JCC Joint Collaborative Committees

PRE-FORUM

Together We Thrive: **Improving Together**

PROGRAM GUIDE April 23, 2024, Vancouver BC

Accredited by UBC CPD

THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

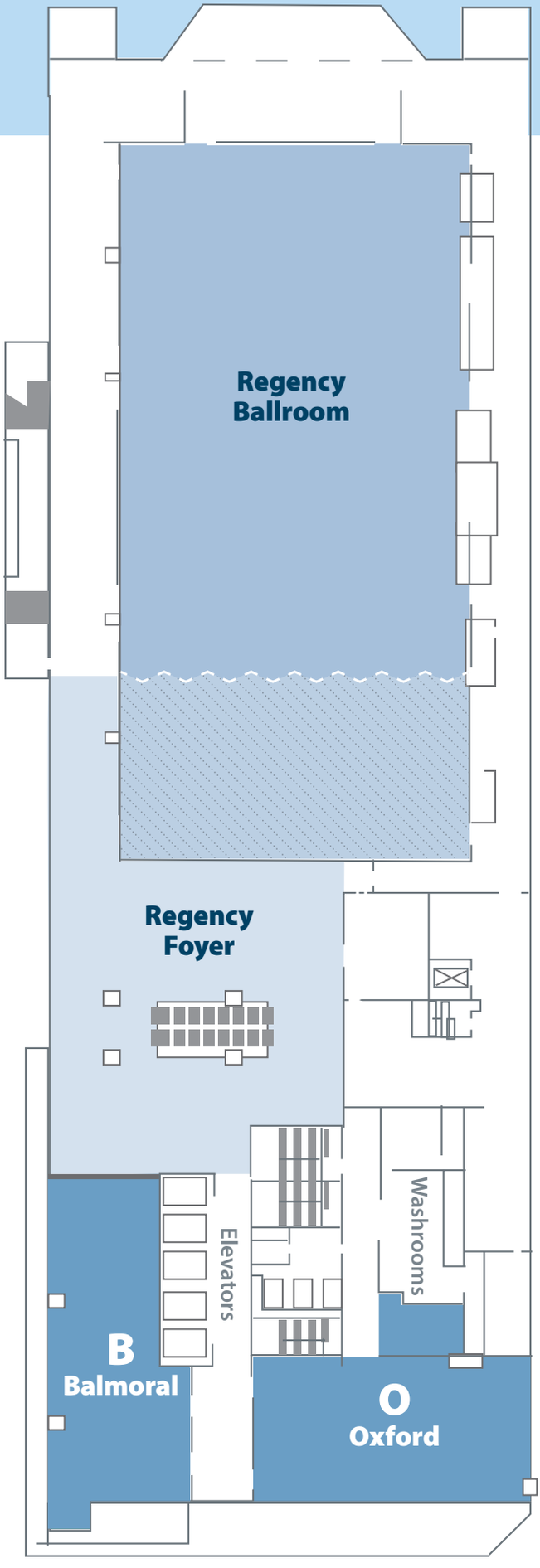
Accreditation/Certification statement

The Division of Continuing Professional Development, University of British Columbia Faculty of Medicine (UBC CPD) is fully accredited by the Continuing Medical Education Accreditation Committee (CACME) to provide CPD credits for physicians. This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD. You may claim a maximum of **5.75** hours (credits are automatically calculated). This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to **5.75** Mainpro+® credits. Each physician should claim only those credits accrued through participation in the activity.

CFPC Session ID: 202167-001

Together We Thrive: **Improving Together**

Table of Contents



3rd Floor

Regency Ballroom

8:00am	Territorial Welcome
8:25am	Doctors of BC President Welcome
9:00 – 10:00am	Dr Chika Stacy Oriuwa, Keynote Speaker
12:00 – 1:00pm	Lunch
2:35 – 3:45pm	Dr Wendy Dean, Keynote Speaker
3:45 – 4:00pm	Closing

B - Balmoral Room

10:20 – 11:45am	**B1. RAPID FIRE PRESENTATIONS - RURAL - EDI & CULTURALLY SAFE CARE**
1:30 - 2:20pm	**B2. WORKSHOP - COACHING AND THE ELEMENTS OF HIGH FUNCTIONING TEAMS: LEARNINGS FROM A TEAM COACHING PROGRAM IN RURAL BC**

O - Oxford Room

10:20 – 11:45am	**O1. RAPID FIRE PRESENTATIONS - PARTNERSHIPS & COLLABORATION**
1:30 – 2:20pm	**O2. WORKSHOP - QUALITY IMPROVEMENT FOR CULTURE CHANGE**

34th Floor

C - Cypress Room

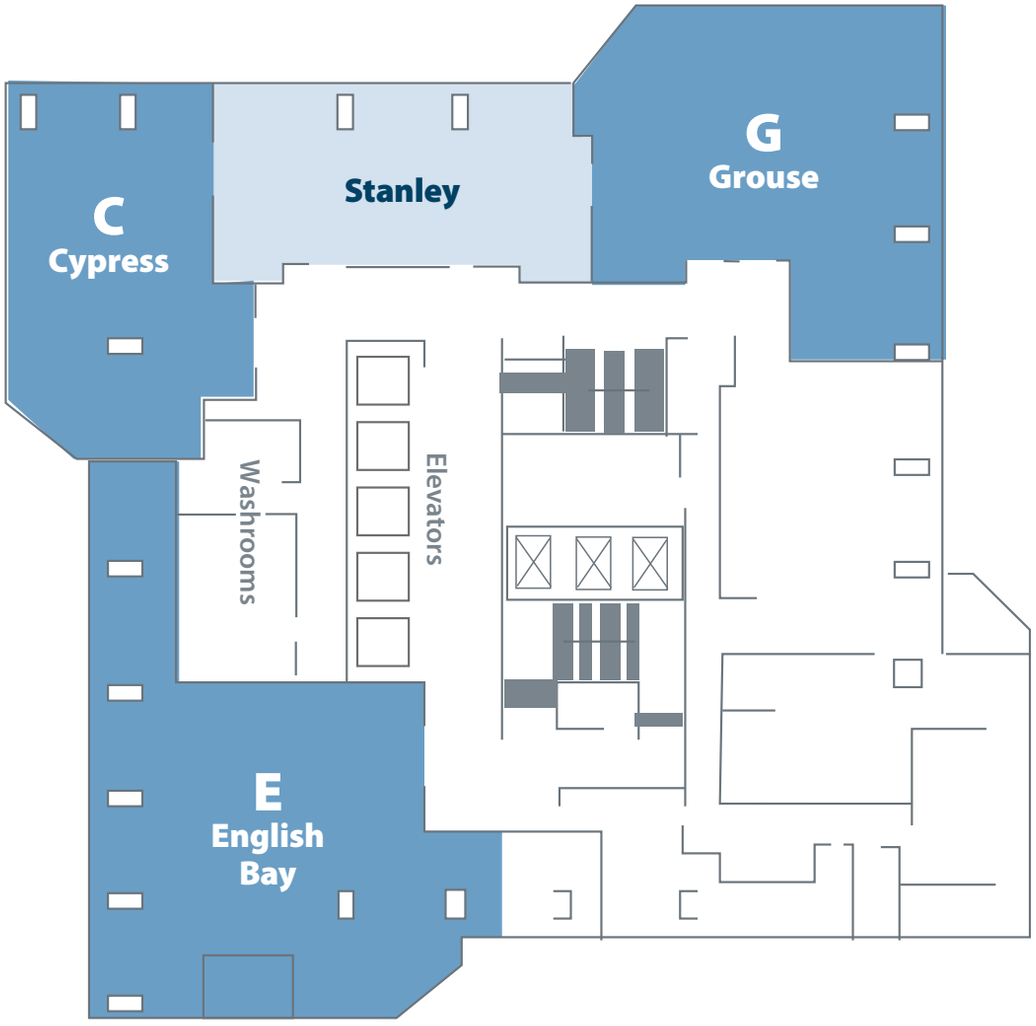
10:20 – 11:45am | **C1. RAPID FIRE PRESENTATIONS - VIRTUAL CARE & DATA**

1:30 – 2:20pm | **C2. WORKSHOP - CONNECTING PRIMARY CARE TO THE SOCIAL DETERMINANTS OF HEALTH**

G - Grouse Room

10:20 – 11:45am | **G1. RAPID FIRE PRESENTATIONS - IMPROVING PATIENT CARE**

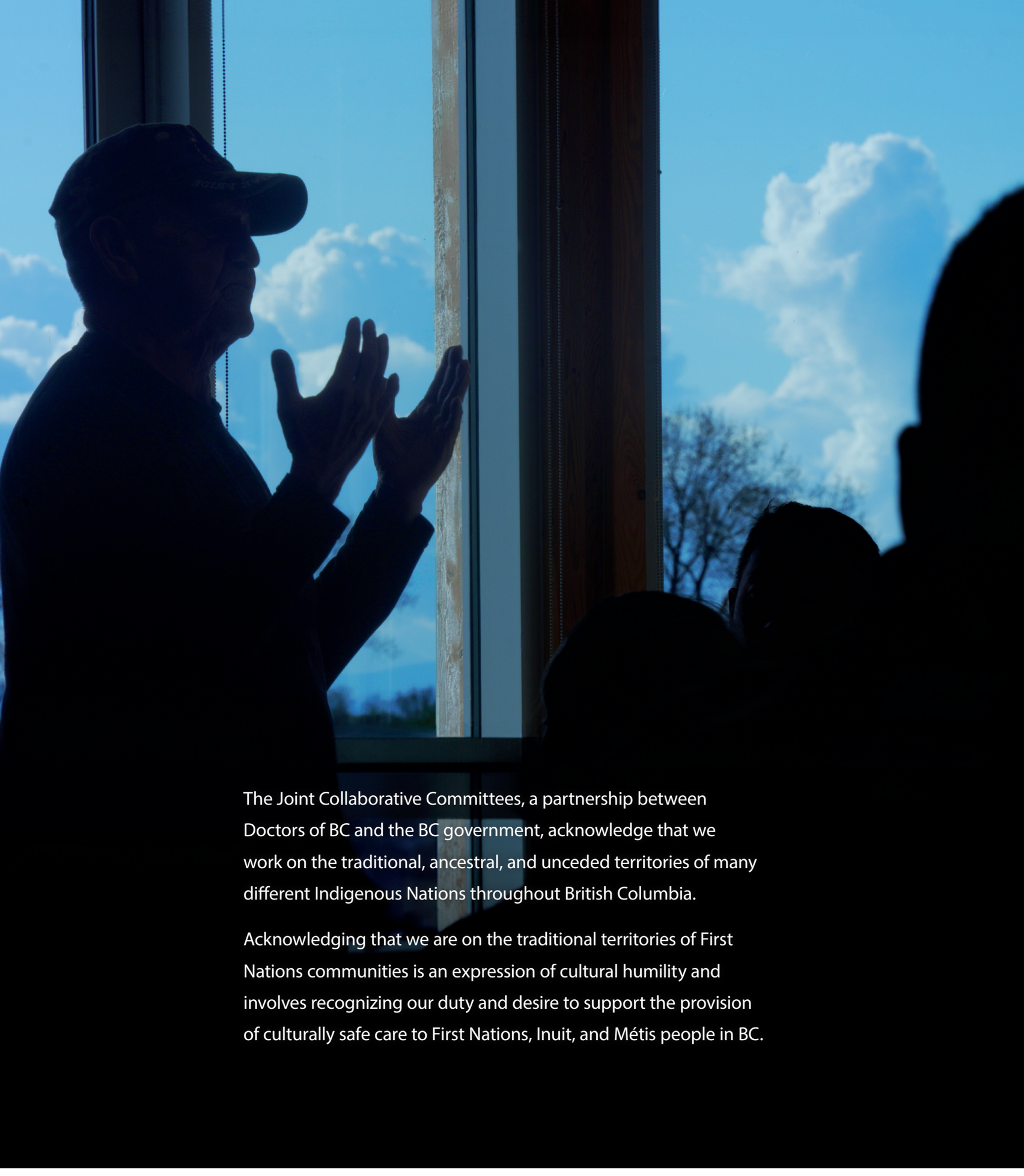
1:30 – 2:20pm | **G2. WORKSHOP - CONFIDENTLY LEANING INTO INDIGENOUS CULTURAL SAFETY**



E - English Bay Room

10:20 – 11:45am | **E1. RAPID FIRE PRESENTATIONS - IMPROVED ACCESS AND CAPACITY**

1:30 – 2:20pm | **E2. WORKSHOP - BUILDING A HEALTHCARE TEAM WITH REMOTE NUUCHAHNULTH FIRST NATIONS**



The Joint Collaborative Committees, a partnership between Doctors of BC and the BC government, acknowledge that we work on the traditional, ancestral, and unceded territories of many different Indigenous Nations throughout British Columbia.

Acknowledging that we are on the traditional territories of First Nations communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.

Welcome to Together We Thrive – **Improving Together!**

On behalf of the Joint Collaborative Committees (JCCs), a unique collaboration between Doctors of BC and the BC government, we warmly welcome you to the 2024 JCC Pre-Forum.

As we reflect on the history of the JCCs and the eight years that the Pre-Forum has been in existence, we honour the relationships fostered through this event. This event has been an opportunity for us to come together and celebrate the many achievements along the way, but also to discover new ways to transform health care in British Columbia.

In embracing collaboration, everyone can thrive.

Colleagues and peers will share their quality improvement projects in various presentation formats such as rapid-fire sessions, workshops, and storyboard displays. Learn how a tumor specific clinical care pathway is being created to improve the quality of care for people with cancer across BC. Find out how to build integrated teams in rural Primary Care Networks and why Civility Matters. Celebrate ten years of Facility Engagement and how your clinic can benefit from Practice Ready Assessment (PRA-BC) program.

And that's just a glimpse of all the extraordinary work that will be presented.

Throughout the day, we will also welcome our keynote speakers, Dr Chika Stacy Oriuwa and Dr Wendy Dean, with their thought provoking presentations.

Take a moment to reflect the essence of togetherness. Recognize that transformational change involves us all. Thank you for joining us today – we hope you will find inspiration in today's discussions and interactions.

Doctors of BC President

Dr Ahmer Karimuddin

Doctors of BC President

Practicing as a general and colorectal surgeon in Vancouver with a special focus on colorectal cancer and inflammatory bowel disease, Dr Ahmer Karimuddin has helped care for thousands of patients across BC over the last 15 years. And while medicine was always his calling, it was during his surgical rotation in medical school that he realized he wanted to be a surgeon.

Following another year of on-going health system challenges, Dr Karimuddin will focus on advocating for a truly collaborative health care system in which hospital-based doctors feel they are listened to and respected and primary care is finally stabilized. He also intends to amplify the voices of doctors around the province, and to strongly advocate for patients, the profession, and a renewed culture of compassionate leadership in health care.

Dr Karimuddin cares deeply about physician health and well-being, particularly when the last several years have resulted in increased burnout, stretched resources, and "many physicians feeling increasingly alone and isolated." To encourage physicians to reach out for help when needed, and encourage involvement in something meaningful, he will focus much of his presidency on the theme "Better Together, Never Alone."

Dr Karimuddin became involved with Doctors of BC in 2012 as a member of the Specialist Services Committee (SSC), serving as co-chair for his last two years. Before that he held several leadership roles including President of General Surgeons of BC, President of the BC Surgical Society, President and Chief Negotiator for the Professional Association of Interns and Residents of Saskatchewan, and Vice President of the Canadian Association of Interns and Residents. He also served on Doctors of BC's MOCAP Redesign Panel, Diversity and Inclusions Advisory Working Group, and the Tariff Committee.

Outside of the operating room, Dr Karimuddin dedicates his time to the future of medicine and the doctors of tomorrow. He provides his expertise as a Clinical Associate Professor in the Department of Surgery at UBC and is the Co-Director of the General Surgery Residency Program.

He currently resides in Victoria, BC, providing virtual care through Real Time Virtual Care (RTVS) as well as urgent care and rural locums throughout the province.

JCC Joint Collaborative Committees

Joint Collaborative Committees (JCC)

Twenty years ago, Doctors of BC and the BC government committed to a unique partnership — **the Joint Collaborative Committees (JCCs)** — to improve BC's health care system.

The JCCs bring together doctors, government, health authorities, patients and families, health professions, and other stakeholders to improve access to care by centering it on patients and families/caregivers, building physician capacity, and coordinating system services.

The four JCCs are: Family Practice Services Committee (FPSC), Specialist Services Committee (SSC), Shared Care Committee (SCC) and the Joint Standing Committee on Rural Issues (JSC) — were created to support this shared goal, with funds allocated to the committees from the Physician Master Agreement (PMA) — an agreement negotiated between Doctors of BC and the BC government.

The JCC co-chairs committee meets six times per year to promote strategic alignment with JCC principles, to advance core committee mandates, and to provide oversight, direction and create alignment on shared initiatives.

Each committee is represented by two co-chairs - a practicing physician and one Ministry of Health representative.

Family Practice Services Committee (FPSC)

Since its inception in 2002, **the Family Practice Services Committee** (FPSC) has changed the way family doctors work and how they care for their patients and works on behalf of doctors to strengthen full-service family practice and patient care in BC.

