

2021/22 Annual Report

UNITY

Working Together to Support Primary Care



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ACRONYMS

Allied Health Professionals (AHPs)	Long Term Care (LTC)
Continuing Medical Education (CME)	Long Term Care Initiative (LTCI)
Cognitive Behavioural Therapy (CBT)	Mental Health & Substance Use (MHSU)
Collaborative Services Committee (CSC)	New To Practice (NTP)
Community Health Area (CHA)	Nurse Practitioner (NP)
Community Network Managers (CNMs)	Opioid Agonist Therapy (OAT)
Doctors of British Columbia (DoBC)	Patient Attachment Initiative (PAI)
Electronic Medical Record (EMR)	Primary Care Clinical Pharmacist (PCCP)
Emergency Department (ED)	Patient Medical Home (PMH)
Family Physician (FP)	Personal Protective Equipment (PPE)
Fee-for-Service (FFS)	Practice Support Program (PSP)
General Practice Services Committee (GPSC)	Primary Care Network (PCN)
Health Authority (HA)	Providence Health Care (PHC)
Information Technology (IT)	Recruitment and Retention (R&R)
International Medical Graduate (IMG)	Registered Nurse (RN)
Inter-Professional Team (IPT)	Urgent and Primary Care Centre (UPCC)
Justice, Equity, Diversity & Inclusion (JEDI)	Vancouver Coastal Health (VCH)

The Vancouver Division of Family Practice and our membership and partners acknowledge that the work we do occurs on the traditional and unceded territories of the Coast Salish Nations of Musqueam, Tsleil-Waututh and Squamish. We are very pleased that these host Nations, who each operate their own primary care centres, are our valued partners.



From the Executive Director

A message from Dr. Dave Baspaly, Executive Director and Chief Executive Officer

From my humble perspective, the past year has been both historic and reflective – we are reminded on a daily basis of the inherent value of family practice and the heroic contributions of our family doctor members.

If you are reading this, you have almost made it to the other side of a once in a lifetime global pandemic. Many did not – and many others have developed long-term chronic conditions associated with their exposure. It is worth pausing for a moment to appreciate what all this means and how many lives were saved because of the selfless dedication of family doctors.

For me, our members and staff can be extremely proud of their response and the critical role they played to keep Vancouverites safe and healthy during this extraordinary period.

Unfortunately the pandemic, and its associated stressors, have shone a bright light on a primary care crisis that has been slowly intensifying over the years in Vancouver and across Canada. The cumulative effect has brought family practice to its knees.

An estimated one in five – nearly one million – British Columbians do not have a family doctor, and that's just the tip of the iceberg when it comes to the health-care crisis in BC. In Vancouver, clinics have been forced to close.

Wait times for emergency and specialized care continue to climb, and family physicians are leaving practice in large numbers for a variety of justifiable reasons, most notable the fact that many are well past the average retirement age and have right to take a break after so many years of exceptional service.

Why is this happening? Irrespective of the model of provision, primary care in Vancouver currently faces challenges due to an increase in demand from a growing urban population, fewer new medical school grads interested in becoming family doctors, and increased economic and administrative burdens on clinics and practices. These underlying pressures increase stress on practicing family doctors and slowly and tragically burn them out over time.

Government recently pledged funding, programming and support to family doctors with the express goal of alleviating pressure and allowing family physicians to focus on what they do best – attend to patients. As we wait for the specific details to be announced, the Division is doing everything in its power to support members, reduce pressure and advocate for change.

From an operational perspective, we remain strong. We have successfully moved from full on COVID measures to less restrictive approaches in how the organization operates. We have embraced the benefits of a hybrid work environment and are in the process transitioning back to in-person meetings and events.

As we move forward, we plan to utilize both virtual and in-person meetings to maximize our reach and to ensure meaningful engagement and healthcare reform. We have not changed our commitment to our member physicians, and we remain committed to connection, engagement and transparency.

I would be remiss not to thank our Board for their strong leadership, and our staff for their dedication and heroic efforts during this most extraordinary time. Most importantly thank you for being our member and for your exceptional service.

Our priority is – and will always remain – with you.



From the Board Chair

A message from Dr. Jay Slater, Board Chair

At each VDoFP Board meeting, after acknowledging the traditional Indigenous territory on which we're situated, we all take a minute to share with the group something that brings us joy. It may seem like a hokey ritual but I think it serves important purposes for the board and staff. It grounds us for the work ahead. It's a reminder that we're all multi-dimensional humans with lives and interests outside our office or boardroom walls. We get to see our colleagues (and ourselves) as parents, gardeners, cooks, bird-watchers and adventurers. And, at a time when there's so much bad news around us, it's important to balance negativity with some joy.

The inventory of issues that challenge us professionally is lengthy – an increasingly cumbersome health system, more complex medical and mental health problems that our patients bring to us, the cost of running a practice and the administrative burden, the difficulty finding locums and office staff, a payment system that rewards quantity over quality, the hours of unpaid work related to being a conscientious family doctor and so on. Some of the issues are new but many are not, having been brought into sharp focus by the pandemic and its aftermath. In total these stressors make the job of being a family doctor more difficult and less sustainable. We're at a tipping point. And yet no one can argue that strong primary care is the underpinning of an effective and efficient health system.

The promised renewal of primary care remains elusive. Certainly we all want to see changes that will make family medicine manageable and rewarding for those currently in practice, and appealing to newly graduating residents. We all want to see that British Columbians have access to family doctors and team-based primary care. Charting a course for change will require a mix of political will, strong medical leadership, appropriate funding options, effective management of teams, human and physical resources, and creativity, a willingness to try something new. Some of these elements exist, some are emerging. Good minds are working on solutions to the primary care crisis, and change will take time.

The Vancouver Division remains solidly in the centre between our family practice members and the organizations that represent us with government. Our mission remains, as it has always been to support family doctors in whatever ways and regardless of the circumstances of their unique practices. And we can amplify the voices of our members to those bodies that make funding and foundational decisions.

I'm extremely proud of the work the Division has accomplished over these past few years. From pandemic support to information sharing to physician health to engagement. For many of you the Division is your go-to source of information and connection. We've also, despite the pandemic distraction, remained active in building Primary Care Networks – from resource allocation to recruitment to governance. This is the incremental process to enhance and improve the primary care experience for patients and family physicians. I'm optimistic that PCNs, done well, will address many of the challenges facing family practices.

I'm grateful to our smart and passionate board and to the skilled work of Division staff under strong operational leadership. Supporting some 1,300 FP members, I truly believe we are doing the good work of strengthening the foundation of primary care in this city.



Organizational Overview

Since our beginning in 2010, the Vancouver Division has grown to become a leader and facilitator of primary care, working to create an engaged physician community and a collaborative healthcare system in Vancouver. We are a not-for-profit society funded by the Government of BC and Doctors of BC (DoBC), and work in partnership with the BC Ministry of Health, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and other community organizations.

