

## Victoria Collaborative Services Committee

### Minutes

**Date: Tuesday, August 20, 2024**

**Time: 10:00 am – 12:00 pm**

**Location: Zoom**

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

**P = Present      R = Regrets**

<b>1.0 Welcome &amp; Introductions</b>
<ul style="list-style-type: none"> <li>• Dr. Kristen Iverson opened the meeting at 10:00 am with a welcome and land acknowledgement.</li> <li>• There were no additions to the agenda.</li> </ul>
<ul style="list-style-type: none"> <li>• Approval of Agenda</li> <li>• Consent Agenda: None</li> </ul> <p><b>Decision: Approval of August 20th meeting agenda.</b>  <b>By consensus, approved.</b></p>
<b>2.0 Review of action items and approval of minutes</b>
<ul style="list-style-type: none"> <li>• June 14, 2024, Victoria CSC minutes were reviewed and there were no changes.</li> </ul> <p><b>Decision: Approval of June 14th, Vic CSC minutes.</b>  <b>By consensus, approved.</b></p>
<ul style="list-style-type: none"> <li>• Review of action items from June 14, 2024                         <ul style="list-style-type: none"> <li>○ 1. Catriona to reach out to the LTC (Long Term Care) team to determine the best way to engage the LTC physicians re: opportunities for MAID (Medical Assistance in Dying) training. - ongoing</li> <li>○ 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</li> </ul> </li> </ul>

- 3. Phil to follow up with any data collected from the pop-up clinic in place to support the change to CPOE (Computerized Provider Order Entry). -Tia is presenting to the PCN (Primary Care Network) steering group, should she also present at this table? Ongoing.

Ongoing items:

- #1 – Leah to bring back numbers on the target for attachment and the actual attachment for the UPCCs. - Preparing the presentation for the PCN. Removing this action.

**Action #1** – Request the PCN Steering Committee Minutes with the consent agenda going forward.

- #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. - ongoing, Thank you to Phil for volunteering.
- #4 – Connect CHS with Pathways – complete
- #5 – Island Health to go back to HR re: job description for Seniors Outreach Nurse. - Beth-Ann Parmar will bring information at the next meeting. Ongoing.

**3.0 Cultural Safety & Humility sharing/learnings**

- Phil is a big reader and was thinking about how to move from reading to action and shared his mind map based on his reading of “[The Inconvenient Indian](#).” By Thomas King. Phil thoroughly recommends this book.
- The book opens with the first chapter called “Forget Columbus” and dives into the atrocities that happened perpetuated by colonizers in North America during that time.
- Discussed the impact of commerce on the Native populations and the acquiescence to Christianity.
- Key learnings highlighted how Native status was forcibly taken away from some and replaced with Canadian citizenship as well as the incredible disruption of people’s lives as many were forced to relocate to unfamiliar land.
- The group reflected on the Blanket Exercises we have participated in and the emotional impact of this knowledge, reaffirming the importance of sharing in this space as we grow and learn.
- Shared the apologies from North American governments and how there is now a push to “stop bringing up the past”.
- Shared the quote from Beth Brandt: “Out of our past I make truth for the future.”
- “The fact of native existence is that we live modern lives, informed by traditional values, and contemporary realities and that we wish to live those lives on our terms.” – Thomas King

**4.0 CPOE**

*This is an open space to discuss how the CPOE has been going*

- Melissa has asked in the community if the roll out to CPOE has significantly impacted family physicians and their patients (Was there an increase in same-day appointment requests?) and the general response was “no”.
- The family physicians who are using CPOE say that it is creating a lot more work to enter in the information.
- Example:
  - You cannot give a verbal order anymore when you are doing a code, and this is a safety concern.
  - Leah clarified that verbal orders are appropriate in the case of a code or when staff do not have reasonable access to PowerChart.
  - Island Health is still working through what is considered an urgent situation, acknowledging that verbal orders are prone to errors which is why it is best to avoid.
- Transfers between hospitals are reported to be awkward due to it taking more time to remove and replace orders, though some may be working out workarounds.
- Most people seem reasonably happy with the amount of support provided during the update.
- Is there a sense that the ER is getting back to normal capacity?
  - There is some expected change in efficiency that comes with improvements in safety.
  - The Division will put out another message regarding CPOE and asked if Island Health has any messaging or information we should know when sharing with members.

