

Victoria Collaborative Services Committee

Minutes (Draft)

Date: Friday, April 26, 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	P
Dr. William Cunningham	Island Health, Medical Director, UGV	P	Dr. Kristen Iverson	VDFP Vice-chair, (CSC Co-chair) Family Physician	P
Dr. Kelsey Louie	Indigenous Advisory Group		Dr. Aaron Childs	VDFP, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	P	Dr. Steve Goodchild	VDFP Board member, Family Physician	
Sarah Crawford-Bohl	Island Health, Executive Director	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

<p>1.0 Welcome & Introductions</p> <ul style="list-style-type: none"> Dr Iverson opened the meeting at 9:00 am with a welcome and land acknowledgement. There were no additions to the agenda. <p> <ul style="list-style-type: none"> Approval of Agenda Consent Agenda: <ul style="list-style-type: none"> CSC Workplan Progress Report PBH Minutes from January 25th (no meeting in April) </p> <p>Decision: Approval of April 26 meeting agenda and Consent Agenda By consensus, approved.</p>
<p>2.0 Review of action items and approval of minutes</p> <ul style="list-style-type: none"> March 22, 2024, Victoria CSC minutes were reviewed and there were no changes. <p>Decision: Approval of March 22, 2024, Vic CSC minutes. By consensus, approved.</p> <ul style="list-style-type: none"> Review of action items from March 22, 2024 <ul style="list-style-type: none"> 1. Add Matt Youens as a regular section on the agenda - complete

- 2. Leah to send Catriona paragraph regarding who to contact if members have issues connected to Cerner - complete
- 3. Juna/Alanna circulate CSC work plan slides - complete
- 4. Juna include CSC communication plan in the work plan – on agenda
- 5. Juna to inquire re: if Pathways has a section for unattached patients – complete
 - The community facing side of Pathways is the best resources for unattached patients. Unattached patients will be directed to the health care directory.
- 6. Leah to report on the number for the target for attachment as well as the actual attachment rate for the UPCCs – ongoing, will bring to upcoming meeting
- 7. Leah to invite Dr. Robertson for the CSC to discuss the MAID program and where there are gaps. – complete, on agenda for June 14th, 2024

Ongoing items:

- #1 – CSC communications strategy - ongoing
- #2 – Agenda items and CSH sharing/learnings – ongoing – Kristin volunteered for the next meeting

3.0 Cultural Safety & Humility sharing/learnings

- Len Pierre, Indigenous Knowledge Exchange Lead, presented on “Two-Eyed Seeing”
 - Juna shared with the group her experience and take aways from this presentation at the cultural celebration event at the Songhees Wellness Centre.
 - “Two-Eyed Seeing” refers to seeing with an Indigenous lens and a Western lens to have a more comprehensive and inclusive view of policy, practice, and philosophy.
 - It encourages interweaving the different approaches and using them at the appropriate times.
 - Presented on the two sets of knowledges (Indigenous & Western) – one is not better than the other and both have importance.
 - Indigenous lens – focus on spirituality, oral traditions, communities of families, and relational authority.
 - Western lens – focus on one truth/reality, competition, material gain, nuclear family, and bureaucratic authority.
 - Time and reconsidering our relationship with time – Cronos time vs Kairos “higher” time
 - Kairos time is qualitative, measured in moments. It is “Elder” time.
 - Explore concepts and build relationships.
 - Prioritizing connection before content
 - Cronos time is quantitative and the traditional Western understanding of time.
 - Time is measured and tied to compensation.

4.0 CPOE

- Moving to Computer Provider Order Entry (CPOE) at RJH on May 25th and VGH June 8th.
 - Expect there to be a big learning curve for provider and are anticipating a 30% decrease in efficiency in the acute care system.
 - They are supporting extra-numerary staff and doing what they can internally but there continue to be staffing challenges.
 - UPCCs will be using their staff to operate an on-site clinic at the hospital to triage before being triaged for the first two weeks of change to CPOE.
 - IH is sharing this with the JEC as an opportunity for collaboration.
- Ask to the VDFP members: wherever possible, create room in clinics for same day access.
 - Community physicians continue to keep space for same day access for their patients and do not have the capacity to increase it further.
- South Island has reached out to set up a meeting for coordinating a response from the Divisions and Island Health, the meeting has been booked for May 1st.

- The proposed capacity is 30% reduction for 6 week. There is only 2 weeks between when the two hospitals will change to CPOE. 30% is approximately 50 people diverted in the first 2 weeks so that means that then 100 will be diverted for the last 4 weeks.
 - The pop up clinic is only open the first 2 weeks – shouldn't it be set up to support the hospitals over the 4 busier weeks?
 - There is a chance to extend the pop up, but IH will review.
- The after-hours call group that is available in Victoria could be an additional resource that members may not be aware of. Patients using after hours coverage through their family doctor could help keep some patients from needing to use emergency services.