OUR MISSION

Vancouver Division will improve the primary care system in Vancouver for the benefit of our patients and members alike.

OUR GOAL

Building off the rich and diverse ways that family doctors provide primary care, the overarching goal of the Vancouver Division is to support our physician members and advocate that they get the necessary tools to look after their patients. We strive to ensure that family doctors remain central to system change in this community.



1,278 MEMBERS



of practicing family physicians in Vancouver

... and **20%** of FP's practicing in British Columbia

BOARD OF DIRECTORS

Your Vancouver Division Board of Directors for the 2021/22 term. The members for the 2022/23 term are announced at the October 27th, 2022 Annual General Meeting.



Dr. Jay Slater
Board Chair



Dr. Kelly Little
Vice Chair



Dr. Ramesh Kamath
Treasurer



Dr. Jane Gustafson
Secretary



Dr. Katrin Lovett
Board Member



Dr. Nitashi Puri
Board Member



Dr. Eamonn Rogers
Board Member



Dr. Rohit Vijh
Resident Board Member

Financial Report

Treasurer Note from Dr. Ramesh Kamath

As your Treasurer, I am pleased to report that the finances of the Vancouver Division are in good order. Our team has done a great job over the past year allocating our GSPC funds judiciously to support our members and drive primary care transformation.

As you will notice in the graphs, our revenue and expenses for the year ending March 31, 2022 increased over the previous year due primarily to funds carried forward from prior years. This cumulative surplus was a consequence of the pandemic, the associated change in priorities, and lack of face-to-face member engagement due to numerous lock downs and other necessary restrictions.

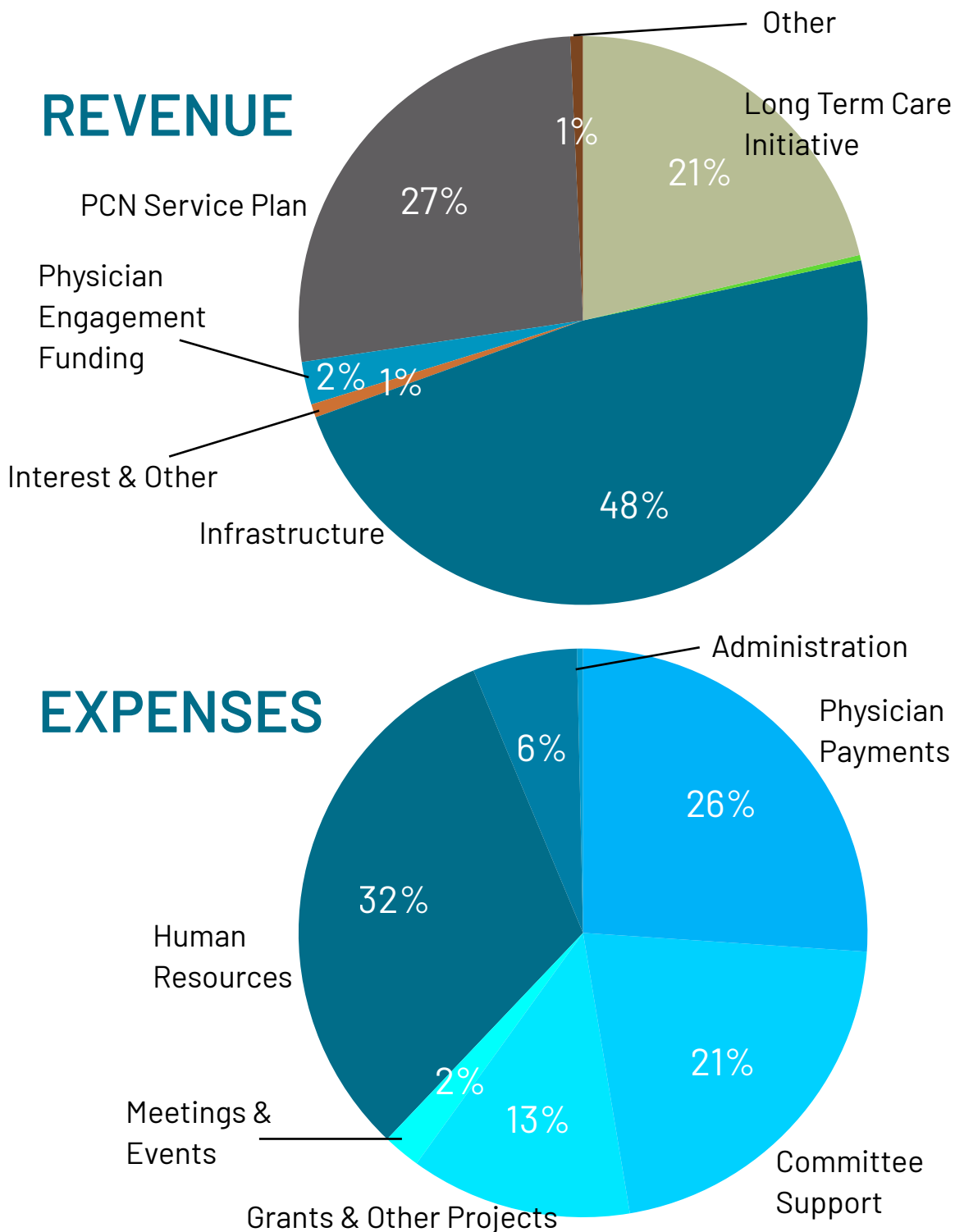
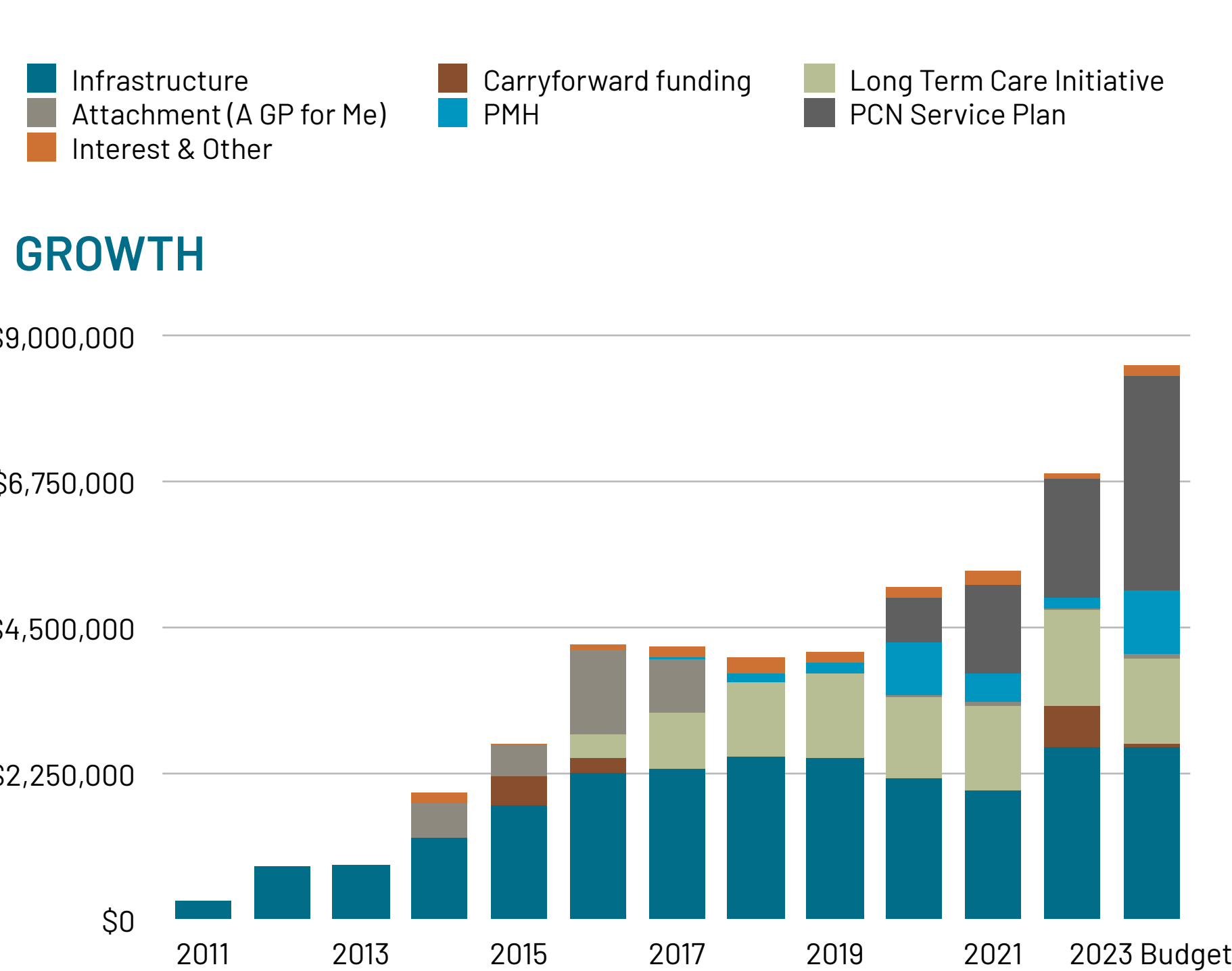
Over this same period, you no doubt witnessed the roll out of the quality clinic improvement project that came with financial support for various projects. I am happy to report that this was well received by the participating members and provided a great opportunity to improve clinic workflows.