FPSC started out with the name General Practice Services Committee (GPSC). It was renamed the Family Practice Services Committee (FPSC) following ratification of the 2022 Physician Master Agreement (PMA). The name FPSC reflects a shift away from "general practice", which carries connotations of rotating internships, in favour of "family practice", which reflects the recognized expertise of family physicians. It also highlights the support FPSC offers for the coordinated, continuous, relationship-based care provided by community longitudinal family physicians and practice teams throughout a patient's lifetime.

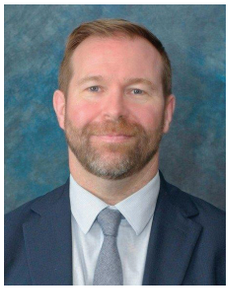
Dr Sari Cooper **Co-Chair, Doctors of BC**

Dr Sari Cooper is the physician Co-Chair of **the Family Practice Services Committee** (FPSC). She has been a member of the Committee since 2019, and was appointed to the Co-Chair role in 2022. She looks after a panel of complex patients in Victoria, and has been practicing longitudinal family medicine since finishing her residency in 2001.

Sari has worked in several different models of primary care across different provincial systems, and she understands from experience the value of team-based care, system evolution, and collaboration. In 2010 she was part of the development team that created a thriving family medicine residency program in Barrie, Ontario, which has been a driving force of recruitment and retention in the area. During her time as a family medicine residency preceptor in Barrie, Sari received a teaching award for Role Modeling Clinical Excellence from the Department of Family and Community Medicine, University of Toronto.

She moved to British Columbia with her family in 2014, and holds a clinical appointment at UBC. She previously served as a Division Head for Geo 4 with Island Health's Department of Family Practice.

Outside of her medical career, Sari has a busy and active family, and she has recently become a published author of a middle-grade novel.



Ted Patterson **Co-Chair, Ministry of Health**

Ted Patterson is the Assistant Deputy Minister (ADM) of the Primary Care Division at the Ministry of Health. Prior to this appointment, Ted seconded a number of ADM portfolios in the Ministry, including Primary and Community Care policy, as well as the Health Sector Workforce. Previously, Ted was Executive Director at the Public Sector Employers' Council (PSEC) Secretariat in the Ministry of Finance, where he was responsible for collective bargaining and compensation strategies for the Health, K-12 and University sectors. In this role, Ted also served as a member of the Board of Directors for the BC Public School Employers' Association and represented government at a number of major negotiation tables.

Ted has also worked in a number of other senior level positions within the Ministry of Health, including Director of Labour Relations and Special Initiatives in the Office of the Chief Administrative Officer.

Ted holds a Bachelor of Arts and a Master of Arts in Political Studies, both from the University of Saskatchewan.

Specialist Services Committee (SSC)

SPECIALIST SERVICES COMMITTEE

The Specialist Services Committee (SSC) improves patient care by engaging physicians to collaborate, lead quality improvement and deliver quality services with SSC supports and incentives.

The SSC is focused on the following three areas:

1. **Develop Physician Capability:** Helping specialist physicians develop leadership and quality improvement skills to effectively lead and champion change.
2. **Engage Physicians & Partners:** Strengthening relationships between physicians, health authorities and partners, so that collaboratively we can address health system challenges and support quality patient care.
3. **Transform Care Delivery:** Improving key patient care and health system priorities as delivered by specialist physicians.

Dr Jason Kur **Co-Chair, Doctors of BC**

Dr Jason Kur has a Bachelor of Science and Doctor of Medicine from the University of Alberta and completed internal medicine and rheumatology training at the University of British Columbia. He is a medical director of the Artus Health Centre in Vancouver, and also sees outreach patients in Whistler and previously Terrace, British Columbia for 13 years. He is a member of the clinical staff of Vancouver General Hospital and a Clinical Associate Professor at the University of British Columbia. He has a busy general rheumatology practice with a focus on inflammatory arthritis and autoimmune diseases. He is the president of the BC Society of Rheumatologists and co-chair of **the Specialist Services Committee** with an interest in physician resource and nursing models of care.

Ryan Murray **Co-Chair, Ministry of Health**

Ryan Murray is the co-chair of **the Specialist Services Committee** (SSC) and brings to the role a wealth of experience from the Alberta Medical Association (AMA), the BC Ministry of Health, as well as extensive involvement in many other Joint Collaborative Committees (JCC) programs and initiatives.

After finishing his BA in Political Science from the University of Victoria, Ryan worked for the provincial government before moving to Alberta to complete an MBA at the University of Calgary. At this time, Alberta was implementing Primary Care Networks (PCNs) and upon graduation, Ryan was hired by the AMA to work with physicians on developing business plans for their PCNs.

Ryan has now been working with the BC Ministry of Health for six years and is currently the Director of Physician Workforce Development. He has been involved in the negotiations of the last two Physician Master Agreements and is a member of multiple JCC initiatives and committees as a Ministry representative. Ryan has been on the SSC and SSC's Facility Engagement (FE) Working Group since June 2015.

In addition, he is the co-chair of the Joint Benefits Committee, co-chair of the Physician Health Program Steering Committee, member of the GPSC Recruitment and Retention Working Group, past member of the Shared Care Committee (SCC), and past secretariat to the Physician Services Committee.

Emphasizing the value stemming from the level of engagement and collaboration between the Ministry and Doctors of BC, Ryan calls the Joint Collaborative Committees "a key part of the Physician Master Agreement and a unique element of the relationship between government and the medical association, especially when compared to how things are structured in other provinces."

Shared Care Committee (SCC)

SharedCare
Partners for Patients

Since 2006, **the Shared Care Committee** (SCC) has supported physicians and partners to work together on over 450 projects across BC. The mandate of this Joint Collaborative Committee is to support family and specialist physicians to improve the coordination of care from family practice to specialist care. The relationship between family physicians and specialists is fundamental to the delivery of effective health care, especially for patients with chronic health conditions.

By facilitating collaboration between physicians, Shared Care initiatives foster mutual trust, respect and knowledge of each physician's expertise, skills, and responsibilities, all of which are integral to effective collaboration and collegial relationships.

Long term, Shared Care work helps to build a collaborative infrastructure to support sustainable improvements for a coordinated health care system in BC.

Dr Ian Schokking **Co-Chair, Doctors of BC**

Dr Ian Schokking is a full-service longitudinal family physician in Prince George with OB, ER, hospital, house calls & geriatric consultations. He has prior experience as an Ontario fly-in physician and has also worked in Nepal and Pakistan. Dr Schokking is the co-chair of Shared Care, is on the Representative Assembly, is the Prince George Facility Engagement physician lead, and is also the Prince George Division of Family Practice and The Rural Continuing Medical Education Community Program & Evaluation physician lead. He is a father of 4 and married to a naturopath.

Shana Ooms **Co-Chair, Ministry of Health**

Shana Ooms is the Executive Director, Surgical Renewal and Ministry appointed Co-Chair of the Share Care Committee. She has over 18 years of experience working for the Health Ministry, in a variety of research, policy development and strategic leadership positions. Shana's roles to date have mainly supported the development of primary health care through areas like chronic disease management, clinical practice guidelines, team based primary care, and new clinical service models (Primary Care Networks, Urgent and Primary Care Centres). In March 2023 Shana transitioned from her previous work in Primary Care to support surgery and medical imaging in the Hospital and Provincial Health Services team. Shana is a wife, mom of three teenagers, three cats and one labradoodle, and enjoys outdoor activities like running, skiing, beach combing and Boler camping.

Joint Standing Committee on Rural Issues (JSC)

JSC JOINT STANDING COMMITTEE ON RURAL ISSUES

The Joint Standing Committee on Rural Issues (JSC) was established under the Rural Subsidiary Agreement (RSA) in 2001. It's made up of representatives from Doctors of BC, the BC Ministry of Health, and the health authorities. The JSC advises the BC government and Doctors of BC on matters pertaining to rural medical practice.

Its goal is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing the unique and challenging circumstances faced by physicians.

Dr James Card **Co-Chair, Doctors of BC**

Dr James Card MD CCFP is a proud father of an 11-year-old daughter, and husband to a very understanding spouse. He is also a rural generalist family physician in Valemount, British Columbia. Dr Card is the Doctors of BC co-chair for the Joint Standing Committee on Rural Issues. He has a strong focus on physician recruitment through integration with medical education. He is currently the site director for the Prince George and Northern Rural UBC Family Practice Residency Programs. Dr Card is also involved in undergraduate medical education through the Rural Coordination Center of British Columbia, sitting on the Northern and Rural Admissions Subcommittee, and running the Rural Medicine Interest and Mentorship program for the Northern Medical Program students.

Kevin Brown **Co-Chair, Ministry of Health**

Kevin is a health care executive with over 25 years' experience in the provincial public service, with the majority of his time focused on major health system redesign initiatives. He has held multiple senior management portfolios within the Ministry of Health, including time as executive director of HealthLink BC. Kevin has established strong relationships with provincial and federal governments, private industry, health authorities and professional associations across Canada. Currently, Kevin is the executive director of the Physician Services Branch, responsible for the Physician Master Agreement negotiations and post-graduate medical education. He holds a Masters Degree in Political Philosophy from the University of Victoria.

Keynote Speakers Bios

Dr Chika Stacy Oriuwa

Physician | Changemaker | Transformative Leadership | Advocate for Diversity and Inclusion

One of Time magazine's "2021 Next Generational Leaders", Dr Chika Stacy Oriuwa is a medical trailblazer spearheading change in healthcare and beyond. She is an accomplished physician, spoken word poet, and advocate for racialized and marginalized populations. Oriuwa draws on her personal and professional experience to share insight and actionable strategies into transformative leadership, mental health and wellness, and igniting change to build a more equitable future for all.

Currently a resident doctor in psychiatry at the University of Toronto (U of T), Oriuwa is a graduate of the University's Faculty of Medicine. When she arrived as an incoming medical student to find she was the only Black student in her cohort, she channeled this disappointment into action, becoming a vocal advocate for improving disparities in Black health and confronting institutional discrimination.

Since then, Oriuwa has become the first Black woman to be named sole valedictorian of the department and has spoken at numerous national and international events on the topics of DEI, leadership, mental health, and her journey as an underrepresented minority in medicine. Oriuwa was also an ambassador and educator of U of T's Black Student Application Program, where she saw the faculty admit the largest group of Black medical students in Canadian history.

In addition, Oriuwa is a professional spoken word artist. Working under the Hamilton Youth Poets, she has earned her place as a national slam poetry finalist twice. In 2017, she released her renowned slam poem "Woman, Black" and in 2018 published her seminal article In My White Coat, I am More Black than Ever for FLARE magazine's Black History Month campaign. She has also been featured on CBC's The National, CTV News, CP24, Toronto Star, Time magazine, and TODAY, amongst others. She is slated to release her first memoir with HarperCollins in 2024.

A recipient of numerous prestigious awards and honours, Oriuwa was named on Maclean's Power 50 List in 2022 and was recognized as one of Best Health Magazine's "2020 Women of the Year". She was also recently honoured in Mattel's #ThankYouHeroes campaign alongside five other women with a one-of-a-kind Barbie doll made in her image to commemorate her contributions as a frontline healthcare worker.

In addition to her medical degree, Oriuwa has a master's degree in Health Systems Leadership and Innovation from the University of Toronto. She also serves on Indigo's board of directors, using her expertise to inform their efforts in advancing equity and curating spaces of wellness and inclusion.

Dr Wendy Dean

CEO & Co-Founder, The Moral Injury of Healthcare |
Author, If I Betray These Words

Wendy Dean, MD introduced the term Moral Injury into the discussion of healthcare workers' stress. Moral injury is when healthcare professionals are asked to violate their judgment in service to the financial needs of hospitals, insurers and government thus making clinicians unable to provide high-quality care. Dr. Dean is the President and co-founder of The Moral Injury of Healthcare, a nonprofit organization addressing the crisis of clinician distress.

A psychiatrist by training, Dr Dean left clinical medicine when generating revenue crowded out the patient-centered priorities in her practice. Her focus since has been on finding innovative ways to make medicine better for both patients and healthcare professionals-technologically, ethically, and systemically.

Dr Dean's expertise is widely sought on Moral Injury in healthcare, women's leadership, government healthcare investment strategy, medical product development, clinical practice, research oversight, and the ethics of medical innovations.

Dr Wendy Dean along with Moral Injury of Healthcare is changing the language and the approach to clinician distress in healthcare and was the first to apply the term – Moral Injury in the US National Library of Medicine NIH and STAT article. Moral Injury can be described as a deep soul wound that affects a person's identity, sense of morality, and relationship to society thus making clinicians unable to provide high-quality care. Moral Injury is often misdiagnosed as a burnout, but Moral Injury offers a broader understanding. Burnout suggests a health professional is at fault for their emotional state: they aren't resilient enough, and that they need to learn to recover better. Moral Injury suggests some-thing larger is at play. The consequences of this terminology and mindset change are immense, as we learn that hospital dynamics, insurance, litigation, electronic medical records, and policy must evolve in order for health professionals to thrive.

Dr Dean has worked in research funding oversight for the Department of Defense and as an executive for a large non-profit supporting military medical research at Henry M. Jackson Foundation for the Advancement of Military Medicine. As a senior vice president, Dr Dean was responsible for 2300 staff supporting military medical research throughout the world and worked on simultaneous implementation of human resources information system and customer relations management software platforms.

She has participated in efforts sponsored by the White House Office of Science and Technology Policy, the Biomedical Advanced Research Development Agency, DARPA, NASA, the Uniformed Services University of the Health Sciences, and others. As Medical Advisor at Tissue Injury and Regenerative Medicine Program Management Office for the US Army Medical Research and Materiel Command Dr Dean was in-charge of product development oversight and was a subject matter expert from the preparation of regulatory submission through FDA licensing for a $300M portfolio of Department of Defense (DoD) funded regenerative medicine research programs.

Dr Dean graduated from Smith College and the University of Massachusetts Medical School. She did her residency training at Dartmouth Hitchcock Medical Center in Hanover, NH.

Agenda APRIL 23, 2024

REGENCY BALLROOM AND FOYER | 3RD FLOOR

7:00 – 10:00am

7:00 – 8:00am | Breakfast & Registration – Regency Ballroom and Foyer

8:00 – 8:25am | Territorial Welcome – Regency Ballroom

8:25 – 9:00 am | Doctors of BC President Welcome – Regency Ballroom

KEYNOTE SPEAKER, DR CHIKA STACY ORIUWA
9:00 – 10:00am | Regency Ballroom

10:00 – 10:15am — **MORNING COFFEE BREAK / SNACKS / TRANSITION TO BREAKOUT ROOMS**

10:20 – 11:45am
Rapid Fire Sessions

B - BALMORAL ROOM | 3RD FLOOR	O - OXFORD ROOM | 3RD FLOOR
B1. RURAL - EDI & CULTURALLY SAFE CARE	**O1. PARTNERSHIPS & COLLABORATION**
Supporting engagement, collaboration, and change to build integrated teams in a PCN (FPSC)	Supporting Development of a "Carpal Tunnel Plus" Integrated Practice Unit: Year One of the Shared Care Value Based Health Care Initiative (SCC)
Justice, Equity, Diversity and Inclusion (JEDI) Principles in UBC Rural CPD (JSC)	Ten Years of Facility Engagement (SSC)
Healthcare providers survey highlights osteoporosis care gap amongst First Nations in northern BC	Specialists Team Care Collaborative (SSC)

11:45 – 12:00pm — **BREAK / TRANSITION TO REGENCY BALLROOM**

12:00 – 1:00pm

LUNCH
Regency Ballroom

1:30 –1:25pm — **BREAK / TRANSITION TO BREAKOUT ROOMS**

1:30 – 2:20pm
Workshops

B2. COACHING AND THE ELEMENTS OF HIGH FUNCTIONING TEAMS: LEARNINGS FROM A TEAM COACHING PROGRAM IN RURAL BC	**O2. QUALITY IMPROVEMENT FOR CULTURE CHANGE**

1:20 – 2:45pm — **AFTERNOON COFFEE BREAK / SNACKS TRANSITION TO REGENCY BALLROOM**

2:45 – 3:55pm

KEYNOTE SPEAKER, DR WENDY DEAN
2:45 – 3:45 | Regency Ballroom

3:45 – 3:55pm | Closing – Regency Ballroom

3:55 – 4:00pm — **A TRANSITION TO REGENCY FOYER**

4:00 – 4:30am

STORYBOARD PRESENTATIONS
Regency Foyer

C - CYPRESS ROOM | 34TH FLOOR

C1. VIRTUAL CARE & DATA

How to Incorporate Data and QI Methodology in Program Development and Spread (SCC)

Creating an innovative BC focused perinatal platform for improved outcomes: The HUB

Use of AI in Primary Care to increase physician capacity and build joy in work (FPSC)

C2. CONNECTING PRIMARY CARE TO THE SOCIAL DETERMINANTS OF HEALTH

G - GROUSE ROOM | 34TH FLOOR

G1. IMPROVING PATIENT CARE

Surrey-North Delta's Long-term Care Initiative: Clustering for the Improvement of Patient Care (FPSC)

Standardizing patient preparation and prehabilitation for surgical patients (SSC)

Enhancing quality of care through clinical care pathways

G2. CONFIDENTLY LEANING INTO INDIGENOUS CULTURAL SAFETY

E - ENGLISH BAY ROOM | 34TH FLOOR

E1. IMPROVED ACCESS AND CAPACITY

Growing an Organization through the Need for Speed: What's the FASTEST way to get more family physicians into practice in BC? (JSC)

Increasing Access/Child & Youth Autism in Maple Ridge and Pitt Meadows (SCC)

Ten Years Later: A Rural Pre-Medicine Pilot Program (JSC)

E2. BUILDING A HEALTHCARE TEAM WITH REMOTE NUUCHAHNULTH FIRST NATIONS

Workshops

C2. | Connecting Primary Care to the Social Determinants of Health (FPSC)

Cypress Room – 34th Floor from 1:30 - 2:20pm

Speakers: **Carla Bortoletto,** Cowichan Division of Family Practice
Amy Rosborough,
Cowichan Primary Care Network, VIHA

Our PCN engagement revealed that primary care work is becoming more complex. We knew that the Cowichan communities had high rates of aging and complex conditions, as well as comparatively lower incomes and rates of graduation, younger teenaged parents, and higher rates of addiction. As a community of providers, we experienced directly what the evidence was telling us - that complex conditions require interdisciplinary teams. In the absence of these teams, much work outside the scope of primary care lands on physicians and nurse practitioners. Some people shared that they chose not to address the social side of their patients because they didn't know what to do. Many shared that the stress and moral injury of not being able to meet the needs of their patients was taking a toll.