Action #1: Data request: Why are people calling the after-hours call group?

- Discussed that the family docs are already overextended.
- Aaron shared two educational handouts for patients to help answer where they should go for medical help.

Action #2: Aaron to circulate the two patient education handouts discussed.

Action #3: Add actions to the CSC workplan relating to the themes of patient education and use of services to amalgamate data we're gathering across projects to see what it tells us about primary care need.

- Discussed that people's expectations of immediate service seems to have become more and more unrealistic. Noting that the ability or willingness to wait for non-emergency medical needs has declined.
- The messaging to members should not be about increasing services, rather about messaging what services are already in place and how to navigate them.
- 811 was created, in part, to be a source of reassurance for patients with non-emergency medical questions.

6.0 Partner updates

Island Health

- VNFC – the new expansion will be opening soon along with increasing services.
 - Gorge clinic keeps space open for the VNFC to refer to if needed on an ongoing basis.
- Ambulances triaging being leveraged to help reduce strain on the ER. Some patients are being seen on site and do not require transfer to hospital.
- Community health services end of year data:
 - All services grew in double digits this year.
 - Home support is growing faster than professional services – Fastest growing unit in Victoria grew by 29% year on year (45,000 hours for the one office)
 - All offices in Victoria grew by almost 100,000 hours.
 - There will be more need for personal care as people don't need to do to long-term care as fast.

VDFP

- Current projects are proceeding, budget and work planning has taken a lot of time.
- VDFP will be discussing sending out a membership survey sometime this year.
- PCN – Anna reports that the PCN governance refresh is going well.
 - Reviewed the accomplishments of the PCN from the last 5 years.
 - Shifting some allied health positions for MHSU consultants (there will be a funding gap of about 200k)
 - Now that Anna has moved off the CSC Aaron is now the link between that group and this one. Aaron said he was happy to be part of both the PCN and the CSC. The group agreed that it was both appropriate and appreciated that he remains on both.
 - Once we have greater clarity about what the MoH requirements will be for the CSC after the refresh we will be able to better evaluate composition.

ISC Update – none

DoBC

- PCN refresh – lots being done behind the scenes.
 - Matt is currently working with the Ministry of Health representatives in the region to review all documents that were submitted.
- FPSC funding scheduling packages for all Divisions have been sent out.
- Working on how to better prepared PCNs when there are complaints of culturally unsafe care.
 - Hoping to develop a non-colonial complaint process that is recognized by colonial systems.
- The March South Island Partners for Better Health meeting provided some initial thoughts from the region and the Long-term Care Initiative Program Manager regarding the recent LFP modification and this feedback has been brought back to the FPSC.
 - The Victoria-South Island LTC Program has been proactive in sending comments to the FPSC and has written a communique to FPSC directly as well as encouraging long-term care physicians to send their own feedback to the FPSC.
 - 75% of LTC service providers aren't eligible for LFP, this has encouraged physicians to not go into LTC.

Action #4: Catriona to share the communications developed by the LTC program for FPSC with Matt.

- There is a CSC refresh on the way, most likely to be announced on the writ drop.
 - This is a Ministry driven project. FPSC is now involved and some feedback and work happening, but this is coming from Ted and the team.
 - Can we have physician representation?
 - This feedback is being provided to the Ministry. They now have Sari Cooper and other physicians from the FPSC involved.
 - Island Health noted they will need to reach out to get a seat at that table.
 - VDFP supports that the partners should be involved.
- Quality forum
 - Is this committee interested in some kind of teach back from quality forum? Phil volunteers for that in the future.
- Do all CSCs work like ours?
 - No. One of the reasons for the refresh is that not all CSC look alike.

5.0 CSC Work Plan – advancing key priorities

- Perinatal care update
- Workplan will be circulated with the meeting documents in the consent agenda.
- Sarah has joined the Shared Care SC.

7.0 Other Business

- Three bullets of interest to FPSC and WGs:
 - IH reports that there will be a UPCC pop up at the hospital to triage patients for the first two weeks of the change to CPOE.
 - We would like a fulsome conversation regarding the new CSC and believe that it needs significant physician participation like the PCN refresh.
 - The Victoria-South Island LTCI program is proactively expressing kudos and concerns about the change in funding model to FPSC.
- The next CSC meeting is May 24, 2024
 - Most IH people have a conflict, proposed to move it to June 14. Agreed.
- Agenda items:
 - *Quality forum*
 - *After hours call group data (Aaron to circulate)*
 - *This program is for attached patients, is this being enacted?*
 - *Do they screen for who the primary care physician is?*
 - *Are pharmacist seeing people or are they just prescribing?*

- *Transitions in Care – Kristin to discuss all Care transitions work and work on some projects of interest.*
- *CPOE discussion*
- *Dr. Robertson MAID discussion*

- Meeting adjourned at 11:00 am