VANCOUVER PRIMARY CARE NETWORKS

PCN 1,2,3 Engagement Forum

Empowering Care Across Life's Moments

November 15th, 2023

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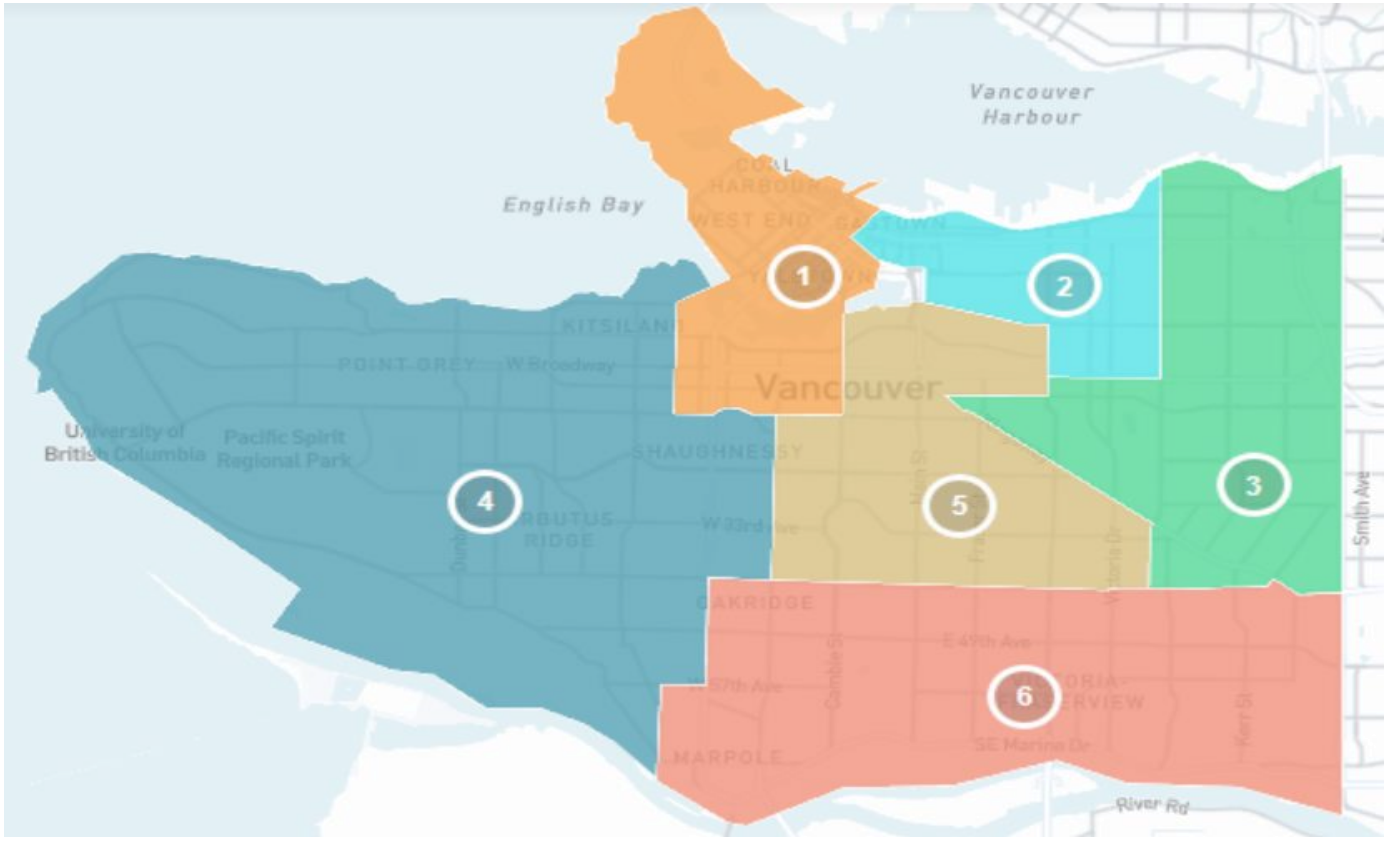

Vancouver Division of Family Practice
An FPSC initiative

Vancouver CoastalHealth

Introduction

The Vancouver Primary Care Networks (PCNs) are being implemented as part of a collaborative partnership between the Vancouver Division of Family Practice (VDoFP), Vancouver Coastal Health (VCH), the Ministry of Health and the First Nations Health Authority. Beginning in early 2020, VDoFP and VCH have been working collaboratively with local primary care providers and Patient Medical Homes to rollout PCN resources to support patients in the community.

