



Department of Primary Care HAMAC Report 2021



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Department Head Primary Care

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Medical Director, South Island UPCCs and COVID Assessment Centers

Clinical Associate Professor UBC, Adjunct Clinical Associate Professor UVic.



island health



LIVING
OUR VALUES

Our Vision
Excellent health and care for everyone, everywhere, every time.

Our Values

Courage: to do the right thing- to change, innovate and grow.

Aspire: to the highest degree of quality and safety.

Respect: to value each individual and bring trust to every relationship.

Empathy: to give the kind of care we would want for our loved ones.

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What I will talk about and when [by page number]:

3. Territorial Acknowledgement and Cultural Safety and Humility.

5. Cultural Safety.

10. The Department Report. Why?

11. Department Heads job.

12. What is Primary Care? Department name.

13. Diversity.

18. Departments and Operations.

19. Department Leadership.

21. Department by numbers.

25. Hospitals.

26. LTC facilities.

28. Primary Care Clinics. Human Resource Planning.

29. QA: QUALITY ASSURANCE.

35. QI: Quality Improvement.

37. Primary Care Quality Council.

38. Quality Initiatives.

41. Order sets.

43. Physician Performance Profile.

47. Grand Rounds.

48. QI Courses.

49. TEACHING.

51. RESEARCH.

52. HR: HUMAN RESOURCE PLANNING.

53. Data.

55. How we recruit.

57. The realities of Primary Care recruitment.

60. COMMUNICATIONS.

62. Website.

63. The COVID Effect

64. The New Frontier

65. CHALLENGES AND OPPORTUNITIES

67. Recognition and Thank You.

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Territorial Acknowledgement

Departmental Territorial Acknowledgement.

The Island Health Department of Primary Care leadership and the department's 900 members acknowledge with great respect that we practice medicine on the traditional territories of the Coast Salish, Nuuchahnulth and Kwakwaka'wakw cultural families.

We acknowledge and recognize these homelands and the stewardship of Indigenous peoples of this land.

We also recognize the harm that has been caused by settler peoples and colonialism on the health and wellness of all indigenous peoples. As Family Physicians we therefore will work to surface the truth, recognize our collective responsibility, participate in healing and reconciliation and address systemic racism, to ensure that indigenous people can receive equitable and culturally safe health and wellness care from all of our Department members.

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The First Nations have lived here for tens of thousands of years before settlers arrived. These are our lines on their map.



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Cultural Safety and Humility

There are many courses that we can take:

- 1. Sanyas**
- 2. Sanyas**
- 3. LMS, For the next seven Generations**

There are events we can participate in:

- 1. Blanket ceremony**
- 2. Community of Practice**
- 3. Senator Murray Sinclair presentations**
- 4. Lecture by Dr. Robin Diangelo about White Fragility at the University of Victoria.**
- 5. Presentations by Dr. Mary Ellen Turpel-Lafond on "In Plain Sight."**
- 6. Many, many local and community specific events and interactions.**

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San'yas Indigenous Cultural Safety Training

Core ICS Training

- 123 Primary Care Physicians have completed this course.

*This is the best information available at this time and should be considered with a margin of error due reporting from two different organizations and databases.

Advanced Training: Bystander to Ally

- 16 Island Health Physicians are currently enrolled in this course.

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LMS – Aboriginal Health: For the Next Seven Generations for the Children

- 21 Island Health Physicians completed this course between March 1, 2020 and March 22, 2021

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PHSA Course Participation

Table 1 - ICS current San'yas enrollment for Island Health Medical Staff as of December 4, 2020:

Audience	Totals	# Completed prior to Board/HAMAC resolution	# in progress/# registered as part of Board/HAMAC resolution	# no response	# decline	% completed training/ in progress/ registered
Medical leaders	217	67	89	56	5	72%
Primary Care with ED priv.*	134	41	49	39	5	67%
Emergency *	212	46	103	61	2	70%
PES*	8	1	3	4	0	50%
Total	571	155 (27%)	244 (43%)	160 (28%)	12 (2%)	70%

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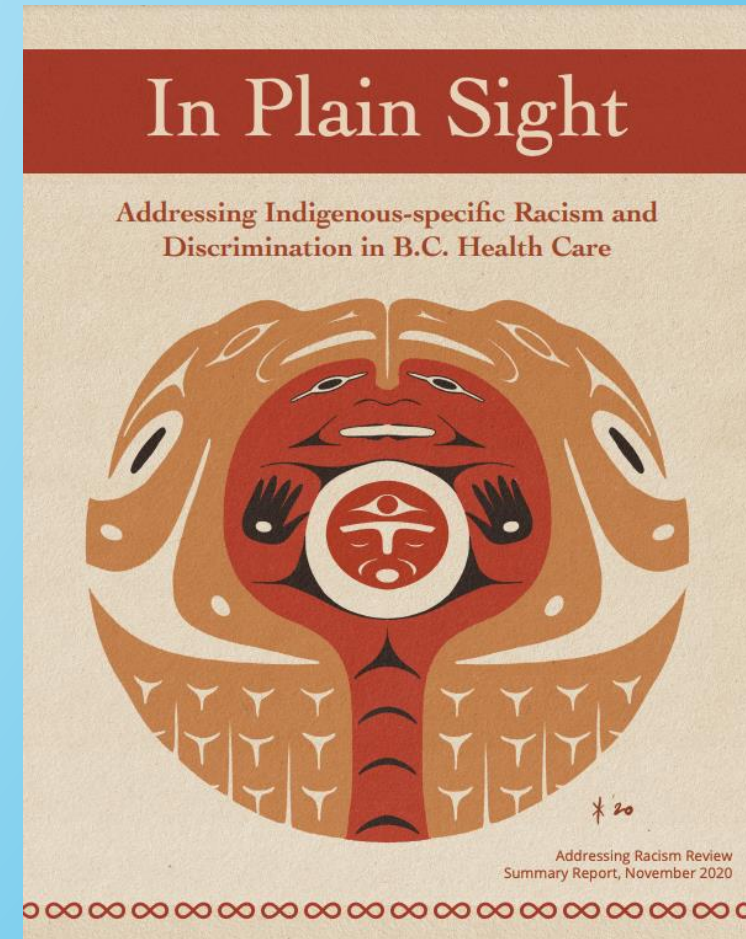
In Plain Sight

We can change.

We can act on the recommendations of the report.

As Department members we can act on the recommendations immediately, that we have control over as individuals. We can fully participate in bringing about change in the 10 Systems recommendation and the 9 Behaviour recommendations and the 4 Beliefs recommendations.

As Department Head I note that Island Health does not have a "Medical Staff Cultural Safety Plan."



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The Why

Doing a Department Heads report is a golden opportunity to reflect on the previous year and in the case of the Department of Primary Care the past nearly 5 years.

Thank you for the opportunity.

In the Bylaws article 8.2.4 says "The Department Head reports regularly on activities of the Department to the HAMAC and to the Senior Medical Administrator."

I also report regularly to the EMD Medical and Academic Affairs Dr. Michelle Weizel and through her to Dr. Ben Williams VP Medicine and CMO. Dr. Ben Williams is also a regular guest at the Department Heads Council. The DHC is the Community of Practice of the Department Heads.

The Department is as compliant as it can be with the Bylaws.

There is a Department wide Division Heads meeting every 2 months: 6 per year.

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The Department Head job

Clearly articulated in the Bylaws Article 8: Organization of Medical Staff, 8.2 Responsibilities of the Department Head. Assistant Department Head: Intermittently Dr. George Forster.

There are 2 guiding principles: 1. One step at a time, 2. In alignment with support from MAA.

Meetings:

a) HAMAC (Chair Dr. David Butcher), HAMAC Executive.

b) MPCC (Chair Dr. Jill Pearman)

c) Medical Education Committee (Dr. Keith Menard)

d) HAMQC, [recently joined] (Chair Ian Thompson/Dr. Chris Hall)

e) MAA Leadership review- sun setted. Not acted upon yet

f) Department Heads Council. (Chair Dr. William Cunningham) started June 2017 with Dr. Gordon Hoag and Dr. John Matheson.

G) Most Provincial COVID Primary Care Committees, since March 2020: Now Primary Care CRG/BC CDC. (Thank you Dr. Stanwick).

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What is Primary Care?

It is the work that describes the traditional work done by Family Physicians and Nurse Practitioners and more recently, the interprofessional teams, in community settings. It is the easily accessible, day to day healthcare, available in every local area and the first place people go who need health advice, prevention and promotion services and treatment.

Island Health traditionally has operated services, which include Hospitals and Long Term Care Facilities and Community Health Services. The role of FPs in Island Health has mostly not been traditional Primary Care, apart from the variation called Emergency Medicine. The Department of Primary Care gives oversight for: a) In Patient MRP work, b) Rural Emergency Department work and c) LTC work.

The Department is slowly becoming involved in traditional FP work in Owned and Operated sites as well. The common denominator is the training.

Misnomer? Possibly? What about the NPs? The "Department of FPs" may be a more modern name.

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THE UNIQUE VALUE OF FAMILY PHYSICIANS

Working together, family physicians are the only health care providers equipped to deliver relationship-based, comprehensive, longitudinal care across all stages of life and specific to their communities. Here's just a sample of the evidence that proves this form of care results in better overall health outcomes, higher patient satisfaction, and reduced costs to the health care system.¹

RELATIONSHIP-BASED

- The 85% of British Columbians who have an ongoing relationship with a family physician place a high value on this relationship and have higher overall satisfaction with the health care system.²
- British Columbians value the role family physicians play in coordinating care with other specialists and advocating for complex care needs.³
- Family physicians are experts in caring for the whole person through all stages of life, taking into account their culture, financial status, past traumas, and other aspects that impact health.⁴
- Family physicians deal with a wide spectrum of clinical problems from an early stage through to resolution, including acute disorders, chronic diseases, mental health, complex illnesses and life transitions.⁵
- Attachment to a family physician is associated with lower mortality due to heart disease, cancer and stroke, as well as better diabetes care.⁶
- Family physicians deliver complex care across multiple settings, including clinics, hospitals, long-term care facilities, and in patients' homes.⁷

FAMILY MEDICINE

As specialists in the whole person, family physicians' depth of training, knowledge and skills makes them a flexible and irreplaceable resource in their communities. They fill a unique central leadership role in health care that cannot be replaced by other professions.

Most family physicians complete 11 years of training before entering practice, making them the most trained professionals in primary care. They have a strong understanding of community needs and are the drivers of collaboration and continuity in an effective primary health care system.

my family doctor
C.A.F.P.C.

BC COLLEGE OF
FAMILY PHYSICIANS
The home of family medicine

bcfp.bc.ca

COMPREHENSIVE

LONGITUDINAL

- 76% of British Columbians identify their family physician as the first point of contact for a health concern. Family physicians handle the majority of health care issues over a patient's lifetime.⁸
- Ongoing care from a family physician helps patients navigate the health care system, improving efficiency and reducing overall costs.⁹
- The continuity of care provided by family physicians is associated with improved identification and management of chronic illness, improved patient satisfaction, and fewer hospitalizations and emergency room visits.¹⁰

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Diversity

The Department of Primary Care is committed to diversity, equity and inclusion and encourages women, visible minorities, indigenous peoples, persons with disabilities, persons of diverse sexual orientation, gender identity or expression (2SLGBTQ+) and others to apply for leadership positions and Department membership.

A commitment is great, but do we live that?

The next few slides will show that gender equity is happening.

Is there ethnic diversity? Not yet. I do think it is moving in the right direction.

Do we even know how many Indigenous FPs work at Island Health? Apparently not.

Do we know how many Indigenous FP learners we have. No.

Does the Department and Island Health make everyone welcome. Not sure.

In work settings, are there accommodations for pregnancy (less night shifts), breast feeding rooms/needs etc. Is there micro aggression?

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Gender Diversity

58% of Family Practice residents are women, representing the increasing representation of women in Family Practice. The proportion of female FPs in Canada has tripled to 46% in the past four decades.

Women are inspiring others with leadership and mentorship to create positive change in Family Medicine.

In the BC College of Family Physicians, 13 women have been presidents since its inception. With the exception 4-month period, the BCCFP has been led by women for the last decade.



The graphic features the BC College of Family Physicians logo and the text "International Women's Day". It includes a grid of 15 portraits of women, with the text "International Women's Day" centered in the middle. Below the portraits, there is a list of 13 women who have served as presidents of the BCCFP since its inception, along with their years of service. The text also mentions that 58% of family practice residents are women and that the proportion of female family physicians in Canada has tripled to 46% in the past four decades.

BC COLLEGE OF FAMILY PHYSICIANS
The home of family medicine

International Women's Day

International Women's Day

It's International Women's Day and we want to thank our members who are women, including trans women, for their dedication and service to family medicine.

We're delighted that 58% of family practice residents are women, reflecting the increasing representation of women in family medicine. The proportion of female family physicians in Canada has tripled to 46% in the past four decades. Women are inspiring others with leadership and mentorship to create positive change in family medicine.

Beginning with [Emily Stoves](#), the first female physician to practise in Canada, women in medicine serve as valued community leaders and fierce advocates. Celebrate the day with [inspiring stories](#) about the women in the Canadian Medical Hall of Fame.