In the coming year, the PCN Service Plan will continue to expand the capacity of the PCNs in an effort to support members with the assistance of allied health services and improved connections to Health Authority community services. Your Division is keeping a close eye on the deliverables with the goal of optimizing these resources to support our membership.

It is worth pointing out that physician engagement increased last year and is expected to ramp up in the current fiscal with the return of in-person meetings and events. The revenue and expense pie charts provide an excellent overview of the finances of the Division. You can see from these graphs that we are in a good place financially.

Lastly, I am pleased to report that the Division staff have adapted to our new reality and are working successfully in a hybrid environment. I would like to offer my sincere thanks to the entire operations team and my colleagues on the Board for the excellent work. I feel collectively we have done a good job responding to the pandemic, maintaining our activities, and keeping our finances in good order.

As a Board we will continue to provide strategic oversight to ensure maximum membership value as it pertains to our projects, our programming, and the PCN Service Plan work that is currently underway in Vancouver.



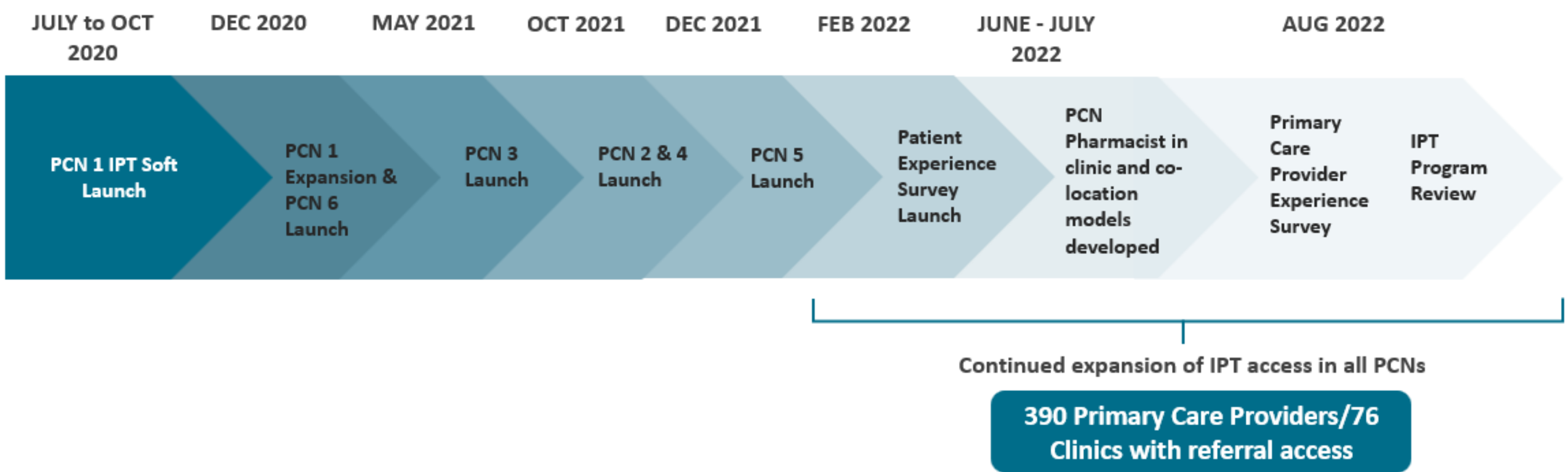
Primary Care Networks

SERVICE PLAN

Expansion of Interprofessional Teams (IPTs)

Following last year’s VCH hiring freeze on all Primary Care Network (PCN) Allied Health Professionals (AHPs), the rollout of resources continued to open to the remaining 3 PCNs in October 2021. Access to the IPT has been continuous throughout the last year, based on the capacity of the program.

Interprofessional Team Rollout



Learnings:

- Greatest reported benefit was access to allied health staff for patients
- The referral process has challenges being addressed

EVALUATION

Our focus on increased communication and engagement led to the development of a shared SharePoint site and a bimonthly IPT newsletter.

INCREASED COMMUNICATIONS

Pharmacist in-clinic visits and co-location models developed in Summer 2022. PCN Pharmacists visited 7 pilot clinics and are now available in all PCNs.