In November of 2024, the PCN Team had the opportunity to partner with two VDoFP Committees to engage members of the PCN community on the care of two patient populations that need more support from the primary care system: maternity patients and seniors & frail elders. PCN Engagement Forums were planned collaboratively with the Maternity Committee, the Seniors and Frail Elder Committee and VCH to gather input from the community. Input provided by the community will help us to understand how we might better support these patient populations through the PCNs. The event for PCN 1, 2 & 3 communities was held on November 15th.

75 people attended the event which included Family Physicians, Nurse Practitioners, PCN Registered Nurses, Clinic Leads/Managers, Representatives from Community Led Health Centres and First Nations and Aboriginal PCN Clinics.

The first half of the event allowed for connection and networking, as well as presentations to update attendees on PCN development, and inform them on the work of the two committees. These updates would support discussions that happened in the second half of the event.

Vancouver PCN Update

PCN Director Rose Gidzinski from VDoFP and PCN Manager from VCH Brian Richter gave an update on the PCNs, sharing key updates on the PCN Interprofessional Team Program and the Registered Nurse in Practice Program. In the year ahead, the PCN Team will work on refreshing the PCN Steering Committees, conducting annual program evaluations, increasing capacity and access, supporting Team Based Care, expanding community engagement initiatives, and focusing on patient populations whose primary care needs increase at specific points in their healthcare journeys.

Maternity Committee Update

Next, Belinda Boyd an Engagement Consultant with the VDoFP and Dr. Evelyne Perron from the Maternity Committee presented on the committee's work. This included an overview of the EASI Maternity Care Project (Effective and Seamlessly Integrated). They also shared updates on two EASI Maternity Care Initiatives that were undertaken to support maternity care in Vancouver.

But I Don't Do Maternity Care is a CME workshop series (do-at-your-own pace and live case discussions) on 8 topics across the pregnancy journey from preconception to post-partum/newborn care. pregnancyvancouver.ca is a new public facing website with reliable information and resources to support patients through their maternity journey.

Seniors & Frail Elder Committee Update

Dr. Lisa Weger from the Seniors & Frail Elder Committee presented on some of the key stats impacting seniors and their ability to stay safe and healthy in the community. She also shared a helpful resource that the committee has produced for family caregivers and

primary care providers to support aging patients: The Frailty Roadmap for Families.

To view all of the presentations from the event click here.

What we asked

A world café approach was used to hold table discussions during the second half of the event. Presenters posed questions for each of the discussion topics as follows:

Maternity

1) **What services do you feel are most needed by maternity patients?**
2) **What services do you struggle to find?**

Seniors & Frail Elders

1) **What are the biggest barriers to keeping seniors living in the community?**

Discussions that occurred on each of these topics were energetic and produced some great input on barriers and solutions for both patient populations.

What we heard

Following are the top themes that came from the table discussions in order of prevalence.

Maternity – what services are most needed?

- **Patient Education** – what to do if you are pregnant, what to expect during & after pregnancy, info packages, testing, types of care
- **Communications & Information** – including dissemination of information as well as communication between providers and the larger system.
- **Post Delivery Support** – discharge planning, breast feeding, sleep support, post-partum expectations, newborn support, immunizations, social programs
- **Access to Testing** – ultrasounds, genetic testing & counselling, NT ultrasound, etc.
- **Mental Health Support** – counselling, medications, burnout & overwhelm, family violence
- **System Navigation** – patient navigation, reporting back to primary care provider, services & resources, MSP coverage, testing coverage
- **Language Supports** – support in the patient's native language, additional time to support interpretation, translated resources
- **List of Resources** – current, collated, accurate information
- **Obstetrician Support** – referrals, info to support patients understanding of obstetrician care vs. primary care provider vs. midwife
- **Timely Access to Care** – pregnancy timeline is limited and next steps in maternity journeys depend on timely access to testing and care

Maternity – What services do you struggle to find?