We also learned from community surveys that services must meet people where they're at. Transportation came up as one of the top three barriers to accessing primary care. First Nations, Metis, and Inuit partners stressed upon us that more time is needed for providers to develop trust and relationship with their First Nations, Métis, and Inuit patients. We also learned that, for many Indigenous people, it helps to have a trusted person walk through the medical system with them – when accessing both primary care and acute care services.

For these reasons, in Cowichan, the Primary Care Network approach focuses on connecting primary care to the social determinants of health. This approach has been followed by an "arms-length" evaluation team. In addition, the PCN implementation team has been able to track numbers of unique patients served, related encounters, and top reasons for accessing this service through primary care. This approach provides upstream, destigmatized access to mental health services and the results of the preliminary findings suggest benefits to patients, providers, and the health care system.

B2. | Coaching and the Elements of High Functioning Teams: Learnings from a Team Coaching Program in Rural BC (JSC)

Balmoral Room – 3rd Floor from 1:30 - 2:20pm

Speakers: **Adrienne Peltonen, Dr Rahul Gupta, Dr Deni Hawley,** Family Physician from Westward Medical Clinic

Team culture is a key element that enables quality and patient safety. In a literature review conducted on this topic we identified 9 elements that lay the foundation for health care teams to provide high quality patient care, enhance patient safety, and experience more wellness and joy in their work. These elements informed the design of the Quality Team Coaching for Rural BC (QTC4RBC) Program, which has now been piloted with fifteen rural health care teams with promising findings emerging in the evaluation. The coaching approach underlying QTC4RBC aims to support teams to draw on their own strengths, align with their shared values, create their own solutions, and have the tools to continue to do this beyond the duration of the program.

In this pre-forum workshop, we will talk about the elements that inform QTC4RBC, including the attributes, skills and tools of high-functioning interprofessional teams and the critical role of developing psychological safety as the fundamental foundation of healthy teams. A team will also share their story of participating in coaching and how it impacted their team and the QTC4RBC team will share some of the lessons learned in operationalizing a team coaching program. This will be a participatory and interactive workshop co-facilitated by Dr. Rahul Gupta and Dr. Cecile Andreas, both physicians and Professional Certified Coaches.

E2. | Building a Healthcare Team with Remote Nuuchahnulth First Nations (SCC)

English Bay Room – 34th Floor from 1:30 - 2:20pm

Speakers: **Tina Biello,** Central Island Division of Family Practice
Ian Warbrick, Physician, Central Island Division of Family Practice

There are 5 Nuu-chah-nulth Nations in and around Port Alberni, as well as 5 Nations on the West Coast surrounding Tofino and Ucluelet. 50% of these Nations are remote with access by boat, plane, or a long dirt road. This project aims to give support to remote community members with complex chronic conditions via a team based care approach, with an Internist, Pediatrician, Addictions Medicine Specialist, GPs, and the Nuu-chah-nulth nursing team. The goal is to have in person visits monthly with any follow up in between via tele health. Patients often have complex co-morbidities with little or no access to services to support them. GPs will benefit from access to a specialist and the specialist will benefit from offering care and a care pathway for patients to be followed up on by GP or Nurse.

O2. | Quality Improvement for Culture Change (SSC)

Oxford Room – 3rd Floor from 1:30 - 2:20pm

Speakers: **Dr Lawrence Yang,** SSC PQI Provincial Lead, Alums Networks,
Dr Hussein Kanji, SSC PQI Provincial Lead, Alums Networks
Dr Jane Lea, SSC PQI Provincial Lead, QI Coaching Program
Holly Hovland, Doctors of BC

Since inception in 2015, the Specialist Service Committee's Physician Quality Improvement (PQI) initiative has trained over 700 physicians in Level 3 (multi-day/cohort) quality improvement training across BC. This number continues to grow with approximately 150 physicians graduating each year. In order to leverage this valuable resource and provide an optimal experience for PQI alums, the Quality Streams were developed to provide a framework for alums to explore different ways to engage and create impact after graduation. Recognizing PQI alums unique interests and personal journeys, the Quality Streams include 5 different areas of focus for involvement in QI after graduation: Connect, Learn, Teach, Apply, and Lead. Using the Streams, we will map outcomes and impact, highlighting how alums are championing a culture shift at different levels within the health care system.

G2. | Confidently Leaning into Indigenous Cultural Safety (JCC)

Grouse Room – 34th Floor from 1:30 - 2:20pm

Speakers: **Marissa Mcintyre,** Len Pierre Consulting

In this workshop, we will explore and discuss where you sit on your journey towards Indigenous Cultural Safety both personally and professionally. Discussion and presentation topics include: institutional oppression, increasing Indigenous visibility in your practice, preventing and responding to anti-Indigenous racism, and allyship strategies.

Rapid Fire Presentations

O1. Partnerships & Collaboration | Oxford Room – 3rd Floor from 10:20 - 11:45am

O1.1 | Supporting Development of a "Carpal Tunnel Plus" Integrated Practice Unit: Year One of the Shared Care Value Based Health Care Initiative (SCC)

Speakers: **Margot Wilson,** Providence Health Care
Brian Portner, Providence Health Care
Kristine Chapman, Vancouver Coastal Health

Value-based health care (VBHC) emphasizes measuring and improving health outcomes that matter to patients. A five-year VBHC Initiative, funded in partnership by Doctors of BC and the BC government through the Shared Care Committee, aims to 1) build capacity for VBHC through individualized workshops for teams addressing a gap in care, and 2) support development of one new integrated practice unit (IPU) per year. The project brings together family physicians and specialists to address the full cycle of care for a group of patients with shared medical needs.

As part of year 1 deliverables, the project team (specialist, family physician, and project leads) together with the Providence Health Value Team, curated an interactive workshop series on VBHC for compression neuropathy, to increase understanding of core concepts, identify gaps in care, and consider opportunities for IPU creation.

The workshop engaged 40 participants across the full cycle of care, (including family physicians, neurologists, plastic surgeons, physiatrists, technologists, administration, and a patient partner), in three virtual one-hour sessions, blending didactic (35%) and interactive (65%) content. A pre- and post-workshop survey illustrated an increase in VBHC understanding from 21% to 75%. Only 5% of participants currently measure patient-reported outcomes (PROMS), however, post-workshop, 75% were willing to measure PROMS.

The workshop led directly into the development of a Carpal Tunnel Plus IPU, utilizing a VBHC framework to improve timeliness and efficiency of care. The IPU involves two major teaching hospitals (SPH and VH), and includes journey mapping and working groups to address streamlined referral process, outcome measurement, and community resources for patients and providers. Potential benefits include a deeper connection to purpose for providers, efficient team-based care, and standardized outcome measurement procedures. We continue to evaluate and refine the IPU using Plan-Do-Study-Act cycles to ensure value is added for patients.

O1.2 | Ten Years of Facility Engagement (SSC)

Speakers: **Dr Ilona Hale,** Regional Planetary Health Table
Cindy Myles, Doctors of BC

The Facility Engagement Initiative (FEI) was established in the 2014 Physician Master Agreement through the Memorandum of Understanding (MOU) on Regional and Local Engagement. The MOU was a first of its kind in Canada that was signed by all health authorities, the Ministry of Health, and Doctors of BC. Join Cindy Myles, Director of Facility & Community Engagement, Doctors of BC, and Dr. Ilona Hale, physician representative for the Regional Planetary Health Table, for this presentation that will explore the key milestones of progress throughout the last 10 years of the FEI as well as the exciting opportunities for the future of the initiative. The presentation will showcase examples where the FEI has been instrumental in advancing collaboration between Medical Staff Association (MSA) and health authority partners.

O1.3 | Specialists Team Care Collaborative (SSC)

Speakers: **Garth Vatkin,** Doctors of BC

Dr Tommy Gerschman, SSC/Specialist Team Care Collaborative

Dr Claire Wright, Dr. Campion Wright Obesity Medicine Clinic

Samantha Yang, Dr. Campion Wright Obesity Medicine Clinic

Marley Burnie, Dr. Campion Wright Obesity Medicine Clinic

Experience the transformative power of Team Care through the Specialists Team Care Collaborative (STCC), an innovative and personalized program designed to elevate patient outcomes and enhance the healthcare landscape.

At the heart of Team Care is an interprofessional approach, where health care professionals seamlessly collaborate, leveraging their individual expertise to optimize patient health. This structured and personalized program not only ensures efficiency but also fosters a positive impact on patient experiences.

Research consistently highlights the profound benefits of high-functioning teams. Within the STCC, the emphasis is on creating a network of community specialists dedicated to collaboration and innovation. By breaking down silos across specialties and fostering collaboration with other health professionals, the STCC strives to offer not just specialist care, but high-quality and timely care.

Join us for a captivating session that delves into the success story of one of the participating teams from the Collaborative. Discover firsthand how they have seamlessly integrated the team model of care into their community-based practices, resulting in tangible improvements in efficiency, quality of care, and overall patient experiences. This is an opportunity to glean insights from their journey and witness the remarkable transformation in care that has taken place. Don't miss the chance to be inspired and informed by their experience – come be a part of the future of healthcare!

Rapid Fire Presentations

E1. Improved Access and Capacity | English Bay Room – 34th Floor from 10:20am – 11:45am

E1.1 | Need for Speed: What's the FASTEST way to get more family physicians into practice in BC? (JSC)

Speakers: **Mary Chinni,** Practice Ready Assessment - BC (PRA-BC)
Ryan McCallum, Practice Ready Assessment - BC (PRA-BC)

It's a high stakes race to get more family physicians licensed in BC and speed is of the essence. There's one program in our province that can get 96 doctors into practice every year… but it's dependent on physicians serving as assessors. Learn how you and your clinic can help support – and benefit from – the Practice Ready Assessment (PRA-BC) program.

E1.2 | Increasing Access/Child & Youth Autism in Maple Ridge and Pitt Meadows (SCC)

Speakers: **Julie Webb,** Ridge Meadows Division of Family Practice
Dr Anamaria Richardson, Pediatrician, Granville Pediatrics
Laura Riberio, Executive Director, Ridge Meadows Child Development Centre
Dr Liz Zubek, Family Physician, Ridge Meadows Division of Family Practice

The increasing prevalence of autism spectrum disorder across Canada, has led to challenges for parents and caregivers seeking access to timely autism assessments and early interventions for their children. Research amongst our community and Primary Care Providers identified deficiencies in the provision of care:

- Navigating the system is challenging and overwhelming for Physicians and parents
- Referral pathways are unclear
- Wait times for assessments at Sunny Hill (BC Autism Assessment Network) are 1-2 year
- Children are entering school with no diagnosis or supports
- Uncertainty about how to access services

The Ridge Meadows Child and Youth Autism Leadership Team decided to focus on developing:

1. A tool for providers to increase service and pathway awareness
2. A local assessment model
3. A resource to support families with pre and post diagnostic supports

Collaborating with our local working group and a Vancouver-based Pediatrician, we created an autism toolkit for Primary Care Providers. The toolkit offers guidance on signs and symptoms of autism, screening tools, local and regional referral pathways, and resources. Additionally, we provided Physician focused education on assessing autism in primary care and enhancing community supports.

In partnership with the BC Autism Assessment Network, our local Child Development Centre and local Pediatrician, we created a streamlined assessment and diagnostic model, that does not require a psychologist component to support families in our community.

To increase support for families in navigating various local and regional supports while waiting for an assessment appointment, we collaborated with patient partners on the development of a parent and caregiver resource.

These strategies aim to empower our Primary Care Providers to support children and youth with autism. They give practical tools for physicians, parents, and individuals with autism to use and access services that would most benefit them. These strategies can be spread across Divisions throughout the Province.

E1.3 | Ten Years Later: A Rural Pre-Medicine Pilot Program (JSC)

Speakers: **Jonathan Vanderhoek,** Selkirk College
Takaia Larsen, Selkirk College

In September 2014, the Rural Pre-Medicine Program in Castlegar, B.C. admitted its first cohort of students. These students heralded a bold initiative launched by Selkirk College in partnership with the Joint Standing Committee on Rural Issues. The goal was to design an undergraduate program in a rural setting for historically underrepresented students with strategic supports in place to increase the number of students who move along the pathway to future careers in health. A decade later former RPM students are completing medical residencies and beginning practice in allied health professions. They continue to choose rural, remote, Northern, and Indigenous sites for their training and subsequent practice.

In this presentation we explore how the JSC's commitment to the RPM Program enabled the development of this pathway. We describe the non-academic programming and supports that go beyond a traditional health sciences course of study, and we highlight how the increased program capacity from funding led to gains in rural recruitment, community impact, collaborative networks, and the dissemination of best practices. Attempts to model programs after RPM are beginning to emerge in western Canada, and they speak to the merits of having robust regional pre-professional health pathways as access points for future rural, remote, Northern, and Indigenous learners.

Rapid Fire Presentations

G1. Improving Patient Care | Grouse Room – 34th Floor from 10:20am – 11:45am

G1.1 | Surrey-North Delta's Long-term Care Initiative: Clustering for the Improvement of Patient Care (FPSC)

Speakers: **April Bonise,** Surrey-North Delta Division of Family Practice

Several years ago, Surrey-North Delta was facing a crisis: long-term care (LTC) facilities were unable to find enough physicians willing to attach their residents due to the complex and specialized nature of the care they require. As a result of this shortage, Surrey Memorial Hospital was unable to discharge patients to facilities in a reasonable timeframe. This led to significant overcrowding of beds at the hospital as facilities scrambled to find physicians for patients who were waiting to be discharged into their care.

In response to this crisis, a group of family physicians in Surrey-North Delta came together as a team to address the backlog and to attach patients regardless of complexity. These physicians developed a cohort system where 3-5 physicians were clustered at each facility. These clusters facilitate the provision of team-based care, including after-hours coverage, care conferences, medication reviews and mentorship of physicians who are new to long-term care.

The benefits of this clustering approach for patients, physicians, and facilities have been significant and sustained:

- 15 LTC physicians in the initiative, 13 LTC facilities, 1507 LTC beds funded through the FPSC initiative
- 0 unattached patients in long-term care
- 1 "after-hours on-call" phone number for facilities to reach the on-call physician
- 1643 total calls made to the after-hours call service between April 2022 – Aug 31, 2023
- In 2021, a "Standards of Care" working group was formed to clarify the 5 Best Practice Expectations (BPEs). Resulted in an approved, community-wide version that was circulated amongst the LTCI physicians
- Strong partnerships between facility Directors of Care and Fraser Health Authority

Lessons learned:

- Clustering isn't "one-size-fits-all"
- Physicians need to be committed to providing the same level of care across the LTC community.
- After-hours availability is part of providing quality care, so everyone has to participate equally.

G1.2 | Standardizing patient preparation and prehabilitation for surgical patients (SSC)

Speakers: **Geoff Schierbeck,** Doctors of BC
Dr Lindi Thibodeau, MD FRCPC anesthesiologist Comox Valley Hospital

The Perioperative Care Alignment and Digital Screening (PCADS) initiative represents a groundbreaking endeavor aimed at standardizing critical components of the perioperative process to enhance patient care and streamline healthcare practices in British Columbia. At its core, PCADS focuses on three key aspects: presurgical screening, prehabilitation, and the judicious utilization of Choosing Wisely principles for preoperative radiology and laboratory investigations.

The first facet of PCADS involves the meticulous standardization of presurgical screening processes.

By establishing uniform criteria and questionnaires, the initiative aims to ensure a consistent and comprehensive approach to evaluating patients before surgery. This not only enhances the quality of care but also contributes to the efficient utilization of healthcare resources.