The BCCFP has had 13 women serving as presidents since its inception:

- Dr. Ellen Wiebe (1982-83)
- Dr. Marlene Hamer (1986-87)
- Dr. Kirstie Overhill (1986-97)
- Dr. Claire Cameron (1999-2000)
- Dr. Susan Knoll (2001-02)
- Dr. Konita Treason (2004-5)
- Dr. Shamin Jetha (2007-9)
- Dr. Lisa Gardie (2010-12)
- Dr. Shari Clement (2012)
- Dr. Patricia Mirwald (2012-15)
- Dr. Christie Newton (2015-17)
- Dr. Jeanelle Boyd (2017-19 and 2020)
- Dr. Marjorie Docherty (2020-21)

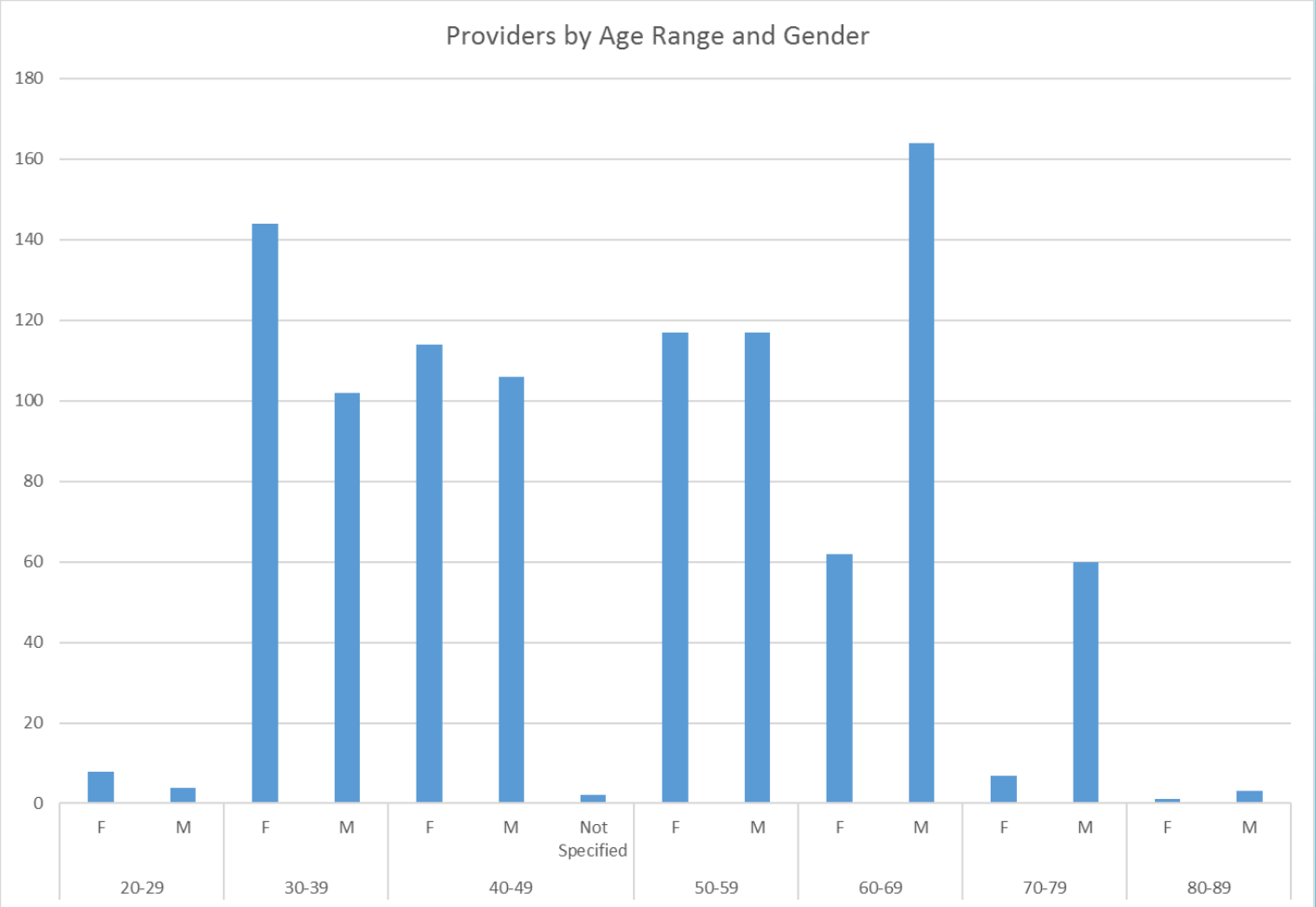
With the exception of a four-month period, the BCCFP has been led by women for the last decade.

Let's celebrate this day by reflecting on the amazing contributions of women in family medicine!

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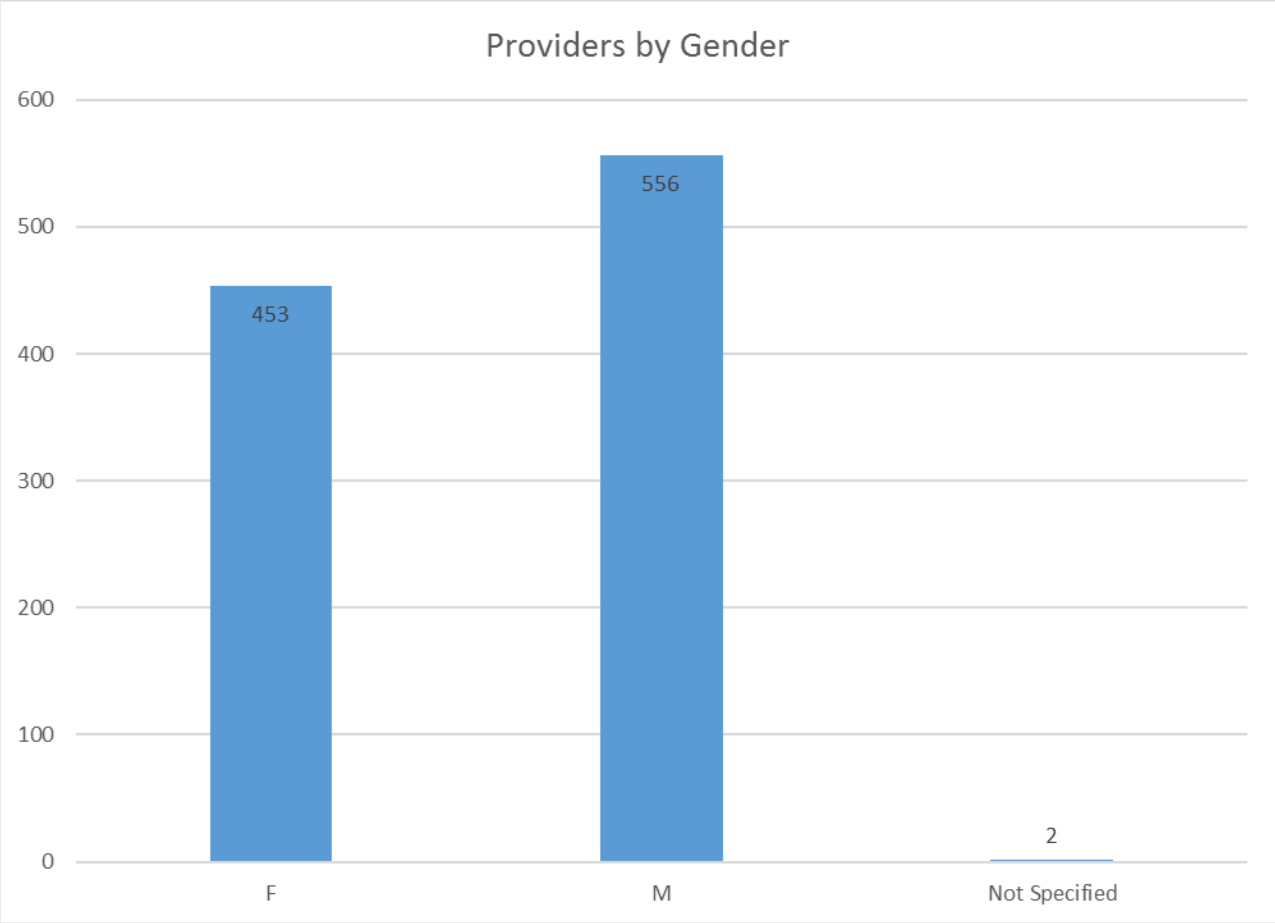
Diversity



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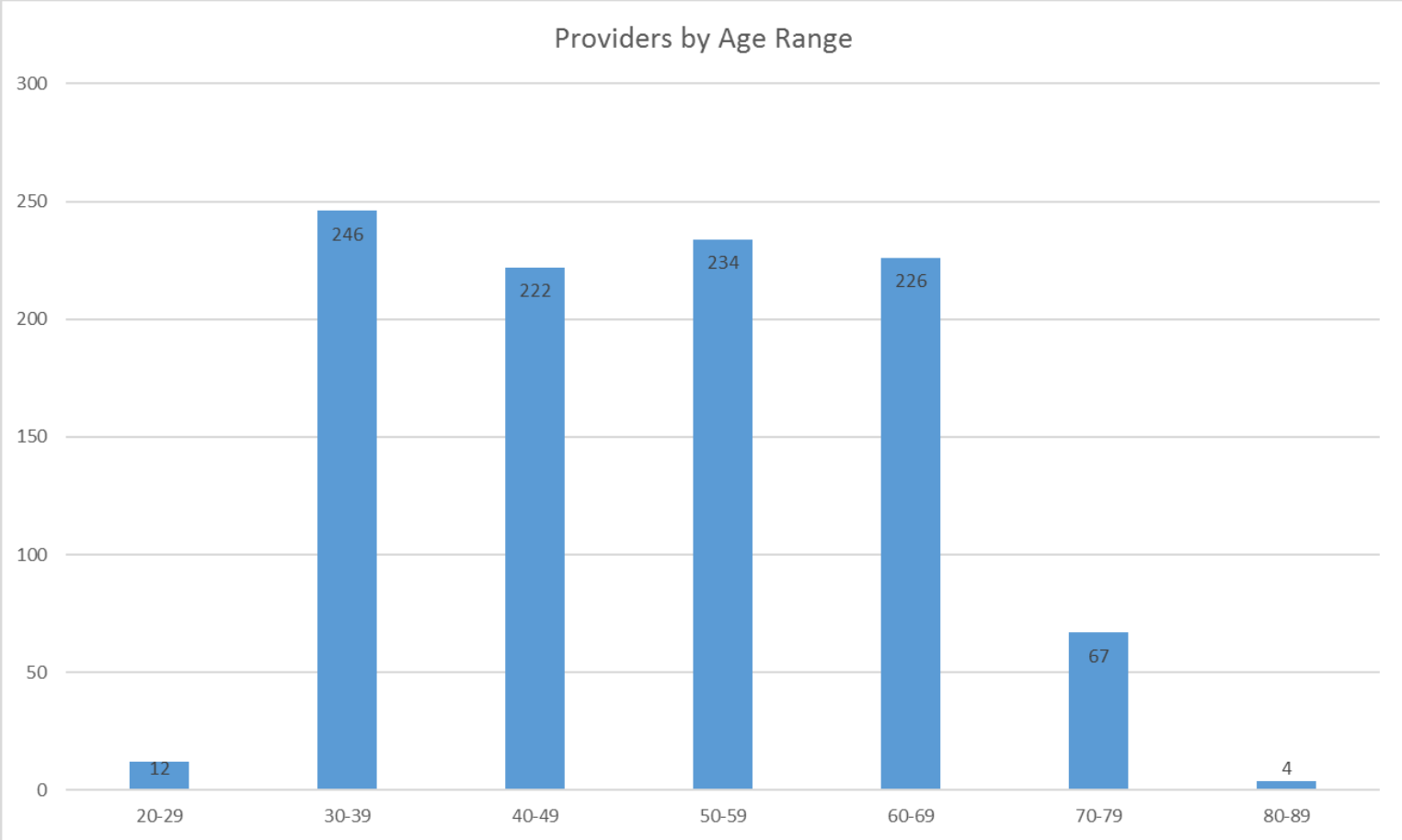
Diversity



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Diversity



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The difference between Departments and Operations.
Should the local Family Practice leadership be one combined position or two separate positions?

There are pros and cons.

Being operationally informed does make it easier to be the Division Head. Most Family Practice Leaders hold both the Division Head and Medical Lead position at any given site.

The jobs individually are very different.



Clarifying departmental vs. operational roles for physicians, midwives and dentists

	Medical Department Structure	Medical Operational Leadership Structure
Positions	Department Heads Division Heads Section Heads	Executive Medical Directors Medical Directors Medical Site Directors Medical Leads
Purpose	Medical staff governance, to fulfill the mandates of the <i>Medical Staff Bylaws and Rules</i> as it applies to individual practitioners and practitioner-delivered care.	Co-leadership of Island Health program and services, and co-leadership of the <i>Clinical Governance Structure</i> (for certain positions)
Focus	Individual practitioners	Team-based care delivery
Example Functions	As described in the <i>Medical Staff Rules</i> : <ul style="list-style-type: none"> • Medical workforce recruitment, credentialing, privileging, professional development, and professional behaviour • Individual practitioner standards of care and documentation • Research 	<ul style="list-style-type: none"> • Operations co-leadership and planning • Team-based quality • Operational change management • For clinical governance positions: clinical standards development, deployment, and PCQO/PSLS investigation and resolution
Accountability	<ul style="list-style-type: none"> • Department Heads report through to the CMO • The Health Authority Medical Advisory Committee (HAMAC) reports to the Board 	<ul style="list-style-type: none"> • Executive Medical Directors report to CMO • The CMO reports to the CEO, who reports to the Board

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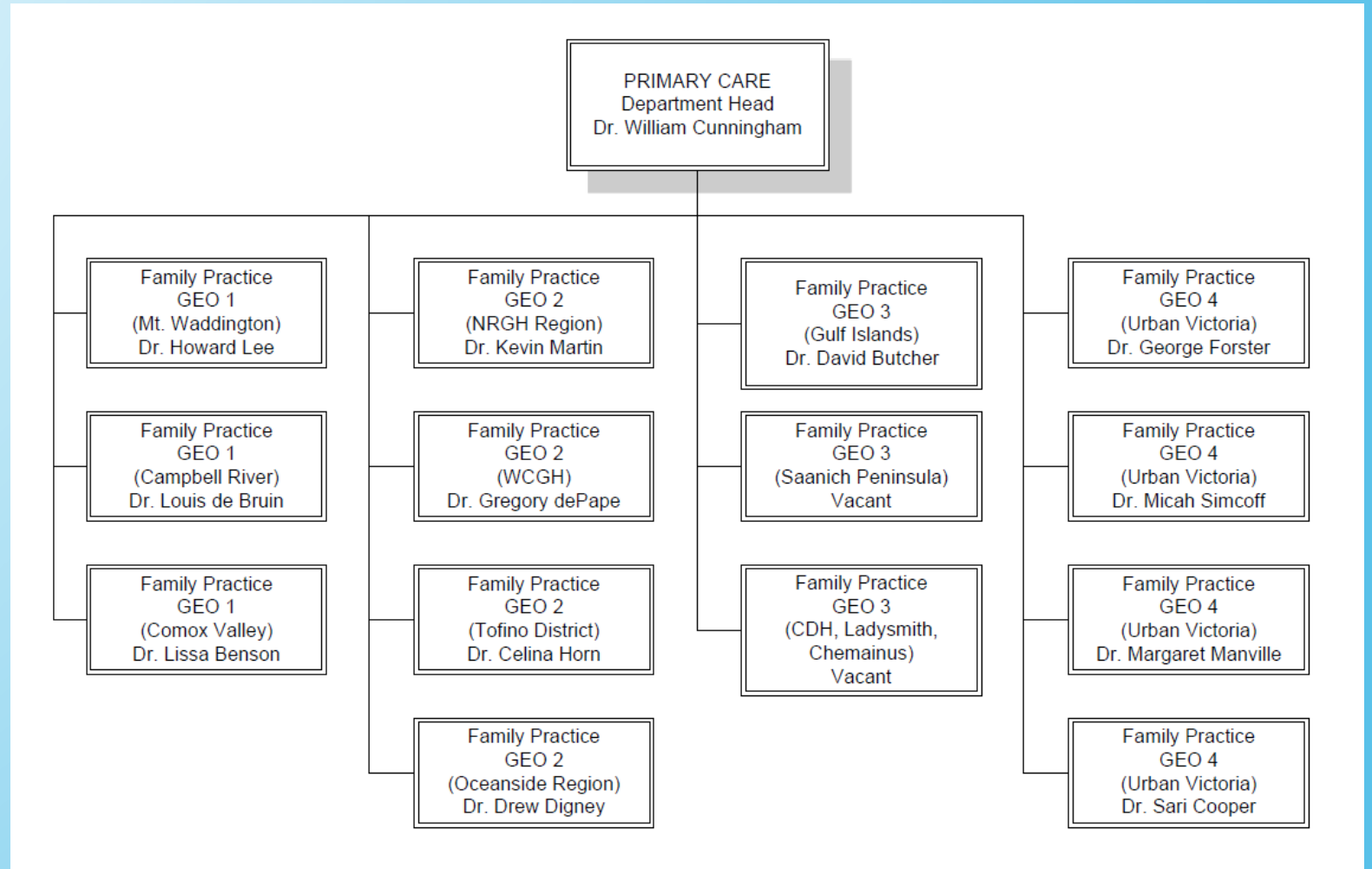
A big thank you to my colleagues,
who do so much important work.

