

Victoria Collaborative Services Committee

Minutes

Date: Friday, March 22, 2024

Time: 9:00 am – 11:00 am

Location: Zoom

Members Attending:					
Name	Position	P/R	Name	Position	P/R
Dr. Leah MacDonald	Island Health, Executive Medical Director, Primary Care Strategy (CSC Co-chair)	P	Dr. Melissa Duff	VDFP Chair	R
Dr. William Cunningham	Island Health, Medical Director, UGV	P	Dr. Anna Mason	VDFP Vice-chair, (CSC Co-chair)	P
Dr. Kelsey Louie	Indigenous Advisory Group	P	Dr. Kristen Iverson	VDFP Board member, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	R	Dr. Aaron Childs	VDFP, Family Physician	P
Sarah Crawford-Bohl	Island Health, Executive Director	R	Dr. Steve Goodchild	VDFP Board member, Family Physician	P
Beth-Ann Parmar	Island Health, Site Director, (guest)	P	Catriona Park	VDFP Executive Director	P
Juna Cizman	VDFP Program Manager, Strategic Initiatives	P	Matt Youens	Doctors of BC, Primary Care Transformation Partner	P
Alanna Robertson	VDFP Administrative Assistant (minutes)	P			

P = Present R = Regrets

1.0 Welcome & Introductions
<ul style="list-style-type: none"> • Dr MacDonal opened the meeting at 9:00 am with a welcome and land acknowledgement. • There were no additions to the agenda. <p>Action #1: Add Matt Youens as a regular section on the agenda</p> <ul style="list-style-type: none"> • Approval of Agenda • Consent Agenda: <ul style="list-style-type: none"> ○ VDFP projects summary highlights <ul style="list-style-type: none"> ▪ Over 6000 people have been attached through the Health Connect Registry, 900 of which were priority referrals. <ul style="list-style-type: none"> • 76 maternity and post-partum referrals received in January. ▪ Salt Spring Island has joined the South Island Division <p>Decision: Approval of March 22nd meeting agenda and Consent Agenda By consensus, approved.</p>
2.0 Cultural Safety & Humility sharing/learnings

- Will need to review how we want to approach this section into the future.
- Proposed bringing learnings from our personal journeys.

3.0 Review of action items and approval of minutes

- February 23, 2024, Victoria CSC minutes were reviewed and there were no changes.

**Decision: Approval of February 23, 2024, Vic CSC minutes.
By consensus, approved.**

- Review of action items from February 23, 2024
 - 1. Circulate Jill’s presentation slides to the CSC - complete
 - 2. Connect CHS with Pathways – Leah to check with Phil - ongoing
 - 3. Send communication about Cerner and power chart updates – If you have had any problems connecting, please let Leah know and she will follow up. - complete
 - 4. Refine the draft CSC priorities – on the agenda
 - 5. IH to go back to HR re: job description for Senior’s Outreach Nurse – The Primary Care job description is still with Labour Relations. - ongoing
- Ongoing items:
- #1 – CSC communications strategy - ongoing
 - #2 – Agenda items and CSH sharing/learnings - ongoing

Action #2: Leah to send Catriona a small paragraph regarding who to contact if members have issues with connecting to Cerner to be shared via Newsflash.

4.0 CSC work plan

- Juna, Phil, and Catriona have been meeting regarding the CSC work plan and Juna presented the plan she created for review.
- Highlights:
 - Priorities- Improve patient access to primary and community care.
 - Undertake mapping of services and functional roles.
 - Develop data inventory.
 - Access service gaps vs knowledge gaps.
 - Success = Same day access.
 - About 50-75 patients present at the hospital daily who have no reason to be in emerg.
 - How to support the different populations? The primary care crisis mixes urgent cases with people who are unattached.
 - “Same day access” may mean access to information or an initial contact point and may not include same day access to a physician.
 - UPCCs – data on types of interactions?
 - What are the numbers for “true urgent” cases vs “unattached but necessary” patients presenting at the UPCCs?
 - Education for unattached patients? There are a lot of new and different processes that they may not know about.
 - Connect with Care Transitions and determine what/if additional work is needed.
 - Determine if practitioner Connector and Pathways are being fully leveraged.
 - Explore ways to increase usage.
 - Monitor implementation of the SI Shared Care Maternity project.
 - Potential to undertake joint engagement process.
 - Priorities - Improve alignment of care for patients.
 - Success = The right care from the right provider.
 - Problem definition and service mapping.