Secondly, the PCADS initiative places a significant emphasis on prehabilitation, recognizing the transformative impact of proactive interventions before surgery. By incorporating evidence-based practices, the initiative seeks to optimize patients' physical and mental health, ultimately enhancing their resilience to the stressors of surgery and improving overall postoperative outcomes.

Furthermore, PCADS aligns with the Choosing Wisely principles, advocating for judicious and evidence-based use of radiological and laboratory investigations in the preoperative phase. By adopting a patient-centered approach, the initiative strives to avoid unnecessary tests, reducing healthcare costs, minimizing patient inconvenience, and aligning with best practices.

PCADS represents a collaborative effort involving various stakeholders, including healthcare providers, administrators, and patients, to redefine and elevate the standards of perioperative care. Through the standardization of presurgical screening, the promotion of prehabilitation, and adherence to Choosing Wisely principles, PCADS endeavors to establish a model for perioperative care that prioritizes patient well-being, resource efficiency, and evidence-based decision-making. As the initiative progresses, its impact is poised to resonate across the healthcare landscape, setting a benchmark for excellence in perioperative care and positively influencing patient outcomes.

G1.3 | Enhancing quality of care through clinical care pathways

Speakers: **Amilya Ladak,** BC Cancer
Shaifa Nanji, BC Cancer
Dr Christine Simmons, BC Cancer

Cancer is a provincial health priority as it is estimated that 1 of 2 British Columbians will be diagnosed with cancer in their lifetime and it continues to be the leading cause of death. Cancer care is constantly evolving, with rapidly advancing technologies, evolving medications and new techniques, and health care providers struggle to keep abreast the most updated information and keep patients aware of the endless possibilities and care options.

The rapidly evolving landscape of cancer treatments and emerging therapies creates a challenge to province-wide access to standardized, evidence-informed, and equitable care. Clinical pathways that are developed with a systematic, multidisciplinary approach provide roadmaps that outline the sequence of interventions, diagnostic tests, and treatments for a disease state (in this context, cancer). By promoting a coordinated and structured approach, clinical pathways optimize resource utilization and high-quality care with the goal of improving patient outcomes.

BC Cancer is developing tumor-specific clinical care pathways that aim to improve the quality of care and outcomes for people with cancer across BC. These clinical pathways will streamline processes, identify key clinically relevant benchmarks for high quality care and establish guidelines for healthcare providers and patients across the cancer care trajectory. This initiative sets a new standard for cancer care across BC and demonstrates a commitment to improving patient-centered care. This presentation will provide an overview of the clinical care pathways project, methodology, outcomes, and the impact this transformative work will have on cancer care across BC.

Rapid Fire Presentations

C1. Virtual Care & Data | Cypress Room – 34th Floor from 10:20am – 11:45am

C1.1 | How to Incorporate Data and QI Methodology in Program Development and Spread (SCC)

Speakers: **Lisa Miller,** CBT Skills Groups Program

The CBT Skills Group program is an innovative solution to address the gap in mental health care within primary care. Key to its success was the focus on data collection and evaluation as a cornerstone of the decision-making process throughout program development, physician training, quality improvement, and spread. The team conducted a high volume of PDSA cycles, with varied aspects of measurement (surveys and early pilot groups), that were adjusted based on data. Clinical outcome measures were collected using pre and post clinical scales. Process measures were done weekly and midway, and through final evaluations (satisfaction, applying skills learned). Data was assessed on many factors including facilitator outcomes, attrition, group fill, no shows, predictors of attrition and attendance, facilitator prep time, patient safety and comfort. After sufficient data was gathered, t-tests were run to show effectiveness of the program over time. As a result of this approach, a small local solution has grown to a virtual provincial program and continues to utilize data to improve the patient and provider experience, inform on-going program development, strategic planning and governance. Publication and promotion of these metrics have been key to program adoption and sustainability.

C1.2 | Creating an innovative BC focused perinatal platform for improved outcomes: The HUB

Speakers: **Dr Marianne Morgan,** Provincial Primary Care Maternity Medical Lead, Perinatal Services BC
Kristin Korns, Senior Leader Provincial Education, Perinatal Services BC
Kyla Pongratz, Senior Clinical Leader Provincial Partnerships and Clinical Innovation PHSA

The Perinatal and Newborn Health Hub (Hub), developed by clinical subject matter experts from many disciplines across the province, is the central resource for perinatal and newborn care. From preconception to newborn care, find evidence-informed and up-to-date health information for every step of the pregnancy journey. Forget the inconvenience of recalling passwords; all resources are accessible without the need for logging in.

Providers save valuable time and eliminate the need to search through multiple platforms or sources. Everything they need is now in one place.

There are approximately 20,000 perinatal and newborn health professionals across BC supporting approximately 40 to 45 thousand births annually. Our aim at Perinatal Services BC was to reach and provide support and clinical guidance to all providers; whether they work in public health, acute care and/or primary and community care; in rural, remote or urban settings.

The Hub strives to enhance outcomes for pregnant women/people and newborns, championing a model of care that is consistent, culturally safe, patient centred, gender affirming, and trauma informed.

These 3 principles guided the development process:

1. Co-design: High degree of engagement with partners and end users.
2. Iterative: Taking an interactive approach and doing incremental and rapid prototyping based on partner feedback
3. User centric: Ensuring provider stories drive the development and design of the Hub.

The Hub team will continue to solicit end user feedback to guide the ongoing maintenance and improvements to the platform and its content.

C1.3 | Use of AI in Primary Care to increase physician capacity and build joy in work (FPSC)

Speakers: **Mona Mattei,** Kootenay Boundary Division of Family Practice
Dr Belinda van der Berg, Family Physician

Physician burnout rates are closely linked to frustrations with administrative burdens and time consumption for charting and dictation. To explore potential solutions, the KB Division ran a pilot for the use of AI scribe software in primary care to enhance physician's capability to see patients and improve patients' experience in care.

With increasing visibility of AI for medical purposes, this pilot presentation shares lived experience with practical applications. Outcomes from the use of AI include:

- the potential to see more patients,
- increase patient panels,
- enhanced patient experience as physicians' interactions are more attentive,
- as well as impacting retention of physicians by easing their administrative burden.

The pilot ran for six weeks with 9 physicians / nurse practitioners with the support of the Division digital health team and was evaluated by the Division QI team. The pilot process included: recruitment of providers, privacy assessment and consent development for patients, evaluation of the trial focused on time savings to physicians, ease of use, and provider / patient experience, as well as data on usage. The ambient scribe or dictation was used to record encounters and prepare notes for providers using templates determined by the team.

The AI in primary care experiment will demonstrate core successes and challenges with embedding technology in practice, debate the ethics in the use of AI in patient care, and contrast the improved joy in work for providers with the experience of patients.

*** Please note that this presentation "Use of AI in Primary Care to increase physician capacity and build joy in work" will also be presented during the main Quality Forum on April 24 from 9:45 — 10:45am. Please refer to the Quality Forum program for more details.

Rapid Fire Presentations

B1. Rural, EDI, & Cultural Safety | Balmoral Room – 3rd Floor from 10:20am – 11:45am

B1.1 | Supporting engagement, collaboration, and change to build integrated teams in a rural PCN (FPSC)

Speaker: **Sarah Loehr,** East Kootenay Divisions of Family Practice
Dr Shaun van Zyl, Family Physician, Kimberley

Implementation of the East Kootenay Primary Care Network (PCN) began in 2020. It aimed to integrate 68 new full- and part-time nurse practitioners, registered nurses, and allied health professionals (the PCN providers) into 19 existing patient medical homes (PMH) across the region. Where space allowed, PCN providers were co-located within family practice clinics. Many PCN providers were shared between multiple clinics within a community. PCN support coach positions were created to support engagement and collaboration with physicians and provide clinics with flexible implementation and quality improvement supports.

Each clinic identified a physician lead to be the main point of contact for the coaches and a communication conduit with the other physicians in the clinic. They were integral to the coaches' ability to form relationships, learn about the clinics and communities they supported, and identify how to best support PCN implementation. A cyclical process of 'engagement, collaboration, change' was used by the coaches to facilitate four key areas: PCN providers' role development and clinic integration; team growth and sustainability; quality and process improvement. Engagement involved providing information and gathering input from physicians across clinics, and Interior Health and Ktunaxa Nation managers and clinical leads. Coaches would next facilitated collaboration amongst these individuals which involved prioritizing ideas gathered through engagement, delegating to the most appropriate individual(s), putting them into action. Results would be incremental change. A new cycle would then begin.

The development of physician leads ensured that the coaches had a direct connection to each clinic. Using the engagement, collaboration, change process, the coaches supported the integration of PCN providers into PMH across the region, helping improve access and attachment, and provider and patient satisfaction. The process helped increase collaboration amongst physician clinic colleagues, physicians within communities, and between physicians and Interior Health and the Ktunaxa Nation staff.

B1.2 | Justice, Equity, Diversity and Inclusion (JEDI) Principles in UBC Rural CPD (JSC)

Speakers: **Stephanie Ameyaw,** UBC Continuing Professional Development

Learn how our team is applying principles of Justice, Equity, Diversity and Inclusion (JEDI) in a learner-centered, rurally-focused CPD context:

- Demonstrate impact of JEDI practice on rural providers, patients, faculty and teams
- Invite participants to share approaches and experiences applying JEDI principles in their unique contexts
- Discuss insights, challenges, opportunities and considerations to enhance JEDI practice collectively

B1.3 | Healthcare providers survey highlights osteoporosis care gap amongst First Nations in northern BC

Speakers: **Dr Raheem B. Kherani,** Chair, BC Coalition of Osteoporosis Physicians; Program Director and Clinical Associate Professor, UBC Adult Rheumatology

First Nations people have a high incidence of inflammatory arthritis. Because of this, travelling rheumatologist clinics have been organized in northern BC to meet this need. Inflammatory arthritis is a strong risk factor for osteoporosis. Although there are no data for BC, in other Indigenous communities, studies have indicated increased osteoporosis and fracture risk amongst Indigenous people. The BC Coalition of Osteoporosis Physicians has formed a working group to identify the osteoporosis perceptions and needs of care providers in Indigenous communities in northern BC.

We surveyed by questionnaire First Nations health care providers in conjunction with travelling rheumatology clinics in northern BC communities of Heiltsuk Nation, central coast, Bella Bella, Nuxalk Nation, central coast, Bella Coola, and Nisga'a Nation, northern coast, Nass valley. Of 18 returned questionnaires, 7 were from doctors and the remainder from nurses. Over half (52%) reported that they received no specific education on osteoporosis. The majority (73%) indicated that they see osteoporosis occasionally or frequently; however 92% encountered fractures occasionally or frequently. Since fractures are frequent indicators of osteoporosis and future fracture risk, the absence of an osteoporosis diagnosis may indicate a lack of awareness of this risk. Over half (57%) of respondents rarely or never refer patients for bone density, perhaps because of the need to travel long distances for access. The most common perceived barriers to providing osteoporosis care include geographic (67%), mistrust (56%), financial (39%), and lack of access to required services (39%). 94% of respondents agreed or strongly agreed that enhanced access to osteoporosis care is required for First Nations communities in BC.

Our survey provides valuable insights into the osteoporosis-related needs of care providers in Indigenous northern BC populations. Most significantly, there was overwhelming agreement amongst respondents of the need for strategies to enhance osteoporosis care in Indigenous communities. These data will pave the way for targeted interventions and improved osteoporosis healthcare practices for Indigenous people in northern BC.

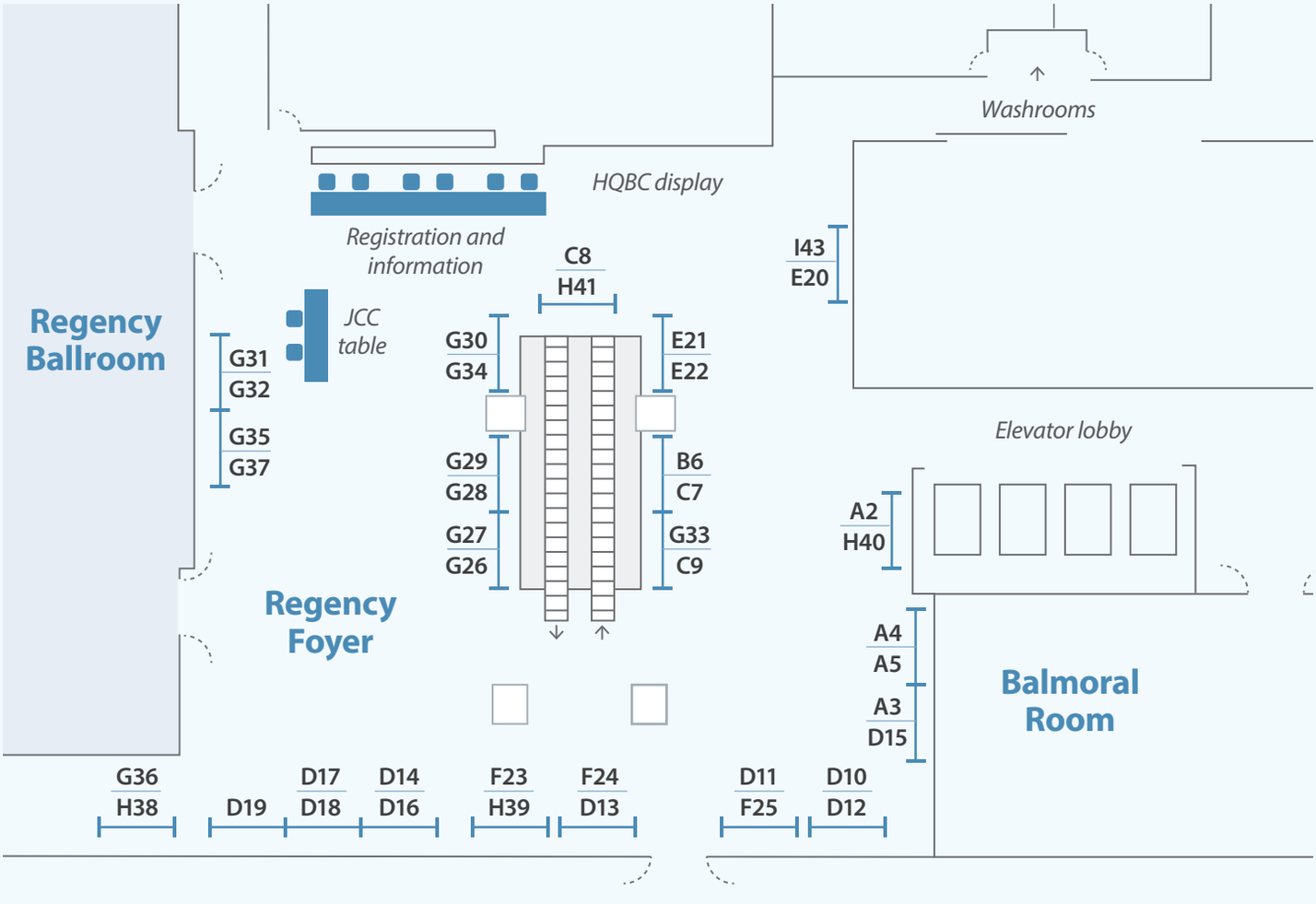
Story Board Abstracts

Storyboard Poster Number Key

Storyboards are identified with a letter and number. The letter identifies the theme and the number is unique to each storyboard.

Themes

- **A** Accelerated Spread and Implementation of Successful Solutions
- **B** Appropriate Use of Virtual Care
- **C** Culturally Safe Care Provided with Humility
- **D** Improved Access and Capacity within the Health Care System
- **E** Improved Physician Health & Wellness
- **F** Increased Alignment of JCC Strategic Goals & Activities
- **G** Increased Collaboration to Improve the Integration of Care
- **H** Strengthened Quality Improvement Skills and Leadership Culture
- **I** Other



A2 Emergency Preparedness Enables Quick Response During the Bush Creek East Wildfire

Speaker: **Chelsea Brookes,** Thompson Region Division of Family Practice

On Friday, August 18, 2023 Scotch Creek and Sorrento were placed under evacuation order, and the Village of Chase on evacuation alert, due to fast moving wildfires. The fires closed Highway 1 between Chase and Sorrento, which prompted detours through the interior. The fires and highway closure also cut off access for patients to access health care in Chase, and for primary care providers and office staff to get to their clinic. Several were also evacuated to Salmon Arm or other areas. A nurse practitioner and medical office assistant wanted to continue to support their patients, especially those who had also experienced displacement. They were able to set up a satellite clinic in Salmon Arm to continue to see patients and ensure continuity of care. They were able to practice in an existing clinic in Salmon Arm to see patients in person, and provided virtual care for those unable. This arrangement was completed within days of the evacuation thanks to quick thinking and dedication of providers and clinic staff.

Luckily, the clinic in Chase had been prepared for an emergency situation. They completed preparedness plans and ran drills. They had documents prepared with pertinent information and contingencies if the clinic was inaccessible. They completed this work with the support of the Thompson Region Division of Family Practice's Emergency Preparedness for Physicians Shared Care project. The combination of the preparedness, and the response supported by FPSC funding, demonstrated the importance of collaborative planning and preparation. One of the medical office assistants shared this message with the Thompson Division team, "Thank you for your part in helping out with the payment process. I truly appreciate that Thompson Region Division of Family Practice supported us during this difficult time."

