



# Themes Identified During VIHA Staff and Physician Discussions in LHA 70 – **DRAFT for Feedback**

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Prepared for: VIHA Staff and Physicians in LHA 70

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## **BACKGROUND**

In April 2011, a health improvement review of the Alberni-Clayoquot area (Local Health Area 70) was launched, led by VIHA's Planning and Community Engagement Department. The purpose of this review is to:

- better understand this area's population health status and health needs;
- ensure strong alignment of sustainable and appropriate services to meet the health needs as locally as possible; and
- encourage collaboration to help find solutions to the more complex underlying issues affecting health that are often cross-jurisdictional.

Health care providers and VIHA staff in these communities have a valuable role to play in this process by identifying current trends, strengths, weaknesses, threats, and opportunities. This is a significant opportunity to ensure the services VIHA provides in these communities reflect the needs of local residents, and that these services are appropriate, accessible, and effective. The intent of this process is not to reduce services, but rather, to make sure that the services we do provide are tailored to the needs of local communities and residents.

## **PROCESS**

During the first phase of this project, which was to collect information and identify issues through engagement, VIHA Planning and Community Engagement Department staff met with interested VIHA staff and physicians who work and/or have responsibilities in LHA 70. Staff and physicians were encouraged to participate in discussions in person, over the phone, via email, and/or by completing an online survey. Unfortunately, in Port Alberni, there was limited participation from family physicians and surgeons. The results of what was heard from those who did participate during this phase have been summarized and themed in this document.

The second phase of this project to get underway in the Fall of 2011, involves examining and validating comments, confirming priority areas and identifying sustainable solutions to start addressing these priorities. As part of this process, feedback from staff and physicians on this document is welcome. Please email feedback to [Brendan.Mather@viha.ca](mailto:Brendan.Mather@viha.ca).

## **PRIORITIES**

Based on the feedback provided by those that participated in the discussions, we have identified initial priorities that are being considered to ensure the most efficient use of resources and to be strategic about reducing pressures on the health care system. These priorities focus on the two hospitals in LHA 70 to ensure they are providing effective, high quality care. Once acute care issues are resolved, focus can shift towards community services, disease prevention and health promotion.

### **Immediate Priority**

- Address urgent acute care pressures at West Coast General Hospital (WCGH):
  - Intensive Care Unit;
  - Emergency Department and Primary Care Access; and
  - Surgical Services.

### **Short-Term Priority**

- Develop a collaborative vision for:
  - West Coast General Hospital; and
  - Tofino General Hospital (TGH).
    - This will inform the plan to address aging TGH infrastructure.

### **Long-Term Priority**

- Develop a collaborative vision for health and health care services in LHA 70.

There are several examples of work already underway or planned in and/or affecting LHA 70. This work is listed at the end of this document.

## **REGIONAL THEMES**

**Below Average Health Status:** There are many factors affecting the health status of Local Health Area 70 residents:

- High Aboriginal population. Unfortunately, many Aboriginal People's health has been negatively affected by numerous external factors that contribute to their lower overall health status.
- Higher rates of unemployment, teenage pregnancy, and homelessness.
- Higher use of alcohol, drugs and cigarettes, a problem compounded by no detox services available in LHA 70.
  - The use of alcohol causes many visits to the hospitals in LHA 70, especially the emergency departments. Alcohol consumption decreases when campaigns for alcohol reduction occur. The results are never long-lasting once campaigns end.
- Increasing obesity.
- Below average income and educational level.
- High utilization of emergency department and hospital services.

**Transportation Challenges:** There are limited opportunities for people without their own transportation to access health care services and health promotion programs and services within and especially outside their community. There is no public transportation system available on the west coast and it is costly for residents of isolated communities (e.g. Ahousaht) to travel to Tofino and beyond to access health care services.

**Maintaining Sustainable Services:** As is the case in many other less populated areas in BC and Canada, it is challenging to develop sustainable services when the population and patient volume thresholds required to reliably and safely offer those services cannot be maintained. This is often because there are:

- Insufficient volumes of cases for professionals to earn a living and continually maintain and hone their skills;
- Insufficient volumes of cases to cost-effectively and efficiently support a service;
- Inadequate numbers of professionals available to provide an appropriate on-call rota where call is required (physicians, laboratory, medical imaging, etc.); and
- Insufficient professionals available to provide a continuous service, as professionals leave to practice elsewhere for the above reasons.