Thank you also to those that retired
this last year:

1. Dr. Holly Slakov (LMGH)
2. Dr. Sienna Bourdon (SPH)

Other:

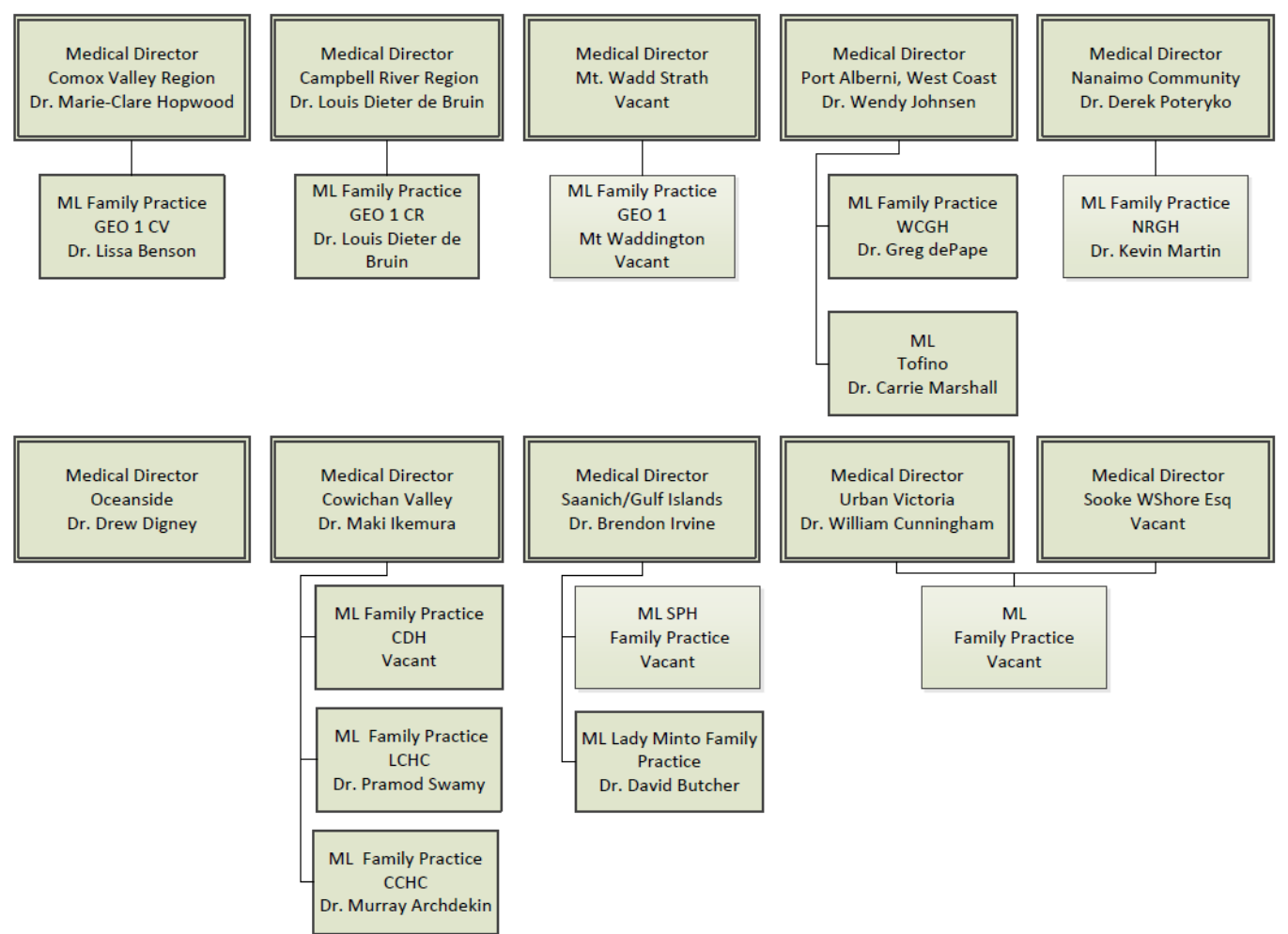
1. Dr. Graham Blackburn (CDH)



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This shows the operational leadership structure.



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The Primary Care Department is a very large Department with 855 members. 28% of the Medical staff, but only one of 11 Departments/Free Standing Divisions.

Number of Medical Staff Assigned to the highest staff status in Island Health, December 1, 2020

Departments	Staff Statuses								Total
	Active	Provisional	Consulting	Associate	Locum Tenens	Temporary	Clinical Trainee	Others	
Anesthesiology, Pain and Perioperative Medicine	114	21	4		36	16		3	194
Division of Nurse Practitioners		10	6	52					68
Division of Public Health Medicine	6	2							8
Emergency and Critical Care Medicine	120	50			21	35	13		239
Laboratory and Imaging Medicine	143	53	1		46	9		1	253
Maternity Care and Pediatrics	178	90	23	3	58	20	1	2	375
Medical Administration	5								5
Medicine	333	80	39		27	26	7	4	516
Primary Care	326	189	15	164	141	13	3	4	855
Psychiatry	65	38	10	2	3	7	1	2	128
Surgery	205	48	27	31	47	22	2	2	384
Total	1495	581	125	252	379	148	27	18	3025

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It is a very large Department with and even larger number of appointments, 2240.

Number of Medical Staff by Assignment (and assignment constitutes a combination of Department and Site), December 1, 2020									
Departments	Staff Statuses								Total
	Active	Provisional	Consulting	Associate	Locum Tenens	Temporary	Clinical Trainee	Others	
Anesthesiology, Pain and Perioperative Medicine	196	37	10	1	120	37	2	6	409
Division of Nurse Practitioners		16	14	99					129
Division of Public Health Medicine	17	4	139						160
Emergency and Critical Care Medicine	192	73			100	83	32		480
Laboratory and Imaging Medicine	514	158	34	19	197	38		2	962
Maternity Care and Pediatrics	272	141	85	8	155	49	2	4	716
Medical Administration	8								8
Medicine	600	144	366	5	77	63	15	8	1278
Primary Care	611	414	32	542	599	26	9	7	2240
Psychiatry	121	66	56	5	3	25	2	4	282
Surgery	328	92	94	98	97	30	4	3	746
Total	2859	1145	830	777	1348	351	66	34	7410

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There are also many, 289, Family Physician trained physicians in other Departments.

Family Practice Members with Assignments in Other Departments	Number of Provider Assignments
Anesthesiology, Pain and Perioperative Medicine	2
Family Practice Anesthesia	2
Division of Public Health Medicine	1
Division of Public Health Medicine	1
Emergency and Critical Care Medicine	99
Emergency	99
Maternity Care and Pediatrics	79
Family Practice Obstetrics	79
Medicine	98
Hem/Onc/Rad Oncology - Family Practice Oncology Section	10
Hospitalist Medicine	56
Palliative Medicine	32
Proceduralist	7
Proceduralist	7
Psychiatry	1
Geriatric Psychiatry	1
Surgery	2
Orthopedic Surgery	1
Plastic Surgery	1

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About 306 Family Physician are not Credentialed and Privileged in Island Health.

**That makes:
855+289+306=1450 FPs on the Island.**

Many/most do Community based FP and in addition, provide services in Island Health Facilities.

COMMUNITY BASED PHYSICIANS WITHOUT ISLAND HEALTH PRIVILEGES (December 31, 2019) – Medical Services Plan Data	
00 - GENERAL PRACTICE	306
01 - DERMATOLOGY	5
02 - NEUROLOGY	3
03 - PSYCHIATRY	36
05 - OBSTETRICS & GYNAECOLOGY	1
06 - OPHTHALMOLOGY	4
07 - OTOLARYNGOLOGY	1
09 - NEUROSURGERY	1
10 - ORTHOPAEDIC SURGERY	2
14 - PAEDIATRICS	4
15 - INTERNAL MEDICINE	5
16 - RADIOLOGY	2
18 - ANAESTHESIA	7
20 - PHYSICAL MEDICINE AND REHABILITATION	1
21 - PUBLIC HEALTH (COMMUNITY MEDICINE)	2
23 - OCCUPATIONAL MEDICINE	1
28 - EMERGENCY MEDICINE	3
45 - CLINICAL IMMUNOLOGY AND ALLERGY	1
49 - RESPIROLOGY	1
51 - ENDOCRINOLOGY	3
53 - CRITICAL CARE MEDICINE	1

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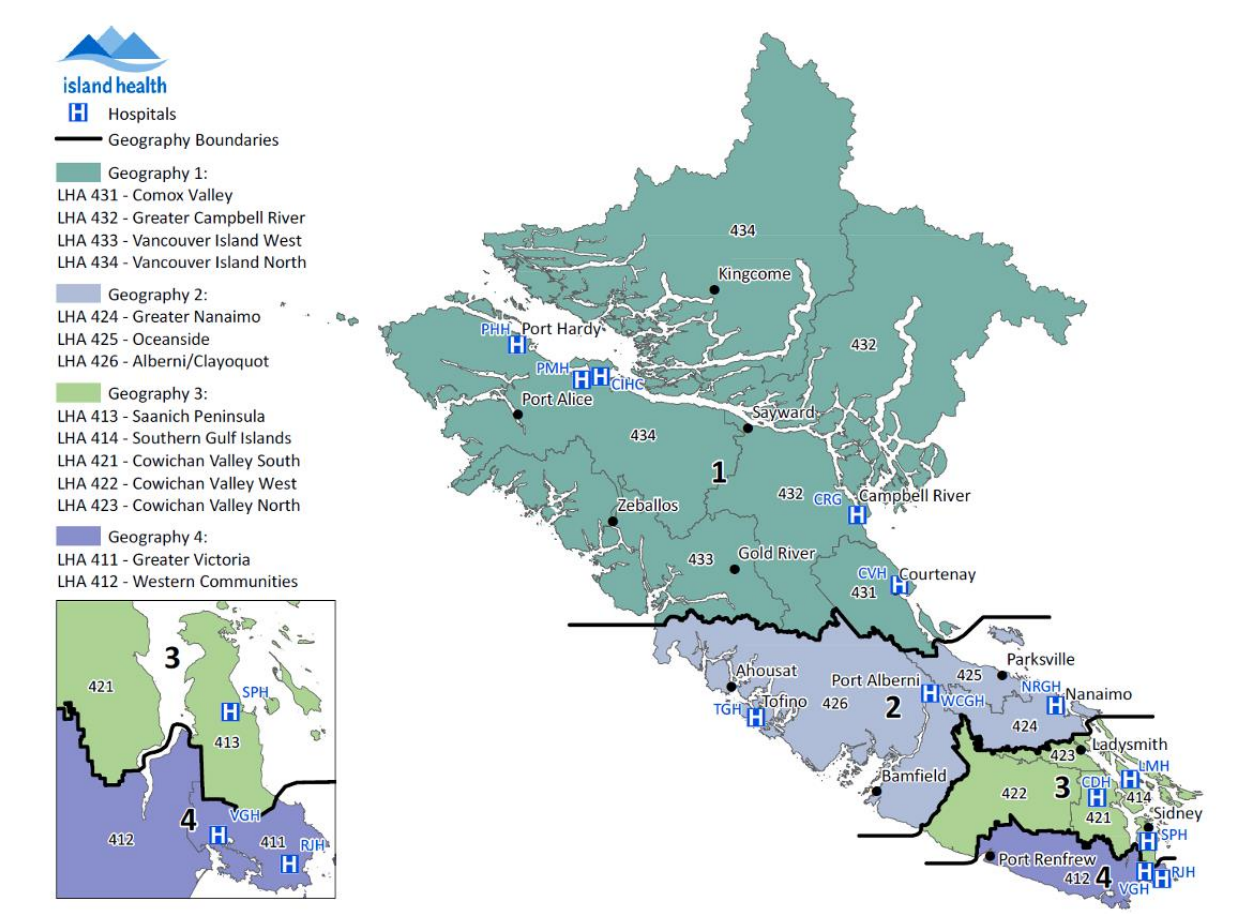


Island Health Hospitals.

These are the Island Health Hospitals.

FPs are involved in care in 100% of them and provide inpatient MRP care at 10 sites. Hospitalists provide that service at 3 sites (RJH, VGH, NRGH).

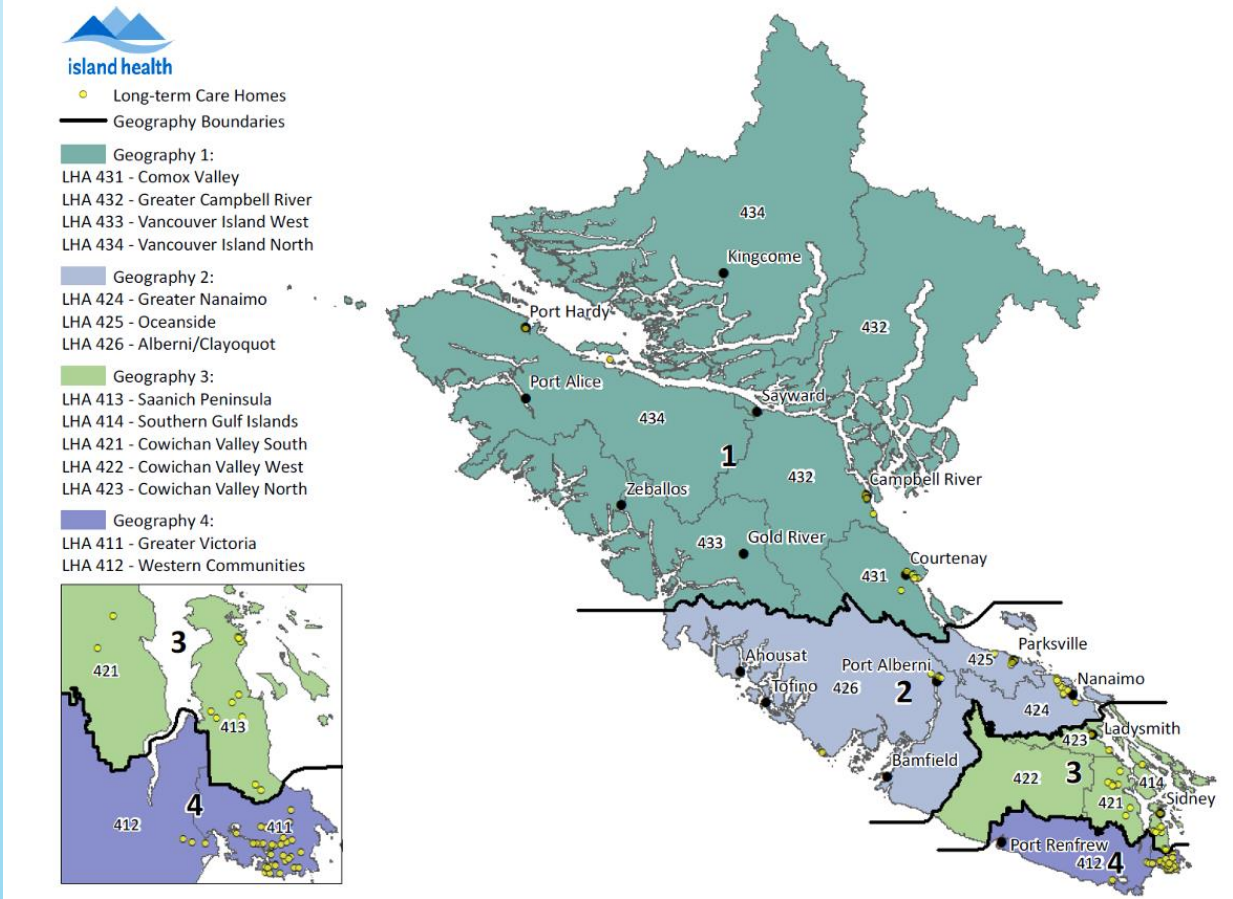
For technical reasons we apparently cannot say how many patients or bed days that represents. For Hospitalists they are identified as House Physician. Cerner cannot identify the MRP as an FP. No data, no..... .



