Victoria
Division of Family Practice
An FPSC initiative

MONTHLY PROJECT REPORTS TO THE VICTORIA DIVISION BOARD OF DIRECTORS

Ending
December 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
• 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 *and* systems level. • Executing innovative solutions grounded in practice – *and* 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

Program Name: PMH Development

Summary

***Physician Leads**: various*
***Board Liaison:** various*
***Director:** Helen Welch*

Program summary in development.

Key Program Areas and Progress in Last 30 Days

Area	Details	Progress
MOA Network	Since the November 30 launch, MOA Network applications and January 17 event RSVPs have been slow to come in; there are currently 22 members and nine RSVPs. • Before the holidays, emails were sent to MOAs engaged with the PCN and Urban Locum Program to help drum up more interest. • Due to lower network participation than anticipated, the WG will discuss opening eligibility to non-FSFP clinics of the PCN (i.e., CHCs and UPCCs).	
Island Medical Program (IMP)	• TORs for a Student Engagement Steering Committee and Working Group have been updated with group feedback and a smaller working group met to discuss the process for populating the committees. • The larger group meets again on January 22 and will confirm the TORs and discuss which family physicians and UBC faculty members are interested in sitting on the committees.	
Onboarding new VDFP members and Mentorship	Planning underway.	
Physician Wellness *Led by Kristin Atwood*	The Peer Support Pilot launched on Feb. 16 and 10 matches have been facilitated. We continue to work in collaboration with the MSA, SIDFP, and SPPS to ensure the workload of monitoring and managing is distributed evenly. To promote the service the peer supporters will be attending events and encouraging people to reach out as needed (no events in December). Continued planning for a half-day wellness retreat with a focus on compassionate leadership/joy in work and supporting colleagues. The retreat will happen on either Mar 2 or Mar 9 (A Saturday before Spring Break) at the UVic Faculty Club. The retreat is co-sponsored by the Joint Wellness Committee, SIMSA, and the Peer Support Pilot Program.	

Area	Details	Progress
Non-longitudinal family physician Member Engagement *Led by Kristin Atwood*	Completed identifying non-LFP members and developing plan for next steps based on group: • Students/ Residents: engage through existing mechanisms (e.g., RWG) • Retirees: reach out with invitation to participate, e.g. in mentorship • Non-LFP practicing members: Survey of needs	
Recruitment & Retention	Regional R&R collaborative • The regional R&R collaborative attended 2 large conferences in November 2024 generating just over 100 leads to follow up with. We attended Family Medicine Forum in Montreal and St Paul's CME in Vancouver. The collaborative will be submitting our next funding submission to GPSC in February, we are entitled to apply for another $150K to be spent in 2024-25. • One of new responsibilities for this group will likely be to coordinate support for new IMG physicians who are coming to Vancouver Island under the newly expanded PRA BC program. It is still being determined what role local Divisions will play to support these physicians. Local R&R • Interest in relocating to Victoria continues to be steady. • REWG will hold it's first meeting of 2024 on January 3, agenda topics include exploring how we can integrate the work of the REWG with the newly formed IMP WG and Steering Committee.	

Urban Locum Pilot (ULP)	Highlights
	• FPSC has approved funding for the ULP to be extended to March 2025, this includes additional funding for ULP Administration
	  ○ We are waiting for official confirmation – new or amended FTA
	• November was one of the busiest months of the program to date with locum matches almost as high as August 2023
	  ○ 184 total shifts were requested, and 108 (59%) of these were filled.
	  ○ An additional 31 shifts posted to Connecteam were filled outside of the program (e.g., locums chose to work under LFP).
	Mentorship
	• The January 29 mentor meeting (in person) will give locums and mentors the chance to look back at what worked/ didn't work this past year (e.g., meetings, content, frequency, etc.) and discuss ongoing mentorship needs and content/topic ideas for the upcoming calendar year.	

Next Steps

Continued recruitment to ULP.

Program Name: PCN

Summary

***Physician Leads**: various*
***Board Liaison:** Anna Mason*
***Director:** Cynthia Durand-Smith*

Program summary in development.

