

Victoria Collaborative Services Committee

Minutes

Date: Friday, June 14, 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	P	Dr. Aaron Childs	VDFP, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	P	Dr. Steve Goodchild	VDFP Board member, Family Physician	P
Sarah Crawford-Bohl	Island Health, Executive Director	R	Tanille Johnson	First Nations Health Authority	R
Juna Cizman	VDFP Program Manager, Strategic Initiatives	P	Catriona Park	VDFP Executive Director	P
Alanna Robertson	VDFP Administrative Assistant (minutes)	P	Matt Youens	Doctors of BC, Primary Care Transformation Partner	P

P = Present R = Regrets

1.0 Welcome & Introductions
<ul style="list-style-type: none"> • Leah opened the meeting at 9:00 am with a welcome and land acknowledgement. • There were no additions to the agenda, corrected membership on agenda to reflect Phil Lawrence’s attendance.
<ul style="list-style-type: none"> • Approval of Agenda • Consent Agenda: <ul style="list-style-type: none"> ○ CSC Workplan Progress Report <p>Decision: Approval of June 14th meeting agenda and Consent Agenda By consensus, approved.</p>
2.0 Review of action items and approval of minutes
<ul style="list-style-type: none"> • April 26, 2024, Victoria CSC minutes were reviewed and there were no changes. • Typo on page 2 corrected. <p>Decision: Approval of April 26th, Vic CSC minutes. By consensus, approved.</p>
<ul style="list-style-type: none"> • Review of action items from April 26, 2024 <ul style="list-style-type: none"> ○ 1. Data request: Why are people calling the after-hours call group?

- Ongoing, looking for an update from this project.
- 2. Aaron to circulate the two patient education handouts discussed - complete
- 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. - complete
- 4. Catriona to share the communications developed by the LTC program for FPSC with Matt - complete

Ongoing items:

- #1 – Leah to bring back numbers on the target for attachment and the actual attachment for the UPCCs.
 - Still working with the Ministries to update the attachment numbers. The Ministry wanted more same day access. We have about 30% of resources dedicated to longitudinal. Update on visit volumes and attachment in September.
- #2 – Add the CSC communications strategy to a future agenda – ongoing
- #3 – Request agenda items and volunteer for Cultural Safety & Humility sharing or any learnings/reflections from course/presentations.
- #4 – Connect CHS with Pathways
- #5 – Island Health to go back to HR re: job description for Seniors Outreach Nurse.

3.0 Cultural Safety & Humility sharing/learnings

- Kristen shared that they attended the interdivisional presentation by [Jared Qwustenuxun Williams](#). She spoke about what she took away from the talk around the interaction between food and culture as well as traditional food systems and agriculture.
- Cooking in two worlds – how can we include indigenous foods in our lives?
 - Pointed out that while there are many specialty sections in grocery stores for specific cultural groups or geographic areas there is no indigenous section.
- To explore this topic more she recommends [Luschiim's Plants: Traditional Indigenous Foods, Materials and Medicines](#), by Luschiim Arvid Charlie and Nancy J. Turner.
 - From the book description: Respected Cowichan Tribe Elder and botanical expert, Luschiim Arvid Charlie, began his education in early childhood, learning from his great grandparents and others of their generation. Luschiim's Plants represents his dedication to the survival of the Hul'q'umi'num' language and traditional knowledge of plants for future generations.
 - Kristen highlighted how accessible the book made learning about local plants and their uses.

4.0 MAID

Dr. William Robertson presented on the current state of MAID on Vancouver Island.

- MAID never had a waitlist before 2021. There is an average of 120-140 patients now on the waitlist.
- RJH/VGH MAID is now provided by the Hospitalist group.
- With the LFP the Hospitalists can't provide MAID in community due to a lack of coverage.
- 199 of the 233+19 MAID from 2023 were provided by 5 people.
- Nanaimo has no provider at all for community MAID.
- The waitlist can be kept steady with current measures, but more needs to be done to reduce it.
- Dr. Robertson would like to encourage all primary care physicians to fill out their own MAID assessments to relieve some work from the providers and thanks those who already do so.
 - For any physicians interested in becoming a provider, even for their own patients, mentorship is provided on top of the multiple modules provided for training. Please reach out to Dr. Robertson for more information.
- Noted that there is a lot of crossover with LTCI so that pool of physicians could be a good place to start to see if any of them might be interested in MAID training.
- How can we create a better system around MAID?

- MAID still has a very conflicted relationship with some communities. The majority of palliative care physicians are unwilling to become providers.
- NPs may provide MAID with training but many of the patients who have complex issues will be beyond the scope of the NPs.
 - Two NPs currently do provide MAID on the Island with one providing 80 in 2023.

Action #1 – Catriona to reach out to the LTC team to determine the best way to engage the LTC physicians re: opportunities for MAID training.

Action #2 - Ute to connect with Dr. Robertson to develop the messaging to go out to VDFP members to help them understand the situation around MAID and how they can help ease the burden in our local system. - complete