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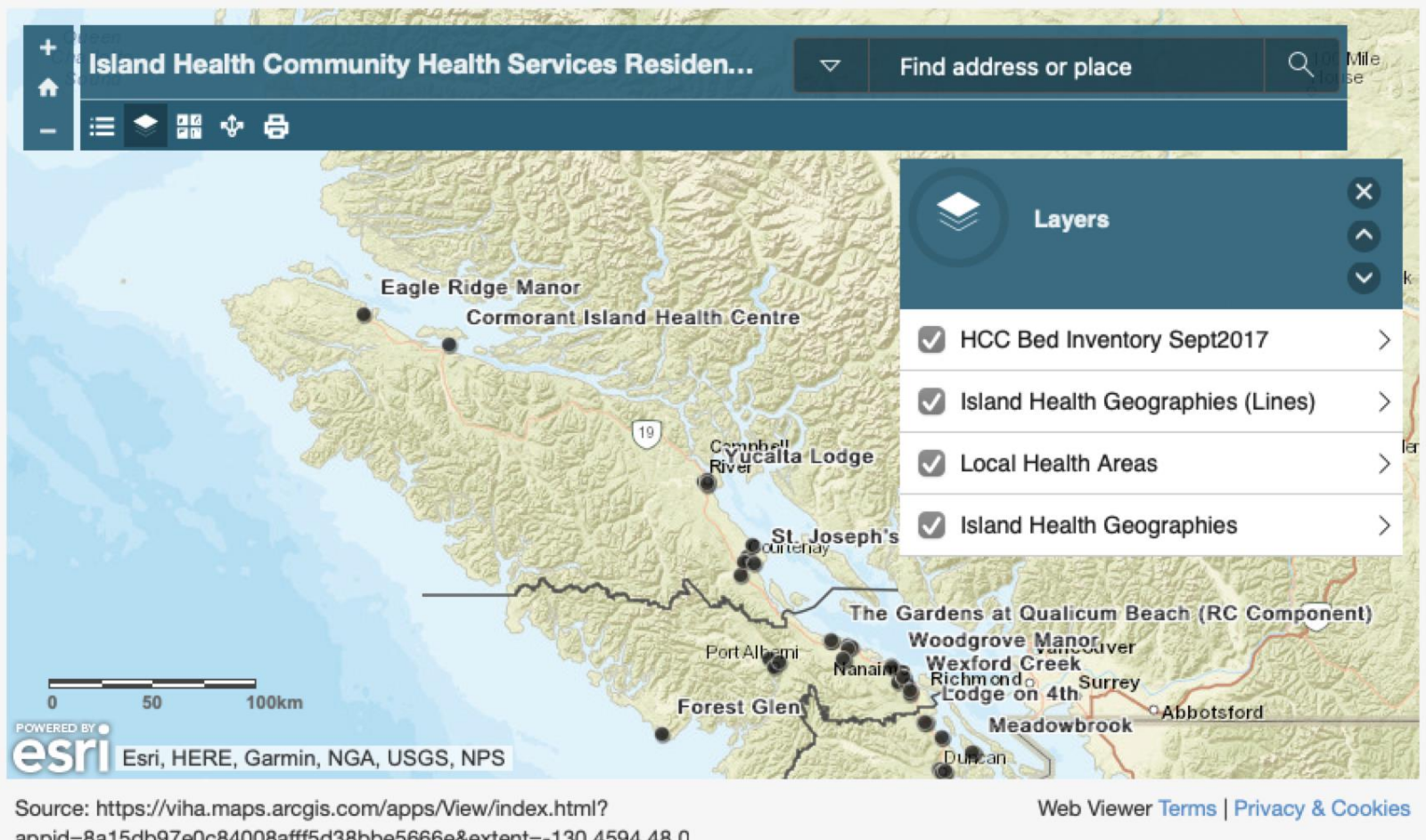
**Long Term Care
Family Physicians are the MRP for nearly
all patients in Long Term Care facilities.**



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Interactive Map



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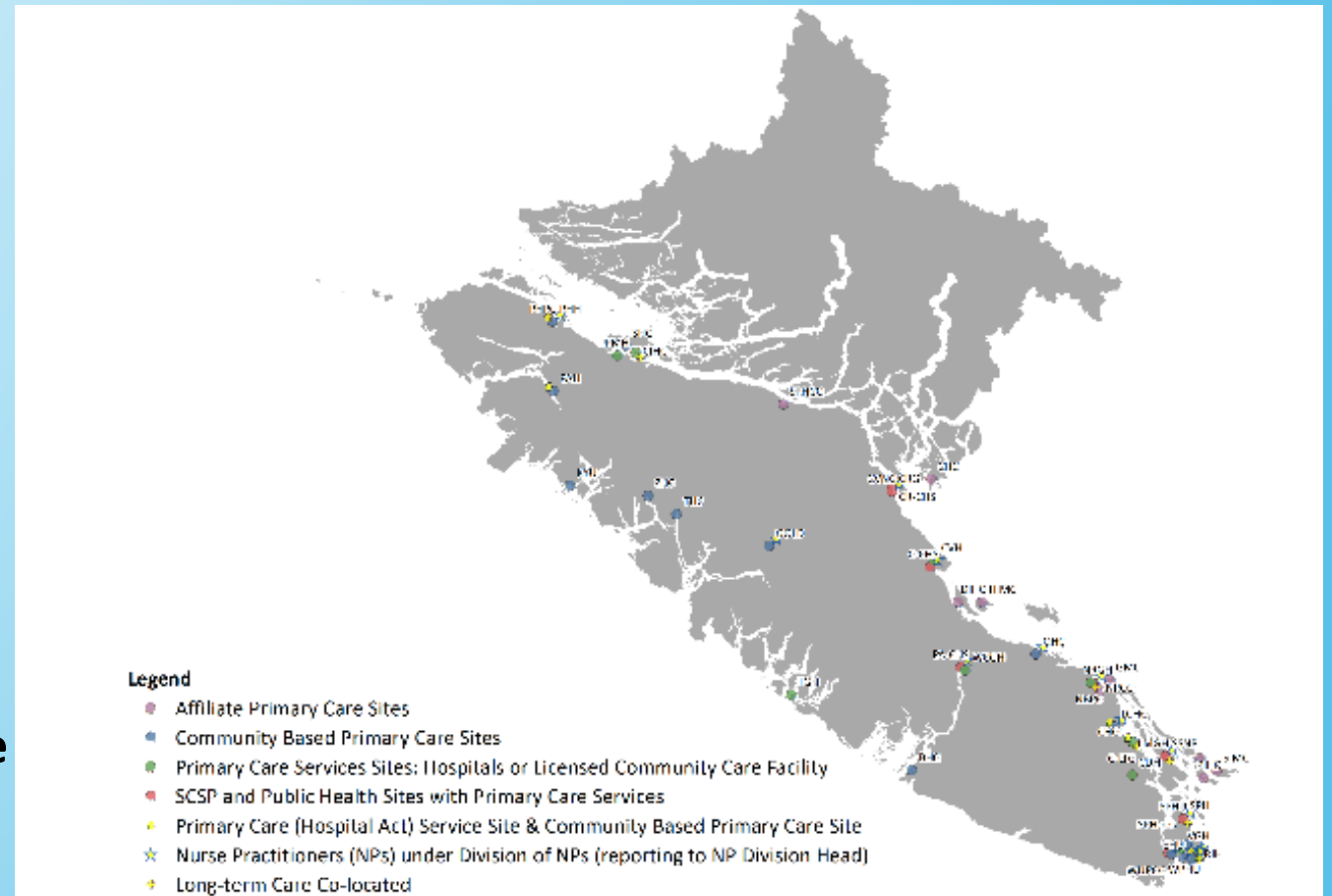
Locations of Primary Care Clinics

Island Health has 28 Owned and Operated Primary Care Clinics. Some are large and some have a single NP.

5 are UPCCs and there are two more, as yet unannounced, UPCCs coming.

Island Health delivers a lot of Primary Care.

The site abbreviations are on the Primary Care Quality "Circle Diagram." (page 37).





island health

Quality Assurance

[Notes]



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Credentialling and Privileging PC-001 (15 pages long)

This is the "backbone" of the department. It defines what is required to work at any given site. It divides the facilities into categories. (A big thankyou to Kristine Grenier and Dr. Erdem Yazganoglu).


PC-002 HRGH ED2 Home Program

PC-003 NRGH Proceduralists Program

PC-004 Return to Practice

More coming!

We also use 3 different Privileging dictionaries.



Credentials to work in the Department of Primary Care PC-001 – Primary Care

Purpose:	Required credentials and privileges for Family Physicians to work in Family Medicine (FM) sites within Island Health's Department of Primary Care (PC)
Scope:	<ul style="list-style-type: none">Guidelines for Credentialling and Privileging Family Physicians who work in Family Medicine in Urban and Rural setting.This includes Inpatient Most Responsible Practitioner (MRP), Long Term Care (LTC) MRP, Rural Emergency and Out Patient Ordering.
Outcomes:	Ensuring minimum required qualifications of Family Physicians to work in Family Medicine within the Department of Primary Care in order to maintain a high quality of patient care
Developed by:	Department of Primary Care
Approved:	Island Health – Health Authority Medical Advisory Committee – October 8, 2020

1.0 Introduction

This guideline describes privileging requirements for Family Physicians work in the Department of Primary Care in Island Health Hospital Act sites. Island Health Family Medicine is practiced in:

- Tertiary Hospitals;
- Community Acute Care Hospitals;
- Rural Acute Care Hospitals;
- Rural Urgent Care Centres;
- Rural Health Centres; and
- Long Term Care Centres.

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Credentiailling and Privileging

There are many different privileging categories.
(Family Medicine is 12 pages long).

Members move through various categories

In addition, the Division Heads need to do:

1. Locum reviews.
2. Now 2 phone reference checks.
3. Provisional to Active (189 stuck in provisional).
4. Regular reviews.
5. 360s (Not started yet formally).
6. Quite apart from many, many other things.

Privileges	Active	Provisional	Associate	Consulting	Temporary	Locum Tenens	Honorary	Scientific & Research
-Admit & Discharge Patients	X	X	No	No	x	x	No	No
-Act as Attending Physician	X	X	Members of the associate staff may not normally admit patients or write orders, unless this is specifically identified as part of their assigned duties	-	x	x	No	No
-Visit Patients	X	X	X	X	X	X	No	No
-Review Charts	X	X	X	X	X	X	No	No
-Write Notes	X	X	No	X	X	X	No	No
-Write orders	X	X	X	X	X	X	No	No
-Order Diagnostic tests	X	X	X	X	X	X	No	No
-Order PT/OT for Outpatients	X	X	X	X	X	X	No	No
-Conduct surgery *if specific privileges have been approved	X	X	No	X	X	X	No	No
-Assist in surgery	X	X	x	X	X	X	No	No
-Assigned to a primary department/division	X	X	X	X	X	X	No	No
-Vote & hold office	X	NO	No	No	No	No	No	No
-Participate in the org & service responsibilities, incl. on-call	X	X	No	X	X	X	No	No
-Attend Medical Staff & Dept/Div meetings	X Required to attend at least 70% of meetings	X Required to attend at least 70% of meetings	X	X Not eligible for appointment to medical staff committees	X Not eligible for appointment to medical staff committees	X Not eligible for appointment to medical staff committees	No	No
-Participate in admin & educational activities of the medical staff	X	X	X	X	X	X	No	Serve on committees which they have been appointed to
-Required to pay annual dues	X	X	X	No	No	No	No	No

(As per the [Island Health Medical Staff Bylaws](#))

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Credentiaing Coordinator’s Guide: Thank you to our incredible credentialing coordinators and their meticulous.

Privilege Description - Family Medicine/General Practice PPD	Cowichan District Hospital	Chemainus Health Care Centre, Ladysmith Community Health Centre, Oceanside Health Centre	NIH, Campbell River and District	NIH, Comox Valley	Kyuquot Health Centre	Lady Minto/Gulf Islands Hospital	Nanaimo Regional General Hospital	Port Alice Hospital	Port Hardy Hospital	Port McNeill Hospital	Queen Alexandra Centre for Children's Health	Royal Jubilee Hospital, Victoria General Hospital	Saanich Peninsula Hospital	Tofino General Hospital	Tahsis Health Centre	Victoria Hospice	West Coast General Hospital	Cormorant Island Health Centre (Res. Care), Eagle Park (Res. Care), Trillium Lodge (Res. Care), Chemainus Health Care Centre (Res. Care), Lady Minto/Gulf Islands Hospital (Res. Care), Saanich Peninsula Hospital (Res. Care), Aberdeen Hospital (Res. Care), Glengarry Hospital (Res. Care), Gorge Road Hospital (Res. Care), Mount Tolmie Hospital (Res. Care), Priory Hospital (Res. Care)
Core Privileges: Basic Pain Management Procedures																		
• Trigger point/bursal injections	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
• Intra articular injections (excluding hip, intraarticular glenohumeral and biceps tendon) with or without imaging guidance (image guidance may be best practice but is not mandatory)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
• Mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Core privileges: Intermediate Pain Management Procedures																		
• Peripheral intraarticular glenohumeral joint injections (image guidance recommended)	Y		Y	Y		Y						Y	Y			Y	Y	
Non-core privileges: Intermediate Pain Management Procedures																		
• Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus	Y		Y	Y		Y						Y	Y			Y	Y	
• Intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon (image guidance mandatory)																		
• Sacroiliac joint injections (image guidance mandatory)	Y		Y	Y		Y						Y	Y			Y	Y	
• Peripheral hip joint injections (image guidance recommended)	Y		Y	Y		Y						Y	Y			Y	Y	

Department of Primary Care HAMAC Report 2021



Appointment Categories

APPOINTMENT CATEGORIES
(As per VIHA Medical Staff Bylaws of June 21, 2017)

Privileges / Duties / Responsibilities	PROVISIONAL	ACTIVE	ASSOCIATE	CONSULTING	TEMPORARY	LOCUM TENENS	HONORARY	SCIENTIFIC & RESEARCH
• Admit & Discharge Patients	✓	✓	No	No	✓	✓	No	No
• Act as Attending Physician	✓	✓	No	No	✓	✓	No	No
• Visit Patients	✓	✓	✓	✓	✓	✓	No	No
• Review Charts	✓	✓	✓	✓	✓	✓	No	No
• Write Progress Notes	✓	✓	✓	✓	✓	✓	No	No
• Write Orders	✓	✓	No	✓	✓	✓	No	No
• Order Diagnostic Tests	✓	✓	✓	✓	✓	✓	No	No
• Order PT/OT for Outpatients	✓	✓	✓	✓	✓	✓	No	No
• Conduct Surgery *If Specific Privileges are Approved	✓	✓	No	✓	✓	✓	No	No
• Assist at Surgery	✓	✓	✓	✓	✓	✓	No	No
• Assigned to a Primary Dept	✓	✓	✓	✓	✓	✓	No	Yes
• Vote & Hold Office	No	✓	No	No	No	No	No	No
• Participate in the organizational & service responsibilities, including on-call	✓	✓	No	✓	✓	✓	No	No
	✓	✓		Maybe Required	✓	✓		
• Attend Medical Staff & Dept Meetings	Required to attend at least 70% of primary dept/div meetings	Required to attend at least 70% of primary dept/div meetings	✓	Not eligible for appointment to medical staff committees	Not eligible for appointment to medical staff committees	Not eligible for appointment to medical staff committees	No	No
	✓	✓		✓	✓	✓		
• Participate in administrative and educational activities of the medical staff	✓	✓	✓	✓	Expected to attend educational activities	Expected to attend educational activities	No	Serve on committees which they have been appointed.
• Required to Pay Annual Dues	✓	✓	✓	No	No	✓	No	No
			Can admit under special circumstances. Dept Head decide and Medical Director approves. Access to ordering diagnostic tests in ambulatory setting. Add Site Outpatient Ordering.	Use this and Associate for non-VIHA sites. Core privs only. Also used when physician has something special to offer.	Not to exceed 12 months. Renewal maybe considered.	Not to exceed 12 months. Renewal maybe considered. Replacing member of active, provisional, consulting staff categories during absence. Privileges not to exceed privileges of member replacing.		