EXPLORING PROVIDER COLOCATION MODELS

Expansion of Registered Nurses in Practice

Following the VCH Hiring Freeze on Primary Care Registered Nurses, the program was re-instated with 8 new contracts filled between November-August 2022.

“I truly believe our patients are so much better served with a full time RN in our office.”
Family Physician

PCN RNs have been incorporated into communications to spotlight their work and increase awareness.

PCN RN SharePoint site created as part of clinic onboarding process to ease dissemination of information from the PCN team.

Primary Care Networks

ENGAGEMENT

The role of the Community Network Managers (CNMs) this year expanded to focus on engagement and quality improvement efforts of our programs. Following the pandemic, increasing communication, and reestablishing relationships was prioritized, resulting in some key events and canvassing efforts.

CLINIC OWNERS FORUM

Focusing on human resource issues, 43 of Vancouver's clinic owners attended to hear about the Division's clinic support tools. Feedback showed they valued sharing experiences and knowledge, as well as connecting with peers.

PRIMARY CARE CRISIS

On July 21st, 2022, the Division hosted our first ever hybrid (in-person & virtual) event for members to hear from partner organizations on what they are doing to address the current primary care crisis. Division's PCN Team were present to connect with members.

PCN OUTREACH

After a two-and-a-half-year hiatus due to the pandemic, we re-started in-clinic canvassing and outreach efforts to reconnect with clinics in each region. In 2022 the CNM team supported 90% of clinics with optimization projects, system and partner navigation, access to resources & grants, and more.

PCN SLACK CHANNEL

The PCN Slack Channel was piloted in PCN 1 as a method to communicate with each other and share valuable information. 24 physician clinic owners from PCN 1 have signed up and are active on the Slack space. Work is now underway to expand the tool to the remaining 5 PCNs.

TEAM BASED CARE

UBC Continuing Professional Development is leading the delivery of a team-based care initiative for FPs. The goal is to ensure sustainability of the new PCN model of team-based care.

PCN WEBPAGES

PCN specific webpages were created in 2022 to allow for increased regional communication. The webpages provide CNMs an opportunity to share relevant stories about programs, clinics, and providers in their PCNs.

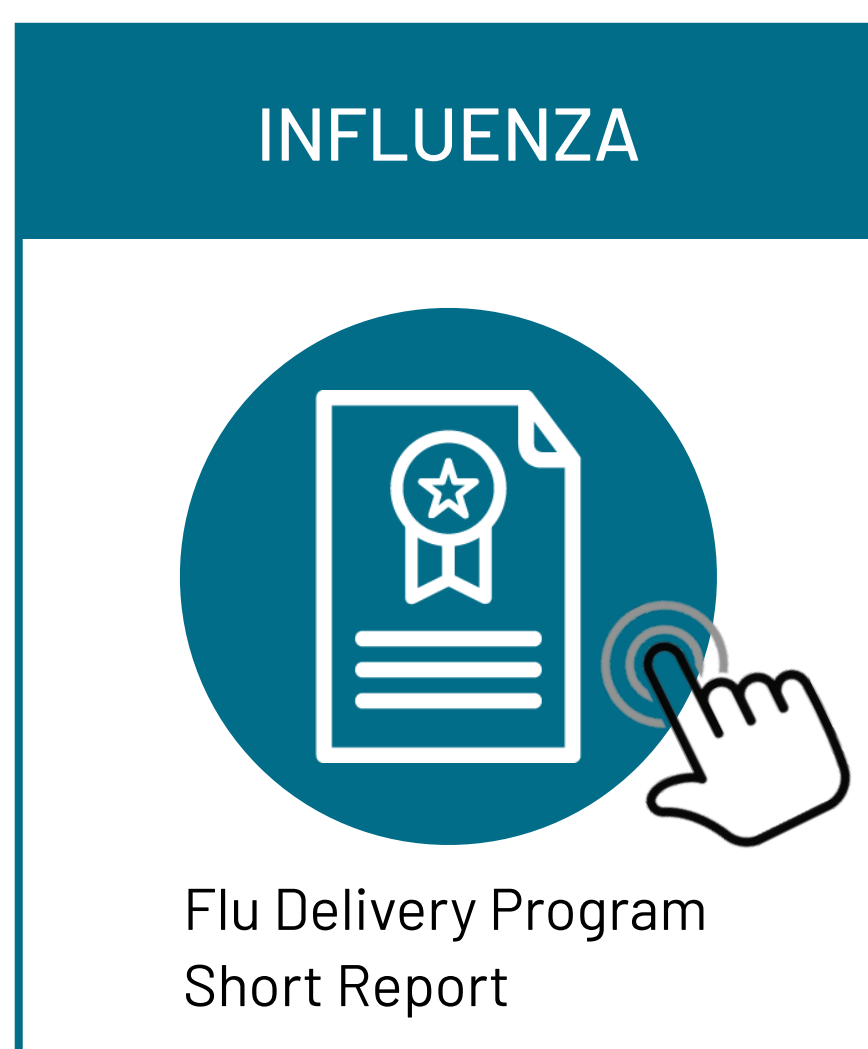
PCN Project Team

WHAT HAVE WE ACHIEVED?

- Direct support to Vancouver clinics: Clinic Grants, Security & Technology Assessments and Flu Vaccine Delivery to clinics.
- Member Engagement and Communications: Launch of a new Vancouver Division website and upgrade of our member database.
- Mental Health & Substance Use (MHSU): CBT skills group expansion, MHSU peer collaborator network, adding psychiatrists to Pathways, and initial conversations with VCH's Access & Assessment Centre on quality improvement projects.

REPORTS

Click the icons to access the reports.



WHAT DID WE LEARN?