- **Accessible Programs** (without a lot of eligibility requirements) – specialist services and programs that don't have restrictions or limitations, programs for specific needs
- **Care Early on in Pregnancy** – prenatal care, classes & information
- **Support Navigating Resources** – what resources and information is available, when and where
- **Timely Access to Care** – services that support pregnancy timelines
- **Mental Health Supports** – post-partum mental health support

- **Lactation Consultants** – breastfeeding support & information

Seniors & Frail Elders – What are the biggest barriers to keeping seniors living in the community?

- **Caregiver Supports & Burnout** – family caregivers provide care but need support to avoid burnout, not everyone has support from family
- **Safety at Home** – safe environment in the home, maintaining their home, increased complexity and accessibility needs, ability to live independently, senior caregivers
- **Socialization** – need for friends and social connections, ability to stay with senior partners, low barrier socialization programs
  Affordability – cost of home support & assisted living, cost of living, little to no income, housing costs
- **Seniors Programs** – social programs, adult day programs, fitness, activities, long term care, mental health & wellness programs
- **Continuity of Care** – consistent caregivers, consistent times, coordinated care, longitudinal care providers
- **Resource List/Navigation** – understanding what services are out there and how to navigate & access
- **Home Support** – flexibility of support, continuity of providers, waitlist, cost
- **Communications & Information** – clear communication, information for patients and caregivers, support planning
- **Language Support & Cultural Safety** – support in patient's native language, culturally appropriate & safe support
- **PCN Support** – access network of allied health providers for home-based seniors, referral to home health via PCN, support access to family doctor via PCN

All input gathered at the event can be viewed in Appendix A at the end of this report.

Evaluation

We received a total of 42 evaluation responses for our event. Overall, the event was well received. Below are some high-level responses.

95% **of respondents felt they had a clear understanding of the purpose of the engagement**

98% **of respondents felt there was enough opportunity to participate in discussions**

86% **of respondents felt better informed about PCNs as a result of their participation**

95% **of respondents were satisfied with the engagement event**

95% **of respondents were satisfied with the facilitation of the event**

40/42 **respondents said they would attend another PCN Engagement Event in the future**

Attendees were also asked what they liked about the event. Overall, participants enjoyed the ability to connect with and engage in discussions with diverse colleagues, as well as the resources provided at the event.

"I really love the collaboration between all disciplines and great learning opportunities. Very informative gathering."

"Networking, good length of time for participation, great facilitation."

"Free parking, chance to meet colleagues, learned about more resources."

We also asked attendees what could have improved the event. Suggestions for improvement centred mainly around logistics, such as acoustics in the room and catering needs, that we will consider when planning our future events. We are very grateful for all the input on the event.

Click here to view the full evaluation summary for the event.

Next Steps

A companion event was held on November 28th for PCNs 4, 5 and 6. We will be sharing all the input from both events with the Maternity Committee and the Seniors and Frail Elder Committee early in the new year. While we recognize that not all the input provided falls within our scope, we will use it to identify opportunities and support planning as we continue to work together to improve PCNs and support these patient populations within. We will continue to update the community on developments and other opportunities to be engaged.

The PCN Team would like to thank all the participants who attended and shared their wisdom and experiences, as well as the VDoFP's Maternity and Seniors & Frail Elder Committees and VCH for collaborating on the events and discussions. We look forward to hearing more from the community in the year to come.

RESOURCES/LINKS

pregnancyvancouver.ca

EASI Maternity Care

Walk through of pregnancy Vancouver by Dr. Ashoor Nagji (8min)

Register for But I Don't Do Maternity Care in person session – Feb 7th, 6:30 – 8pm

Register for But I Don't Do Maternity Care online session – Feb 13th, 6:30 – 8pm

How to Choose a Maternity Care Provider (FP/NP, Midwife, OB)

Early Pregnancy Care Pathways

Frailty Roadmap for Families

When Your Loved One Has Dementia – A Roadmap for Families

Appendix A

PCN 1,2,3 Engagement Event – Nov. 15th, 2023

Table Discussion Raw Notes

Maternity

Question 1: What services do you feel are most needed by maternity patients?