5.0 Care Transitions

Kristin Atwood, Project Manager presented on Care Transitions

- Kristin provided a brief background on the start of Care Transitions from when it was first proposed as a key priority in May 2013 and ties the work this project has and continues to do to key priorities identified by this CSC.
- Highlighted the Theory of Change model and how it links the Care Transitions Steering Committee’s activities related to provider-to-provider communications to the modified IHI triple aim.
Pre-conditions for change → Better communication → Improved care transitions → Modified IHI Triple Aim
- Care Transitions sees communications between providers as forming a pyramid from notifications and alerts to direct communication all the way to team-based care.
- Future projects are planned that are aligned with CSC service delivery areas:
 - CHS - There are issues related to the basics of notification of service provision (or when a patient declines the service); barriers to information transfer; and a lack of direct communication and coordination for care. Further, there are many interrelated initiatives aiming to improve the use of CHS services, not necessarily working together. Care Transitions submitted an Expression of Interest to the Shared Care Committee for early engagement funding that will allow us to build a common agenda for change by bringing these parties together in a structured way. We are awaiting approval of that proposal (expected at the end of June 2024).
 - Community Specialists - A specific project focused on referrals to plastics has been identified. The committee aims to apply for early engagement funds in the fall of 2024.
 - Community Pharmacy - Care Transitions is ‘holding space’ for early engagement with community pharmacists. Two ideas have been suggested by the Steering Committee: to map community pharmacies and their available equipment, supplies and services as a way of informing emergency planning; and to reach out to existing acute care and PCN pharmacy contacts to identify community pharmacists that may wish to engage.
- Care Transitions would welcome the input of the CSC with regard to other fruitful ‘starting points’ for engaging with community pharmacy, so that we may work collaboratively on a future project.
- CSC Care Transitions presentation summary circulated.

6.0 CPOE

- The CPOE change has been generally going OK from what has been reported so far.
 - The community response has been unprecedented. Discharge to community has been huge.
- New service: Roving team for overnight home support.
 - Once a referral is received the team will generally see people within 6 hours with priority.
 - Is this temporary or is there an option to expand?
 - They want to expand as this creates capacity in community.
 - The team has access to a remote LPN for backup.
 - There is not a low of awareness about this service and they are looking for more referrals.
 - Noted that there is education planned through Care Transition in the fall around this resource.

<ul style="list-style-type: none"> • The UPCC pop-up is staffed by one MOA, one nurse, and two physicians. <ul style="list-style-type: none"> ○ The numbers don't really support that they could be seen at a UPCC and further analysis is needed. ○ Will we get a chance to see the data from the CPOE pop-up? Is the CPOE pop-up affecting the wait times or flow rates at the ER? ○ Discussed the potential need to have lab access at UPCCs. <p>Action #3 – Phil to follow up with any data collected from the pop-up clinic in place to support the change to CPOE.</p>
7.0 Partner updates
<p>FNHA</p> <ul style="list-style-type: none"> • <i>Deferred to next meeting</i>
<p>Island Health</p> <ul style="list-style-type: none"> • Primary care strategy working on a roadmap for virtual care, using it correctly in the primary care setting. <ul style="list-style-type: none"> ○ Looking at this for the owned and operative sites. Suggestion made to include community representation. • BC Ambulance low acuity ambulance on the road now. Our Health Authority is now at the top of the list in terms of taking patients directly to the UPCCs and avoiding the ER.
<p>VDFP</p> <ul style="list-style-type: none"> • Discussed that Beer Banter is aimed at everyone, but some physicians don't feel it is inclusive due to the name. Changes are being explored. • New strategic sub-committee has been created to help the Board set proactive goals. • PCN Physician Lead Dr. Anna Mason sent slides for a PCN update: <ul style="list-style-type: none"> ○ The PCN committee refresh is looking good, and the referral data is going well. ○ 1492 total appointments from March-May 2024. ○ Looking to create a representative assembly to help stay better abreast of the needs of the PCN.
<p>ISC Update –</p> <ul style="list-style-type: none"> • <i>No updates shared.</i>
<p>DoBC</p> <ul style="list-style-type: none"> • CSC refresh: Matt has been communicating with the Health Authority regarding conversations about the CSC refresh. <ul style="list-style-type: none"> ○ There is no IH rep at the CSC refresh working group. Northern and Vancouver Coastal health authorities are at the table, and it is being worked at on the VP level. ○ Matt, Melissa, and Kelsie will connect off-line to discuss additional physician involvement. ○ Concerns were raised that an uninformed refresh could lead to significant damage to indigenous partners and relationships. • No updated information on community-led clinics.
8.0 Victoria PCN Updates
<ul style="list-style-type: none"> • <i>Updates discussed in VDFP update.</i>
9.0 Other Business
<ul style="list-style-type: none"> • Three bullets of interest to FPSC and WGs: <ul style="list-style-type: none"> ○ We are providing communication to Victoria physicians waitlist & funding of MAID. ○ The CPOE pop-up has been a success so far. ○ The PCN has provided over 1400 appointments between March and May of 2024.
<ul style="list-style-type: none"> • The next CSC meeting is July 26th, 2024 • Agenda items: <ul style="list-style-type: none"> ○ <i>None discussed</i>
<ul style="list-style-type: none"> • Meeting adjourned at 11:00 am

Action Item – April 26, 2024	Who	Target Date	Status
1. Catriona to reach out to the LTC team to determine the best way to engage the LTC physicians re: opportunities for MAID training.	Catriona		
2. Ute to connect with Dr. Robertson to develop the messaging to go out to VDFP members to help them understand the situation around MAID and how they can help ease the burden in our local system.	Ute/Alanna	ASAP	complete
3. Phil to follow up with any data collected from the pop-up clinic in place to support the change to CPOE.	Phil		

Ongoing/Pending Action Items	Who	Target Date	Status
1. Data request: Why are people calling the after-hours call group?	Juna/Aaron	June	ongoing
2. Leah to bring back numbers on the target for attachment and the actual attachment for the UPCCs.	Leah	June	ongoing
3. Add the CSC communications strategy to a future agenda – ongoing	Island Health/VDFP	ongoing	ongoing
4. Request agenda items and volunteer for Cultural Safety & Humility sharing or any learnings/reflections from course/presentations.	Nicole	ongoing	ongoing
5. Connect CHS with Pathways.	Phil/Jill/Cherith	March	ongoing
6. Island Health to go back to HR re: job description for Seniors Outreach Nurse.	Phil/Sarah	March	ongoing