- Undertake case study of High Complexity Care Team.
- Host CHS physician learning event.
- Undertake a joint collaborative CHS project.
- Assess electronic communication work

Action #3: Juna/Alanna to circulate CSC work plan slides to CSC members.

- CSC structure and function
 - Dedicate staff resources – complete, Juna has been assigned.
 - Develop, implement, and monitor work areas for a formal CSC work plan.
 - Define CSC priorities related to Indigenous focused services – connect with FNHA to get feedback and integrate into the plan.
 - CSC Composition & representation – review composition of CSC members.
 - Establish a formal mechanism for escalating issues to the CSC from any of the 5 streams that the CSC oversees.

Action #4: Juna to include a CSC communication plan in the CSC structure and function portion of CSC work plan

Action #5: Juna to inquire if Pathways has a section for patients who are unattached.

- Priority to patient education.
 - Discussed a potential pilot project to create a poster or a rack card for unattached patients who may not know what resources are available to them.
- Noted that not all UPCC site targets and estimates for attachment are correct and clarification is needed.

Action #6: Leah to bring back numbers on the target for attachment and the actual attachment for the UPCCs.

5.0 Partner updates

Island Health

- Computerized order entry is coming into effect shortly at the RJH and Victoria General Hospital.
- The ERs are hoping that the UPCCs will be able to take even more patients than they already are to keep non-urgent cases out of the ER.
- Working with BC ambulance. 911 gets lots of low acuity calls and has developed a system to deal with it.
 - Low acuity vans will be on the road in April for calls that require a response but may not need to go to the emergency room.
 - A pathway is being created for patients to call the UPCCs for care instead of going to the ER.
- 811 – if a caller ends up seeing a physician (virtually) that physician may downgrade them to seeing a primary care physician. Often callers are unattached and won't have anywhere else to go other than a UPCC or the ER.
 - Some UPCCs are looking at saving spots for these patients so they can stay out of emerg.
- Increased waitlist for MAID on the South Island. Dr. Robertson has done mentoring for physicians who are waiting to be able to provide. Some NPs are trained in MAID and can provide MAID.

Action #7 – Leah to invite Dr. Robertson to the CSC to tell us more about the MAID program and where they see gaps.

- What is the ask and the time commitment for MAID training? Are we looking to get new physicians? What is the provided training for physicians?

VDFP

- No updates discussed.

<p>ISC Update</p> <ul style="list-style-type: none"> No updates discussed.
<p>6.0 PCN Governance Refresh updates</p> <ul style="list-style-type: none"> PCN governance refresh update: Anna is the new PCN chair convener. Anna noted that a lot of her work will be building collegial relationships and engaging all partners in primary care in our region. Draft TOR is being reviewed this afternoon and the list of partners for the table has been created. PCN will want to have a final meeting to wrap up their Steering Committee 1.0
<p>7.0 Other Business</p> <ul style="list-style-type: none"> Three bullets of interest to FPSC and WGs: <ul style="list-style-type: none"> Juna Cizman has joined as the CSC to further develop the work plan. We have heard reports that MAID wait times are currently high and the CSC is looking into it further. Lived reality of urgent access for healthcare needs doesn't always seem to align with the public's or the government's definition of "urgent access". The CSC would like to know how the FPSC defines "urgent access".
<ul style="list-style-type: none"> The next CSC meeting is April 26, 2024 Agenda items: <ul style="list-style-type: none"> <i>None proposed.</i>
<ul style="list-style-type: none"> Meeting adjourned at 11:00 am