A3 Prevention of Preterm Birth Pathway - from Idea to Spread

Speakers: **Dr Jennifer Kask,** Physician
Dr Kirsten Duckitt, VIHA Division of General Gynaecology and Obstetrics

Problem: Preterm birth (defined as birth before 37 weeks of gestation) is the leading cause of perinatal morbidity and mortality in BC and worldwide. Preterm births in rural and remote communities lead to in-utero and ex-utero transfers to higher levels of care, with resulting disruptions to the family unit and cost to the families and to the province. The "In Plain Sight" report describes double the rate of preterm births in Indigenous populations compared to general population. There are evidence based, guideline recommended interventions to reduce the risk of preterm birth; the majority of which are readily accessible to patients, even in rural and remote areas of the province.

Aim: To reduce preterm birth rates by creating a prevention of preterm birth pathway focusing on individuals at risk of preterm birth and individuals with threatened preterm labor. Preparations for an imminent preterm birth were also included as an aide memoire for rural healthcare providers.

Results: The initial project was in Campbell River and North and West Vancouver Island in 2018-2019. A pathway was created as well as resources including an education module, pre-printed special authority form, and patient facing information handouts. Collaboration with FNHA led to patient information posted on the FNHA website. In 2021 the project was selected for Spread QI and spread to Cowichan. In 2022-23 the project spread to West Coast communities (Port Alberni and Tofino.) The change package has expanded with a video, a UBC CPD "This Changed My Practice" article, and publishing of the Prevention of Preterm Birth Pathway on the "Pathways" website. It has been presented at rounds (including to RTVS MaBAL pathway) and conferences.

Lessons Learned: A small project can ultimately make an impact provincially. Spread must take several paths and involve many stakeholders.

Story Board Abstracts

A4 Selkirk Rural Pre-Medicine (RPM)

Speaker: **Jonathan Vanderhoek,** Selkirk College

Framing the session around how the JSC's unique approach to funding the RPM led to an innovative program design that has impacted locally and across the province.

A5 Could a Rural Clinical Network Make a Difference for Rural General Specialists?

Speakers: **Dr Kirsten Miller,** Pediatric Specialist, Prince George
Jennifer Retallack, BC Children's Hospital
Valerie Ward, Health Arts Research Center

The number of pediatricians in British Columbia's rural communities (as defined by the Rural Practice Subsidiary agreement) is small and they face unique challenges when compared to their urban counterparts. The recruitment of new general pediatricians to rural practice and securing locum coverage is a constant source of stress for pediatricians practicing in rural communities. In 2020, the SPRUCe (Sustaining Pediatrics in Rural and Underserved Communities) clinical network was introduced with the goal to provide support and connection for BC's rural pediatricians. SPRUCe has identified the following six goals (also referred to as the "branches of the SPRUCe tree"): to foster connections, to support the recruitment and retention of rural pediatricians, to provide education and training tailored to rural pediatricians, to support the rural pediatricians in finding locums, to facilitate mentorship of trainees by rural pediatricians, and research and quality improvement work related to rural pediatric practice in BC.

Methods: BC's rural pediatricians were surveyed in June 2021, shortly after the launch of the network, and again in July 2023, in order to evaluate the impact of the network. In 2021, there were 12 RSA communities served by 32 pediatricians, while in 2023 there were 14 RSA communities served by 38 pediatricians. Surveys were sent to pediatricians in RSA communities for whom the study coordinators had email contacts in the spring of 2021 and in the summer of 2023. Anonymized survey results were collected, tabulated and compared.

Results: In 2021, surveys were sent to 28 pediatricians with a 96% response rate, while in 2023 surveys were sent to 36 pediatricians with a 69% response rate. In 2023 a lower proportion of respondents endorsed being concerned about recruitment (81% in 2021 and 68% in 2023). Similarly, a lower proportion disagreed that effective strategies were in place for pediatrician recruitment to their communities (62% in 2021 and 40% in 2023). In 2023, a higher proportion of respondents agreed that they had methods to engage and interact with other rural pediatricians across the province (30% in 2021 and 52% in 2023). Unfortunately, no improvements were noted in the proportion of respondents who endorsed workload challenges, feelings of burnout or limitations in their ability to secure locum coverage. Rural pediatrician involvement in the education of medical learners remained static at 80%.

Conclusions: Strategies to support rural pediatricians in BC are needed to address concerns about workload, burnout and lack of locum coverage. SPRUCe, a clinical network to support rural pediatrics, provides an example of a potential strategy which may be having a positive impact. The short timeframe between administered surveys and small group of respondents makes demonstrating change challenging, but it is encouraging that decreased recruitment concerns and increased feelings of connectedness among rural pediatricians were noted. The SPRUCe model is easily translatable to other specialty groups, and a similar clinical network could have a positive impact on physicians practising in psychiatry, general internal medicine or other specialty areas in rural British Columbia.

B6 Project Sandbox: Patient-Centred Care in Paediatric Type 1 Diabetes Using Texting

Speaker: **Eiko Waida,** Interior Health Authority

Excellent management of Paediatric Type 1 diabetes (T1D) requires repeated adjustments of insulin settings. Although families are encouraged to reach out to their team in-between quarterly scheduled visits, this occurs infrequently, resulting in suboptimal glycemic control. Clinicians with expertise in this field are a limited resource, and the incidence of T1D is increasing.

By using texting, the Paediatric Diabetes Clinic at Vernon Jubilee Hospital aimed to increase patient engagement by 20%, and secondarily, decrease HbA1c by 5% and/or increase Time in Range (TIR) by 10% from May 2022-September 2023. The project team (pediatrician, diabetic nurse and dietician) met weekly. Three patient partner meetings were held (two parents and one adolescent) to help guide the change ideas. These change ideas included those to address the needs of the clients, such as providing educational tips, offering to review uploaded glucose data, and even jokes.

The outcome measures included: HbA1c +/-TIR, and number of all unscheduled interactions with clients/week. The process measures included: percentage of clients asking ≥one question/week, and the number of client-initiated questions/week. The balancing measure was all unscheduled time spent with clients/week.

There has been a >2000% increase in the number of interactions/week, taking < 60 minutes/week of clinician time. There have been ~ 30 conversations/week, spanning topics like insulin adjustment, mental health, nutrition, exercise, travel and technology-related issues. 100% of surveyed clients and clinicians expressed a desire to continue using texting. 97% of clients felt that texting was helpful in the management of their diabetes, and 80% of clinicians felt that it increased their work efficiency. There was a trend in improvement in HbA1c/TIR.

The primary challenges included establishing 'buy-in' from the paediatricians, and ensuring consistent monitoring of the platform due to human resource challenges. We continue to support clinicians by meeting them where they are at in.

C7 Building a Healthcare Team with Remote First Nation Communities

Speakers: **Tina Biello,** CIDFP
Ian Warbrick, Island Health Authority

There are 5 Nuu-chah-nulth Nations in and around Port Alberni, as well as 5 Nations on the West Coast surrounding Tofino and Ucluelet. 50% of these Nations are remote with access by boat, plane, or a long dirt road. This project aims to give support to remote community members with complex chronic conditions via a team based care approach, with an Internist, Pediatrician, Addictions Medicine Specialist, GPs, and the Nuu-chah-nulth nursing team. The goal is to have in person visits monthly with any follow up in between via tele health. Patients often have complex co-morbidities with little or no access to services to support them. GPs will benefit from access to a specialist and the specialist will benefit from offering care and a care pathway for patients to be followed up on by GP or Nurse.

C8 Creating a Transgender Care Project: Learning Through Humility

Speaker: **April Bonise,** Surrey-North Delta Division of Family Practice

As a rapidly growing area of medicine, gender-affirming care raises many questions for the Family Physicians in Surrey-North Delta and beyond. What can seem like

Story Board Abstracts

a simple question: "How can I identify my patient's preferred pronoun in my EMR?" is not always easy to answer and often matters deeply to the patient.

To better-understand what gender-affirming care looks like, a working group was assembled in the Fall of 2023 including Family Physicians, Endocrinologists, OB-GYNEs, Fraser Health Authority partners, Indigenous Health partners, Foundry and Trans Care BC.

The working group explored community patient and provider needs, beginning with an open acknowledgment that many in the group were coming to the table with their own level of "unknowing". A grace-based approach was decided upon for tackling the various aspects of project work: questions were asked from a place of genuine curiosity and answers were shared under the premise that when we know better, we will do better.

To assess community needs, this same "Grace-based sensitivity" was employed in the creation of two surveys: one for providers and one for patients. Recognizing that language could cause further harm and/or division, several working group meetings were spent dissecting nuance and phrasing. The anonymous survey questions were grouped into themes that highlight educational opportunities, personal and clinical safety, personal bias, lived experience, and areas of need.

The survey will run through October 2023 and has a target response rate of 50 providers and 30 patients. The project team is anticipating the responses will provide the foundation for a solutions-focused Transgender Care project, commencing in the Spring of 2024. Patient lived experience will continue to be sought and appropriately compensated throughout and project activities will be carried out within the framework of "nothing about us, without us".

C9 Barriers and Solutions to Diabetes Care in the South Asian Women's population – learnings from lived experience

Speakers: **Joanne Spooner,** Institute For Health System Transformation And Sustainability

Alina Alesu, Surrey-North Delta Division of Family Practice

The prevalence of type 2 diabetes and gestational diabetes is disproportionately high in the South Asian population compared to the general population, and access to culturally relevant prevention supports is limited. This population group also faces unique barriers to prevention and management including cultural norms and beliefs, economic disparities, lack of easy access to appropriate health services, stigma, and discrimination. These barriers contribute to the higher rates of type 2 diabetes and gestational diabetes and to the generational belief that little can be done to avoid a future diagnosis.

Women are integral in health decisions and have great influence on behaviour change in the intergenerational context of South Asian families, but they face challenges due to cultural expectations that they serve the needs of the family.

Surveys and focus groups were held to better understand the specific barriers South Asian women face in the prevention and management of diabetes, and to identify culturally appropriate solutions that will improve equitable access to appropriate prevention services and care. The Canadian India Network Society and the Institute for Health System Transformation, with collaboration from the Surrey-North Delta Division of Family Practice, brought together nine women living with type 2 diabetes for a discussion about the barriers they face. The Surrey-North Delta Division of Family Practice also surveyed 50 South Asian women diagnosed with gestational diabetes, to learn about their after-delivery care experiences.

The patient experiences shared will determine practical solutions that will better enable self-management of the disease, and will inform strategies to be implemented by the Surrey-North Delta Division of Family Practice to support primary care providers in their care for South Asian women and their families at risk of, or already diagnosed with type 2 diabetes.

D10 Penicillin Allergy De-labelling in Vanderhoof, BC, a Rural Community

Speaker: **Heather Goretzky,** Doctors of BC

Learning Objective: Consider unique aspects of rural communities to support and address local context.

Many reported penicillin allergies are not true allergies. Dr. Makin has 76 patients labelled with a "penicillin allergy" in the clinic EMR, leading to use of less effective antibiotics with more side effects.

Aim: Contact all adult panel patients with listed penicillin allergies for potential de-labeling utilizing the Firstline tool and update 75% by December 31st, 2023.

Methods: Dr. Chang developed the project with community physicians and clinic staff and Dr. Steve Beerman (residency advisor). Dr. Tiffany Wong (allergist from BCCH) provided experiential expertise. PSP support for QI project was sought.

A list of patients with "penicillin allergies" was generated from the EMR. Dr. Chang virtually screened patients using the online Firstline screening tool. Dr. Makin ran group medical visits (GMVs) for oral challenges for low-risk patients.

Results: 4 patients declined to participate. 38 have been screened: 1 directly de-labelled, 22 low-risk, 13 possibly allergic (12 referred, 1 declined referral), 3 allergic.

Of the 22 low-risk, all agreed to oral challenge. 17 completed: 16 de-labelled, 1 remains allergic.

Virtual screening and GMVs on provider's days off resulted in no impact on primary care access, and supported patient education and questions.

We realized off-site virtual care is not sustainable. Dr. Chang provided our community nursing team an in-service.

Dr. Makin shared the project/outcomes with his colleagues, who are supportive. He has agreed to support GMVs for their patients, minimizing impacts to access.

Conclusions and Learning: Virtual care, a standardized screening tool, and interprofessional care are effective and simple for screening patients in a rural community.

GMVs are highly effective for direct oral challenges.

D11 Development & Implementation of a BC Child and Youth Eating Disorders Complex Care Clinical Pathway

Speakers: **Erica Roberts,** BC Children's Hospital
Dr Shirley Sze, Community of Practice, Child Youth Mental Health and Substance Use

Since the onset of the COVID-19 pandemic, a shadow pandemic of new onset eating disorders in children and youth has emerged. Worldwide statistics are showing that eating disorders incidence in both children and adults have increased, and many individuals have experienced deterioration. This has resulted in significant pressure upon what was an already strained care provision system.

Within the context of children & youth in BC, Primary Care Providers (PCPs) and Pediatricians are increasingly being called upon to co-manage this influx of patients, yet within both disciplines there is significant variability in training experience and comfort in treating patients with eating disorders.

Story Board Abstracts

To address this gap, this project engaged PCPs, Pediatricians/Specialist Physicians, Allied Health providers, community stakeholders, and patients/families with lived experience to co-design the Complex Care Clinical Pathway. This pathway was designed to function as a clinical decision-making tool with embedded, locally tailored resources, links, tools and referral information, empowering providers to more confidently navigate the care for children and youth with eating disorders. One of the places that this pathway will be hosted is on the "Pathways BC" platform, an online resource that provides physicians and their office staff/teams quick access to current and accurate referral information, as well as access to hundreds of patient and clinician resources, community service and allied health information that is categorized and searchable.

Through this project, the ultimate goal will be to improve the support to PCPs and Specialists alike, leading to improved health provider coordination and communication, as well as improved patient flow and transitions between primary care providers and specialists in various clinical settings. Enhanced systems and easy access to up-to-date tools and resources will ultimately support providers in feeling more connected, knowledgeable, confident and skilled in navigating the maze that is pediatric eating disorders care.

D12 Perinatal Community of Practice

Speakers: **Dr Shelley Ross,** Family Physician
Dr Julie Wood, Perinatal CoP Co-Chair

Ongoing challenges with the provision of maternity and newborn care have been longstanding. Maternity care is a concern of every community as there is no community in BC where someone cannot get pregnant! While recent years have witnessed successful maternity quality improvement projects and the growing traction of the provincial Maternity Services Strategy, a crucial missing element has been a Perinatal Community of Practice (CoP). The Perinatal CoP, a provincial initiative supported by the Shared Care Committee, aims to address critical gaps within perinatal healthcare by fostering opportunities for knowledge sharing and collaboration, all aimed at improving the integration of care.

At its essence, the Perinatal Community of Practice (CoP) is dedicated to empowering healthcare providers throughout British Columbia, encompassing physicians, midwives, and other perinatal providers. The CoP actively fosters the development of meaningful relationships and knowledge exchange through dedicated events, leveraging these occasions to spotlight a wealth of comprehensive resources and tools. Through these efforts, it enables these diverse providers to collaboratively elevate their best practices, with a particular focus on the provision of culturally safe care.

This CoP acts as a hub of connectivity across the province, for perinatal care providers and associated organizations. By uniting these stakeholders, the CoP encourages interdisciplinary dialogue and knowledge sharing, transcending professional boundaries. Through this collaborative approach, the CoP aims to accelerate the adoption of transformative changes in maternity care, ultimately leading to better outcomes for patients and infants.

In summary, the Perinatal Community of Practice is poised to drive advancements in perinatal care. Building upon the successes of the SCC Maternity Spread Network, it promotes inter-professional collaboration, evidence-based innovation, and sustainable improvements in perinatal health outcomes. Through these collective efforts, the CoP envisions a paradigm shift in the delivery of perinatal care, enriching the well-being of patients and infants alike.

D13 Encompass Pregnancy Care

Speakers: **Jacqui Van Zyl,** East Kootenay Division of Family Practice
Dr Madeline Oosthuizen, Divisions of Family Practice Cranbrook
Megan Purcell, East Kootenay Division of Family Practice

Encompass Pregnancy Care Cranbrook is a team-based pregnancy care practice co-located in Cranbrook's Urgent and Primary Care Centre (UPCC). The new model launched officially in May 2022 and is an innovative approach to sustaining maternity care in Cranbrook and area. Maternity care was in a precarious situation in Cranbrook and Kimberley. Family physicians struggled to maintain service to their own pregnant patients, the patients of colleagues, unattached patients, complex patients, and patients from surrounding communities. In 2021, several maternity physicians in Cranbrook stopped providing maternity services and others considered giving up their practice. Recruiting new FPs who wanted to practice maternity care was challenging. At the same time, two obstetricians left the community leaving one specialist to support the region. Sustaining and enhancing the community's pregnancy care model before it collapsed was a priority. The goal of the project was to improve patient access to consistent and equal prenatal and postnatal care including standardized screening, workups, and referrals to specialists and allied health providers. The project was successful in achieving that goal. Patients indicate they experience a positive pregnancy care journey, including easy access to a maternity physician. Encompass Pregnancy Care cannot be sustained by the dedication of Cranbrook's FP-OBs alone.