- When patients leave the ER without being seen a message will be sent to the physician on file and this increases the admin burden. This has been a challenging situation as some physicians like it and appreciate the information and some do not want it at all.
  - Phil will send someone from ER leadership to the Care Transitions meeting in September to hear the feedback.
- What is the plan for the pop-ups?
  - We do not want to draw people with primary care concerns to the ER/pop-up.
  - They will not be a long-term resource.

## 5.0 Updates for MRI ordering

Kristin Atwood, Project Manager

*Context: We get questions and concerns from multiple sources regarding the changes to the medical imaging process.*

- The MRI ordering process and this increase in administrative burden has been a topic of concern for members.
- Kristin and Melissa have been discussing this issue and reached out to the MRI lead at Island Health. The conversation with the outgoing lead brought to light that the MRI lead had only reached out to primary care in Island Health for consultation and missed getting fulsome feedback from family physician voices. The person who made these decisions did not know that there was a place to come to collaborate.
- From the conversation with the lead, they also learned that the added “choosing wisely” section was to address concerns about the waitlist for imaging.
- Specialist engagement is something the CSC has been interested in doing in the past. - Is the CSC a place to workshop concerns as they arise and in a way that is not overwhelming?
  - Proposed that we could approach different department heads and ask for the top 3 problems, perhaps starting with the MRI issue.
- From the Island Health perspective, the initial reach out was about how to share the MRI ordering changes messaging with Divisions, not how to engage with the Divisions. The message that Island Health received was that this was a provincial mandate and not local. With 7 Divisions in the region, Island Health has difficulties with who to involve in regional mandates.
  - When meeting with the department head of radiology, if it is a regional issue, they will include the Division.
- This MRI issue is being brought to the Administrative Burden working group and the Digital Health Strategy table. The Digital Health Strategy group is making a provincial form.
- The Division believes we have a duty to influence the local health care system on behalf of our members. Asking for advice on how to connect with the local Island Health leaders who are unaware of our existence.
- Matt is happy to provide support for moving any issues that turn out to be regional or provincial to the appropriate forums.
- Do we need a systematic way to approach local Island Health leaders to invite them to share issues that should be worked on or brought to the CSC for discussion?
- Island Health will soon include information about the Division as part of the orientation for new physicians at Island Health.
- workflow can include a tracking that we summarize at end of fiscal to tell story of what we achieved as a committee...perhaps following the areas of focus from our strategic plan...and shared in orientation materials for new med leads/others
- William and Leah to add to the agenda for the Department Council.
  - Would it be worthwhile to have someone sit at the table or attend to speak at this meeting?
  - William and Leah will discuss offline and reach out if they decide they should include Division leadership.
- The CSC workplan includes developing a more rigorous evaluation process for items being brought to the CSC.