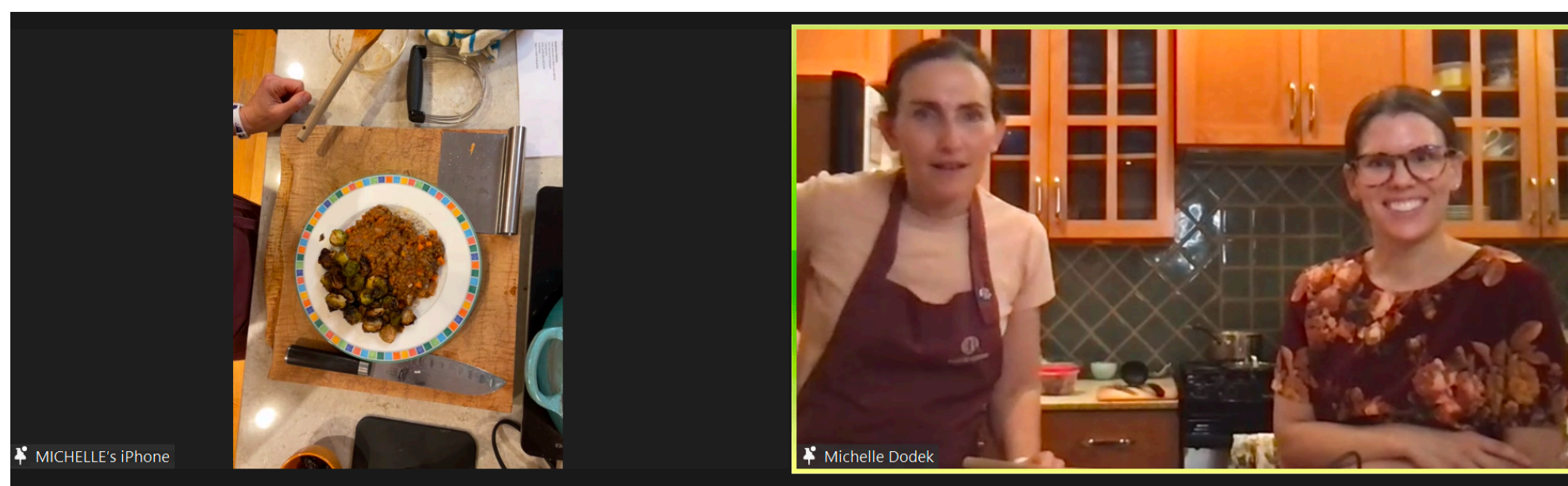
- When we design a service that is easy to access and delivers tangible benefits for physicians, both clinic uptake and physician satisfaction are high.
- Based on feedback, we should continue to prioritize projects that take away the barriers that complicate or distract our members from providing patient care.

Physician Wellness

In the last year physician wellness initiatives included from Dr. Dan's Wellness Tips, and eight Healthy Minds, Healthy Distractions workshops.

Some feedback we have received from members participating in the Healthy Minds, Healthy Distractions workshops:

- "Breath, pause, and artwork – all in one. A good tool and easy to access at any time of the day/night"
- "I was reminded of the power of narrative medicine and encouraged to make daily writing part of my routine"
- "The positive vibe and fun energy between Michelle, Jenn, & Daniel created an opportunity to learn great cooking and dietetic tips in a stress-free and social way"
- "It was relaxing, after a busy day at work, learning something healthy for myself! Will think twice before ordering food out after a busy day at work!!!"
- "Easy to participate, low barrier, enjoyable way to effortlessly be drawn into a mindful activity."



Physician Cooking Virtual Event with Chef Michelle Dodek and PCN Dietician Jenn Nobel

WHAT HAVE WE ACHIEVED?

- 29 tips shared with members this past year.
- Over 100 physicians attended 8 Healthy Minds, Healthy Distractions workshops with topics ranging from drawing, cooking with a chef and IPT dietician, and inspirational physician speakers.
- 17 physicians contributed to Dr. Dan's Wellness callouts with two physicians winning wellness prizes (a book from Dr. Dan's Book List).
- With burnout being felt across the clinical care system, we launched a series grounded in cognitive behavioral therapy called "Refuel and Recharge". Delivered by a facilitator of the CBT Skills Group Program, it offers physicians and clinical staff a moment to focus on themselves, learn tools that can help them maintain their mental health and connect with each other.



Dr. Daniel Dodek

WHAT HAVE WE LEARNED?

- Creating a space where members feel safe to share and participate is of the utmost importance.
- Keeping wellness at the forefront of the Division doesn't always mean hosting scheduled sessions, it can be providing tips, or creating space for colleagues to connect with each other.

Member Engagement

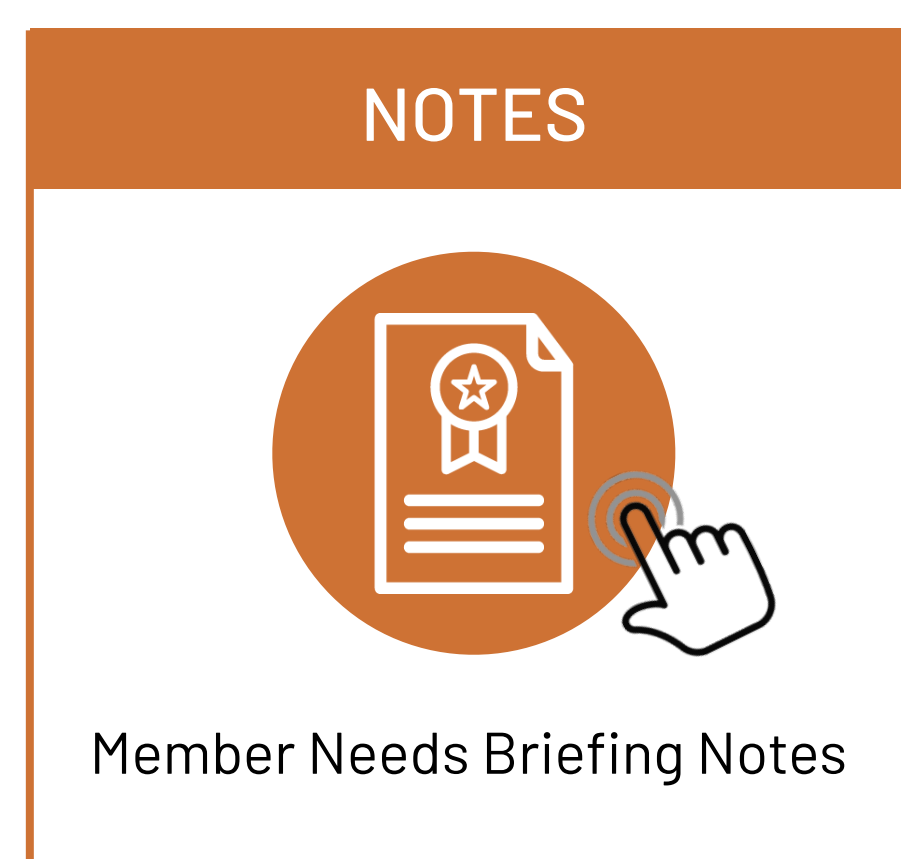
The Division engaged members in a variety of priority areas this past year, including continuing our event offerings while still under pandemic protocols, fostering smaller communities of practice of our members, and starting to make good on our commitments to justice, equity, diversity and inclusion. We also received valuable member insight from our first member-wide survey in six years.

WHAT HAVE WE ACHIEVED?

- Our Member Survey collected updated information on our membership.
- 249 members completed the Member Needs and Engagement Survey from February 25th to March 13th.

WHAT HAVE WE LEARNED?

Less is more – physicians are burnt out, so being intentional about our engagement strategies is important.