Key Program Areas and Progress in Last 30 Days

Area	Details	Progress
Registered Nurse in Practice (RNiP)	Ongoing RNiP change management. Assess readiness of other clinics interested in RNiP support. Development of PCN RN Community of practice and development of future RN learning opportunities	
Clinical Pharmacists (CP)	Supporting the growth and improvement of the CP program with cohort model implementation. Connected with CPs regarding program changes. Meetings with 12 clinics regarding cohort model and connecting with their new team CP. Successful transition from UBC EMR to PHSA EMR (MOIS). Development of new MOIS EMR workflow. VPCN took on MOA support. Communicated changes to all PMHS, UPCCs, and CHCs (new fax number and new workflow for HCOY & James Bay UPCC regarding patient booking)	
MHSU & SW programs:	Successful implementation of Jane App workflow for booking appointments and patient reminders. Planning Advanced Care Planning group education sessions for patients by the SWs. Interdisciplinary team member meetings for cohorts 1-5 to enhance team connections, scope clarity, and ultimately TBC.	
	Ongoing baseline, 1 month and 3 month check-ins with clinics and their team members. EMR specific training sessions with the support of PSP Health Technology coach for Oscar (including RNs and PCCPs). Program Evaluation: Ongoing meetings and planning of program evaluation, including onboarding evaluation, pre and post TBC training session evaluation and overall program evaluation (including panel data, HDC data, AHP stats tracking, AHP and FP/NP surveys). MHSU HCs and SWs met with IH Director and Katherine from Reicherts to discuss stats survey; completion of the survey has been resumed. 6 month evaluation has taken place for cohort 1; data collection for cohorts 4-6 has occurred.	

Area	Details	Progress
High Complexity Care Team	Victoria HCCT team is operational and has hired all positions except nurse practitioner. HCCT seeking to swap NP for FP resources. Received MoH funding letter week of 12/04/23. Beth-Ann Parmar working with IH contracts to get an agreement in place to flow the money.	
Indigenous Health	Art distributed to clinics in recognition of Truth and Reconciliation Day. 5 First Nation communities, PMHs, CHCs, and UPCCs. Dates confirmed for 2024 Indigenous Cultural Safety Learning Journey. Len Pierre Consulting is set for two zoom sessions and one in person session. Urban Indigenous Needs Assessment – Reichert & Associates on task. Creating Elders Circle. 4 Indigenous Wellness Providers currently working at VNFC need to be integrated into the PCN – working on this with VNFC.	
Health Connect Registry	The new HCR is still in its stabilization phase. Reports from the new system are not able to produce the same data as the previous system. This is causing more work for the attachment coordinators; having to cross check patients against 2 systems. HLBC are working on resolving this. The number of patients invited to attach for the month of November was the highest amount in any one month (for Victoria), since the registry was launched in June 2022. 1385 patients were invited to attach during this month. The Priority Referral Form will soon be uploaded to pathways completing the roll out of this service. Number of ACTIVE registrants on the Victoria HCR: 29,817; number of Priority referrals received: 1404. Number of patients invited to attach: 4829, of which were priority patients: 764.	

Next Steps

None at present.

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. Margaret Manville*
LTCI Steering Committee members: *Dr. Ian Bekker, Dr. David Brook, Dr. Nikki Del Bel, 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 December 2023, the Vic-SI LTCI is active at all 37 local long-term care sites, with **68 LTCI physicians** acting as MRP for 93% of all 3,441 local residents. These 71 physicians represent approximately 69% 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	Learning Series: -January, Addictions in LTC -February, Alcohol in LTC -March, Ethics in LTC -Sessions are recorded and are viewable on the website here After-Hours Call Groups: -LTCI after-hours call groups in Sooke, Saanich Peninsula, and Victoria provide coverage for ALL long-term care residents in Victoria-South Island -The call groups will convene in early 2024 to review call statistics -Call volume hasn't increased but it appears call quality has decreased. This is likely due to LTC staffing shortages (new staff, inexperienced staff, agency nursing). LTCI is forming a workplan to do after-hours call in-services at LTC facilities early in the New Year Resources and supports: -QI Resource Pathway Tool on LTCI website, here -LTCI resource search function available here -After-Hours Training Modules available here. These modules provide an overview for nursing on how to prepare for a call with the goal of supporting clear communication and informed decision-making Mentoring Program -LTCI physicians have been undertaking remunerated shadowing sessions to facilitate resident handover. The availability of remunerated shadow sessions and LTC locums has made it much easier to recruit newer to practice physicians to LTC Fee Codes	

