



**Mt Waddington Health System Stabilization Local Working Group
(MWLWG)**

Meeting # 5 - Minutes

Wednesday, January 4, 2012 6:00 pm – 9:30 pm

**Regional District Office
Port McNeill**

Attendees: Rick Scragg, Alison Mitchell – Co-chairs
Sandy McKenzie, Bev Parnham, Jane Clelland, Victoria Power, Marie Duperreault, Pam Rardon, Angelika Starr, Heidi Soltau, Alyson Hagen-Johnson, Chaundra Willms, Jen Nelson, Norm Champagne, Louise Brotchie, Doug Blackie, Brenda Warren, Alix Adams, Laurie Dokis, Andre de Wit, Howard Lee, Shane Thomas, Dana Hubler, Granger Avery

Regrets:

Facilitator: Stuart Culbertson (Sierra Systems)

Recorder: Dr. Ron Hiebert

Item #	Agenda Item	Discussion/Actions	Action Date
1.	Welcome 6:05pm Introductions and Agenda & Minutes review	Approval of minutes Meeting #4, December 14 2011: Rick Scragg	
2.	Follow up from meeting #4	<p>ER closures over end-December</p> <ul style="list-style-type: none"> - PHH <ul style="list-style-type: none"> o NP: services welcome; limited value due to newness of recruit and lack of ER experience o Communications handled well o Surprised at “soft” vs. “hard” closure - PMH <ul style="list-style-type: none"> o NP welcomed as support to MDs o PMH closure averted after great efforts to secure MD staffing - Lessons learned <ul style="list-style-type: none"> o Advertise Rx refills well in advance of closures o Time Rx renewals for patients to extend past December. o Prescription renewal by pharmacists lessens MD demand o MDs and RNs fatigued by workload, extended hours- do not repeat this o Closure was effectively `soft` since triaging did occur o More planning and role clarification would prevent need for both MD and NP to see same patient o Locate NP in a practice with records access rather than in the ER <p>REEF Applications</p> <ul style="list-style-type: none"> - Alert Bay approved; Pt McNeill previously approved - Pt Hardy`s application goes to Joint Standing Committee mid-Jan. 	

		<ul style="list-style-type: none"> - Final application yet to be agreed by community MDs - Fair compensation is a concern, for retention of current MDs and to incent locums - REEF purpose and condition is continuous coverage –proposal revision work to be done between PH doctors and VIHA in time for MD submission prior to REEF Steering Committee meeting scheduled 16 Jan 2012. <p>Statistics Request</p> <ul style="list-style-type: none"> - Victoria Power provided mortality by area stats, and patient residence location according to which MW hospital they presented at - First Nations statistical identifiers are not available but are required; identifier is a priority action item being worked on for VIHA medical record 	
3.	<p>Meeting #5 Issue Focus:</p> <p>Stabilizing Physician Availability, Recruitment and Retention</p>	<p>Issue focus components identified:</p> <ul style="list-style-type: none"> • Predictable scheduling for full physician coverage in ERs • Appropriate primary health service – coverage and delivery • Organization and support of practice – i.e. Division of Family practice; administrative support • Recruitment and retention challenges associated with the region – recognizing the provincial, national and global competition for talent • Shortage of Medical Residents • Efficient facilities for practice • Morale and burn-out issues <p>Discussion:</p> <ul style="list-style-type: none"> - In a competitive environment for talent, a community attractive to recruiting and retaining physicians could include: <ul style="list-style-type: none"> o Pay model (alternate pay; blended funding; practice support; hourly ER rate; `all-in` set fee for ER, office, and inpatient care) o ER contracted service: needs extraordinary funding effort o A multidisciplinary clinic with predictable income – more aligned with the model that new graduates are being trained into. o After-hours mental health <p>Recommendations:</p> <ul style="list-style-type: none"> - Integrated, multi-disciplinary community care facility (already discussed by LWG) with physician extender resources using other health disciplines - A Community promotion campaign in which partners determine what to brag about to sell potential candidates <ul style="list-style-type: none"> o Lifestyle o Meaningful & diverse work o Making a difference o Regional approach, not just community based - Revisit Alternative Payment Program revenue model – models are now in implementation that may be worth examining (i.e. Tofino) <p>Specific challenges and needs that need to be addressed:</p> <ul style="list-style-type: none"> - Need to address higher-than-average acuity levels in the region – that may discourage recruits - Needs for new physician inclusion, intra-profession support - MD & RN cultural bridging needed, toward single regional group, with common issues 	

4.	LWG Action Items for Meeting #6	Gathering Community Perspectives <ul style="list-style-type: none"> - LWG reviewed proposed process for community engagement (which arose from last meeting) - Purpose: to gather answers to key questions (currently framed as): <ul style="list-style-type: none"> o What are the “top five” problems we need be able to solve in order to meet our goal of a stable and sustainable health care system for the Mount Waddington region? o What is working in the health care system in the region? o If you are not accessing health care in the region, why not? - Reiterated that community consultation is vital to ensure responsiveness to recommendations. In-person meetings seen to be more important and relevant than on-paper surveys. - Consensus that meaningful consultation could be initiated, but not completed, in a single month or even within the timeframe of the LWG (to end-March); it should form part of the ongoing process to ensure sustainability of the system going forward - LWG should initiate community engagement approach with First Nations followed by regional community meetings. Questions to frame the discussion should be re-worked and simplified. - Co-chairs will frame a process to start in January. LWG members will be invited to participate if available. - Progress on initial engagement should be reported back to next meeting. 	Co-chairs to initiate a community engagement process in January.
5.	Meeting Logistics + Next Meeting (LWG Meeting #6)	<ul style="list-style-type: none"> • Meetings must continue biweekly in order to complete the work set out in the TOR.(Original schedule had envisaged monthly-meeting only for January, February and March) • All day meeting in end-February/early-March should be considered – especially to develop the LWG’s reports. • Discussion summaries on key themes and consensus will be drafted by the facilitator and circulated to LWG members for review and comment directly back to Stuart. • Next Meeting: January 18, 2012. Discussion theme: Stabilizing Physician Availability, Recruitment and Retention (continued) 	Stuart to circulate the initial “Discussion Summaries” for review and comment