COMMUNITIES OF PRACTICE

- We have a number of Communities of Practice (CoP) that have emerged from the work our Committees have done over the years. These foster a peer community to share resources and ideas that address common issues impacting the patient demographic.
- CoP of Chinese-speaking Patients: 25 members attended its first event (helping patients manage diabetes through culturally appropriate diets and community support) in November 2021.
- CoP of OAT Prescribers – five physicians have participated in the OAT REACH prescribers collaboration
- FPMs – 24 Maternity Family Physicians participated in a CBT Skills workshop tailored specifically to their needs from October to January.

Member Engagement: Events

Members are overwhelmed and burnt out over the past year – the growing discourse of the family doctor crisis is emblematic. Although people are “Zoomed out”, members still wanted accessible ways to stay connected to colleagues. Coffee with Colleagues was born out of that interest, along with a variety of Division events designed to bring members together to learn and share.

WHAT HAVE WE ACHIEVED?

Coffee with Colleagues

- We held three member hosted 30 minute Zoom sessions:
 - immunizing children.
 - helping patients navigate anxiety around Covid-19
 - integrating new members into your clinical care team

Mental Health Town Hall on March 31, 2021

As our work with various Mental Health projects became more frequent and urgent, we realized it would be valuable to Division members to share not only what their peers are doing, but also how FPs can help their patients and staff. The attendance for the Town Hall was greater than expected with around 100 FPs participating virtually.

AGM on October 21, 2021

In support of JEDI as a strategic priority, the 2021 AGM keynote by Dr. Onye Nnorom provided a forum for members to continue on their JEDI learning journey. Anti-Black racism was used as a specific example to illustrate the impacts of system racism in health and healthcare. 98 members were in attendance.

July 21st Primary Care Crisis Event

On July 21st, 2022, the Division hosted a hybrid in-person and virtual event for members to hear from partner organizations on what they are doing to address the current primary care crisis. Division staff supported the development of this meeting, and were present to connect with members.

LEARNED?

- The past year marked a significant shift in events. July 21st was the Division’s first in-person event since the start of the pandemic, and our first hybrid event.
- The Division adopted a new Learning Framework to inform how we support member learning and engagement.
- Members appreciate concrete takeaways in the form of a summary of the session.
- Community-building or relationship-building can be done effectively in shorter sessions.



Exploring nature through sketch

Member Engagement: JEDI Taskforce



In its inaugural year, Justice, Equity, Diversity & Inclusion (JEDI) Taskforce made significant strides in advancing the Division's JEDI priorities. Under the guidance of its 6-member team, the Task Force supported a number of issues within the organization and with our healthcare partners.

Key themes include initial steps to support decolonization and reconciliation efforts, and supporting Division members with leadership roles to build their JEDI knowledge and capacity.

WHAT HAVE WE ACHIEVED?

- 17 members attended Anti-Racism Response Training hosted by Sanath Training.
- 28 members completed Indigenous decolonization online mini-course from Nahanee Creative.
- Created and offered three 35-minute educational videos on Unconscious Bias and Its Manifestations, Inclusive Language, and Gender Inclusivity.
- Created an EDI facilitator guide in collaboration with UBC CPD and The CBT Skills Society of Victoria to assist facilitators in creating an equitable and inclusive experience as they led sessions.
- Created and translated 11 CBT Handouts to minimize language as a barrier to participation.

WHAT HAVE WE LEARNED?

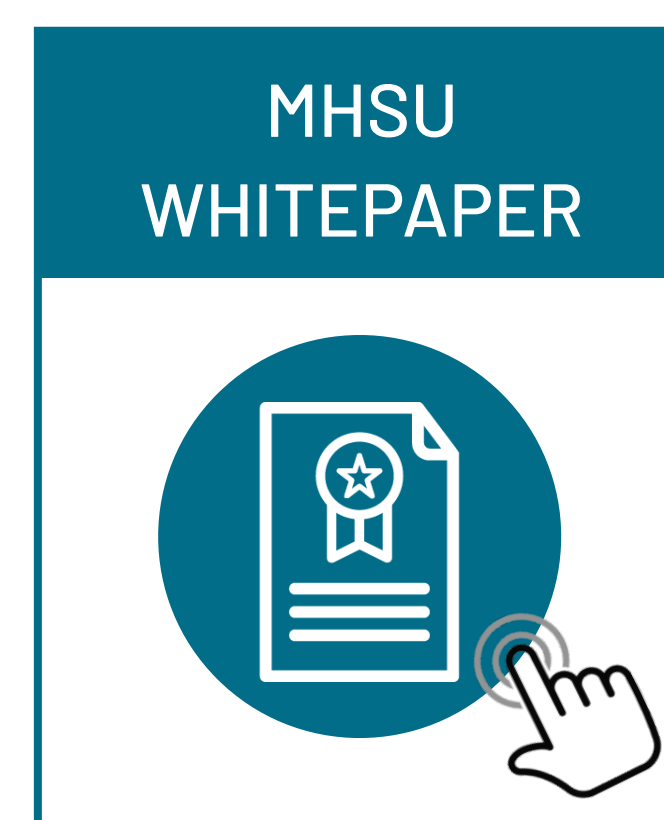
- Building a safe and brave space is critical. The Task Force is unique among Division committees, as it developed its own terms of reference and a community group agreement to ensure that everyone feels safe and respected to engage in the work.
- JEDI work is ongoing and requires long-term commitment and intentionality to implement.
- It is crucial for the leadership of any organization to have the education and awareness to think about accessibility and practice JEDI in their work.
- Peer-to-peer support is vital in creating a culture of collaboration and curiosity within any organization.

Mental Health & Substance Use

The work we continue to pursue at the Division through our Mental Health and Substance Use Committee (MHSU) is important at this critical time in the healthcare landscape in Vancouver. The opioid crisis, skyrocketing MHSU issues among the general population, and physician/healthcare worker burnout are tangible issues that affect everyone in the lower mainland (and beyond).

WHAT HAVE WE ACHIEVED?

- MHSU Committee developed a White Paper on the state of Mental Health in Primary Care and set guideposts for improvement.
- We developed a Vancouver Mental Health Tiers of Service Working Model for Mental Health Services in Vancouver based on patient functionality.
- At the Mental Health Town Hall, we:
 - tested a concept for a peer collaborator for mental health diagnosis;
 - shared navigation tools for mental health resources such as BC 211, Healthlink BC, and Pathways BC;
 - engaged with VCH Access and Assessment Centre (AAC) to increase understanding of utilization; and
 - launched Cognitive Behaviour Therapy (CBT) Skills program expansion.
- We initiated joint AAC Quality Improvement projects to support improved communication processes between family physicians & AAC.
- We expanded and updated Vancouver Psychiatry listings on Pathways BC.
- We merged local programming with the provincial CBT Society programming to expand access fivefold and engaged CBT provincial facilitators in workshops and learning session on equity, diversity and inclusion aligning with the VDoFP JEDI work.
- We tested the networking of Community Opioid Agonist Therapy Prescribers to support practice.



