am away.</p> <p>I met with the PCN and provided some questions for exploration during their one-on-one visits that will also help provide FP feedback on referrals issues.</p> <p>We were successful in an application for a BC Patient Safety and Quality Council summer intern student and this month we selected Vanessa McLennan for the internship. She will begin work to support the specialist referrals project in May.</p> <p>We continued to support the FEI project initiated by Anna Mason. Currently the findings from that research are being translated into an animated video, and being written up for conference presentations and other forms of knowledge translation.</p>	
Other	<p>We continue to monitor and push for progress on Island Health’s work to revise the LTC placement form. Island Health’s solution is to have nursing staff complete the form rather than a FP. They were to review the new plan with FPs at a Medical Advisory Council meeting in March and we are just waiting to hear back how that went. Jessica will follow up with Margaret Manville.</p>	

Next Steps

<p>Patient Summaries: Submit manuscript Coordinating Complex Care: PDSA monitoring of admission fax and discharge checklist, heart failure event on April 3 Specialist Referrals: Survey launch, continued physician and MOA consults</p>