Maternity care in the community remains vulnerable because of retirements and shifting priorities amongst providers. There are many factors that will play a role in sustaining the team-based model developed through this project including funding, space, advocacy, support and financial viability. Some next steps are: Fully integrating Registered Midwives (RMs) into Encompass Pregnancy Care as part of a new shared Care Project. Continued support for relationship development among the FP-OBs-RMs and their efforts toward continual improvement and standardized care.

D14 Enhancing pain and symptom management for individuals living with cancer in the Thompson Region

Speaker: **Melanie Todd,** Thompson Region Division of Family Practice

Goal: Improve the quality of life for individuals living with cancer by increasing access to comprehensive pain and symptom management in the Thompson Region, while fostering team-based care and improved coordination and collaboration between Family Physicians, General Practitioner Oncologists, and Oncologists.

Gaps: General Practitioner Oncologists (GPOs) are increasingly providing pain and symptom management services to their patients. Many cancer clinic patients are unattached and cannot access timely care to meet their pain and symptom needs, and many attached patients are challenged due to providers' hesitancy and/or competency to adequately manage their pain and symptoms. GPOs are becoming overwhelmed with this need and require greater support to manage these patients.

Opportunity: An outpatient pain and symptom management clinic in Kamloops is being trialed by physicians with special interest and training in managing pain and symptoms. The purpose of the clinic is to help control pain and symptoms related to the patients' cancer or the treatment of their cancer. The goal is to

Story Board Abstracts

quickly stabilize their pain and symptoms and then have patients return to their primary care provider if they have one. The clinic will continue to follow patients that do not have a primary care provider until they are discharged from the cancer clinic or move to the palliative care physician team.

Timeline: January 2023 – June 2024

Evaluation: Patients/families, and providers will be invited to share their experience to allow for the group to examine the project impact and feasibility of sustaining the service model moving forward.

D15 Pregnancy is a Stress Test: Identification of Pregnancy Related Cardiovascular Disease Risk Factors

Speakers: **Jennifer Kask,** Physician
Dr Valentyna Koval, VIHA

Cardiovascular Disease (CVD) is the leading cause of death in women. In Island Health, 27% of pregnancies are affected by one or more Adverse Pregnancy Outcome (APO). Certain APOs are associated with increased risk of CVD (e.g. individuals with Hypertensive Disorders of Pregnancy are four times more likely to develop Hypertension later and have double the risk of CVD; those with Gestational Diabetes are seven times more likely to develop Type 2 Diabetes).

Pregnancy can be considered a cardiovascular stress test. Early preventative health care may improve health outcomes.

The Campbell River Maternity Clinic (CRMat) is a Family-Medicine led clinic within the Wellness Centre at the North Island Hospital, Campbell River site (CRG.) It provides care for patients from Campbell River, communities in North and West Vancouver Island, and the Northern Discovery Islands. Variation in the Discharge (DC) Summaries from CRMat led to unreliable identification of CVD related APOs. Also, 40% of patients at CRMat are "unattached" to a longitudinal care provider, they have no reliable follow-up and DC summaries were not being created for them.

The Campbell River Maternity Clinic will increase the identification of individuals with pregnancy related cardiovascular disease risk factors to 100% at discharge from clinic care by June 2023.

A post-partum follow-up clinic for patients at risk was created utilizing existing resources from the Wellness Centre (CRG Outpatient Department.) The BiRCH (Birth Related Cardiovascular Health) Clinic is unique on Vancouver Island as the only Internal/Family Medicine led, hospital-based clinic providing post-birth complication care, bridging the gap for patients without longitudinal care. There is commitment from the manager to continue providing the space, Chronic Disease Management nurse's time, and clerk support.

Clinic Model – 1 visit 6 months post-birth with Family Medicine/Internal Medicine to:

- Explain risk
- Educate about modifiable factors
- Empower individuals to advocate for their health

D16 Ouch! My Heel Hurts!

Speaker: **Dr Brenda Van Fossen,** Fraser Health

Nearly all newborns have elevated serum bilirubin levels. If too high and untreated, it can cause Bilirubin Induced Neurological Dysfunction. It is important to test

the bilirubin levels of all newborns, especially preterm infants. If the blood sample is hemolyzed (red blood cells are being broken down), the bilirubin levels may be falsely elevated. As a result, the infant would need to be poked again. This is distressful for the infant and the parents. It impacts the access and flow of the hospital. Physicians need to reorder the test, lab assistants/ technicians need to redraw and reanalyze the blood sample, the results need resulted. This is a challenge especially when the hospital is under-resourced in staffing in many areas, and staff need to adapt and change how they work and continue to provide excellent patient care.

The aim of this project is to reduce the number of repeated serum bilirubin tests due to hemolyzed samples by 50% at Burnaby Hospital Neonatal Intensive Care Unit by June 2023. A multidisciplinary team including Neonatal Intensive Care Unit Management/ Nursing, Paediatrics, Laboratory Assistants/Technicians and Clinical Nurse Educators strategized the interventions to test. We used well-defined quality improvement methodologies (Plan – Do – Study - Act action learning cycles) to test and adapt the best interventions, which included parent awareness posters, education during huddles and bedside reminder cards. Outcome measures on the repeated serum bilirubin tests were collected weekly. The results of the project showed a decrease in the repeated serum bilirubin tests due to hemolyzed samples from 23% to 2.8% (Jan 1, 2022 to Sept 19, 2023). The most important lesson learned is change requires continuous innovation and a team effort. Regression may feel like failure but is an opportunity change the approach and explore other potential interventions.

D17 Streamlining Surgical Care: Pioneering pre-surgical screening and patient prehabilitation through a digital portal.

Speakers: **Geoff Schierbeck,** Doctors of BC
Dr Lindi Thibodeau, Island Health Authority

The Perioperative Care Alignment and Digital Screening Committee (PCADS) is dedicated to revolutionizing the landscape of perioperative care. This committee endeavors to standardize and enhance three critical aspects of the perioperative journey: presurgical screening questionnaires, preoperative medications, and preoperative testing. Our mission extends beyond these individual components, as we aim to amalgamate these standardized protocols into an innovative digital solution, thereby optimizing patient care.

Presurgical screening is a pivotal step in the surgical process. PCADSC recognizes the importance of creating a standardized presurgical screening questionnaire. By establishing a uniform set of questions and guidelines, we intend to reduce variability, improve the accuracy of patient data, and expedite the screening process. Our goal is to reach the patient sooner, ensuring that they receive the right care at the right time, ultimately enhancing their preparation for surgery.

The standardization of preoperative medications is another cornerstone of our mission. By aligning medication protocols, we aim to improve patient safety and reduce medication-related errors. This initiative promotes the adoption of evidence-based practices and enhances patient outcomes.

In parallel, our committee is diligently working to standardize preoperative testing. We understand the significance of streamlining the testing process to ensure that patients receive timely and appropriate

Story Board Abstracts

assessments. This not only reduces unnecessary testing but also expedites the journey toward surgery.

The convergence of these three standardized components is where our vision truly takes shape. By embedding these protocols into a digital solution, we can efficiently disseminate information, reach patients earlier in their perioperative journey, and foster informed patient preparation. This digitization aligns with the modernization of healthcare, promoting patient-centered care and improving the overall surgical experience.

In essence, the Perioperative Care Alignment and Digital Screening Committee is committed to advancing surgical care through standardization, digital innovation, and enhanced patient preparation. We strive to optimize the entire perioperative journey, ensuring that every patient receives safe, timely, and individualized care. Our work is a testament to the collaborative efforts of healthcare professionals dedicated to improving patient outcomes and delivering exceptional surgical care.

D18 UBC Drone Transport Initiative – How co-creation, relationships, and technology could bridge gaps in rural medicine

Speakers: **Sandy Lee,** UBC CPD
Eshawn Johal, Northern Medical Program at UBC Faculty of Medicine

The COVID-19 pandemic has led to a major acceleration in the use of virtual health, enabling rural and remote community members to see a physician sooner. However, many patients still face delays in their patient journey because they cannot access a diagnostic test or medications closer to home. Autonomous drones present an opportunity to complement existing health services and close geographic inequities faced by people living in rural and remote areas. The 12-month demonstration project co-creates technology solution with Stellat'en First Nation and health system partners, and identified critical ingredients to sustainably implement this technology. The project is planning for phase 2 which forges ahead on advancing priorities identified in the first phase.

D19 PRA-BC: The FASTEST way to get more family physicians into practice in BC

Speakers: **Mary Chinni,** PRA-BC
Dr Ryan McCallum, PRA-BC

Introduction: In 2015, BC launched an assessment program for internationally trained family physicians who have completed residencies in Family Medicine outside of Canada. This program, known as Practice Ready Assessment – British Columbia (PRA-BC), provides qualified family physicians with an alternative pathway to licensure in BC.

Analysis and Methods: There are provincial PRA programs across Canada. They all follow national standards on: (i) Screening candidates: medical credentials, exams, etc.; and (ii) 12-week assessment: direct observation by a full-time family physician in a clinical practice.

Results: Since 2015, 222 family physicians have passed Clinical Field Assessments and are serving/have served a 3-year ROS in 63 communities in BC. Work is underway to triple the program from 32 candidates/year to 96 candidates/year as of March 2024. This can only be done if there are enough physicians to serve as assessors.

Conclusion: The PRA-BC can get 96 doctors into practice every year if there are enough physicians serving as assessors. Learn how you and your clinic can help support – and benefit from – the Practice Ready Assessment (PRA-BC) program.

E20 Interdisciplinary Care: Essential for Maternity Patients and Providers

Speaker: **Alicia Power,** Pregnancy for Professionals

Pregnancy for Professionals (P4P) was created to share interdisciplinary perspectives from across all relevant fields between physicians and allied health professionals to optimize evidence-based maternity care - all packaged into an easily accessible, centralized, format. Launched in January of 2023 and supported by SharedCare and the Doctors of BC, Pregnancy for Professionals is led by our well-rounded working group of maternity professionals and patient liaisons. With a 650+ members subscriber base so far, we continue to grow and evolve alongside the needs of our patients and practitioner community. With a focus on relevant up-to-date, evidence-based information, we cover topics ranging from The Evidence Around Tongue Ties, Hypertension in Pregnancy, Intrusive Thoughts, Returning to Running Postpartum, and how Health Care Workers can Navigate Challenging Cases. This platform was created for providers by providers, because we recognize above all the importance of team-based care, and supporting our providers to minimize burn-out, close equity gaps, and improve clinician capacity.

E21 Civility Matters

Speaker: **Yann Brierley,** Interior Health Authority

Too many people are crying – they are crying at work, or crying in their cars; before work, during their lunch hour or on the drive home. Rude behaviour at work is taking a toll on hospital staff; leaving some to ask themselves the ever-more frequent question: "Did I make right choice to work in health care?" Stress lingers well after work and begins to affect personal relationships. Informed by hospital survey data, and through educational materials and training provided by a certified leadership and performance coach, the Civility Matters project has three aims:

- To spotlight the impact that our thoughts, behaviour and actions have on the quality and consequence of our social interactions.
- To highlight the team advantage that comes with a civility mindset and the improvement in patient care/safety that comes as a result.
- To empower staff with an effective toolkit of skills to use when confronted with incivility

The project has gained traction at multiple levels in the health authority and piqued the interest of other hospitals. Hospital staff, motivated to improve their work environment, have requested the project and the initiative has spread from department to department at the Vernon Jubilee Hospital. In addition, the concept enjoys support at the regional/health authority level. The cost savings associated with retaining and attracting highly trained staff is an important benefit to the project, but foremost are the in-roads made towards a happier work environment with the psychological safety and wellness top of mind for both medical and non-medical staff alike.

The project includes a clear roadmap outlining the steps and elements necessary to engender a positive shift in workplace culture; where staff feel valued as integral members to the team, where they feel they can thrive and provide the best possible care to patients and their families.

E22 RCCbc - Quality Team Coaching for Rural BC

Speaker: **Adrienne Peltonen,** Rural Coordination Centre of BC (RCCbc)

An interactive workshop that would focus on: the attributes, skills and tools of high-functioning interprofessional teams; the critical role of developing

Story Board Abstracts

psychological safety as the fundamental foundation of healthy teams, supporting participants to design an action plan for strengthening psychological safety within the team they work with on a day-to-day basis.

F23 Alcohol Use Disorder in the Emergency Department

Speakers: **Dr Aron Zuidhof,** Interior Health Authority
Dorrie Fasick, Interior Health Authority
Dr Nicholas Baldwin, Interior Health Authority

Alcohol is the most common substance used across the globe and in Canada, with BC alcohol consumption at an all time high. Alcohol use disorder (AUD) screening and treatment are not well incorporated into our health systems. The B.C. Centre on Substance Use (BCCSU) Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder provides guidance for a variety of care settings, including the emergency department (ED). Despite the clear evidence and guidance for prescribing AUD pharmacotherapy; less than 9% of people living with moderate to severe AUD, have access to effective pharmacotherapy treatments and less than 5% of primary care visits include screening for AUD with a validated AUD screener.

People living with untreated AUD present to the ED 4.4x more than the general population. The ED is often the first point of contact with the healthcare system, representing a critical opportunity. To improve access to evidence-based interventions for people and families affected by AUD in the Interior Health (IH) region, IH EDs will adopt a new standardized and regionalized AUD in the ED care pathway, which adopts the intervention strategy of screening, brief intervention and referral to treatment (SBIRT) for all people 19 years of age and older accessing the ED:

- Screening and assessing AUD
- Regional AUD withdrawal management order sets
- Regional outpatient AUD pharmacotherapy prescribing template
- Referral pathway from ED encounter to IH Virtual Addiction Medicine clinic

The project was spearheaded by late Dr. Jeff Harries in Physician Quality Improvement and spread through Spreading Quality Improvement. Currently supported by Health System Redesign, MHSU Network, Emergency Services Network in scaling up to all IH EDs. Canadian Alcohol Use Disorder Society (cauds.org), founded by Dr. Harries, made important contributions to this work in IH and in the field of AUD treatment.

F24 The Impact of Partnerships on Local Family Physician Recruitment and Retention.

Speakers: **Riley Gettens,** Practice Here
Jacqui Van Zyl, East Kootenay Division of Family Practice
Dr Milt Stevenson, Family Physician, IPRR

FPSC funding has helped connect a robust recruitment and retention professional network, the Interior Physician Recruitment, Retention, and Retirement (IPRR) Network. The network is a dynamic group of local experts representing all eight of BC's Interior Divisions of Family Practices and Health Authority. Since 2019, a valuable exchange of ideas and a commitment to work together has enabled the network to develop practice coverage improvement ideas through a regional lens. This collaborative effort has fostered a deepening collective understanding of the unique challenges faced by each Division.

In addition to strengthening inter-division connections, the committee has forged a more productive alliance

with the Ministry of Health Return of Service staff and recruitment colleagues at Interior Health. This partnership has yielded positive outcomes for both the University of British Columbia (UBC) and the Practice Ready Assessment (PRA) International Medical Graduate (IMG) programs. These endeavours have bolstered program effectiveness and paved the way for collaborative opportunities for continued improvement.

The committee's strategic approach rests on three key objectives. Firstly, they aim to refine practice coverage strategies across diverse communities. Secondly, they are cultivating a dynamic learning network to facilitate the exchange and disseminating of innovative ideas among professionals. Finally, they work together to enhance the retention of family physicians. This network serves as a platform for advancing recruitment and retention objectives.

Through their focused efforts, the IPRR is revolutionizing the approach to family physician recruitment and retention and driving positive change. This storyboard will provide a comprehensive overview of the IPRR's impactful journey toward a more robust and interconnected partnership between Divisions and regional and provincial entities that support family recruitment and retention.

F25 CYMHSU Community of Practice

Speakers: **Sonia Virk,** Doctors of BC
Dr Rob Lehman, Division of FP-Sunshine Coast
Dr Shirley Sze, Child and Youth Mental Health and Substance Use Community of Practice

The Child and Youth Mental Health and Substance Use Community of Practice (CYMHSU CoP) was started in 2019 at the conclusion of the Provincial CYMHSU Collaborative that took place from 2015-2018 that involved multiple stakeholders and multi-sector participation. This CoP continues to be supported by the Shared Care Committee (A joint committee of the Doctors of BC and the Ministry of Health). It is a network of dedicated Family Physicians, Pediatricians, Child Psychiatrists, ER and public health physicians along with other health professionals, and community partners who work together to improve the quality and accessibility of mental health and substance use services for children and youth and their families in BC. The CoP's primary mission is to foster a culture of collaboration, innovation, and learning among its members, and to equip and empower the physicians and other providers with the knowledge, skills, and relationships to support CYMHSU patients and their families.