Maternity Care

The Primary Maternity Care Committee continued to work to support FPMs and maternity patients in Vancouver. In Vancouver, offering CBT Skills workshops to FPMs to help deal with the stress of being on call, revamping of the But I Don't Do Maternity Care series, and and continuing to develop the Effective And Seamlessly Integrated (EASI) Maternity Care Project.

WHAT HAVE WE ACHIEVED?

- The Primary Maternity Care Committee worked with UBC CPD to redesign the CME series 'But I Don't Do Maternity Care. Work has been done to ensure topics are relevant and the content is up to date.
- The EASI Maternity Care Project reached its final stages this year. A challenge was launched to gather the final feedback needed to select the top pregnancy resources. Work also began to redesign the Pregnancy Vancouver website to become the hub of the EASI resources.
- 24 Maternity Family Physicians participated in a CBT Skills workshop tailored specifically to their needs.

Recruitment & Retention

The Recruitment and Retention (R&R) team successfully continued their regular work of recruitment, retirement/practice closure support, and patient attachment. Our locum-matching program saw a significant increase in need across all clinics due to practice closures, change in practice scope, and few interested candidates. Through our programs we have helped attach 49,275 patients. The R&R team has successfully supported the PCN Service Plan contracts for both FPs and NPs matching 13 NPs and 18 FPs to clinics.

This year consisted of the highest number of practice closures supported by the retirement support program since inception. The R&R team assisted with 43 retirements/practice closures and eight takeovers. While the number of retirements is steadily increasing, the number of accepting providers is decreasing.

R&R has successfully organized and attended events (virtual and in-person), including career fairs, resident presentations, and six conferences. The IMG-ROS Program is a critical cohort of physicians starting practice, who accept patients and fulfill the recruitment needs of clinics. In addition, R&R participated in the NTP FP Engagement project.



WE PLACED:



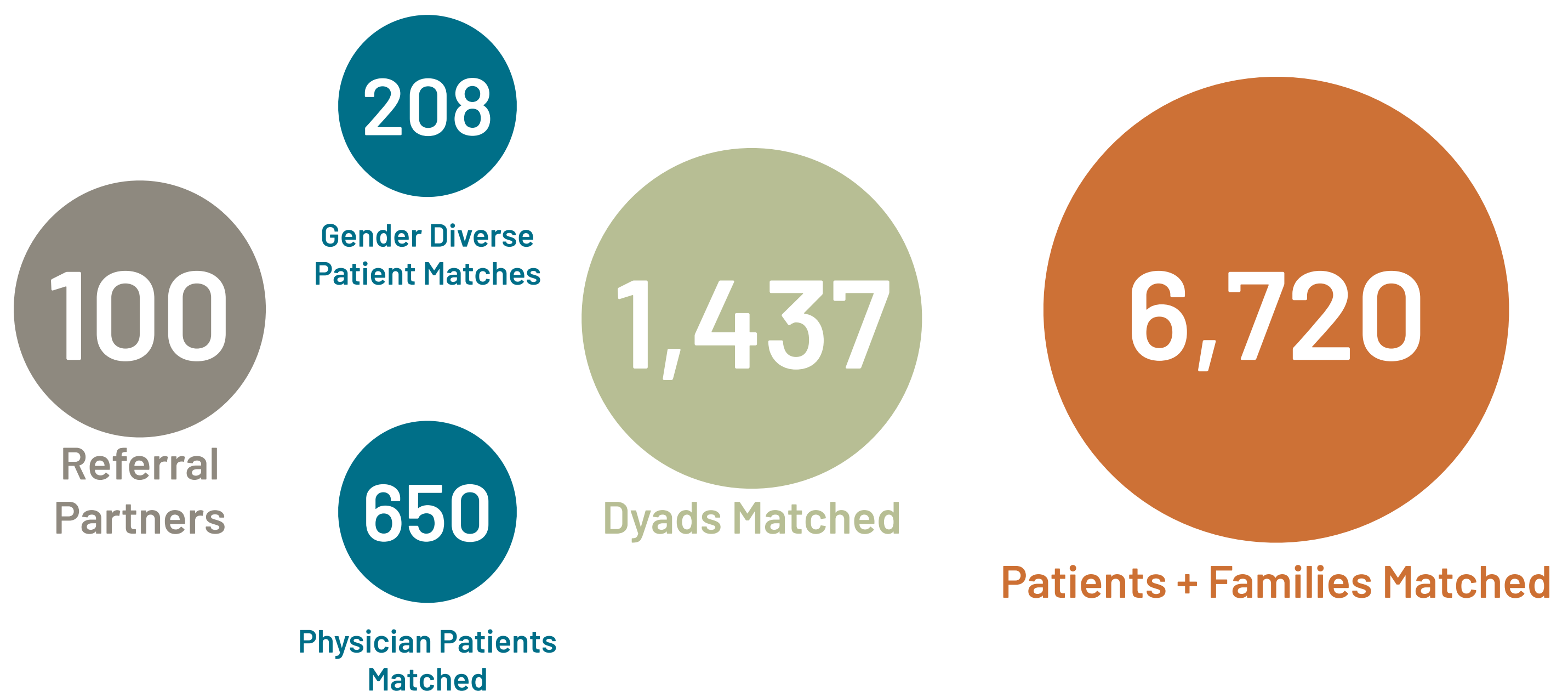
Patient Attachment Initiative

The Patient Attachment Initiative (PAI) continued to match patients to primary care providers despite challenging circumstances including provider capacity shortages and the ongoing pandemic. The PAI team sought to develop plans for future improvements and explored areas for expansion within the changing primary care environment.

PAI works closely with our referral partners, physicians, providers, and their clinical staff to find the best provider available for each patient. It is a collaborative effort between the patient, our staff, referral partners, and the wonderful physicians and providers we work with to ensure patients that move through our program have access to appropriate longitudinal care.

WHAT HAVE WE ACHIEVED?

- In collaboration with the Physician Health Program (PHP), we also matched over 650 physician-patients to accepting providers.
- PAI matched 1,437 new parent and baby dyads over the year.
- We matched 208 gender-diverse patients to the most appropriate providers.
- PAI achieved the highest match rate in a single month, March 2022, with 759 matched patients compared to the average of 506 matches per month.



PATIENT FEEDBACK

"...I'm really delighted and thank you so much. I have a new doctor, a new GP. We've connected a few times on the telephone and once in person and he is delightful. He has a great heart and lots of humility. And I'm really looking forward to having a long relationship with him."

"Just calling to thank you for connecting me [with a doctor]. He seems to be a very good doctor and I'm happy to have found him. I'm just calling to thank you for your attention in making this connection for me because I've been without a family doctor for a long time. All the best, take care."

