

OCTOBER 16-18, 2024 | FAIRMONT EMPRESS VICTORIA

Shared Care Partners in Care Event

POST-EVENT REPORT

SharedCare 
Partners for Patients


BRITISH
COLUMBIA

doctors
of **bc**



Event Summary

Best practices for quality improvement, measurable outcomes, and developing partnerships were the focus of Shared Care's Partners in Care event, held on October 16 to 18, for physicians, project staff, representatives from Ministry of Health and health authorities, other health care professionals, and health system partners.



Key Learnings

DAY ONE (PROJECT LEADS WORKSHOP)

Using QI to Set Your Project Up for Success

Effectively using quality improvement methodology helps project teams to fully scope out a problem or opportunity, create specific, measurable, achievable, relevant and time-bound (SMART) aims to define the problem/opportunity, and develop data-guided solutions with an action plan to achieve a measurable improvement.

The ‘Model for Improvement’ is a specific QI methodology that asks:

- ▶ What are we trying to accomplish?
- ▶ How will we know that a change is an improvement?
- ▶ What change can we make that will result in improvement?

Strong aim statements SMART (Specific, Measurable, Achievable, Relevant, Time-bound):

- ▶ **Project aim statements should include:** What? Who? Where? By how much? By when?

Value of Evaluation

- ▶ Evaluation of Shared Care projects is used to share knowledge/learning, for evidence-based decision making, and to increase the effectiveness of solutions.
- ▶ Evaluation can also increase transparency and accountability, reflect and generate new ideas, and explore opportunities.
- ▶ It is having clear goals that define the intended *outcomes* of a project—not just the activities the project will undertake—which lead to evaluation and ultimately project success.
- ▶ Evaluation outcomes are also shared with the SCC and other JCC partners and used to inform potential for scale and spread.

Measuring and using data for quality improvement

There are several ways to ensure that outcomes—rather than outputs—are effectively tracked and measured.

- ▶ **Outcome measures:** determine whether changes are an improvement and are based on the aim statement. They measure the effectiveness of what you want to achieve.
- ▶ **Process measures:** track efforts and changes introduced to system and connect to outcome measures.
- ▶ **Balancing measures:** used to detect unintended consequences.

Here’s what you should consider when planning for measurement:

- ▶ What data elements need to be collected?
- ▶ What is the operational definition?
- ▶ **Sourcing:** Does the data exist? Who will collect it? Where will it be stored?
- ▶ **Sampling:** What sampling strategies makes sense? How often should we collect data?
- ▶ **Analysis:** Who will have access to the data and how will it be shared?

💬 “I will share my QI and evaluation learnings with my teams and begin to practice the learnings until QI and evaluation becomes a habit.”

