

MONTHLY PROJECT REPORTS TO THE VICTORIA DIVISION BOARD OF DIRECTORS

**Ending
 April 30, 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 (VD FP) 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 VD FP 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>Recently the VDFP submitted our year end funding reports to FPSC. Highlights reported included:</p> <p>Physician engagement is at a very high level</p> <ul style="list-style-type: none"> • Our Division hosted more than 100 meetings with physicians to drill down on the implementation of the Victoria PCN strategies as outlined in our Service Plan. • Physicians participated in large group discussions as well as smaller working groups to clearly map out how the strategies will be most beneficial to themselves and their patients. <p>Longitudinal Case Manager program expanded</p> <ul style="list-style-type: none"> • Initially this strategy was launched to support 6 family physicians. • These physicians actively participated in refining the program model including target patient profiles, referral mechanisms, charting, etc. • Over the course of the year the program has expanded to provide support for a larger group of FP and their patients. <p>Development and implementation of the cohort model</p> <ul style="list-style-type: none"> • Based on input from Physician Leads, we are deploying AHP in teams to support cohorts or groups of clinics. • One key to this approach is agreement for the AHP to chart in the clinic EMRs. 	

Area	Details	Progress
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"> • Cohort 2: MHSU HC already working with the PCN. 2nd SW hired; planned start date May 1, 2023. Onboarding planned for cohort 2 AHPs. TBC training sessions planned for cohort 2 PMHs. • Cohort 3: Posting for 3rd MHSU HC active. Planning to post for 3rd SW. <p>Clinical Pharmacists</p> <ul style="list-style-type: none"> • EMR case finding email has been sent to all physicians who have signed a team charting agreement. • PCN team exploring cohort model to pair CPs with MHSU/SW. • CPs saw increased uptake from new clinics/physicians last month, due to increased engagement from PCN team. <p>RNs</p> <ul style="list-style-type: none"> • 1 FTE RN starting on April 24 at Richmond Medical Clinic • Interviews at Saanich Plaza Medical on April 14th. • Ross Bay Medical Clinic next job posting. • Expression of Interest to fill remaining 3 RNs has gone out via Divisions Newsflash, however, there has been no interest. <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>Representatives from the Regional Collaborative will attend PriMed in Mississauga in May 2023 and the Rural Physician conference in Whistler in June 2023.</p> <p>Our regional Social Media marketing campaign resumed March 1 and we are working on refreshing and improving the islanddocs.com website. Year to date we have had over 3000 sessions visits to the site and time spent on the site is increasing.</p> <p>The Resident Engagement weekend is all 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 leadership.</p> <p>The funding received for WIC stabilization been extended until March 31, 2024.</p>	
Urban Locum Pilot (ULP)	<p>Highlights</p> <ul style="list-style-type: none"> • Ministry has agreed to increase the payment rate for locum contracts as well as host overhead payments, although we are still waiting for contract amendments to be finalized. 	

Area	Details	Progress
	<ul style="list-style-type: none"> ○ The compensation increase is anticipated to reignite interest and participation in the program. ● We have roughly 2.33 FTE (best case scenario) across the duration of the program, a decrease from last month as several locums have chosen to leave the program or move their shifts over to LFP instead. ● 84 host applications have been received and 316 shifts covered. <p>Mentorship</p> <ul style="list-style-type: none"> ● Kathy Dabrus and Silvia Schriever led our first in-person networking social this month with four other locum attendees, and it was very well received. The plan will be to host these 3-4 times a year as a way to foster ongoing relationships and connections. 	

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 April 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 70% 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></p> <ul style="list-style-type: none"> -January, Dementia with Dr. Romayne Gallagher- 185 registered -February, Hip Fractures with Dr. Trevor Janz – 164 registered. Handout developed and available here -April, Conversations with Families – Dr. Christine Jones – 91 registered -May, Introduction to Cultural Safety - Marissa McIntyre from Len Pierre Consulting -Sessions are recorded and are viewable on the website here <p><u>After-Hours Call Groups:</u></p> <ul style="list-style-type: none"> -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. 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 has worked with the dispatch service to amend scripts to prompt callers to be more organized -The annual Saanich Peninsula AHCG occurred in April. See the presentation 	