Since our inauguration, the CYMHSU CoP has been continuously working with others to improve access, availability, and integration of care for children, youth and their families who faces mental health and substance use challenges. However, the most current statistics still highlights that only 44% of child and youth that are identified living with mental health and substance use challenges is receiving the care they need. Coming out of COVID, the rates of anxiety, depression, eating disorder presentations in children and youth have been rising. Opioid overdose deaths have recently been cited by the provincial coroner as the number one cause of death in the child/youth age group. With the passion and drive of the members of our CoP, we stand firm to work together and with others to tackle this "wicked" problem.

The CoP works through our three working groups: ACEs, Substance Use, and PCN planning. We have developed learning sessions to promote awareness, education, and advocacy on CYMHSU issues, and to foster collaboration across sectors and community partners. Some areas that we have focused on is upstream prevention and to improve the trauma awareness and care for children and youth with

Story Board Abstracts

mental health and substance use issues. To that end, we have collaborated with GPAC on educational guidance, delivered webinars and learning modules in conjunction with UBC CPD and collaborated with others i.e., Pathways BC, Child Health BC, BC Healthy Child Development Alliance and the Health and Justice Alliance and others on educational resources. We have had discussions with academic institutions around embedding ACES awareness and trauma sensitive care in undergrad and postgrad curriculum. We are also involved in co-developing clinical care pathways and working as a partner with the school districts to embed evidence-based prevention programs. We have developed an alliance with the Justice system to transform the family justice system. Additionally, we are looking at ways to integrate CYMHSU services into team-based care in primary care and school settings.

In essence, this CoP acts as a hub to connect CYMHSU care providers and related organizations across the province. It brings together different stakeholders and fosters interdisciplinary communication and learning to enable the breaking down of professional barriers and silos of care. The CoP's goal is to spread knowledge and experience in CYMHSU that will improve the outcomes for youth and families and to foster good working relationships amongst the members of the CoP and with the multiple stakeholders in this space to improve the delivery of best practice care to this vulnerable population.

G26 Exploring the impact of COVID-19 on hospital substance use encounters: From Research to Quality Improvement

Speakers: **Aven Sidhu,** Fraser Health
Angela Tecson, Fraser Health
Rajbir Klair, Fraser Health

The COVID-19 pandemic exerted unprecedented pressure on healthcare systems worldwide. In BC, as federal and provincial restrictions tightened, the diversion of resources from community services disproportionately affected priority populations grappling with contaminated drug supplies, exacerbated mental health challenges, and the loss of overdose prevention services. Simultaneously, acute healthcare services strained under the weight of this burgeoning crisis. Our research team conducted a retrospective analysis of data from 12 BC hospitals to illuminate the ramifications of COVID-19 on substance use-related visits.

Our findings showed a 29% increase in emergency room (ER) visits and 21% in admissions; most pronounced in stimulants-related ER visits (143%), and opioid-related ER & admission visits (>110%). Similarly, repeat ER visits surged by approximately 83% from pre- to post-COVID-19 eras; cannabis visits rose by 850%, opioids by 383%, and stimulants by 346%. Similarly, hospital readmissions increased by approximately 43% from pre- to post-COVID eras.

In partnership with FHA's Clinical Quality and Patient Safety, we are developing a comprehensive communication plan that increase and strengthen collaboration amongst multidisciplinary teams. This plan aims to disseminate the research findings widely across the region, fostering a collaborative environment for generating QI activities and facilitating discussions among stakeholders, with the goals of bridging the gap between research and QI.

We will identify specifics in our findings including different substances and encounters, and will articulate our engagement strategies; including how it engages healthcare providers, patient partners, and other stakeholders. This critical data can serve as a compass for refining existing programs and policies or reallocating resources to enhance patient and community care, particularly during challenging times. By shedding light on the impacts of COVID-19 on substance use

encounters, we will pave the way for informed and effective quality improvement initiatives, bridging the gap between research and QI.

G27 Dementia Care: Nurturing Wellbeing

Speakers: **Dr Erin Lynch,** Chilliwack Division Family Practice
Dr Ralph Jones, Family Physician

This project is a multidisciplinary, patient-centered approach to decreasing antipsychotic use in long term care for residents living with Dementia. The interventional method is a physician-developed, five-hour training program. It is made available to resident caregivers and all staff who have direct contact with residents. The three-part, experiential, and didactic training is based on key principles from the book "Contended Dementia" by Oliver James. The tenants of this book, and underlying foundation of the training, centre on supporting residents with dementia in living their best lives within the context of their happiest memories – find where they were happiest in their past, don't ask questions or argue, help them live in those moments. The knowledge and skills gained during training allow staff and loved ones to support resident emotional wellbeing, resulting in a decrease of behaviours requiring the use of certain antipsychotic medications. Evaluation for this pilot included pre/post confidence and comfort measures for trainees and tracking the average, monthly number of antipsychotic doses for sample population. Early results at 8-weeks post-intervention show a reduction in the average number of weekly PRN, antipsychotic and nabilone doses as well as a decrease in the number of residents taking antipsychotics, nabilone and benzodiazepine. There was an increase in benzodiazepine doses and the number of patients receiving PRNs. This post-intervention data will be reviewed once again at 12 weeks and 5 months. A second pilot training group will be conducted in October.

G28 Streamlined and Accessible Early Pregnancy Care through an Interprofessional Approach

Speakers: **Katherine Brown,** Thompson Region Division of Family Practice
Joanna Norman, First Steps Early Pregnancy Clinic

The First Steps Early Pregnancy Triage Clinic in Kamloops opened in September 2023 comprehensively addressing the challenges of accessible and timely care for pregnant individuals in the Thompson Region. The clinic is available by self-referral or referral from primary care providers who do not offer prenatal care. The clinic follows an interdisciplinary and collaborative model, utilizing the expertise of family physicians, nurse practitioners, registered midwives, indigenous care providers, and other supports as needed.

By providing a combination of virtual and in-person visits, both urban and rural patients receive prompt access to prenatal investigations, including routine bloodwork, ultrasound, and genetic screening, all within the recommended timeframes. The clinic also offers triage services to help identify and prevent high-risk pregnancies. Patients receive streamlined, first contact, initial care, and triage within two-to-three antenatal appointments before being transferred to the Thompson Region Family Obstetrics clinic at approximately 20 weeks for ongoing antenatal, delivery, and post-partum care. Additionally, the clinic provides support for early miscarriage care, contraceptive counselling, and termination care, including mental health supports and necessary referrals to specialized providers.

This new and cooperative care model focuses on involving patients, families, and caregivers to better understand patient needs, assist in decision-making, and provide culturally appropriate services. Incorporating this feedback

Story Board Abstracts

into regular team meetings informs a structured approach to addressing concerns while utilizing the expertise of the team. Additionally, patients can be connected to relevant resources and programs to address the isolation commonly faced by low-income individuals in these situations.

Furthermore, the clinic provides opportunities for practitioner sustainability through teaching engagements with students from the University of British Columbia Midwifery program, Thompson River's University Nursing program, and other allied health support programs. Mentorship and training with regional family physicians and nurse practitioners will also contribute to meeting future human resource needs.

G29 Creating a Community of Practice for NTP Contracted Family Physicians in Surrey-North Delta

Speakers: **Saira Abrar,** Surrey-North Delta Division of Family Practice
Victoria Rotaru, Surrey-North Delta Division of Family Practice
Dr Uzma Mashood, Family Physician

In 2020, the Ministry of Health launched New-to-practice (NTP) Family Physician contracts in PCN communities across BC. Surrey-North Delta has an identified attachment gap of 80,000 people, with the lowest Family Physician to patient ratio in Metro Vancouver. NTP contracts, therefore, play a key role in our PCN community's attachment strategy.

Since the beginning of PCN implementation, SND has successfully recruited 15 NTP physicians. However, the newness and continual evolution of these contracts have created some challenges for these physicians in addition to being new to practice.

The SND PCN team recognized a need for NTP physicians to connect with each other within a safe space to address shared issues through dialogue and mutual understanding.

In order to achieve this, the SND Division facilitated the creation of an NTP Community of Practice (CoP), which had its first meeting in May of 2023. At the first meeting, a group lead was chosen for ease of communication with the Division, and a quarterly meeting schedule was developed.

Division staff facilitates CoP meetings, and a robust, trust-building onboarding process has been developed to engage new NTP physicians early on in their transition to SND and integrate them into the CoP. NTP physicians find these meetings valuable and will continue meeting regularly with in-kind Division support.

The purpose of the NTP CoP is to improve collegiality and to provide a platform to discuss common concerns. However, the benefits for participants and the Division have extended beyond this scope.

The NTP CoP has become a two-way communication platform between NTP physicians and the Division, enabling us to work together on issues like attachment.

Our vision is to transition the group into a self-sustaining platform that NTP physicians can use to stay connected with each other and to inform us about the challenges they are experiencing.

G30 Surrey-North Delta's Long-term Care Initiative: Clustering for the Improvement of Patient Care

Speakers: **April Bonise,** Surrey-North Delta Division of Family Practice

Several years ago, Surrey-North Delta was facing a crisis: long-term care (LTC) facilities were unable to find enough physicians willing to attach their residents due to the complex and specialized nature of the care they require. As a result of this shortage, Surrey Memorial Hospital was unable to discharge patients to facilities in a reasonable

timeframe. This led to significant overcrowding of beds at the hospital as facilities scrambled to find physicians for patients who were waiting to be discharged into their care.

In response to this crisis, a group of family physicians in Surrey-North Delta came together as a team to address the backlog and to attach patients regardless of complexity. These physicians developed a cohort system where 3-5 physicians were clustered at each facility. These clusters facilitate the provision of team-based care, including after-hours coverage, care conferences, medication reviews and mentorship of physicians who are new to long-term care.

The benefits of this clustering approach for patients, physicians, and facilities have been significant and sustained:

- 15 LTC physicians in the initiative, 13 LTC facilities, 1507 LTC beds funded through the FPSC initiative
- 0 unattached patients in long-term care
- 1 “after-hours on-call" phone number for facilities to reach the on-call physician
- 1643 total calls made to the after-hours call service between April 2022 – Aug 31, 2023
- In 2021, a “Standards of Care” working group was formed to clarify the 5 Best Practice Expectations (BPEs). Resulted in an approved, community-wide version that was circulated amongst the LTCI physicians
- Strong partnerships between facility Directors of Care and Fraser Health Authority

Lessons learned:

- Clustering isn’t “one-size-fits-all”
- Physicians need to be committed to providing the same level of care across the LTC community.
- After-hours availability is part of providing quality care, so everyone has to participate equally.

G31 EMR Optimization to promote continuity of care for patients living with substance use disorders (SUDs) in Burns Lake, BC

Speaker: **Denise Cerqueira-Pages,** Doctors of BC

Introduction: Rural communities face major barriers to prevention and treatment for SUDs. One of the challenges is having up to date patient demographics with essential information to guarantee the best coordination of care. A Nurse Practitioner and her team working at the Burns Lakes District Primary Care Clinic identified some gaps in SUDs patients’ information, especially for new patients who check in at the Northern Health Facility. The team had an idea to standardize the identification and registration of this patient population at the Burns Lake Primary Care clinic as well as update the members of the Interprofessional team (IPT) involved in the patient’s care. This will be the first step to streamline the process to coordinate care for patients who check in into the primary care clinic and emergency department. Secondly, care plans will be uploaded to PowerChart for patients with SUDs who frequently access the ER to help communicate between the clinic and the ER.

Aim statement: The team will improve the process of identifying new SUDs patients by 50% using the patient intake questionnaire, the addition of patients’ information in MOIS EMR demographics aligning with IPT documentation standards and create and upload patient care plans for patients who frequently access the ER into the acute care EMR over a six-month period (March to August 2023).

Methodology: The team engaged with the Practice Support Program at Doctors of BC and used the Practice Facilitation (FC) Framework. The project was divided into two parts with the intent to address the complexity

of the theme using SMART (specific, measurable, achievable, relevant, and time-bound) goals.

Results: Utilizing the intake questionnaire, the team identified seven patients with SUD who frequently accessed the ER and were able to register those patients which included the addition of all the team members involved in and providing care for the patient, into the Connections section in the MOIS EMR. This approach to documentation of all the patient connections was also extended to important information regarding the management of their SUDs to support improved continuity of care. The team added this information in patient care plans to be uploaded to acute care and accessible to providers when patients visit the emergency department.

Conclusion: The complexity of coordinating care for SUDs patients in rural communities can be improved with the EMR optimization.

G32 Development of a Collaborative, Culturally-Safe, Team-Based Perinatal Care Model for Greater Victoria

Speakers: **Sheri Fielding,** Victoria Primary Care Network
Dr Sarah Lea, Island Health

Problem Statement: The South Island and Greater Victoria region has been grappling with a perinatal care crisis for the past 2 years, with fragmented discussions and isolated projects leading to further stress on our already struggling healthcare system. This lack of coordination and sharing of knowledge has hindered response efforts, highlighting a need for collaboration.

Purpose: Our project aims to unite all perinatal care providers (Obstetricians, Family Physician – Obstetricians and Registered Midwives), Island Health, First Nations Health Authority, and community organizations into a coordinated conversation for action planning. It seeks to reduce duplication, streamline communication, and improve stabilization efforts.

Methods: The project approach was multi-pronged and included:

1. Provider Collaboration: By bringing together Obstetricians, FP-OBs, and RMs a collaborative environment was established through regular meetings and open communication channels.
2. Provider Engagement: Ongoing and extensive engagement with perinatal care providers was prioritized. This included multiple, in-person engagement events that looked at existing gaps to thoroughly understand current state and consider root causes.
3. Community Feedback: An environmental scan was completed that sought feedback from Indigenous peoples, community organizations, patients, and healthcare providers.

Outcomes: Through a commitment to being provider-driven and patient-centred, culturally sensitive, and adaptable to community needs the following outcomes were achieved:

1. The establishment of a short-term, unattached perinatal care clinic at Victoria General Hospital. This clinic ensures that expectant people and their families receive timely and high-quality care.
2. Through engagement with Indigenous peoples and community organizations, the project has demonstrated cultural sensitivity, a commitment to recognizing and addressing the unique cultural and social needs of the communities it serves, fostering inclusivity and equity in healthcare.
3. The environmental scan, involving patients and healthcare providers, reflects the project's adaptability to understand community needs and focus on building responsiveness to evolving healthcare requirements.

G33 Demystifying the Heart Failure Care Journey in Surrey-North Delta

Speaker: **Alina Alesu,** Surrey North Delta Division of Family Practice

The Jim Pattison Outpatient Care and Surgery Centre's Heart Function Clinic treats patients in the Fraser Region living with heart failure. Although Family Physicians commonly see patients with heart failure, very few of the clinic's referrals were coming from Family Physicians. This meant that a significant number of patients were not accessing the clinic's services at the point in their journey when those services would be most effective.

The SND Division's Heart Failure Shared Care Project was developed with the goal of greater integration of Family Physicians into the Heart Function Clinic's care pathway via a pilot that would test the incorporation of two dedicated appointments for heart failure patients and their Family Physicians.

Before this pilot could be launched, however, the working group identified a significant barrier: many Family Physicians in SND were not aware of the services offered by the Heart Function Clinic or how those services complement family practice.

To create fertile soil for the pilot, the working group decided to hold two information sessions for Family Physicians: one session to increase awareness of the clinic and build collegiality between Family Physicians and clinic staff and a second session to build on the momentum of the first by offering practical tips for the clinical management of heart failure. Both sessions also aimed to support Family Physicians in identifying patients who would be suitable candidates for referral to the Heart Function Clinic.

Following the first session, the number of direct referrals from Family Physicians to the Heart Function Clinic increased by 50% in the next 3 months. Both sessions were highly interactive, and the feedback was extremely positive.

Thanks to these sessions, the working group anticipates strong participation in the pilot from a newly engaged and aware cohort of Family Physicians.

G34 Beyond the 4 Cs: Collaborative Emergency Planning and Response in Surrey-North Delta

Speaker: **April Bonise,** Surrey-North Delta Division of Family Practice

On November 4, 2022, the Surrey-North Delta Division of Family Practice Admission and Discharge (ADC) Shared Care working group hosted a groundbreaking event that brought together Emergency Department Physicians and Family Physicians (FPs) under the banner of the 4 Cs: "Collaboration, Connection, Collegiality and Care".

The success of that event highlighted the hunger in our community for greater collaboration and underscored the need to break down siloes in order to approach emergency management more effectively as a collective.

Since December 2022, a cohort has continued working on aligning physicians and community partners with the goal of building collegiality and understanding. We believe this is foundational and iterative work; we learn from each event in order to have a more united response that effectively and efficiently provides patient care that supports the community's needs.

Emergency planning discussions have been held with Fraser Health Authority, the City of Surrey, and the City of Delta, along with many other non-profits supporting vulnerable populations.

A proof of concept was preparing for extreme heat in the 2023 summer – working together, we:

- Supported community readiness with informational one-pagers shared with Family Physicians, patients and community partners and translated into 3 different languages

Story Board Abstracts

- Held a CME to support FPs in preventing and proactively addressing heat-related illness which had 58 physician attendees
- Shared information between FPs and community partners to increase awareness and unite efforts

As this framework of collective action is developed, we are learning from each impactful community event how to respond more effectively and proactively. We believe this collaborative approach will lead to greater confidence and trust in the system for patients and a greater sense of support and inclusion for Physicians and community partners as each group's unique knowledge and skillset are integrated into the framework.