Privileges: A permit to practice medicine, dentistry, midwifery or nursing as a nurse practitioner in the facilities and programs operated by the health authority and granted by the Vancouver Island Health Authority to a member of the medical staff, as set forth in the *Hospital Act* and *Regulations*. Privileges describe and define the scope and limits of each practitioner's permit to practice in the facilities and programs of the Vancouver Island Health Authority.

Temporary Privileges: A permit to practice in the facilities and programs operated by the Vancouver Island Health Authority that is granted to a member of the medical staff for a specified period of time in order that he/she may provide a specific service.

Medical Staff Appointments consist of four separate, but interlinked processes:

1. **ASSESSMENT** and validation of Credentials;
2. **APPOINTMENT** to the Medical Staff in the appropriate Category;
3. **ASSIGNMENT** to a Department(s) based on the member's training, experience, and domain of practice;
4. **GRANTING** of Privileges within the scope of the member's Credentials, and consistent with the context of practice in Island health facilities and programs.

The first of these processes (**ASSESSMENT** of Credentials) is the responsibility of medical administration, through the MPPC. The other three (**APPOINTMENT** to the Medical Staff, **ASSIGNMENT** to a Department(s), **GRANTING** of Privileges) are a Board responsibility, on the advice of HAMAC.

Dental Staff – Members of the dental staff will be classified as active, provisional, associate, consulting, locum tenens, scientific and research, and honorary, as outlined in sections 6.1 to 6.8 of the Bylaws. Members of the dental staff do not have admitting privileges.

Midwifery Staff – Members of the midwifery staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, scientific and research, and honorary, as outlined in sections 6.1 to 6.8 of the Bylaws. Members of the active, provisional or locum midwifery staff may admit patients and write orders as appropriate to the practice of midwifery in the facility.

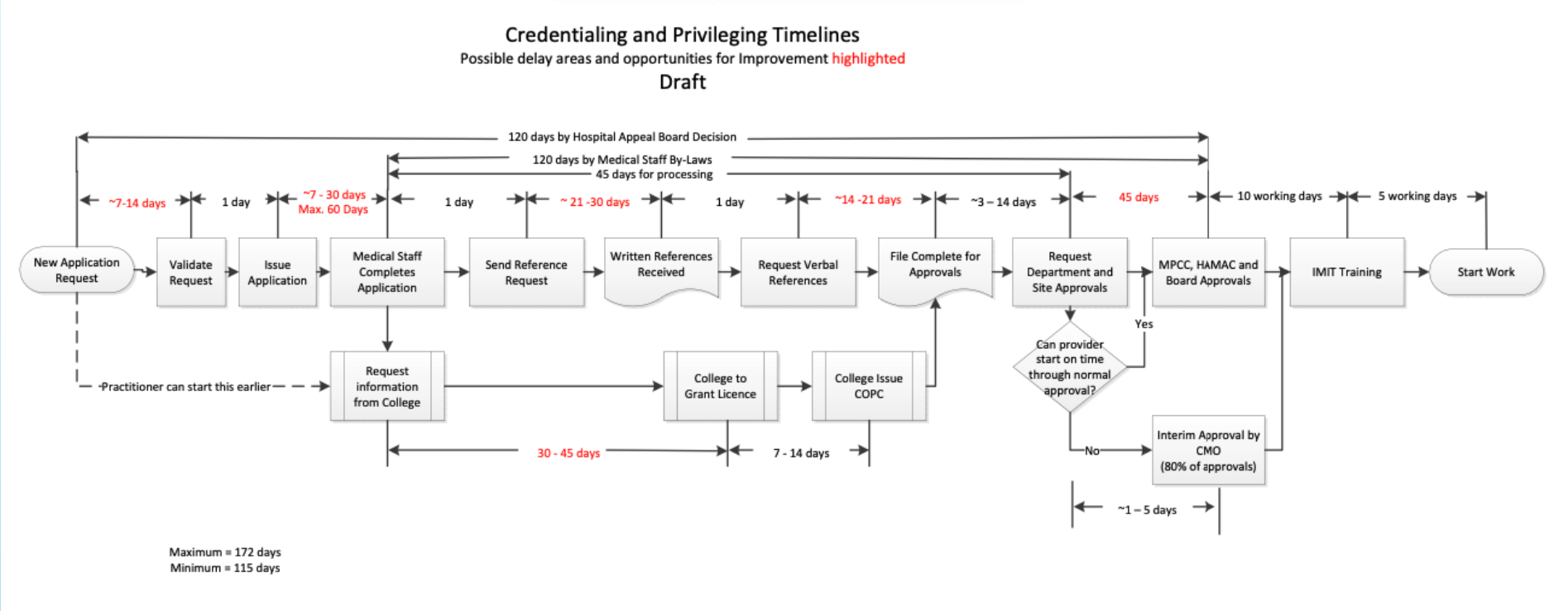
Nurse Practitioners – Members of the nurse practitioner staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, and honorary, as outlined in sections 6.1 to 6.8 of the Bylaws. Members of the active, provisional, or locum nurse practitioner staff may admit, discharge and write orders as appropriate to the practice of nurse practitioners.

Department of Primary Care HAMAC Report 2021



Credentiailling and Privileging Timelines

This is a complex process with many steps. I try to do same day, if I can, and cover for those who cannot. It is too slow, which creates a frustrating experience for applicants.





Quality Improvement

There has been progress, in particular with supporting quality with decision support tools like order sets, iHealth initiatives, working collaboratively with the Medicine Quality Council and the equivalent in LTC, and the invention of the Primary Care Quality Council, however several key initiatives, have been either planned and not started (e.g. 360s) or stalled (e.g. Physician Performance Profile or moving Provisional to Active).



Department of Primary Care HAMAC Report 2021



BC Health Quality Matrix

We talk a lot about quality.

We do lots of things to support it.

It is difficult to measure.

Family Practice/Primary Care is involved in a person's life pre-cradle to grave. Intermittently patients go into and out of Facilities and/or need specialty care.

 BRITISH COLUMBIA HEALTH QUALITY MATRIX		DIMENSIONS OF QUALITY							
		RESPECT Honouring a person's choices, needs and values	SAFETY Avoiding harm and fostering security	ACCESSIBILITY Ease with which health and wellness services are reached	APPROPRIATENESS Care that is specific to a person's or community's context	EFFECTIVENESS Care that is known to achieve intended outcomes	EQUITY Fair distribution of services and benefits according to population need	EFFICIENCY Optimal and sustainable use of resources to yield maximum value	
		INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE			
AREAS OF CARE	OPTIMIZING THE EARLY YEARS Advancing early development and maternal health and wellness								
	STRENGTHENING HEALTH & WELLNESS Promoting well-being and preventing injury, illness and disability								
	RETURNING TO HEALTH & WELLNESS Getting better when faced with acute illness or injury								
	LIVING WITH ILLNESS OR DISABILITY Care and support for living with chronic illness and/or disability								
	COPING WITH TRANSITION FROM LIFE Planning, care and support for life-limiting illness and bereavement								

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Primary Care Quality Council

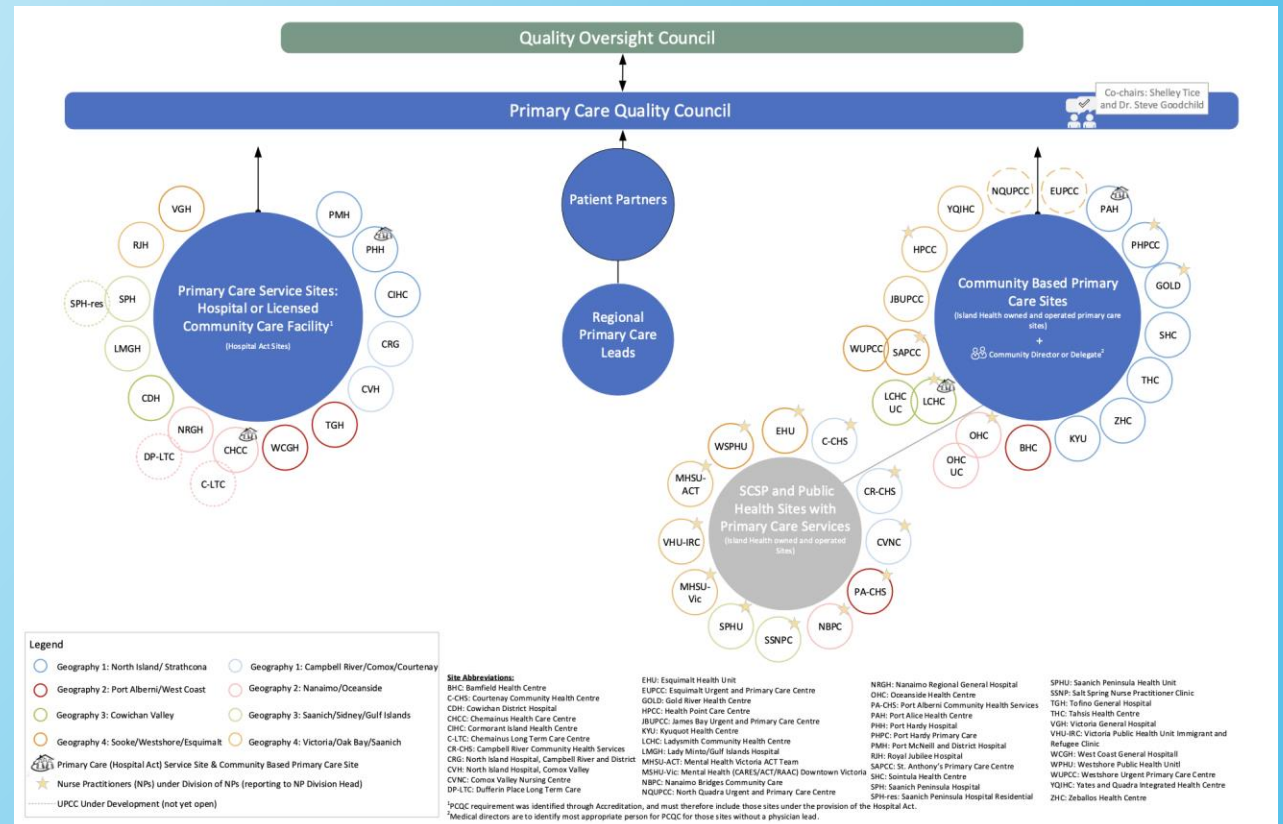
Many good things happen at Island Health. One of the best was the creation of the Primary Care Quality Council in 2019/2020.

It was born out of an unflattering Accreditation in April 2018. There have been 11 meetings.

There is finally a place to take community PSLs and discuss Quality including measurement.

The co-chairs are Dr. S.Goochild and Shelley Tice/Shaun Lorhan. The Regional Partners are Chaundra Willms NP and Dr. William Cunningham.

(A thank you to Sherry Gill).



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There are many parts to quality.

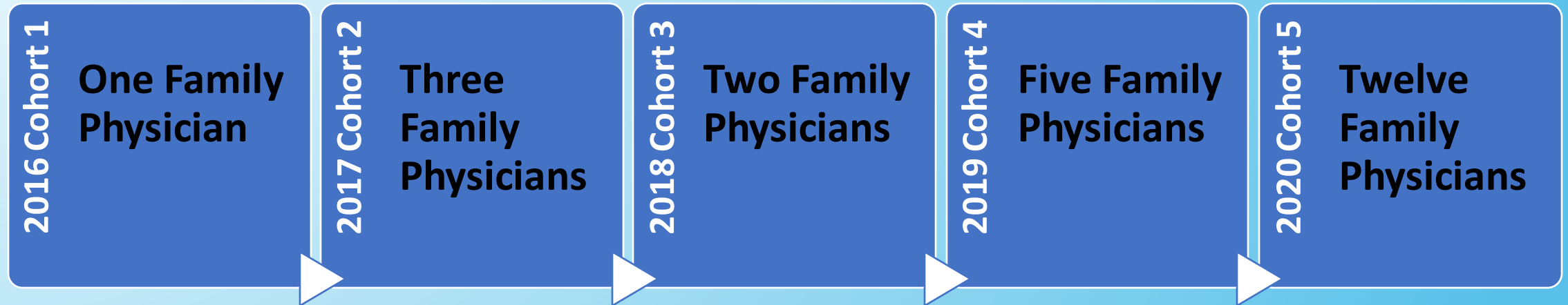
One key factor is getting the Medical Staff to think about Quality and Leadership of change.

The Department of Primary Care supports many initiatives (with other parts of the organization):

- 1. Teach Quality. One example is the SSC (Specialist Services Committee) PQI. HSR funding.**
- 2. Teach Leadership. Sauder School of Business Physician Leadership program.**
- 3. Support instruments that support Quality: LMAC revitalization and Quality initiatives like M&M rounds.**
- 4. Give feedback individually: Physician Performance Profile (Brandon Wagar).**
- 5. Give feedback through 360 and through Provisional to Active. (Not started and data not available....yet.**
- 6. Create decision support tools. Clinical Order sets. (Alison Steinbart)**

There are many other examples I could give. There is so much.

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* Island Health PQI has an Alumni Network including physicians who have gone through Clinician Quality Academy (CQA), there are eight CQA Family Physicians.