Area	Details	Progress
	-LTCI is applying for several new fee codes specific to LTC. Specifically, time spent on admissions, family counselling, and death	
Practice Model Innovation	Summary: -34 of 37 sites have structure and organization in line with a practice model -LTCI team will be focusing more on the components of practice models, less on the titles. Focus will be on strengthening with the aim to promote LTC physician sustainability. New LTC physicians also practice in other areas, increasing the need for site level organization and practice model components such as regular scheduled visits and cross coverage -Find an example of a communication tool being implemented at sites here -LTCI team is exploring cross coverage at non-TORCH sites (TORCH is the only model with explicit cross-coverage) using the above communication tool. The purpose is to solidify processes that help recruit other physicians into LTC homes -So far two non-TORCH homes have implemented the communication tool and agreed to cross cover one another -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	-The LTCI has a Community of Practice Working group led by Dr. Ian Bekker. LTC physicians meet 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 in LTC -Topics have included Supportive Care Visits, Dementia Behaviours (BPSD), Goals of Care, Polypharmacy, Hip Fractures, and Skin - In-person events occurred October 4th and November 20th -The next event in January will focus on Care Conferences, refining the IDCC toolkit developed by the LTCI in 2018 and expanding the physician role. The aim is to optimize care conferences, clarifying what defines an ideal one -Physician lead Dr. Ian Bekker will be meeting with new recruits one-on-one in the New Year. Newer to practice physicians often have young families or other evening commitments so engaging with them via the traditional evening meeting has been difficult. These meetings aim to discuss the COP guidelines with the dual purpose of supporting and mentoring newer to practice LTC physicians	
Program Admin	Evaluation: -FPSC 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 joined the group and attended one meeting. This group has now been placed on hold indefinitely pending the launch of the LTC LFP -In recent discussions re: LTC LFP LTCI physicians advocated for inclusion of time categorization mirroring the BPEs (ie, proactive visit, attendance at care conferences) to inform future provincial LTCI evaluation activities. LTC LFP could be a valuable source of data to inform LTCI activities	

Area	Details	Progress
	Governance: -The LTCI Steering Committee has been corresponding (letter and follow-up) DofBC president Dr. Joshua Greggain & BCFDs ED Dr. Renee Fernandez regarding the LTC LFP. The intention is to clarify how LTC is structured in Victoria-South Island and risks associated with existing LFP eligibility criteria if carried over to LTC LFP -Jessica liaised with Jamie Ashton at Vancouver LTCI, they also submitted a letter -FPSC indicated that the LTC LFP will still be considered fee for service and not a contract, so the LTCI funds can still be used to remunerate physicians on this payment -Jessica has been conversing with Jillian Wong at FPSC to advocate for Luther Court CHC contracted FPs to receive the LTCI stipend as an attachment incentive to promote the sustainability of the care being provided by the co-located CHC group. Waiting to hear back for next steps. Read the note here -The LTCI held their annual leadership dinner in October attended by 80+ members of the LTC community. The event kicked off with a celebratory video (not to be shared widely). The event briefly reviewed the recruitment and retention work of 2022/23 and discussed the documents created by the community of Practice group. See the presentation here -See the leadership dinner summary one-pager here -The Steering Committee (SC) met in November to discuss next steps for program planning. Previous meetings had focused on what makes a LTC center of excellence, and mapping what work is already occurring in these areas, read our summary here. The SC iterated support for increasing energy and time spent on resident and family satisfaction with medical care. The LTCI team is exploring what this might look like in terms of activities in the New Year -The SC iterated support for drafting a letter to Island Health Leadership regarding the changing demographics in LTC. Specifically, changes are being reported at Owned and Operated sites who have less flexibility to turn residents away. LTCI has heard that sites are seeing an increase in younger populations with mental health or substance use disorders. The SC iterates that these changing demographics need to be acknowledged by Island Health with increased supports for physicians and nursing staff	
	Project Management: -HR: -Team huddles every week -Team is also supported by Gillian (coordinator 28 hrs/week), Sunita (admin 37.5 hrs/week), Fiona (consultant 10 hrs/week), Cat Ryan (consultant 10 hrs/week) - Fiona Sudbury has made the decision to retire by the end of fiscal 2023 -Retired NP and medical coordinator Cat Ryan joined the LTCI team as a consultant December 1st -Communications: -LTCI Newsletters go out quarterly -LTCI website with resources and learning series recordings here: https://vicsi-ltci.ca/	