**Recruitment and Retention:** Similar to many smaller communities in BC and Canada, it is difficult to recruit and retain staff and physicians throughout most services in LHA 70 for a variety of reasons:

- Limited employment opportunities for spouses/partners.
- Part-time and casual positions are more difficult to fill.
- Staff leave the area when an opportunity presents itself elsewhere.

- Many positions in rural communities require health care staff to be “generalists” (i.e. have several duties), but more and more people are being trained to specialize in specific areas (e.g. trained to be an operating room nurse but not a post-anesthetic recovery room nurse).
- There are limited surrounding supports compared to larger communities (e.g. more health care services and specialist backup are typically available in larger communities).
- It is challenging to hire for positions that require a large burden of call.

**Communication, Collaboration, Integration and Information Sharing:** There are multiple methods used to collect and store patient information across the health care system (including Nuu-chah-nulth Tribal Council services). Communication and documentation is fragmented across the care continuum. Health care providers are often unaware if their clients are being served by another health care service. If services are aware, they are often unable to share client information.

**Patient Transfers:** Weather restricts the ability to transfer people by air or sometimes by road. If transferred by road ambulance, a nurse or a physician must accompany a patient, which removes this care provider from delivering care to other patients, and it isn’t always possible to find timely coverage for the nurse or physician who leaves. It can be a challenge to find a bed at another facility for transferred patients.

**Centralized Services:** Centralization works well in large centres but seems less effective in smaller settings. Centralized staffing and intake personnel sometimes are unclear on local nuances, staffing models and services.

Local staff believe that they are able to get a hold of people more effectively and can identify more flexible staffing solutions (e.g. moving nurse from med/surg to ED and calling nurse to cover med/surg). Centralized intake limits the flexibility of certain community services to provide same day or next day care.

**Local Leadership:** Staff recognize the benefits wherever leadership is provided locally.

**Commitment to Quality Care:** Staff and physicians across the region are committed to providing good care to patients.

**Supportive Communities:** The communities in LHA 70 are supportive of the hospitals and health care services in their region.

- Hospital foundations have been generous in providing funding for capital projects and equipment
- Good partnerships have been developed between community groups and VIHA services. For example, Port Alberni services have been successful providing outreach services in various community settings (e.g. Bread of Life).
- Community groups are organized and have strong capacity. Port Alberni and the west coast both have multiple community groups working towards improving the health care of residents.

**Outreach Services:** VIHA outreach services are appreciated by the communities and can help prevent the need for hospital care. Examples of outreach care include the Port Alberni seniors outreach team and the public health outreach team and the laboratory collection outreach provided by TGH staff.

**Cleaning and Food Services:** The service provided by the VIHA cleaning and food services staff at TGH and WCGH is high quality and appreciated by staff.

**Community Health Network:** Municipal and regional government, community groups, VIHA and others have collaborated to form a Community Health Network to help find solutions to the more complex underlying issues affecting health that are often cross-jurisdictional.

**Practice Support Program:** This VIHA program has had success engaging and providing training with GPs on the west coast and in Port Alberni.

### **TOFINO/UCLUELET/WEST COAST THEMES**

**TGH Infrastructure:** TGH is over 55 years old and consequently faces many design, structural, and operational challenges.

**Physician Recruitment:** This is one of the greatest concerns among the physician group. It is difficult to recruit physicians to the west coast and many of the current GPs are nearing and/or thinking about retirement.

**Home Care Nursing:** There is one part time home care nurse for the entire west coast. This position works two days one week and three days the next. There is no sick or vacation time coverage.

**Sexual Assaults:** When sexual assaults present at TGH, it can take a nurse and GP several hours to complete a rape kit due to the complexity of the process that is required.

**Seniors' Housing:** There is limited access to the only 10-bed (5 beds of assisted living and 5 beds of supportive housing) seniors' facility on the west coast located in Ucluelet. Most seniors move out of town, away from informal supports, if they require residential care services.