** Two Nurse Practitioners have also completed PQI.

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Executive Education

- 15 Cohorts of Sauder School PLP
- 480 Physicians Across BC have Attended
- 61 Physicians from VIHA have Attended
- 14 Family Physicians have Attended

UPC SAUDER School of Business PLP

Last Name	Health Authority	Current Job Title
McLeod	Vancouver Island Health Authority	Aboriginal Medical Director
Cunningham	Vancouver Island Health Authority	Medical Director CHS Urban Victoria; Department Head Primary Care
Saunders	Vancouver Island Health Authority	Medical Lead Tertiary Mental Health Services
Delete Zappavigna	Vancouver Island Health Authority	Urologist
Horvat	Vancouver Island Health Authority	Medical Director, Western Communities

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Order sets

island health Clinical Order Set		Demographics		island health Clinical Order Set		Demographics		island health Clinical Order Set		Demographics		island health Clinical Order Set		Demographics	
MED General Admission Adult * Elder friendly – Greater Than or Equal to 75 year (A.Steinbart, March 15 2021 v16)				MED General Admission Adult * Elder friendly – Greater Than or Equal to 75 year (A.Steinbart, March 15 2021 v16)				MED General Admission Adult * Elder friendly – Greater Than or Equal to 75 year (A.Steinbart, March 15 2021 v16)				MED General Admission Adult * Elder friendly – Greater Than or Equal to 75 year (A.Steinbart, March 15 2021 v16)			
Page 1 of 4		Key		Page 2 of 4		Key		Page 3 of 4		Key		Page 4 of 4		Key	
<p>Instructions for completing this order set:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Indicates a pre-selected order. To delete a pre-selected order, draw a line through it <input type="checkbox"/> Must tick the box for order to be implemented. Orders not checked will not be implemented Fill in blank spaces as needed/appropriate - Indicates an item for consideration by Provider; is NOT an order <p>MED General Admission Adult</p> <p>Admit/Transfer/Discharge/Status Expected Date of Discharge (EDD): _____</p> <p>Diagnosis: _____</p> <p><input type="checkbox"/> Admit to Hospitalist, Target Unit: _____, Contact Patient Placement to place House Physician as MRP OR</p> <p><input type="checkbox"/> Admit to Inpatient, MRP is: _____, Target Unit: _____</p> <p><small>NOTE: Target Unit and bed assignment are dependent on availability as per site coordinator and/or patient flow</small></p> <p><input type="checkbox"/> Nursing Unit Assistant Communication, Add Dr: _____ as Consultant in patient chart</p> <p>Medical Orders for Scope of Treatment</p> <p>- MRP to complete Medical Orders for Scope of Treatment (MOST)</p> <p>- If MOST Status M1/M2/M3 and death is anticipated consider "nurse to pronounce" order</p> <p><input type="checkbox"/> Nurse to Pronounce, Notify MRP and family/next of kin, if death occurs after 2200, then notify MRP in AM</p> <p>Diet/Nutrition</p> <p>- See "Integrated Nutrition Pathway for Acute Care (INPACT)" for detection, prevention and treatment of malnutrition</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> NPO, <input type="checkbox"/> except medications</p> <p><input type="checkbox"/> Diet to NPO Pre-Procedure</p> <ul style="list-style-type: none"> Nursing to order/modify diet as indicated by "Pre-operative Fastings for Procedures Booked Under Anesthesia" Nursing to place NPO order at appropriate time <p><input type="checkbox"/> Clear Fluids (CF) <input type="checkbox"/> Full Fluids (FF) <input type="checkbox"/> Advance diet as tolerated</p> <p><input type="checkbox"/> Healthy Heart <input type="checkbox"/> 2 gram Sodium <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Dysphagia, Specify viscosity: <input type="checkbox"/> Thin Fluids <input type="checkbox"/> Nectar Thick <input type="checkbox"/> Honey Thick</p> <p><input type="checkbox"/> Fluid Restriction, Specify texture: <input type="checkbox"/> Pureed <input type="checkbox"/> Fully Minced <input type="checkbox"/> Soft and Minced <input type="checkbox"/> Cut Up</p> <p><input type="checkbox"/> Fluid Restriction, _____ ml/24h</p> <p><input type="checkbox"/> Consult to Dietitian, Inpatient, Reason: _____</p> <p>Activity</p> <p><input type="checkbox"/> Activity as Tolerated <input type="checkbox"/> bedrest <input type="checkbox"/> Up with Assistance</p> <p><input type="checkbox"/> Up to Chair, TID with meals and PRN <input type="checkbox"/> Ambulate TID OR _____</p> <p><input type="checkbox"/> Activity Restrictions, specify: _____</p> <p><input type="checkbox"/> Weight Bearing Restrictions: _____</p> <p><input type="checkbox"/> Consult to Occupational Therapy (OT), Inpatient, Reason: _____</p> <p><input type="checkbox"/> Consult to Physiotherapy (PT), Inpatient, Reason: _____</p>		<p>Key: Req – Requirement MAR – Medication Administration Record K – Kardex Dis – Discontinued</p> <p>Instructions for completing this order set:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vital Signs BID OR _____ <input type="checkbox"/> Orthostatic Vital Signs, Q _____ H, Duration: _____ days <input type="checkbox"/> Neurovitals, Q _____ H, Duration: _____ days <input checked="" type="checkbox"/> Weight, ONCE, on admission AND <input type="checkbox"/> DAILY OR <input type="checkbox"/> Q1W; Measure with scale weight, not bed weight, when possible <input type="checkbox"/> Nicotine Replacement Therapy – Provider to complete orders <p>Oxygen Therapy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Titrate O₂ level to maintain SpO₂ at 92% or greater OR _____ % <input type="checkbox"/> Titrate O₂ level to maintain SpO₂ at 88 – 92% for patients diagnosed with COPD <p><input type="checkbox"/> Strict intake & Output, Q _____ H, Duration: _____ days</p> <p><input type="checkbox"/> Bladder Scan, PRN OR _____ for bladder discomfort or inability to void despite optimizing voiding conditions</p> <p><input type="checkbox"/> Urinary Catheter in and Out x 2, PRN for post-void residual greater than 500 mL OR _____ mL OR discomfort due to urinary retention; If retention continues after 2 in & Out catheterizations then insert indwelling urinary catheter and notify MRP during daytime hours</p> <p>AND</p> <p><input type="checkbox"/> Place Lab Order, if indwelling catheter inserted then send urine for Culture and Urinalysis, Reason: urinary retention</p> <p>Communication Orders</p> <p><input type="checkbox"/> Request Records from Family Doctor, Notify Family Doctor to send Patient Summary</p> <p><input type="checkbox"/> Request Records from Specialist, Dr. _____ Details: _____</p> <p>Laboratory</p> <p>- See "Routine HIV Acute Care Testing Physicians: Frequently Asked Questions" per Island Health STOP HIV/AIDS Program</p> <p><input type="checkbox"/> HIV Ag/Ab Combination Assay, Blood, Early AM Run Tomorrow (if not done within last 8 years)</p> <p>Other: _____</p> <p>Diagnostic Imaging</p> <p><input type="checkbox"/> _____</p> <p>Continuous Infusions</p> <p><input type="checkbox"/> IV Fluid:</p> <ul style="list-style-type: none"> saline Lock IV (Provider to specify further details if indicated); <input type="checkbox"/> Now <input type="checkbox"/> At _____ h <input type="checkbox"/> When drinking well <p>Analgesics and Antipyretics (non-opiate)</p> <ul style="list-style-type: none"> acetaminophen - RANGE DOSE, 500 mg to 1,000 mg, Tab, oral, Q6H, PRN for pain/fever; Max acetaminophen from all sources: 4,000 mg OR <input type="checkbox"/> 2,000 mg per 24 hours ibuprofen - RANGE DOSE, 200 mg to 400 mg, Tab, oral, Q6H, PRN for pain/fever <p>- R/H/VGH/NRGH only: May order in writing below for Pharmacy to compound gel to 10% concentration</p> <ul style="list-style-type: none"> diclofenac topical ES (Voltaren Emulgel Extra Strength Back and Muscle Pain 2.32%), Gel, topical, TID, PRN for pain <p>Apply to body area (specify): _____</p> <p>Opiates</p> <p><input type="checkbox"/> _____</p> <p>Opiate Reversal</p> <ul style="list-style-type: none"> naloxone inj, 0.1 mg, Q3MIN, Soln-Inj, IV/IM/SC, PRN for opioid reversal, if RR less than 8 AND decreased level of consciousness. Administer until patient alert/awake and RR greater than 8; Notify MRP if administered 		<p>Key: Req – Requirement MAR – Medication Administration Record K – Kardex Dis – Discontinued</p> <p>Anticoagulants</p> <ul style="list-style-type: none"> - In CPOE, Provider to complete "Venous Thromboembolism (VTE) Prophylaxis (Module)" <input type="checkbox"/> No VTE Prophylaxis Required, Reason: Patient will be ambulating and is not at risk of DVT OR <p>40 to 100 kg AND less than 85 years</p> <ul style="list-style-type: none"> <input type="checkbox"/> enoxaparin, 40 mg, Soln-Inj, SUBCUT, Q24H <p>Less than 40 kg OR greater than 85 years OR eGFR 20 to 29 mL/min</p> <ul style="list-style-type: none"> <input type="checkbox"/> enoxaparin, 30 mg, Soln-Inj, SUBCUT, Q24H <p>Greater than 100 kg AND eGFR greater than 20 mL/min</p> <ul style="list-style-type: none"> <input type="checkbox"/> enoxaparin, 0.5 mg/kg/day x _____ kg = _____ mg, Soln-Inj, SUBCUT, Q24H <p>For eGFR less than 20 mL/min</p> <ul style="list-style-type: none"> <input type="checkbox"/> heparin inj, 5,000 units, Soln-Inj, SUBCUT, Q12H <p>For use ALONE in place of enoxaparin if high risk for bleeding OR used in combination with enoxaparin for very high risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> intermittent Pneumatic Compression Devices, while in bed OR <input type="checkbox"/> Overnight only OR <input type="checkbox"/> Until ambulating regularly <p>Antiemetics</p> <ul style="list-style-type: none"> dimenhydrinate (Gravol or equiv) - RANGE DOSE <input type="checkbox"/> 12.5 mg to 25 mg, Tab, oral, Q6H, PRN for nausea <input type="checkbox"/> 25 mg to 50 mg, Tab, oral, Q6H, PRN for nausea <p>dimenhydrinate inj (Gravol or equiv) - RANGE DOSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12.5 mg to 25 mg, Soln-Inj, IV, Q6H, PRN for nausea <input type="checkbox"/> 25 mg to 50 mg, Soln-Inj, IV, Q6H, PRN for nausea <ul style="list-style-type: none"> <input type="checkbox"/> ondansetron - RANGE DOSE, 4 mg to 8 mg, Tab, oral, Q8H, PRN for nausea/vomiting <input type="checkbox"/> ondansetron inj - RANGE DOSE, 4 mg to 8 mg, Soln-Inj, IV, Q8H, PRN for nausea/vomiting <p>Gastrointestinal Agents</p> <ul style="list-style-type: none"> Bowel Management (Module) - Provider to complete orders (See attached) polyethylene glycol (PEG 3350), 17 g, Packet, oral, DAILY OR <input type="checkbox"/> BID polyethylene glycol (PEG 3350), 17 g, Packet, oral, DAILY, PRN for constipation senosides A & B, 12 mg OR <input type="checkbox"/> 24 mg, Tab, oral, QHS <p>Anxiolytics, Sedatives and Hypnotics</p> <ul style="list-style-type: none"> melatonin - RANGE DOSE, 3 mg to 6 mg, Tab-Disintegrating, SL, QHS PRN for sleep <p>- Choose only ONE sedative option below</p> <ul style="list-style-type: none"> zopiclone <input type="checkbox"/> 3.75 mg, Tab, oral, QHS, PRN for sleep <input type="checkbox"/> 7.5 mg, Tab, oral, QHS, PRN for sleep <p>trazodone - RANGE DOSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12.5 to 25 mg, Tab, oral, QHS, PRN for sleep <input type="checkbox"/> 25 mg to 50 mg, Tab, oral, QHS, PRN for sleep 		<p>Key: Req – Requirement MAR – Medication Administration Record K – Kardex Dis – Discontinued</p> <p>Consults/Referrals</p> <p>Consult to Inpatient Service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Pharmacist, Reason: _____ <input type="checkbox"/> Social Work, Reason: _____ <input type="checkbox"/> Speech Language Pathology (SLP), Reason: _____ <input type="checkbox"/> Respiratory Therapist, Reason: _____ <p>Referral to Community Health Services, Home Health Monitoring, Outpatient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> COPD <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Failure <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Kidney Disease (CKD) <p>Consult to GEM/GSS Team, Inpatient, <input type="checkbox"/> Medicine OR <input type="checkbox"/> Psychiatry, Reason: _____</p> <p>Consult to Addictions Medicine, Inpatient, follow site process for contacting/notifying Addictions Medicine</p> <p>Consult to Hospital At Home (HAH), Inpatient, follow site process for contacting/notifying HAH</p>									
Signature, Designation College License # Date Time Page 1/4		Signature, Designation College License # Date Time Page 2/4		Signature, Designation College License # Date Time Page 3/4		Signature, Designation College License # Date Time Page 4/4									
EOS -xxx2020 /MD/xx-20v2		EOS -xxx2020 /MD/xx-20v2		EOS -xxx2020 /MD/xx-20v2		EOS -xxx2020 /MD/xx-20v2									

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iHealth

'One Person. One Record. One Plan for health and care.'
This is a cornerstone of supporting quality.

Cerner EMR development

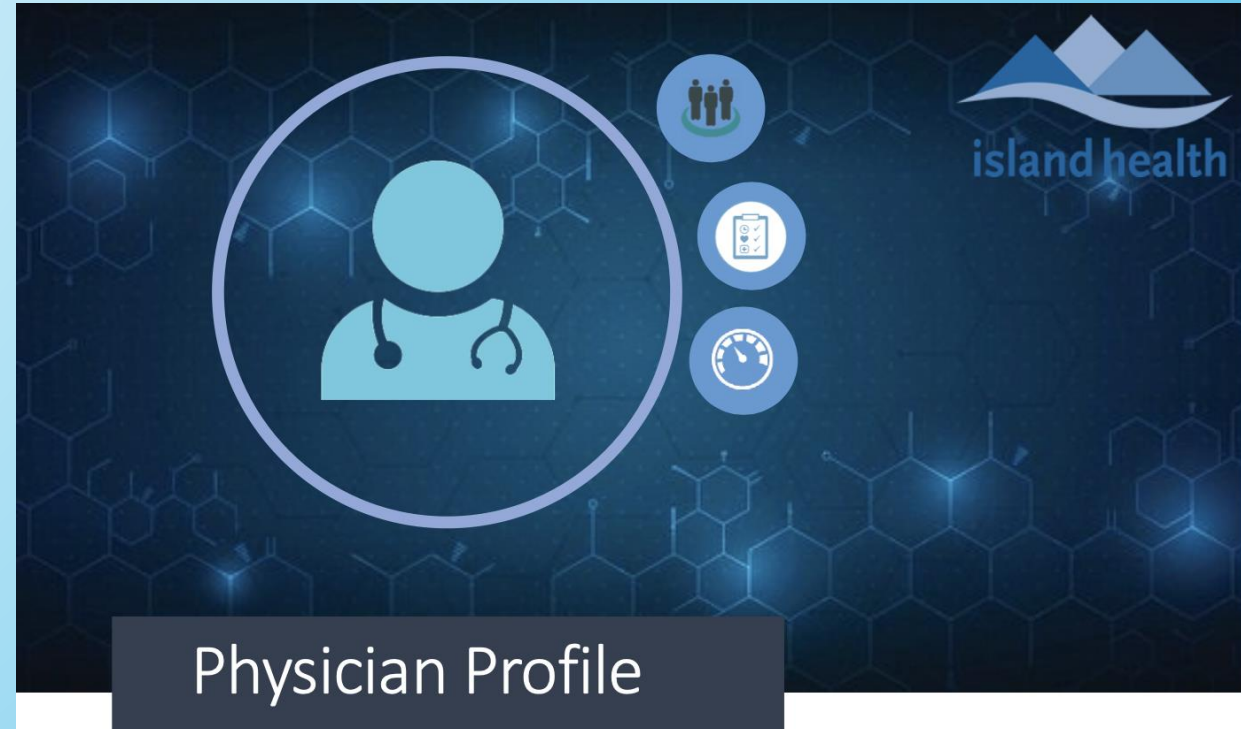
A new exciting frontier of quality enhancement.
A challenge to build and get right.