- Limited access because of language
- Early prenatal care – what is available
- Supports & time for first visit
- Extra time allotted for first visit
- Pre- prepared forms with handouts – package that is ready to give to patients
- Referral to midwife
- Referral to OBGYN
- Pregnancyvancouver.ca cards to handout
- Patient Navigation – knowing where did my patient go?
- Lack of communication with primary care provider
- Patient education to tell PCP when pregnant
- Shortage of providers
- Access to abortion & vasectomy, iud placements
- Lactation consultants – timely access
- Additional services for MH & violence
- Supportive housing for people in need – or people living with substance use? Big enough space
- Stuck without a safe discharge plan
- First ultrasound – wait from LifeLabs – few suggested – designated clinics
- A pregnancy navigator/pregnancy literature – even the docs don't know – they learn through pathways
- A black box – all through connections EMR's "don't talk"
- Wraparound care – clinics that are equidistant are stuck – patients get rejected
- Early pregnancy intake clinic where the first few visits are carried out
- Post-partum – breast feeding support, sleep support
- Post 12 months of age
- Inconsistencies across all mat practitioners – no standardization
- "not a lot of time"
- Lean on community health clinics
- 20 weeks refer on based on patients preference – St. Pauls, BC Womens – privileges to deliver here – struggles with types of birth
- Misinformation on post-partum care
- Big need for midwives & community supports – disconnected from PCN
- Question – services
- No communications regarding referrals post 20w
- OB services
- Obstetrics/Gynecology support – hard to access
- Patient navigation – where to go for what? Genetic coverage, what does msp cover?
- Everchanging information is hard to find for providers – tight timelines
- St. Paul's only resource radiology/labs
- Pre-pregnancy

- Blood test (iron testing)
- Genetic counselling – depending on age
- Thyroid (hypo), hep b, chicken pox
- Supplements
- Infertility
- Supporting patients with pregnancy planning
- Counselling
- Updated pap smear
- Early – pregnancy
- Babies best chance (pdf)
- Prenatal classes (used to be BC women, breastfeeding)
- Mental Health – meds, existing
- BC women's reproductive MH – low wait times
- Genetic testing, ultrasound
- Prenatal record part 2 – super helpful
- Mid pregnancy
- Structured ultrasound
- Late pregnancy
- Dry run
- Post-partum support
- BBB's - Blues, bowels, breastfeeding, bladder, birth control
- Newborn support
- Bonding with baby
- Support system
- Burn out support
- Healthy new born checks
- Immunizations
- Prenatal classes
- Niche – RD, supplements, ins and outs of what is okay to consume
- Language – providers who speak various languages
- Access to translated resources
- Connections to midwives – long waitlists
- Primary c-section or vaginal delivery
- One stop resource for patients and providers
- Collated information
- Family docs not confident enough – not enough maternity experience and time to be confident – but OB won't see patient until 20 weeks. FPs are unsupported for that time. (20 week challenge)
- Patient preference for OB rather than FP focused practice
- What to do for patients who only want OB – education re quality of care from the FP (written) can be most suitable (vs. OB in huge teams)
- Knowledge translation for FPs – lots of resources are available and docs are unaware
- Save OBs as consultants and need more specific to maternity docs
- Culturally appropriate?
- Language barriers? Need more time.
- Delays in referrals means lack of patient care and building community
- Socializing post partem
- Initial attachment – issue

- Longitudinal Family Doctor
- Patients don't know what is needed and what to expect
- Mental Health services for maternity
- DTES – need outreach for maternity services
- Post-partum support
- Support to attend appointments
- Prenatal education for underserved populations
- Community Centre offering prenatal education
- Counselling for maternity patients
- Lactation services
- More connection in the community
- Family violence/MCFD support
- Patient support – "building blocks" Program
- Phone interpreter – not aware of this service and how to access
- Using interpreter takes more time and can be a long wait for certain languages
- Booking NT Ultrasound – only downtown
- Info online is not accurate
- System not speaking to one another
- General health literacy
- Patient awareness
- Access to pelvic floor physio (free and accessible)
- Navigators
- Timely access to imaging – access to ultrasound – the pathway
- System communications
- A central booking line
- What do I do? What medications? How do my current meds change?
- Wraparound care

Question 2: What services do you struggle to find?