Area	Details	Progress
	LTCI & PCN -LTCI & PCN collaborated to pilot LTC residents receiving medical coverage by Luther Court CHC. Read the SBAR outline the issue here -As MOH indicated there are no contractual barriers to CHC providers assuming care of LTC residents, one panel (16) LTC residents are now cared for by the CHC as of July. The eventual aim is for all resident care to eventually be provided by the co-located CHC	
System Coordination and Sustainability	-The LTCI Physician Workforce and Practice Planning Committee aims to focus on recruitment, retention, and retirement. - Recruitment work will focus on recruiting longitudinal FPs earlier by increasing resident engagement through new LTC electives, resident days at LTC homes to experience LTC, and continued focus on mentoring opportunities -LTCI will also continue to advocate to FPs via clinic lunches and brochure (here) distribution with the message that LTC has changed. Program supports and site organization have helped address barriers to practice making it easier to incorporate LTC into a full-service family practice - As of December, 200 beds in LTC are seeking MRP coverage. Most of these beds are covered temporarily but are looking for a more permanent MRP -The PWPP working group will be convening in early January to discuss next steps in recruitment and planning a Spring Information Event Saanich Peninsula -Group is organizing clinic lunches to gauge interest in LTC -Group will be reconvened in the New Year to discuss SP AHCG results, specifically looking at opportunities for QI around common reasons for call in the community. Specifically, calls for urinary concerns are much higher on the Peninsula than Victoria suggesting an opportunity for education	

Next Steps

Learning Series:
-January, Addictions in LTC
-February, Alcohol in LTC
-March, Ethics in LTC

Program Name: Care Innovations

Summary

Physician Leads: *Laura Phillips, Leah MacDonald, and Lisa Veres (Care Transitions SC)*
Board Liaison: *Ami Brosseau (Care Transitions SC)*
Director: *Kristin Atwood*

Program summary in development.

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 phase. The remainder will go live after IHealth activation. Back office numbers will be included in the first release of a new provider database. This release is currently in testing and go-live has been pushed back until January. HIM has a new project to provide FPs with write-access to PowerChart. We are coordinating to use the Goals of Care project as a test (see below under committee directed work). LTCI expressed interest for their call group and provided call group names to HIM to activate the functionality. HIM is currently working on defining the 'role' so that the same permissions can be applied to all FPs.	
Transitions for Opioid Using-Patients (OUP)	The ED working group is up and running and at the November meeting they concluded that a formal OAT-in-ED trial is not feasible as it was originally conceived. Instead, we need to work on addressing barriers to the current microdosing practice that some ED physicians are already engaged in. A draft Opioid Withdrawal Protocol for the ED was completed and is being reviewed by nurses and EDPs at RJH. The ED project lead is completing consultations with colleagues about appropriate maintenance opiate dosing. Our nursing students have completed a referral pathway 'cheat sheet' for MHSU services that can be easily referred to in the ED. Some minor corrections are required and then they will be ready to send to the designer for layout. We have emailed information about addiction training opportunities that exist (P-OATS course and Addiction Course and Treatment Online Course (ACTOC) offered through UBC Continuing Professional Development) on a High Impact email thread to all RJH emergency Department Physicians. Posters highlighting the courses available for Physicians have been printed and put up on in the ED. We have held stakeholder meetings with Change management leads and physicians leads within the PCN. They are supporting our efforts to discuss the project with FP in the various PMH. One of our physician co leads has begun engagement with FP's within UPCC's and we will be following up with the FP's who have indicated they are interested in this work in the New Year.	