Department of Primary Care HAMAC Report 2021

Physician Performance Profile.

Data driven feedback, even if no one else, not even the Division Head or Department Head, can see it, is so important.

The Ministry of health/Doctors of BC has Done this for decades for the practices In the community.



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Physician Performance Profile:

LTC 5 measures: (Dr. Margaret Mannville)

1. Potential inappropriate use of antipsychotics
2. Transfers to ED (7 to 2 per day with COVID)
3. Number of residents on 9 or more meds.
4. Has pain or worsened pain
5. Pressure ulcers? Falls?

Rural Emerg 5 measures:

Not discussed yet.

Provider Profile 7

Where Are We Now:

Measures in orange are in development and will be released soon

Core (Inpatient MRP)	Family Practice, Obstetrics & Midwifery	Pediatrics	Medicine	Anesthesia
Age; Gender; Comorbidities; Casemix Group; Hospital Harm; Length of Stay (eLOS, long-stay outliers); Readmissions; Mortality; Discharges occurring before 11AM and 2PM; Lab abnormal result rate	C-Section rate; Obstetric Harm; Birth Trauma; Preterm birth rate; SGA rate; LGA rate; Medication Reconciliation (NRGH only)	Steroids medications administered for pediatric patients with Asthma; Appropriate antibiotics for Pediatric patients with pneumonia; CT rate among pediatric patients with head injury; Rate of X-Ray performed for pediatric patients admitted with bronchiolitis; Rate of steroids medication administered for pediatric patients admitted with	NEPHROLOGY Hospitalization rates (Overall, CHF and AMI); Catheterization & fistula rates; INTERNAL MEDICINE UMAC visits within 10 & 30 days (Cirrhosis & Heart Failure)	Total OR hours; Unplanned admission of daycare case to inpatient; On time starts; Case delays

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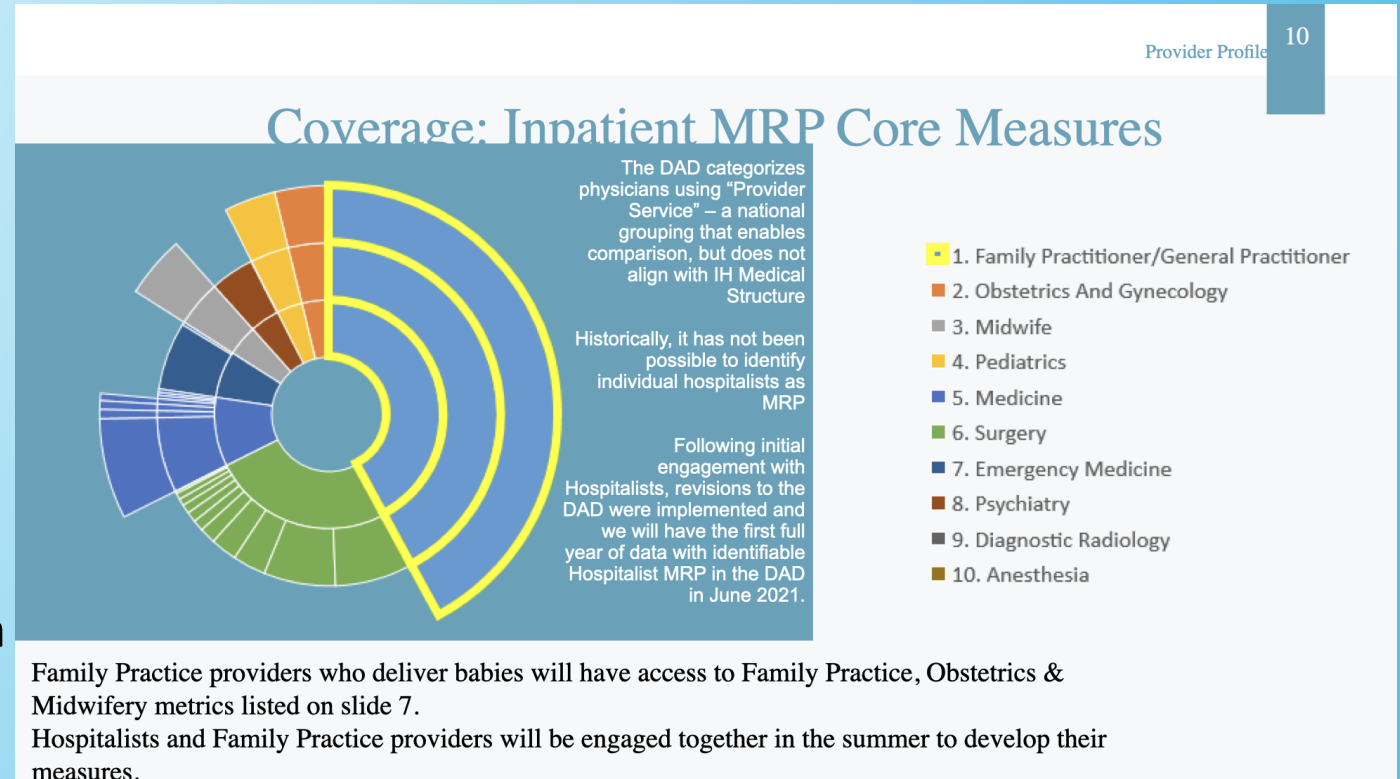
Physician Performance Profile

FP MRP/Hospitalist 5 metrics:

For starters:

1. Hospital Harm
2. Length of stay (eLOS, long stay outliers)
3. Readmissions
4. Mortality
5. Discharges occurring before 11am and 2pm

There will be others, including quality measures.



Department of Primary Care HAMAC Report 2021 – Departmental M&M/QA Meetings



Department	Site	Geo	Inputs	Scope	Outputs	Frequency	Other
Primary Care	CVH	1		PSLS Review		Monthly	
Primary Care	Mt. Waddington	1		PSLS Review		Monthly	
Primary Care	TGH	2		M&M, PSLS Review		Monthly	
Primary Care	WCGH	2		M&M, PSLS Review		Quarterly	
Primary Care	NRGH	2		M&M starting		Quarterly	
Primary Care	Dufferin, Trillium, Eagle Park	2				N/A	
Primary Care	Oceanside	2		PSLS Review		Monthly	
Primary Care	LMH	3		PSLS Review		Monthly	
Primary Care	SPH	3		M&M, PSLS Review		Quarterly	
Primary Care	CDH	3					
Primary Care	VGH/RJH	4				N/A	
ED	CRG/CVH	1					Does CRG have hospital rounds?
ED	WCGH	2	Interesting Cases	Disposition Rounds		6 monthly	
ED	NRGH	2		QA/Case Review		Ad Hoc	
ED	CDH	3		Nothing Formal			
ED	SPH	3		M&M Multidisciplinary	Geo 3 QC	Ad Hoc	
ED	VGH/RJH	4		QA/Case Review	Newsletter	Monthly	

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Grand rounds

A COVID silver lining.

Posted on the Department of Primary Care Website.

Broadly advertised. Come with Mainpro credits. Monthly.

We now have to figure out how to put up the recordings so that they can be accessed. Tricky. An organization wide Issue.

Topics: Summer 2020, COVID management in Rural EDs.

Oct. 22, 2020 HHM and chronic disease management.

Nov. 26, 2020 Addictions during the pandemic.

Jan. 28, 2020 COVID-19 Epidemiology

March 25, 2021 "The Long Haul": Post COVID Care in BC.

The logo for Primary Care Grand Rounds, featuring the Island Health logo at the top, followed by a collage of terms related to primary care: Team Based Care, Facility, Family, Partner in health & wellness, Nurse Practitioner, Community, Primary Care, Health, Doctor, Care Provider, Support, Palliative Care, Holistic, Pediatrics, and Prevention.

Primary Care Grand Rounds

“The Long Haul”: Post COVID Care in BC

Thursday, March 25, 2021
0800h – 0900h

Presenter: Dr. Jane McKay, UBC Clinical Associate Professor, Internist St. Paul's Hospital

Learning Objectives:

- Learn more about prevalence, pathophysiology and symptomatology of post-COVID 19 syndrome.
- Enhance Primary Care Providers' knowledge about how to care for patients who have had COVID-19.
- Enhance Primary Care Providers' understanding of the resources in BC to supporting this care.

Please submit all questions in advance via Slido [#IslandHealthPCrounds](#)

Zoom Information:
<https://viha-a.zoom.us/j/66233796577?pwd=SmFnVlRVN3hKRng0dElvZnVOOGZpdz09>

Meeting ID: 662 3379 6577
Passcode: 773238

Dial by your location
833 955 1088 Canada Toll-free
Meeting ID: 662 3379 6577
Passcode: 773238

For additional information or questions please email medstaffdevelopment@viha.ca

Department of Primary Care HAMAC Report 2021



QI: Learning opportunities

- 1. Department of Primary Care teaching: Grand rounds and linkages through the Primary Care Website to Choosing Wisely, CCFP courses, RCC courses (Rural), Emerg Courses (e.g. St. Paul' Hospital's) etc. etc.**
- 2. UBC teaching: huge offerings of CME/CPD**
- 3. Rural education program: caters to individual rural communities learning needs.**
- 4. Many rural sites do regular simulation rounds**
- 5. Local Divisions of Family Practice education: Numerous, including Dine/Zoom and learns. Brings FPs and specialists together.**

There is a huge amount of CPD available in many different forms, from journal clubs to Case Based learning groups, local courses like those put on by Nova in Victoria.

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TEACHING:

UBC Medical School Island Medical Program (IMP)

288 students

Program Overview

Program Overview

Admission Requirements

Admission Pathways

MD Curriculum

Deadlines & Fees

Information Sessions

How to Apply

Contact Us

Program Overview

UBC's MD Undergraduate Program is designed to educate and train students in communities across British Columbia — especially in small, rural, and remote communities, where healthcare needs are most acute.

Each year, the Faculty of Medicine accepts a total of 288 students to four regional sites:

- 32 students in the Island Medical Program (University of Victoria, Vancouver Island)
- 32 students in the Southern Medical Program (UBC's Okanagan campus, Kelowna)
- 32 students in the Northern Medical Program (University of Northern British Columbia, Prince George)
- 192 students in the Vancouver Fraser Medical Program (UBC's Point Grey campus, Vancouver)

All students follow the exact same curriculum, receive the same education, and graduate with a UBC MD degree.

[Learn more about UBC's distributed MD Undergraduate Program](#)

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Island Health CCFP Programs (18 sites in BC)

4 Family Medicine training programs on the Island:

a) Victoria (Dr. Tina Webber and Dr. Fiona Manning)

75 active FP preceptors 22 residents/year, 6 are IMGs.

b) Nanaimo (Dr. Tony Zuccaro) 16 residents, 50 FP preceptors.

c) Strathcona (Dr. Peter Gee) 16 residents, 55 FP preceptors.

d) Indigenous (Dr. Terri Aldred)

Indigenous site accepts 5 residents per year (3 on the Island and 2 in Vancouver). Started in Vancouver in 2002, moved to Victoria in 2006 and became distributed in 2013.

The program has graduated just over 50 residents (Indigenous and non-Indigenous), since it began in 2002.



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RESEARCH

**Department of Primary Care research
Pending.**

QI initiatives are registered in ROMEIO (the research data base)and ARECCI.

By medical students: ?

By CCFP trainees: ?

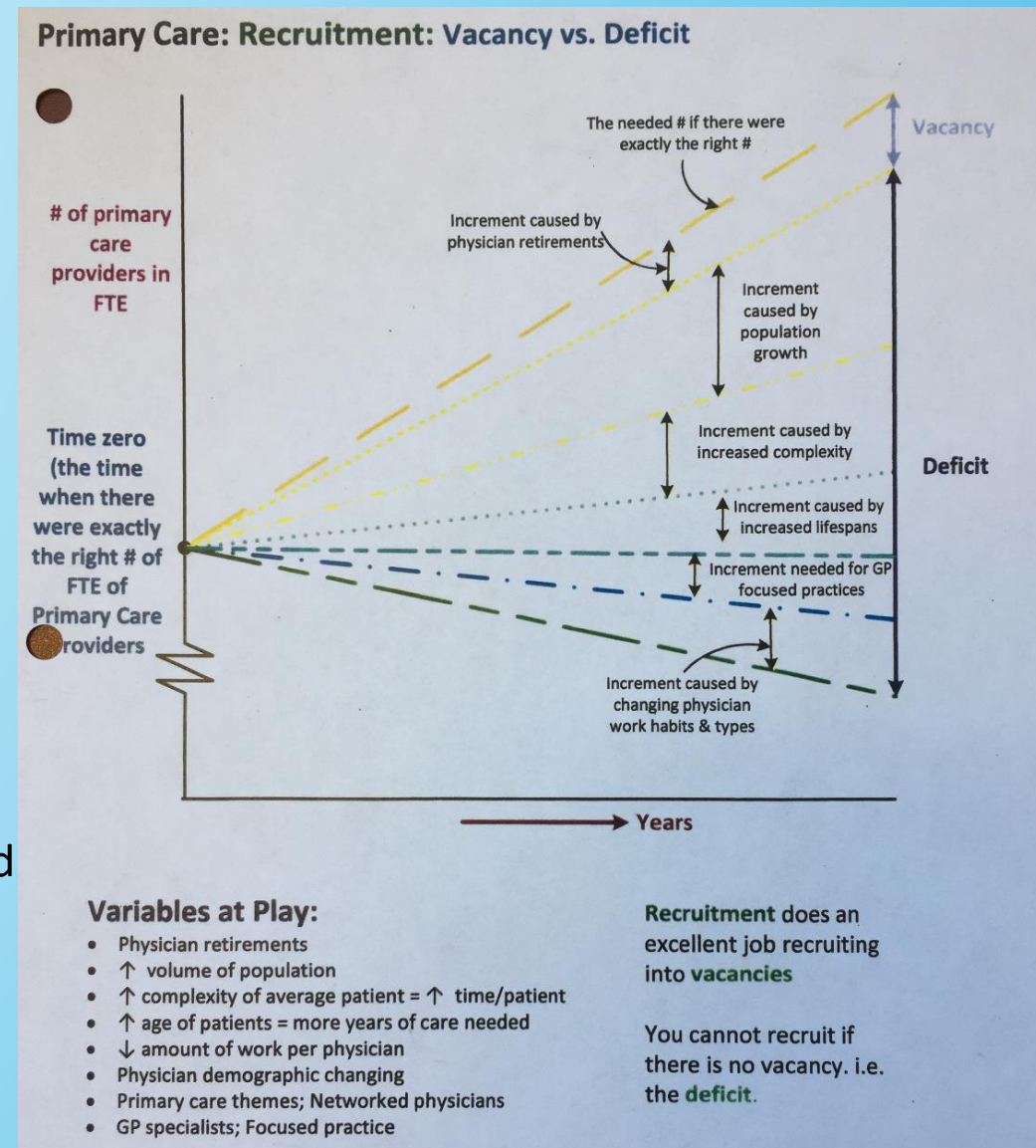
By Department of Primary Care members: ? No real records are kept that identify if FPs are doing the research.