- Referral process – VCH Form
- Early prenatal care
- Easy to access prenatal forms – prepared package
- Pathways Pregnancy package – initial bloodwork – screening bundled EMR
- First Visit - early pregnancy package – pre-populated with patient info
- Who takes low risk patients OB/GYN
- Lactation consultants
- Breastfeeding clinics
- How to access – who, where, how
- Chinese -speaking providers
- Pelvic floor physio
- Prenatal classes
- Lactation consultants – timely access
- Services for people with no MSP
- Mental health/post-partum care – assessment & programs, gap rapport building
- Have services like Nurse Family Partnership for everyone – people dealing with SPH issues
- Access to services for MH/Post-partum care
- Barriers

    - Time
    - Education
    - Access
    - Waitlists
    - Dr. Google
    - Disinformation
- Safety – accessibility, housing , income
- Non- msp patients – access to specialists
- IADLS
- Post covid rehab
- How to find resources? Pathways
- Resources for patients living outside of Vancouver
- Many want choice for hospital but out of catchment
- Patients should go to docs that have more experience – but some patients don't want to go to a different doctor/mat clinic (want OB)
- Patients want car in Vancouver if then don't live here – looking for a major centre
- Tests/blood work, informed decision about termination
- Referring is hard – needs to be done early
- Prenatal doolas?
- Active MSP? What to do in these situations
- Good access to resources but now well advertised
- Giving out formula – had some issues
- Financial supports
- Services can feel like a "black box"
- Providers don't have access to all the services they think of – finding new ones all the time
- MH Support
- Culturally sensitive care
- Transfer notes not always available
- Language/translation
- Midwifery

Seniors & Frail Elders

What are the biggest barriers to keeping seniors living in the community?

- Care provision scheduled on holidays to support
- Gaps in weekend and holiday coverage
- Lack of continuity in care providers – different people every time – public? Agitation
- Cost of home care support – to supplement
- Limited income impacts access
- Have a list of services that are not covered through home care – meal, cleaning etc.
- The people who don't need full care but are not completely independent
- Social programming for at home seniors
- Co-op housing models
- Adult day programs and outings – lists of these

- List of resources to provide families to be able to access services to support seniors and volunteer organizations that provide senior services
- PCN social workers to support applications for PWD or other
    - Friendly visitors, transportation, home based
    - PCN specific resources – home based frail elders
    - Home care
    - Bathing
    - Companionship
    - Meals
    - Referral through PCN – SW to other needs liaise with VCH Home Health
    - Nail care/foot care
- Homecare – costly, time limit, different every time – not patient centred, not many home-making service (cleaning & laundry)
- Clear communication from service – too vague, brief summary of services/visits
- No communication – better home care help w/caregiver burnout
- What do patients qualify for?
- Multiple hospital visits
- Care sandwich (children & parents)
- Individual adult caregiving – need more time & resources
- More access to
    - Nanny network
    - Meals on wheels
    - Adult daycare
    - Transportation
- Gap of living at home & moving into long-term care - cost of assisted living
- Social groups – community centres, seniors centres
    - Strength and balance class
    - Provide info they need
    - Fall prevention & community spaces
    - OT & physio access
- Better activities centres – something between community centre & adult daycare
- Language for services
- Hearing aids covered by MSP – connection between high school students to volunteer with seniors to help with social isolation
- Falls/Safety – community network – social isolated patients
- Trust of primary care provider – come to provider for social interaction
- Social determinants of health
- Financials
- Housing – where families & support networks live e.g. west end – old homes/inaccessible
- Caregivers – not many tools & resources
- Find tools on pathways
- Footcare
- Families who live out of province
- Those who don't have anyone
- Seniors who have large houses – safety within house – logistics of sorting through houses.