G35 Practicing Value-based Health Care: Developing a "Carpal Tunnel Plus" Integrated Practice Unit

Speaker: **Kristine Chapman,** Providence Health Care

Value-based health care (VBHC) emphasizes measuring and improving health outcomes that matter to patients. A five-year VBHC Initiative, funded in partnership by Doctors of BC and the BC government through the Shared Care Committee, aims to 1) build capacity for VBHC through individualized workshops for teams addressing a gap in care, and 2) support development of one new integrated practice unit (IPU) per year. The project brings together family physicians and specialists to address the full cycle of care for a group of patients with shared medical needs.

As part of Year One deliverables, the project team (specialist, family physician, and project leads) together with the Providence Health Value Team, curated an interactive workshop series on VBHC for compression neuropathy, to increase understanding of core concepts, identify gaps in care, and consider opportunities for IPU creation.

The workshop engaged 40 participants across the full cycle of care, (including family physicians, neurologists, plastic surgeons, physiatrists, technologists, administration, and a patient partner), in three virtual one-hour sessions, blending didactic (35%) and interactive (65%) content. A pre- and post-workshop survey illustrated an increase in VBHC understanding from 21% to 75%. Only 5% of participants currently measure patient-reported outcomes (PROMS), however, post-workshop, 75% were willing to measure PROMS. All participants supported developing an IPU to improve timeliness and efficiency of care. Providers identified potential benefits including deeper connection to purpose, streamlined referrals, and standardized outcome measurement procedures.

The development phase of the Carpal Tunnel Plus IPU, in two major teaching hospitals (SPH and VH), included journey mapping, and working groups on outcome measurement, referral process, and community resources. We are evaluating and refining the project following Plan-Do-Study-Act cycles to ensure value is added for patients.

G36 Developing a Local Perinatal Mental Health Referral Pathway in Prince George

Speaker: **Deanna Danskin,** Northern Health

Objective: To establish the need for a more formalized Perinatal Psychiatry Program and referral pathway in Prince George.

Methods: Prince George-based obstetrical service providers – including GP-OB's, Midwives, Nurse Practitioners, and Obstetricians, as well as psychiatrists were engaged to participate in a survey to assess the local understanding of reproductive mental health services currently available, requests and anticipated needs for services. Once the referral process was documented, an

in-person lunch-and-learn event engaged the same group of care providers for in-person dialogue and discussion.

Results:

- 35 care providers responded to the survey, the majority were GP-Obs.
- Nearly 40% of respondents were not familiar with referral processes for perinatal mental health.
- Providers expressed variable comfort with prescribing psychiatric medications to breast-feeding and pregnant individuals, with ~30% being very comfortable.
- 19 participants attended the in-person event to learn more about the service and provide feedback.

Lessons learned and next steps:

- The survey indicated a high number of potential local referrals for perinatal psychiatric outpatient care.
- Some providers felt their patients had access to a variety of supports through the Interprofessional Teams, the health unit, the Native Friendship centre, and private counselling clinics, while others felt they were not aware of services specific to perinatal patients.
- Beyond consultations, medication support and shared-care, there was strong interest in group psychotherapy for perinatal patients, as well as support groups for pregnancy loss, grief, traumatic deliveries, and infertility. This presents an opportunity for these types of groups in to develop in the future, potentially in collaboration with the pregnancy centre and BCWCH.
- The potential for developing more informal networks to support shared care amongst psychiatry and the perinatal providers should be further explored (scheduled time for texts/phone calls).

G37 Bridging the Gap: Improving Addiction Care at Burnaby Hospital

Speakers: **Daniel Wong,** University of British Columbia
Lingsa Jia, Fraser Health
Vanessa Kong, University of British Columbia

Context and relevance: With increasing substance-related deaths in BC, Burnaby Hospital (BH) implemented an inpatient addiction medicine consult team in 2021.

In 2022, we conducted an environmental scan to explore gaps in addiction care with interventions, and provider knowledge. Our survey of BH staff (n=60) found only 55% report proficient knowledge of addiction care resources. Chart review (n=71) revealed that 51% of eligible patients received take-home naloxone (THN) kits and 44% were referred to specialized addiction clinics. These findings highlight barriers to accessing community services, particularly during transition of care. Therefore, we aimed to increase patient connection to addiction care interventions from 40-50% to 80% by July 2023.

Intervention & measurement: We made a digital repository containing local addiction care resources and decision-making tools to improve provider knowledge. The website was evaluated in early 2023. BH staff were asked to review our website for at least 5 minutes and provide qualitative and quantitative feedback. Ultimately, the website displayed education efficacy, with 81% of BH staff learning four or more resources.

To improve our THN provision rate, we implemented changes on two wards starting in September 2022 followed by sequential PDSA cycles. Interventions included involvement of a nurse prescriber, education sessions, and a documentation system for kit dispensing. Provision rates were measured monthly using chart review. The rate has sustained from 80-100% each month since April 2023, with no workload concerns from nursing.

Story Board Abstracts

Lessons learned include:

1) Addiction resources are under-recognized amongst providers despite awareness of provincial efforts to address the opioid crisis, which can be effectively mitigated with a local digital resource tool.

2) Minimizing workload for frontline staff is essential to acquiring buy-in, especially during pandemic-related staffing shortages.

Future directions include continued distribution and optimization of our resource tools for information sustainability. The interventions to bolster THN kit provision rates will be expanded hospital wide.

H38 Strengthening local leadership skills and culture at the University Hospital of Northern BC (UHNBC) through a co-leadership education pilot

Speakers: **Deanna Danskin,**
Dr Christin Fabriel-Leclerc,
Dr Gurpreet Narang,
Dr Denise McLeod,
Karina Hansen,
Laura Parmar,
All Northern Health Authority

In Northern Health (NH) the delivery of quality care is challenged by crises, constant change, and increasing demands; challenges that require strong leadership skills and culture. Evidence shows that leadership skills positively influence healthcare outcomes. A need for co-leadership education that included both physicians and health authority leaders, and developing this capacity was identified as a shared priority of the Joint Collaborative Committees and NH. Existing education opportunities were siloed, required travel, provided limited relationship building, and were not meeting local needs. To respond to this problem, the Prince George Medical Staff Physician Association collaborated with NH, the Specialist Services Committee, the Rural Coordination Centre of BC and the Prince George Community Continuing Medical Education group to collectively develop a local co-leadership education pilot program for physicians and staff working at UHNBC. The aim of this program is to build a network of local physician and health authority co-leads that will transform healthcare together. The program was developed by identifying learning gaps, reviewing available resources, clarifying funding options, developing a selection process, confirming oversight, and ongoing evaluation. The evaluation strategy includes a series of surveys, and one-on-one follow up conversations. Following a nomination period, 15 physicians, including specialists and family physicians, and 13 health authority staff were invited to join the pilot cohort which runs from October 2022 to September 2024. Results so far indicate:

- 84% agreed that participation increased understanding about how they could make a change in the system

- 88% agreed that participation increased ability to collaborate with the health authority/physicians

Qualitative results are also overwhelmingly positive. Challenges to recruitment and commitment were overcome by personal recruitment efforts by medical leads, and operational executive sponsorship. The pilot will undergo ongoing evaluation and improvement to sustain delivery to future cohorts at UHNBC and spread to other Northern communities.

H39 Giving Voice to Frontline Physicians through Emergency Care BC's Physician Reference Group

Speakers: **Elizabeth Stacy,** Emergency Care BC, PHSA
Todd Ring, Emergency Care BC, PHSA
Dr Aron Zuidhof, Interior Health Authority

Background: Frontline physicians often feel they have no voice in the healthcare system, despite being uniquely positioned at the interface of healthcare decisions and the impact the decisions have on patients. This lack of formal structure for frontline physician engagement can lead to frustration, disengagement, and burnout.

In September 2023 Emergency Care BC (ECBC) established the Emergency Physician Reference Group (EPRG) to create a collaborative and interactive platform for physicians to share their experiences, challenges, and opportunities in the provision of emergency care with representatives from ECBC, Ministry of Health and Health Authority Medical Leadership. EPRG membership is diverse and aims to represent varied geographic and emergency care practice settings, including urban and rural emergency departments (EDs), First Nations communities and special interest groups.

Methods: An evaluation of the EPRG is underway to assess whether this platform is a safe and effective space to close the gap between physician and health system decision makers. Through documentation of the EPRG development process, baseline and follow-up surveys, and a focus group with members, ECBC is assessing satisfaction with this approach as a means to create a more inclusive ecosystem for health system decision making. Further, the evaluation is expected to highlight key issues and concerns pertaining to the provision of care, patient outcomes and provider experiences in BC's EDs.

Results & Conclusions: Findings are expected to identify challenges and innovative solutions; physician champions ECBC can foster and engage in quality and system improvement initiatives; and build a stronger physician leadership culture to the mutual benefit of all partners.

This presentation seeks to share learnings around physician engagement from the EPRG, perspectives of frontline providers participating in the EPRG, opportunities to improve the EPRG, and an assessment of whether the EPRG was successful in its objective of developing authentic understanding across healthcare partners.

H40 Interior Health's Journey in Building a Climate-resilient and Environmentally Sustainable Healthcare System

Speakers: **Amanda Mckenzie,** Interior Health
Dr Ilona Hale, Health Quality BC

In recent years, Interior Health has faced immense environmental and climate challenges, which were particularly evident during the summer of 2023. Climate-related emergencies such as extreme heat, wildfires and flooding have significantly impacted those living in the Interior region, while further demonstrating the interdependence between health care and the environment. It has never been more critical to continue work to reduce our environmental footprint while also adapting and responding to climate-related events.

In 2023, Interior Health developed and launched a five-year Climate Change and Sustainability Roadmap that sets direction to provide environmentally sustainable health-care services, reduce greenhouse gas emissions and other negative impacts, and support community

Story Board Abstracts

climate resiliency (https://www.interiorhealth.ca/sites/default/files/PDFS/interior-health-climate-change-sustainability-roadmap-2023-2028.pdf). The 2023-2028 Roadmap is the first of its kind for a health authority in B.C. and serves as our overarching strategy to guide population-based climate change actions and internal sustainability actions across the organization (https://www.interiorhealth.ca/media/interior-health-releases-first-ever-five-year-climate-change-and-sustainability-roadmap). With support from Doctors of BC and Health System Redesign funding, Interior Health engaged physicians across the region to consult and co-author many actions outlined in the Roadmap.

With support from Facility Engagement and in partnership with Medical Staff Associations in the Interior region, a Regional Physician Table for Planetary Health was also established in 2023. This Table has been instrumental in supporting many actions outlined in the Roadmap including Action 13: The integration of environmental sustainability into clinical operations, labs and pharmacy.

Interior Health has also worked closely with the Physician Quality Improvement team to integrate environmental sustainability into the curriculum, and train QI professionals and PQI participants on measuring environmental impacts of PQI projects. This work has been instrumental in building partnerships and advancing this work, as we all play a key role in building a sustainable and resilient health-care system.

H41 The Power of Change: Re-Envisioning the MOA Network in Surrey-North Delta

Speaker: **April Bonise,** Surrey-North Delta Division of Family Practice

In the summer of 2020, at the height of the COVID-19 lockdown, the Surrey-North Delta (SND) Division of Family Practice was faced with declining MOA engagement and a rapidly decreasing MOA membership. This was leading to inconsistent messaging between medical offices and Family Physicians, misunderstandings about health authority mandates, confusion around where family practice offices could access resources for their patients, and a broader feeling of MOA disconnectedness.

To address these significant challenges, the SND Division undertook an ambitious journey of completely redesigning the SND MOA Network. The aim of this redesign was to align the values, mission, and goals of the MOA Network with the overarching SND Division physician engagement strategy to facilitate a broader feeling of MOA connectedness to their peers, their clinic, and their community.

Implementing change management approaches in addition to unique social media tools, specific MOA evaluation data, and a spirit of inquiry, the Division was able to increase the MOA network's baseline membership by 127%. Highlights of our journey include a 50% increase in the number of MOA education events offered and attended, an annual MOA social event, and an MOA-driven WhatsApp group with 100+ members.

This increased MOA engagement has improved communication between the Division and MOAs. Engaged MOAs are also more likely to offer timely support to Family Physicians and strengthen collegiality among clinic team members.

With the successful completion of the MOA Network redesign, work is now underway to construct a "future-state network" that will align our MOAs with our PCN neighborhoods, in the same way that is being done with our physician members. The ultimate goal of this work is to see MOA champions in each of our PCN neighborhoods, supported by Family Physicians who recognize the value an MOA brings in the ongoing evolution of team-based primary care.

I43 Patient Attachment in Surrey-North Delta: Bridging the Gap for a Healthier Community

Speakers: **Nadia Shoukat,** Surrey North Delta Division of Family Practice

Monica Khan, Surrey North Delta Division of Family Practice

Dr Preena Sahota, Surrey North Delta Division of Family Practice

During the discovery process for the creation of our Primary Care Network (PCN), the Surrey-North Delta (SND) Division of Family Practice and our partners identified an attachment gap in our community of 120,000 people, with 80,000 people actively looking for a Family Physician or Nurse Practitioner.

This has led to extended wait times for patients seeking a primary care provider and to significant barriers to equitable access to health care for a large portion of SND's diverse and complex population.

With a relatively small number of Family Physicians and Nurse Practitioners per capita providing longitudinal care in SND as compared to other large municipalities in BC, bridging this gap is a monumental task.

The SND PCN, with guidance from the Family Physician-led Attachment Working Group, has implemented a multifaceted Patient Attachment Program with the aims of improving access to healthcare services and continuity of care, and enhancing patient-provider relationships, ultimately leading to better health outcomes and more efficient utilization of healthcare resources.

The Patient Attachment Program includes:

- Promotion and use of Health Connect Registry as the primary, community-wide patient waitlist
- A mainstream process for regular patients, in which an Attachment Coordinator works with Family Physicians and Nurse Practitioners who have capacity to attach patients who are registered on HCR
- A priority process for complex patients, in which an Attachment Coordinator works with healthcare and community partners to identify complex patients according to specific criteria to be attached as quickly as possible to an appropriate primary care provider
- An attachment data reporting campaign to gauge the community's attachment status and capacity

Patient attachment in SND presents significant challenges, but ongoing efforts and successful initiatives are providing hope for equitable and timely access to primary care for all.

Key words: attachment, access, equitable

Learning Objective (QF): Following the workshop, participants will be able to identify opportunities to improve patient attachment in their own communities.

2024 JCC Pre-Forum
Storyboard Reception & Voting

Display Time

Storyboards will be on display in the Regency Foyer throughout the day.

Storyboard Reception

Join us for the Storyboard Reception from 4:00 - 4:30pm immediately following the final session. Attendees will have the opportunity to interact with the JCC Co-Chairs and storyboard presenters about their work. Hors d'oeuvres will be served and there will be a cash bar.

People's Choice Award

Participants will have the opportunity to cast a vote for their favourite storyboard throughout the day using this QR code. One vote per participant and the winner will be revealed before the end of the Storyboard Reception.

JCC Co-Chair Choice Award

The JCC Co-Chairs acting as Emcees will be voting on their favourite storyboard which will be awarded at the same time as the People's Choice Award.

Planning Committee

JCC Representatives

Dr Janet Evans
Family Physician Representative
Family Practice Services Committee,
Doctors of BC

Dr Jane Bishop
Rural Physician Representative
Joint Standing Committee on Rural Issues,
Doctors of BC

Dr Reena Khurana
Specialist Physician Representative
Specialist Services Committee,
Doctors of BC

Tracy Elke
Liaison, Joint Collaborative Committee Alignment
Doctors of BC

Sarah Forster
Initiative Liaison, Quality Impact, Interior
Shared Care Committee, Doctors of BC

Alison Foulds
Project Coordinator, Quality Impact
Specialist Services Committee,
Doctors of BC

Jennifer Keenan
Communications Officer, Joint Collaborative Committees
Doctors of BC

Kate Lyons
Primary & Community Care Portfolio Liaison
Family Practice Services Committee,
Doctors of BC

Lauren Moline
Liaison, Joint Collaborative Committee Initiatives
Doctors of BC

Jessica Nadler
Liaison, Joint Collaborative Committee Initiatives
Doctors of BC

Rachel Nolte-Laird
Manager, JCC Measurement & Planning
Doctors of BC

Britt Poulsen
Senior Administrative Assistant, JCC Strategic Initiatives
Doctors of BC

Amanda Roberts
Project Coordinator, Accreditation & Certification, Learning & Development
Doctors of BC

Tania Webb
Analyst, Rural
Joint Standing Committee on Rural Issues,
Doctors of BC

BCPSQC Representatives

Briar Mayoh
Project Coordinator, People & Strategy
Health Quality BC & Quality Council

Andrew Wray
Executive Director, Learning, Analytics & Strategic Initiatives
Health Quality BC & Quality Council

Notes

Notes

JCC Joint Collaborative Committees

Contact us

JCC@doctorsofbc.ca

www.collaborateonhealthbc.ca