## 6.0 Partner updates

FNHA

<ul style="list-style-type: none"> <li>• <i>None shared.</i></li> </ul>
<p>Island Health</p> <ul style="list-style-type: none"> <li>• Island Health updates shared above.</li> <li>• Mobile home support service is increasing with a second overnight support team launching soon out of the Priory on the West Shore. This second team is targeted to go live September 9<sup>th</sup>.</li> </ul>
<p>VDFP</p> <ul style="list-style-type: none"> <li>• The Board just started their strategic planning – we are doing a full review including reaching out to membership.</li> <li>• Accountability matrix – is that a useful document to share with partners?             <ul style="list-style-type: none"> <li>○ Juna shared the accountability framework developed by the Victoria Division Board as part of their strategic plan review.</li> </ul> </li> </ul> <p><b>Action #2</b> – The accountability framework and the Victoria Division purpose and accountably PowerPoint presentation to be circulated.</p>
<p>ISC Update</p> <ul style="list-style-type: none"> <li>• <i>No updates shared.</i></li> </ul>
<p>DoBC</p> <ul style="list-style-type: none"> <li>• Interregnum coming with the writ drop in September.</li> <li>• Matt thanks the VPCN (Victoria Primary Care Network) for flagging the Jack Nathan fragility issue.             <ul style="list-style-type: none"> <li>○ The physician who raised this issue has provided feedback that they are feeling very supported.</li> </ul> </li> <li>• The situation with the Jack Nathan clinic made us consider what other measures we could have in place to help in the case of clinic sale, closure, or some emergency.</li> <li>• Emergency planning: If there is a big emergency or impact on one of the clinics, who needs to be at the meeting? Is there a way to quickly mobilize money to hire staff or how else might we need to manage this?             <ul style="list-style-type: none"> <li>○ Proposed to first bring issues to the PCN management group that does most planning/organizing.                 <ul style="list-style-type: none"> <li>▪ Questioned whether that would be nimble enough?</li> <li>▪ The right people got into the room fast enough to help the Jack Nathan organization. Should the CSC be the first step for emergency/urgent items that require coordination with Island Health?</li> <li>▪ Need clarity on what items need to escalate to the CSC table and what resources are available.</li> </ul> </li> <li>○ Kristen pointed out that she would not know to flag to Island Health if she was concerned her practice was at risk of closing.</li> <li>○ VDFP does have some emergency planning funding.</li> </ul> </li> <li>• Attachment Action Plan – should the findings of that work come here or the PCN Steering committee?             <ul style="list-style-type: none"> <li>○ To see what the attachment looks like and if there are any barriers that can be addressed to improve attachment numbers.</li> <li>○ Melissa and Helen attended the meeting with the Ministry, and they have not been given a recent snapshot of attachment numbers.                 <ul style="list-style-type: none"> <li>▪ New-to-practice and Nurse Practitioner attachment was the focus on those discussions.</li> </ul> </li> <li>○ The Ministry is working hard to get the data out on attachments.</li> </ul> </li> </ul>
<p>8.0 Victoria PCN Updates</p>
<ul style="list-style-type: none"> <li>• The PCN space – working on the sub-lease with Island Health.</li> <li>• Currently have an estimated 6-month build time so are looking at February as the completion date for the hub.</li> </ul>

- Island Health is interviewing for cohort 7, line 8.
  - Full on Social Workers as of the end of September and are recruiting the last few health consultants.
  - The request for 4 more mental health consultants was approved, they are waiting for the new space to hire these consultants.
    - 2 consultants would go to the cohort with the biggest needs and the other two would work in different cohorts but in tandem with the one Social Worker who would provide support to that team.
    - Can we find another place for them temporarily, so we don't delay their hire?
      - We have been using the 911 Yates space. However, they have needed to start to pre-book rooms at that location to manage the volume so likely could not handle the increase in demand at this time.
    - Waiting until February feels far away and there might be opportunities for them to start sooner. William and Beth-Ann to discuss further offline.
  - Discussed the possibility for a UPCC or Health Point to request a pharmacist, a mental health consultant or a social worker to fill the gap between now and when the PCN can hire their mental health consultants.
  - Interviews have begun for the Indigenous Wellness Providers, but no date has been set for hire.
  - Will take the pharmacy question away and get some clarity.

**ACTION #3** Leah will look at what the process is for making the case for the clinical pharmacist for a UPCC.

**ACTION #4** Melissa to reach out to Cara to bring any data we have around the clinical pharmacists to the PCN meeting in September.

**9.0 Other Business**

- Three bullets of interest to FPSC (Family Practice Services Committee) and WGs:
  - The conversation around the “Inconvenient Indian” was impactful and the book is highly recommended.
  - The CSC is looking at the process of how-to bring items to the CSC or other appropriate table for discussion.
  - The new mobile overnight team is launching soon to provide more support to the community.
- The next CSC meeting is September 27th, 2024
- Agenda items:
  - *Maternity Care discussion*
  - *Kristin and Melissa will meet with Alan Andrews and might have an update*
- Meeting adjourned at 12:00 pm