Area	Details	Progress
	<p>here. The group is exploring alternative back-up structure to reduce the pressure on individual physicians</p> <p><u>Resources and supports:</u></p> <ul style="list-style-type: none"> -QI Resource Pathway Tool on LTCI website, here -LTCI resource search function available here <p><u>Mentoring Program</u></p> <ul style="list-style-type: none"> -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 -A significant number of shadowing sessions with physicians new to LTC are planned over the Spring to support the retirement of a FP with a significant panel size 	
Practice Model Innovation	<p><u>Summary:</u></p> <ul style="list-style-type: none"> -LTCI team have undertaken a comprehensive practice model scan focusing less on the practice model title and more on the structure and functioning of the homes. Our recalculation has indicated 34 of 37 sites have a structure and organization in line with a practice model. This coming fiscal year will see the LTCI team renew practice model QI efforts at the home level. Organized sites help improve a providers experience at a home, thereby positively impacting recruitment and retention efforts -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 excellence -Topics have included Supportive Care Visits, Dementia Behaviours (BPSD), Goals of Care, Polypharmacy, and Skin -LTCI team working on finalizing draft guidelines that are a result of these collaborative meetings -Published documents are available here, further documents will be available soon 	
Program Admin	<p><u>Evaluation:</u></p> <ul style="list-style-type: none"> -Vic-SI LTCI SC is participating in the provincial FPSC quarterly evaluation/satisfaction survey -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. -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 -These reports were collated from MSP billing data and LTCI remains hopeful 	

Area	Details	Progress
	<p>that they will be a valuable resource for the program once inconsistencies can be addressed</p> <p>-FPSC has announced the formation of a provincial group to help guide the refining and re-launching of the provincial LTCI QI process. Jessica Swinburnson, Dr. Ian Bekker, and Dr. Rod McFadyen have joined the group</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>-In April the FPSC announced the Task Group was on hold until further notice</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 only 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. Vancouver LTCI specifically have been unable to recruit any new physicians to LTC since September of 2022</p> <p><u>Project Management:</u></p> <p><u>-HR:</u></p> <p>-Team huddles every week</p> <p>-Team is also supported by Gillian (coordinator 28 hrs/week), Sunita (admin 19 hrs/week), Fiona (consultant 10 hrs/week)</p> <p><u>-Communications:</u></p> <p>-LTCI Newsletters available here</p> <p>-LTCI website with resources and learning series recordings here: https://vicsi-ltci.ca/</p> <p><u>LTCI & PCN</u></p> <p>-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</p> <p>-The goal of meeting is to better understand barriers to Luther court CHC providers being MRPs, and then how to remove these barriers</p> <p>-These meetings were successful, MOH has indicated there are no contractual barriers to CHC providers assuming care of LTC residents. The process is now underway to assume care of one panel starting in June, with the aim for all care</p>	

Area	Details	Progress
	<p>to be provided by the co-located CHC</p> <p>-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>-LTCI has also asked FPSC to consider how LTCIs will incentivize the call group or meeting the BPEs if stipend payments are not available to those on contract</p>	
System Coordination and Sustainability	<p>-The LTCI Physician Workforce and Practice Planning Committee aims to focus on recruitment, retention, and retirement. Read their publication here</p> <p>-The LTCI team has been working to find coverage for 410 residents (12% of system) in LTC. In February we held a recruitment event. At this event we had members of our physician workforce and practice planning committee speak to their own individual experiences working in LTC. We aimed to have representation across a variety of practice styles and stages of career. As a result of this event, we're tracking to have at least 10 new providers enter our LTC system in the next several months. These new providers combined with well-organized MRP groups at most care homes has resulted in coverage plans for 20 panels, or 308 residents so far</p> <p>- Ongoing LTCI Team actions to support recruitment:</p> <ul style="list-style-type: none"> • 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 • distributing 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? • explore Health Point as an opportunity to collaborate and coordinate medical care <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> <p>-Group will be reconvened this Spring to discuss SP AHCG results, specifically looking at opportunities for QI around common reasons for call in the community</p>	

Next Steps

May 6 – Attendance at Resident Retreat
 May 16 – Community of Practice Working Group – Skin

Project / Program Name: Transitions in Care

No report – PM on vacation