- West end low income seniors – mobility is an issue, would be difficult to move to another home
- Income
- Caregivers & system burns them out – additional supports
- Pathways – counsellors, adult day care - googling
- St. Paul's elder care is good
- Patients are resources for e.g. support groups
- Footcare
- Limited resources – I'm not a social worker and it's time consuming. Where do I refer? What's the referral process?
- Mapping of continuum of services for an aging person - more handovers & more follow up – based on income and geography
- No support/family in the community -no community alternatives
- Need social prescribing (neighborhood house, community, spiritual places)
- Language barriers
- MH – sever conditions, dementia
- Housekeeping – daily habits are needed but not covered (laundry, cooking)
- Don't have necessary equipment to stay at home
- Don't have transportation
- Cost as a barrier – while resources are income based – sometimes staying in the community can cost 70% of their income for people who don't qualify
- Health equity disparity
- No respite
- Abuse and neglect within community
- What can we do?
    - Offer space to hear more about them (values)
    - Mapping
- Coordinators to transition from original house into new single floor, senior friendly accommodation
- Overwhelming – work with families to create a safe home.
- Barriers
    - safety of home (stairs/bathtubs, etc.)
    - Overwhelming experience of moving
    - Access to social work & clinical counsellors navigation
- What do seniors want?
    - Consistent schedule of staff
    - Help with technology, bill payments
    - Social interaction & day programs
- Lack of support
    - Social isolation
    - Relatives/family
    - Shopping
    - Cleaning
    - Picking up prescriptions
- Family more important than nursing/carer
    - Don't want strangers in home
    - Changes in staffing
    - Finding caregivers

- Not enough space in home
    - How to keep at home
    - Falls on family
    - Full time care
- Affordability
    - $500.00 /day for care
- Life support/care planning – often want MAID
- Access is ok – form but often don't qualify
- Respite care – burden on family to organize and schedule
- Geriatricians – connecting patients to services, med reviews only
- Recommendations
    - More day programs would be good to help with social isolation
    - Access to social programs – streamline & central list
- Housing
- Safety
- Home supports- cleaners, laundry, food they are eating
- Caregiver burnout – not enough people
- Expenses/finances $35.00 an hour
- Costs
- Rotating carers, come at different times
- Specific duties, limited time for home support
- Wait times some months
- No family support sometimes
- No LTC Space, lots on waitlist (bad in the future)
- Some do not qualify
- Cultural – who's looking for different supports
- Adult day programs – who knows about them?
- Hard to get referred (Home Vive) only do home visits. FP needs to give up patient
- Adaptive equipment – rentals to support things like showering or overweight patients so that they can live at home safely
- Seniors don't want others coming in to their homes – wind up unsafe and in hospital
- Need to build relations before they become frail in the community
- Need co-located interprofessional teams to have conversations in real time
- More team-based support for patients – everything in one place with a strong connection to the community
- Timely access to care
- Help with grocery shopping
- Care is fragmented and lots of turnover in support staff
- Wait times for services are long
- In-clinic support with family primary care providers
- Indigenous care – use the medicine wheel – change the language to more positive tone.
- Measure wellness vs. measuring disease
- Housing is a huge barrier
- Retiring FPs during Covid – lack of FPs will impact this population as FPs are the only way to access care through referrals.

- Need general health check ups to support prevention
- Possible to attach elderly patients to PCN Doctors?
- Connection to Family Doctor – provides continuity of care
- Any way to create similar program for seniors as Youth MH programs?
- Social resource navigation
- Housing – homelessness, supportive housing – cost of housing
- Comprehensive care site
- Isolation and loneliness - the 'village' multigenerational household
- Lack of family support – caregiver burnout, lack of financial support, caregivers that don't have the best intentions
- Services built to focus on keeping seniors at home
- Maintaining dignity – patient centred
- Existing services have a lot of rules/specifics
- Shifting paradigms around late – end of life (denial)