**Clinical Nursing Lead at TGH:** There is currently no clinical nursing lead at TGH to provide leadership for clinical team members.

**Laboratory Staffing at TGH:** There are two staff (both 0.8 FTE) who are scheduled to participate in call rota at TGH. Call is onerous for these two; their call is occasionally covered by the third medical lab technologist (0.4 FTE) at TGH.

**Limited Support Services:** The only staff in the hospital after 4:00pm is two nurses. These two must provide inpatient and emergency patient care, admit patients, answer phones, etc. This can be a large volume of work.

**Non Urgent Laboratory Collection in Ahousaht and Ucluelet:** Laboratory collection in Ahousaht and Ucluelet is provided by a medical lab technologist. Ahousaht collection is offered once per month and

volumes are very low while Ucluelet is once per week and volumes are very high. Ahousaht would like to have more consistent service, more often. These two lab collection services used to be provided by a lab assistant from WCGH.

**Medical Imaging:** There is only one medical imaging technologist at TGH and will be retiring soon. This person is currently on call 24/7. One new replacement staff member is unlikely to be willing to do call 24/7.

**Access to Medication:** There is no pharmacy technician at TGH and it can be challenging to get medication in a timely fashion.

**Physiotherapy:** The current physiotherapist at TGH is retiring. This provides an opportunity to investigate a new model of service delivery.

**Equipment Loan:** There is no Red Cross equipment loan located on the west coast. The nearest location is Port Alberni with limited hours. While TGH loans some equipment, the space at TGH is small for storing and accessing equipment and it is difficult to maintain and monitor the equipment.

**Summer Population:** There is a large influx of seasonal workers and tourists who require health care. Part of the seasonal influx includes a transient, homeless population.

**Visiting specialists:** There is interest and participation from visiting specialists at TGH although there is limited space available to accommodate them.

**Nursing graduates:** There is consistent interest from nursing graduates to work at TGH although TGH requires an appropriate mix of new and experienced nursing staff.

## **PORT ALBERNI THEMES**

**WCGH Surgical Services:** There are many issues affecting surgical services at WCGH:

- Non-emergent surgical cases are sometimes booked in the evening when surgical day time slates are not fully booked. WCGH does not have an evening surgical staff shift. Staff from the day shift are called in and work overtime which can lead to decreased job satisfaction and burnout.
- It is not uncommon for patients to enter through the emergency department (ED) and receive non-emergent procedures.
- There are some complex surgical cases occurring in small volumes at WCGH resulting in nursing care challenges.
- Occasionally, procedures happen in other areas of the hospital without the involvement of nursing staff.
- WCGH provides sterilization and reprocessing for TGH. When patient visits increase at TGH the amount of equipment requiring sterilization and reprocessing increases.
- There is not a backup anesthetic machine available on site.
- The layout and design of the surgical services area could be improved.

**Primary Care:**

- There is limited access to GPs in Port Alberni.
- GPs could increase their referrals to community services available for their patients.
- There is no walk-in clinic in Port Alberni and there are many unattached patients.
- There are no nurse practitioners in Port Alberni.

**WCGH Emergency Department:**

- GPs are required to work in the ED, and they have varying specialized skills and interest in this work. In addition, providing ED coverage reduces their ability to see patients in their clinics.
- There isn't always a GP in the ED, as they are often offsite and on call.
- FirstNet has not been implemented and implementation would require a renovation.
- There is no dedicated triage nurse.
- Some visits to ED are scheduled by a GP or specialist for care that could be provided in their clinics.
- There are a large number of non-emergency visits to the ED, largely for IV therapy, dressing changes, prescriptions, biopsies, and excisions.
- The layout and design of the ED presents many challenges; for example patient flow and privacy.

**WCGH Intensive Care Unit:**

- The intensive care unit (ICU) is small (3 beds).
- Often patients are transferred to other facilities. This exacerbates the recruitment and retention of qualified ICU staff at WCGH.
- There is one dedicated nurse working in the ICU at a time. Another nurse is shared between ICU and ED but works mostly in the ED.
- There is often no physician at WCGH at night to support ICU staff.