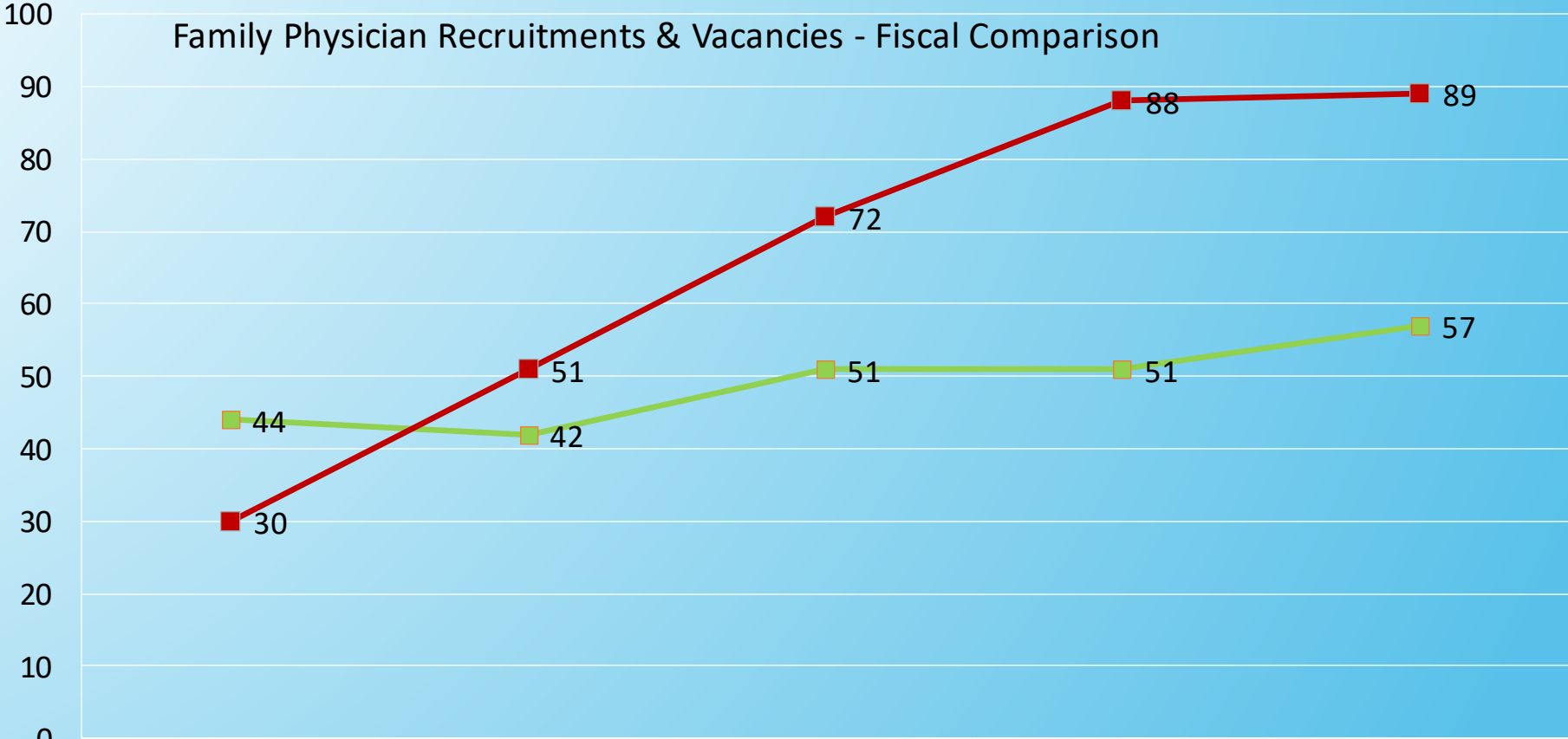
Human Resource Planning

The graph is for illustrative and discussion purposes only. The bottom line is that supply has not kept up with demand. Family Physicians have their primary job in the community and in addition provide numerous critical services in Island Health facilities. If there are not enough FPs in the community, the Facility services will be compromised. Also the basic health needs of the population are compromised, leading to more need for acute care services.

The population of BC rose 18.4% from 2008 to 2020. UBC Medical school enrollment increased only 12.5%.



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■ GPs - Recruited
■ GPs - Vacancies

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Current Family Practice Vacancies – Provincial Overview

Provincially, there is a huge need for Family Practitioners. Of all the geographic health authorities, Interior Health has the most comparable population, and demographic distribution. The table below reflects we are relatively in alignment with our recruitment activity as Interior Health.

	Island Health	Interior Health	Total Provincially
Vacancies	89	85	483
Recruited	57	62	

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Primary Care Recruitment Strategy

- Post all opportunities on Island Health Medical Staff & Health Match BC websites
- **Health Match BC:**
 - Provincial recruitment agency established in 1999
 - National & international marketing (print, conferences & social media)
 - Screen for licensure and refer to CPSBC for assessment
- Social Media – Twitter and Facebook (targeting Alberta and Ontario)
- Print an online professional journal advertising (CMAJ/AMA/BCMJ/Ontario Medical Review Association/NPAA/Canadian Nurses Association)
- Work collaboratively with BC and national physician recruiters
- Island Medical Program Medical Students & National Medical School Residency programs
- Return of Service 2020/2021– (13 PRA/10 UBC)
- Virtual recruitment fairs
- Exhibit at Medical Conferences (when possible)
- Primary Care landing pages on HMBC website targeting each area

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Challenges and areas of focus:

- An overall GP shortage in Canada makes it challenging for physicians who are retiring or leaving the community to transfer their practices to new physicians. We are seeing this in various areas on Vancouver Island.
- Island Health is working with local physicians, the Divisions of Family Practice and the Ministry of Health to respond to the gap in access to primary care, physician shortages and clinic closures that are occurring in communities throughout Island Health.
- In partnership with the Ministry and local Divisions of Family Practice we are opening Urgent and Primary Care Centres and creating Primary Care Networks aimed at improving access to primary care for all residents and those with more complex needs – those with multiple complex medical conditions, frailty and/or mental health and substance use.
- Family physicians are private, independent businesses. While Island Health is not responsible for recruiting family physicians into private practice, we work closely with physician organizations to support recruitment and retention by helping to create interesting, challenging and rewarding environments where physicians want to work and provide high quality i.e. post all positions and provide support with interviews and letters of offer where needed.

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Summary of PC Positions – What’s Coming!			
Position	MOH Approved FTE	FTE Hired up to end of FY 20/21	21/22 HA New FTE Planned
FP	146	24	68
NP	84	29	27
TOTAL	230	53	95

Note: Table does not include Victoria and Nanaimo PCNs

Summary of UPCC Positions – Downtown, Esquimalt, Gorge	
Position	MOH Approved FTE
FP	36
NP	8
TOTAL	44

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Successes

•PCN's:

- Recruited 11 GPs and 26 NPs from March 31, 2020 – March 23, 2021 on Vancouver Island.
- Interest from many GP's and NP's from Alberta, Ontario and Manitoba for future opportunities.

•UPCC's:

•James Bay

- Recruited 10 GP's and 3 NP's
 - 63% of GP's recruited to James Bay are from out of province

•North Quadra

- Recruited 21 UC FPs.
- Recruited 1 NP

•Victoria UPCC's opening soon

- The only way to do this is with a staged opening one little bit at a time. Too many UPCCs, too fast.

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Summary of UPCC positions - South Island

(James Bay UPCC, West Shore UPCC, North Quadra UPCC already open, but expanding.

Downtown Victoria UPCC, Esquimalt UPCC [temporary], Gorge UPCC, Esquimalt UPCC [permanent] still to open).

ROS (Return of Service Programs):

1. Practice Ready Assessment (PRA-BC)

3 year ROS. Completed residency outside of BC. May need immigration support. 9 day centralized orientation, 12 week field assessment. Require supervision. MoH and Health Match BC. Spring 3 placements. Fall 4. 30 total past & current, still completing 12, completed and left IH 9, completed and stayed 9

2. UBC-ROS

Medical Degree outside Canada, Residency in Canada. Canadian citizens or permanent residents.

9 placements per year. Past and current 73, still completing 24, completed and left IH 27 (37%), completed and stayed 22 (30%).

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COMMUNICATIONS with Department members:

Another big challenge.

Some Medical staff members don't read their VIHA Email often enough.

We are not permitted to use chosen Email, but then came COVID!

primary care
UPDATE



February 3, 2021

Preparing for Phase 2 of the COVID-19 immunization plan

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Medical Staff Website

This is a great site.

A screenshot of the Medical Staff website homepage. The header includes the title "Medical Staff" with a subtitle "Physicians, Midwives, Dentists and Nurse Practitioners" and a search bar. A navigation menu contains links for News, COVID-19, Events, Working for Change, Professional Development, Organization, Onboarding, and Careers. Three main service boxes are displayed: "Health, Wellness & Urgent Support Services", "Medical Staff Departments", and "Medical Governance". Below these, a section titled "Medical Staff of Island Health" features three image-based links: "COVID-19 Vaccination", "COVID-19", and "COVID-19 Vaccine Immunizers". A "I would like to:" section provides a list of quick links such as "Find COVID-19 Vaccination Information", "Find information on PPE", and "Go to Medical On-Call Availability". A "News" section highlights two articles: "South Island Integrated Breast Cancer Program - Centralized Referral" (dated March 10, 2021) and "PharmaNet Conformance using Multi Factor Authentication" (dated March 19, 2021). A Twitter feed is also visible on the right side of the page.

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Primary Care Website

This is the Department of Primary Care Website.

Great start.

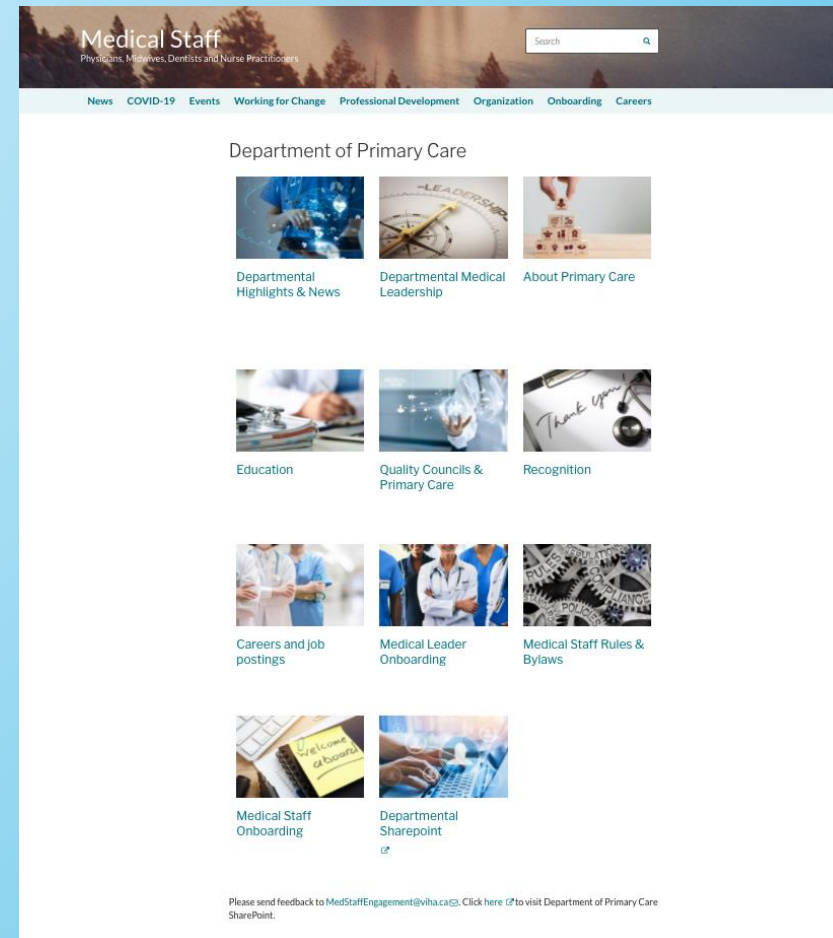
It is a work in progress.

COVID stopped progress.

It is a resource rich site, curated for Family Physician

Department members.

Thank you Jennifer Furtado and Tara Holmes.



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WHAT did COVID-19 do?

FPs stood up and did their part and overachieved in all of our facilities and in the community.

- 1. We provided the Human Resources for the Assessment Centers and some vaccinating.**
- 2. Participated on Friday morning "Primary Care COVID-19 Task Group." Invented by Department.**
- 3. Provided safe care in all facilities. Nearly all Island Health Hospitals are Community Hospitals and FPs helped lead to pivot them to be COVID safe. Same for the LTC facilities.**
- 4. Carried on with FP office-based practices, scaled back and then went mostly virtual. Staffed CAPE clinics.**
- 5. Staffed COVID wards.**

In the Department. Positives.

- 1. We started Grand Rounds (collaboration with Primary Care Strategy, Dr. Leah MacDonald EMD).**
- 2. The "Primary Care Update" Newsletter started.**
- 3. We started to communicate through preferred Email addresses.**
- 4. The Department was the initial forum, that united all FPs on the Island.**

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**The Brave New Frontier:
Primary Care in the Community**

Owned, Operated, and Affiliated

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The BIG tasks/challenges/opportunities ahead:

A. Medical and Academic Affairs issues:

- 1. Resolve the Division Head remuneration issue, so that remuneration reflects the amount of work that needs and is done. Recruit leaders.**
- 2. Shore up the inpatient MRP programs: they are very fragile.**
- 3. Create support for the Division Heads and the Department Head. There is generic help, there is support for the Division Head meeting, but there is none dedicated for Department specific work. There is no support for administrative tasks and we have to find our own support if we can.**
- 4. Policy development, in particular around On Boarding and Cultural safety.**

Quality Assurance:

- 1. Move Department members from Provisional to Active.**
- 2. Find funding for and support 360s and find data to support conversations.**

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More tasks/challenges/opportunities:

Quality Improvement

- 1. Grand Rounds: continue.**
- 2. Website development: continue.**
- 3. Clinical Order Sets: Order set harmonization project.**
- 4. iHealth**

Human Resources:

- 1. Find 146 FPs for the Island in addition to the usual churn of up to 80.**
- 2. Remember that FPs first job is in community and they also work in the Island Health facilities.**

Department of Primary Care HAMAC Report 2021



Thank you to retiring Physicians:

- 1. Dr. Steve Beerman in Nanaimo.**
- 2. Dr. Bill Soichet in Peninsula.**
- 3. Dr. Michael Miles in Victoria.**

In memoriam:

- 1. Dr. Paddy Mark in Nanaimo.**

Special thank you to:

- 1. Kathy Anderson (my borrowed Administrative Assistant) for her outstanding support.**
- 2. Maianna Marquette and Nic Baker, who support our meetings so well.**
- 3. David Cunningham BEngSc., Mechanical and Materials Engineering. MEngSc. Candidate, who helped his dad (a lot) with this PowerPoint. (And Richard Cunningham BEngSc., MEngSc. and Elizabeth Cunningham my other two supports).**

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Thank you.