Seniors' Care Across Care Settings

The impacts of COVID on our vulnerable seniors' population and those caring for them are still being acutely felt. There has been a slight improvement in the Long Term Care (LTC) staffing shortages but the situation has not yet been ameliorated. The LTC community was exceptionally fortunate during the height of the COVID pandemic to have relatively stable physician coverage but over the last year we have been seeing the delayed retirements and shifting priorities impact our community.

Provision of care to seniors living in the community continues to be difficult. Access to community based support has been significantly impacted by the human resource crisis in health care. It is clear that more work needs to be done to ensure a stable, crisis resistant, comprehensive model of community-based seniors care.

LONG TERM CARE INITIATIVE (LTCI)

78 Long Term Care Physicians

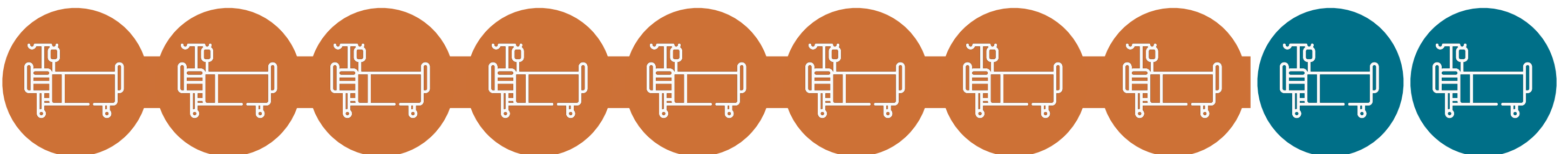


11 new, passionate dedicated physicians added to LTCI

33 Long Term Care Homes in our Community of Practice



8 care homes still looking for physicians



82% of Vancouver LTC beds are covered by an LTCI physician

WHAT HAVE WE ACHIEVED?

Data continues to be the driving force behind the work that the LTC team does, and we have continued to collect, analyze, and generate program data reports. In addition to all our regular data work we completed the second iteration of our LTCI Medical Orders for Scope of Treatment (MOST) Data Project. To generate this report, we pulled data from every resident chart in our 33 LTCI care homes (~ 3,570 charts total), analyzed this data and generated care home specific reports to provide quality of care insight and support quality improvement work.

LTCI information continues on the next page...

Seniors' Care Across Care Settings

WHAT HAVE WE ACHIEVED?

As mentioned, our long term care community has been greatly impacted by Covid-19 and we understand that now, more than ever, minutes matter. One of the ways we supported our physicians and care homes was to ensure that they were confidently and safely able to get connected to all the information available to support positive resident outcomes in a timely and efficient manner.

We did this in two stages:

1. First, we provided our LTCI physicians an at home Security and Technology Assessment.
2. Second, we collaborated with PHSA on a streamlined workflow to get web-based access to CareConnect for our physician and care home RN community.

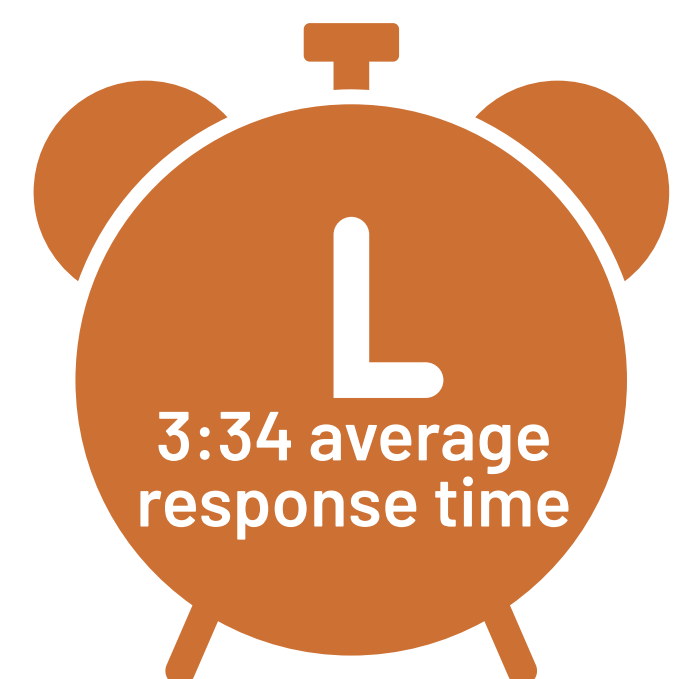
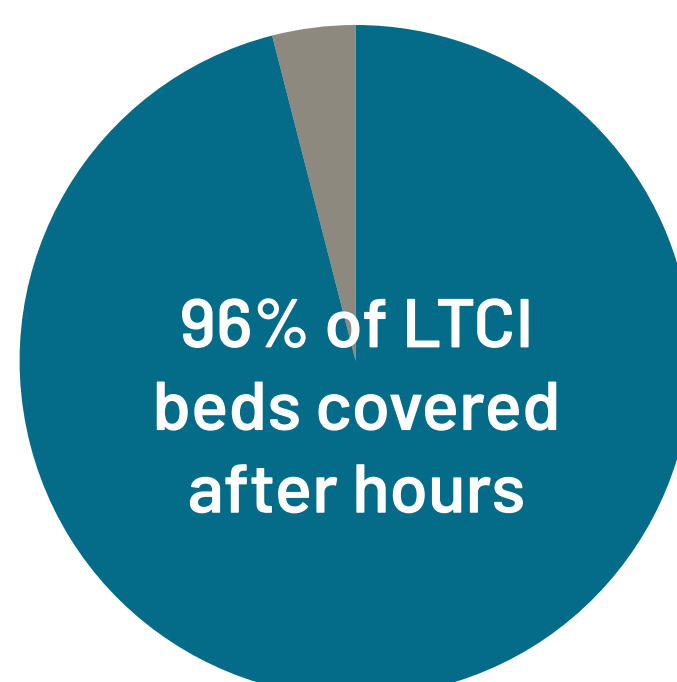
SECURITY & TECHNOLOGY ASSESSMENT



Security & Technology Report

- 48 in home Technology Assessments
- 38 physician CareConnect sign-ups
- 32 care home RN CareConnect sign-ups

LTCI: AFTER HOURS PROGRAM



85% answered within 5m

SENIOR AND FRAIL ELDER CARE COMMITTEE

Our Seniors' Strategy Report included six recommendations that will have the most significant impact:

Work completed:

1. A Frailty Roadmap for Families with special thanks to Dr. Janz (developed the "Dementia Roadmap for Families").
2. Began moving forward the "Coordinating care for seniors' quick reference guide" project over the summer.
3. Conversations beginning on the "Indigenous Seniors' health equity project".
4. Met with the United Way and Family Caregivers of BC to review the data and information that they shared to help support our social prescribing patient journey mapping work

Stakeholder support:

5. We developed two post-frailty fracture resources with with Dr. Sabrina Gill, endocrinologist.
6. We supported VCH with their home based projects on a resource for physicians with Community Health Nurse Services Phone Numbers.



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