Area	Details	Progress
	Sara had a site visit with the ED and met with the Addictions Social Worker to understand her current role and whether it could be expanded to assist with referrals and peer support connections. The current ASW is heading off on mat. Leave and Sara has been provided with the contact information for the person covering but has not yet been able to connect. We are also having difficulty identifying who is responsible for the SURF algorithm (trigger in the ED that initiates a SURF visit after the encounter) so that we can ensure it is working effectively.	
Patient Summaries – Sustainability and Spread	Continuing to meet with the Digital Health Strategy (DHS) and Canada Health Infoway. Lisa and Laura have accepted co-lead roles for the Clinical Advisory Committee. DoBC will fund this time. Ian Bekker has also been invited to join and this month Dr. Tess Hammett joined as a hospitalist representative. Lisa and Laura met with the DHS team for a second time in December. Our manuscript on patient summaries was submitted to our second-choice journal, Health Information Management Journal. EMR Connect provides a monthly data feed to update on the number of patient summaries being sent. Alyssa drafted a communication for all members, encouraging them to use LFP indirect patient care hours for remunerating summaries. We decided to combine this with a story featuring the provincial work that Lisa and Laura are now co-chairing, and the draft is under review by the physician leads.	
Long Term Care Transitions	Island Health has implemented the database and Mel has completed a communication for ED physicians. Allied Health have asked for additional information (e.g., OT) about the facilities. Jess confirms that LTCI has capacity to gather this information. Alyssa is overseeing the work remaining. LTC Placement Form: Island Health's solution is to have nursing staff complete the form rather than a FP. Jess/Kristin provided input into form changes for those instances where a FP is still required to complete and these changes were approved. New timeline for training to launch is late January 2024. We held a meeting to discuss communication to FPs as part of the training and are awaiting a memo.	
Heart Failure: Supportive Cardiology Project	The project involves: • Recruiting a small number of FP offices to trial a PSP action plan implementing the cardiology tools • Engaging with Cardiac Services BC or other provincial body as a place through which provincial spread might occur (the goal being that the full spread and translation project will be held by CSBC) • Engaging with UBC to start the conversation about how to translate the tools not just in terms of adding additional languages, but also in terms of reviewing the concepts for cultural appropriateness during translation Project leads have met to kick off the project and a work plan and timeline are complete. In addition, the project manager has secured a provincial fundholder for the larger project (after this EOI phase). Shared Care itself will act as fundholder once the current funds are spent.	

Area	Details	Progress
Specialist Referrals	Funds for the full project were received and Mel Murray has been hired as a contracted project manager. Evaluation framework is complete. Information gathering around referrals best practices is picking up from where it was left off in the EOI phase. Event planning for our introductory event, with a collegial aim, has begun, including identifying multiple streams by which we can promote the event to specialists. Mary Koffski has been contracted to facilitate the event and a planning meeting was held with her and Mel in December. She will be meeting with the physician leads in January. Work is in progress to complete the event invite. I discussed this referral project with the Digital Health Strategy team, and we confirmed our place in their plan. We have organized regular meetings to ensure that we stay aligned as their and our work progresses. Next meeting is January 5. We continue to support knowledge dissemination for Dr. Mason's study. At the suggestion of DoBC, we have submitted an article to the BCMJ. They have requested revisions and clarification of the project's status as QI work through the health authority and we are gathering the appropriate documentation.	
Committee-Directed Work/ Other	1. CHS – Dr. Leah MacDonald is working on improvements to documentation and reports distribution within Community Health Services and Phil Lawrence is looking at improved CHS referrals. 2. Patient summaries – as described above 3. Goals of Care (MOST) – We have identified four physicians through the PCN who would like to participate in the pilot and are connecting them with PSP supports. A fifth physician is willing to trial write access to PowerChart but does not want a full PSP QI project. Resource development is in nearing completion. We have received resources for facilitating patient education via group medical visits as another method of initiating the conversation with patients, and have found a PSP Peer Mentor (Dr. Tara McCallan) a VDFP member, and is willing to support pilot participants as required, and there is a social worker who has also done group visits for patient education, so we will be exploring some kind of patient education event in the coming months. We have added LTCI after hours call group as an offshoot as there is interest in them testing write access to PowerChart as well (see HIM section).	

Next Steps

Opioid Users: Opioid Withdrawal Protocol approvals and development of training materials for triage; identify quality improvements to current OAT prescribing practices in ED; follow-up on leads for community physician champions provided by PCN.
Patient Summaries: General broadcast of remuneration through LFP to all members along with FAQ for how to send in summaries for those who never have; DOBC meetings.
Long Term Care Transitions: Updates to database from LTCI; LTC placement form transition to nursing staff; training for nurses and awareness raising for FPs (January).
Supportive Cardiology Project: First working group meeting (January), evaluation plan, stakeholder engagement.
Specialist Referrals: Complete environmental scan of referral practices, first event (Jan. 30)
Goals of Care: Recruitment, distribution of resources, work plans with PSP for individual participants, evaluation planning.