**WCGH Obstetrics/Maternity:**

- There is an unstaffed nursery at WCGH.
- There is an opportunity to develop a clear understanding of the obstetric and maternity cases that WCGH should and should not care for while maintaining quality and safety.

**WCGH Ambulatory Care Space:** Space is typically only used for over-census situations to avoid having to provide hallway care. The space could be used more effectively for a variety of ambulatory services. Space is now being used for scheduled minor procedures.

**Palliative Care at WCGH:** WCGH beds are often used for palliative care when available beds exist at Ty Watson House. However, Ty Watson House is not equipped for high acuity palliative cases.

**Limited Support Services:** Support services are limited. Many are only available 9-5 Monday to Friday, others only a few days a week. Most are not on call.

- Respiratory Tech

- Used to visit WCGH once per week from NRGH – person retired and the service stopped.
- Aboriginal Liaison Nurse
  - Provides a valuable service and liaison in the ED, but does not have enough availability.
  - NTC employee who works a day shift and is split between community and hospital, limiting coverage.
- Social Worker
  - Works 3 days a week and the days of the week are not always consistent.
  - Position is not covered when sick or on vacation.
  - Absence contributes to increased hospital length of stay and delays in liaising with Ministry of Children and Family Development (MCFD).
  - Difficult to retain staff due to high workload in a part-time position.
- Medical Imaging
  - CT scan is only available 4 days per week. CT tech is based in Nanaimo.
  - X-ray services provided until 1130pm, on call after that.
- Laboratory
  - Lab services end at 11pm, on call after that.
- Mental Health and Addictions Services
  - Access to this service is limited, especially after hours.
- Home Care Professional Services and Home Support
  - Access to these services is limited, especially after hours.
  - Could be better coordinated with hospital discharges.
  - Staff safety is a concern when staff provide service to certain clients and locations.

#### **Relationships:**

- Tension, disagreements, and/or competition exist between some departments and between service providers at WCGH.
- Some discrepancy exists between physicians and nursing staff on the acuity of cases that can be safely cared for at WCGH while maintaining high quality.

**WCGH Infrastructure:** WCGH is just over 10 years old and the infrastructure is valued. A few suggestions for improvements were heard. The garden atrium is appreciated.

**History of Innovation:** Many programs in Port Alberni have started new initiative and/or pilot projects. Child, Youth, and Family services, Public Health, and Mental Health and Addictions Services have all had success trying new and/or different ways of doing things and continue to be willing to try new ideas.

**Integrated Health Network:** This has had success linking people with high health care needs with the multidisciplinary care they require. It has created a collaborative work environment with GPs and other health care providers.

**Service Adjacencies:** Benefits have been realized from locating multiple services at one location. Examples include:

- Home Care and Home Support Services; and
- Public Health and Child, Youth and Family.

## Work Underway or Planned

### **Physician Capacity:**

- VIHA has recently provided mental health training to interested GPs in LHA 70 and will offer an end of life training module to physicians across VIHA starting in the fall of 2011.
- A joint proposal was submitted by the doctors on the west coast and VIHA to change their mode of compensation from Fee for Service<sup>1</sup> to Alternative Payments Program (APP)<sup>2</sup>. The funding has been approved by the Ministry of Health and BC Medical Association. VIHA is now working with the doctors in Tofino and Ucluelet on the terms and conditions of a service contract.
- VIHA is working with family physicians in Port Alberni to investigate the feasibility of having an Emergency Room Physician (ERP) position at WCGH.
- BC Government is providing funding of up to \$200,000 per year to groups of rural, fee-for-service physicians who commit to work as a team to ensure reliable public access to emergency services at their rural community hospital. Physicians will work with the regional health authority to develop a community-specific plan for how funding might best be applied. Examples of how the funding might be used include:
  - Hiring additional physicians (full-time or part-time).
  - Engaging additional, temporary, locum support.
  - Incentives for weekend, holiday or night shift coverage.
  - Hiring additional, other health-care service providers (e.g., nurse practitioners, nurses etc.) to help manage patient volumes.
  - Purchasing equipment.
- VIHA has completed a review of surgical services at WCGH and is developing a list of recommendations to optimize, sustain, and ensure high quality and safe surgical services at WCGH.
- There is some interest from Port Alberni family physicians in establishing a Division of Family Practice<sup>3</sup>.

### **Communication and information sharing:**

- There is work underway to improve communication between services and sharing patient information. This is a system-wide integration strategy for assessment and care planning across the care continuum. This strategy will focus on reducing duplications and expanding the implementation of the electronic health record (EHR). Over the next three years, VIHA's EHR will

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<sup>1</sup> Funding method where payment is made for each service rendered.

<sup>2</sup> Funding of physician services by non fee-for-service modes, e.g. salary, session and service contracts.

<sup>3</sup> Divisions of Family Practice are groups of physicians organized at the local or regional level who work to address common health care goals. <https://www.bcma.org/divisions-family-practice>

be advanced to include new electronic clinical documentation and order management functionality.

- VIHA will be negotiating a Partnership Agreement with the Vancouver Island Governance Caucus of the First Nations Health Council (FNHC) to affirm the ongoing positive relationship between VIHA and the First Nations Health Council and to clarify:
  - Principles that will guide the VIHA / FNHC partnership;
  - Respective mandates (VIHA serves all Aboriginal people (First Nation, Metis, Inuit, on and off-reserve. The FNHC's mandate is First Nations people);
  - Health authority to health authority communication;
  - Roles and responsibilities;
  - Initiatives (i.e. development of an Aboriginal Patient Identifier); and
  - Working with other partners to address the broader health determinants (i.e. poor housing).

#### **Transportation:**

- Community interest exists on the west coast to participate in the development of a transit system. Some initial research has been conducted.
- BC Ambulance Service is basing a Critical Care Paramedic crew in Nanaimo to provide service to the Central/North Island for critically ill patients requiring transfer to higher level of care facilities on the island. This new service will remove the need for the sending hospital to send an RN or physician in the ambulance with the patient.

#### **Infrastructure:**

- A role and scope of services study, the first phase in developing a solution to address the aging infrastructure of Tofino General Hospital (TGH), will start during the fiscal year of 2011/12.
- A local group on the west coast has started investigating seniors housing options.
- Redevelopment of the WCGH ED has been identified as a future project but the timing is subject to prioritization relative to other projects and funding availability.
- The Port Alberni Shelter Society is investigating options to develop a new shelter in Port Alberni.
- A new mobile MRI service will be regularly scheduled to visit Port Alberni starting in the middle of 2012.

#### **West Coast Resources (Tofino, Ucluelet, Ahousaht, etc):**

- Through an internal realignment of resources:
  - A clinical nursing lead position will start Fall 2011 at TGH; and
  - An aboriginal liaison nurse will start Fall 2012 at TGH.
- VIHA is aware of the challenges of providing laboratory outreach collection services in Ucluelet and Ahousaht and is investigating ways to improve the services. VIHA laboratory is currently trialing alternative service delivery models in some rural communities outside of LHA 70.
- The BC Ambulance Services and VIHA are working together to determine how rural paramedics can be better integrated into health authority programs to provide enhanced patient care. The

goals are to reduce health care system pressures, close identified gaps in service, and improve the recruitment and retention of paramedics in rural communities. The west coast has been identified as one of VIHA's pilot project areas.

- The Nuu-Chah-Nulth Tribal Council (NTC), VIHA, community members and local physicians are working collaboratively to develop strategies to better meet the health care needs of the Ahousaht and Hesquiaht populations.
- VIHA is developing and implementing a Rural Health Services Framework to help guide health care planning in rural communities.

**Port Alberni Resources:**

- Challenges in filling shifts due to staffing processes have been identified and additional resources have been dedicated to calling out shifts. Other improvement opportunities are being pursued with WCGH staff and administration.
- The staffing model at Ty Watson House will be changing from Community Health Workers to Licensed Practical Nurses (LPN). This will allow Ty Watson House to provide end of life care to people with more complex care needs than before.
- VIHA is considering scheduling a respiratory therapist to visit WCGH on a regular basis to provide training and check equipment.