— Event Attendee

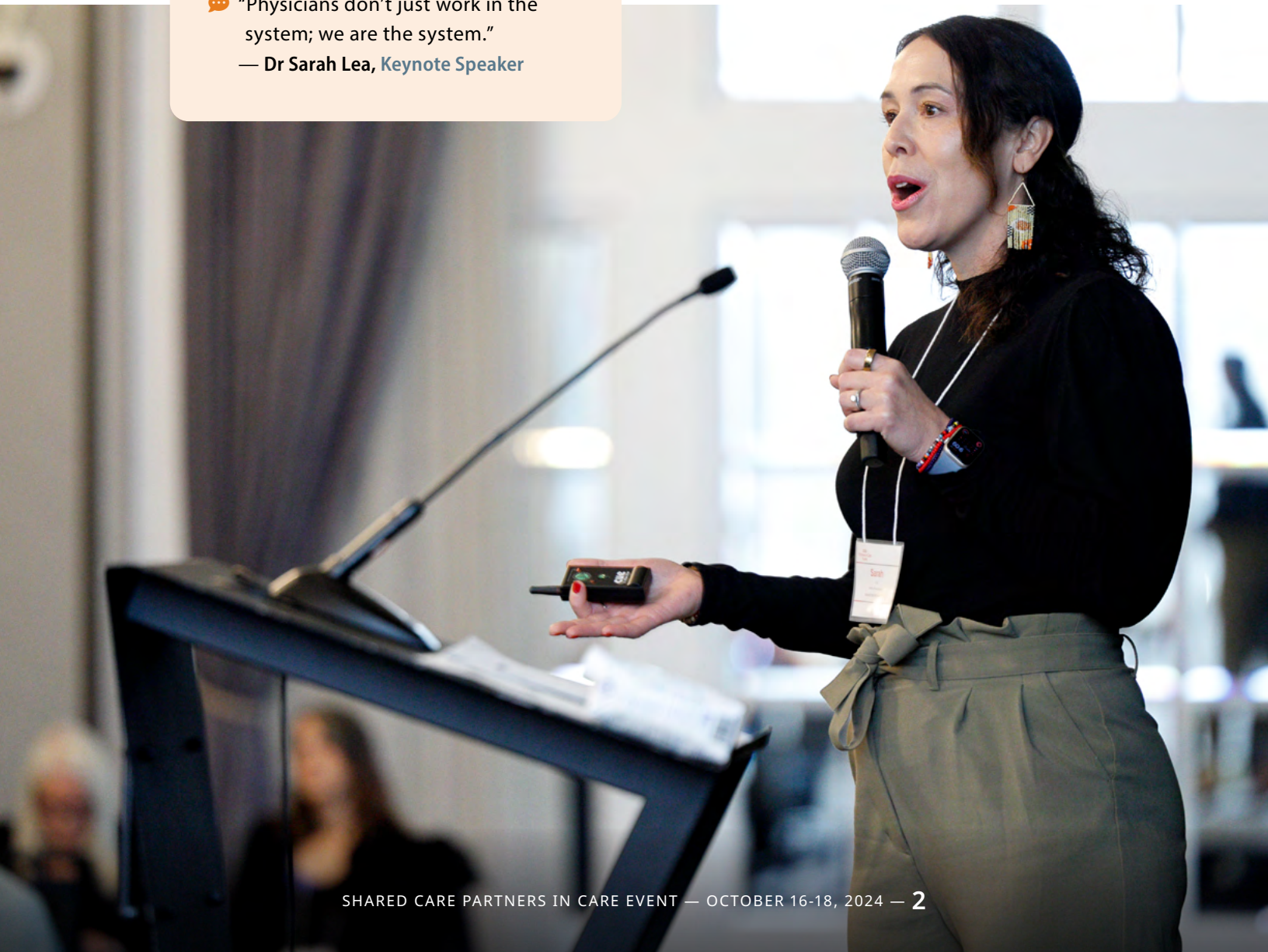
Beyond the Clinic: Shifting the Physician Time Paradigm

Dr Sarah Lea, a family and addiction medicine physician and certified executive coach, led a session emphasizing that while physicians spend most of their time with patients, it's important to value learning, self-development, and leaving time to actually run their business. Studies show that increased physician leadership is associated with improvements in operational efficiency, value, and outcomes. To reverse this thinking and encourage physician leadership and involvement in solving problems within health care, Dr Lea suggests that

there needs to be an institutional change and shift in collective mindset. She says that leadership shouldn't be seen as the "dark side" and medical students should be taught the value of physician leaders advocating for their colleagues.

She says she'd like to see a change the narrative that physicians are at their most impactful when they are seeing patients in the clinic. Physicians are part of a larger system and have the power and responsibility to participate in actively improving it.

💬 "Physicians don't just work in the system; we are the system."
— Dr Sarah Lea, Keynote Speaker





Perinatal Community of Practice (CoP)

- ▶ The Perinatal CoP aims to support and unite physicians, midwives, and perinatal care providers in BC by equipping them with tools, skills, and resources while fostering collaboration and knowledge sharing—all aimed at advancing culturally safe and optimal care for patients.
- ▶ The CoP focuses on providing and sharing education, building partnerships between health care professionals and community organizations, and engaging with perinatal experts throughout the province.
- ▶ Physicians and health care professionals interested in joining the community of practice can sign up via this [online form](#).



Quality Improvement Enablers for Spread and Success

- ▶ Physician Quality Improvement (PQI) coaches, which consist of physicians who have completed PQI training, can provide valuable expertise and knowledge to projects in a supportive environment and in a format that best supports the project.
- ▶ Quality enablers for provincial spread of projects include measurable impact on at least one of the quadruple aims, evidence that the aim has been objectively met, project sustained for longer than six months and on budget, accepted by leadership and communities of practice, and engaged by physicians, among others.
- ▶ Projects selected for spread will then create a change package, including driver diagrams, process maps, and the Family of Measures, in order to scale their project beyond the local community.
- ▶ The Spreading Quality Improvement (SQI) team is there to help and includes local health authority leaders, local SQI physician leads, and provincial SQI physician leads.



DAY TWO (DINNER)

Event attendees were invited to come together on the evening of Day 2 (Oct 17, 2024) for dinner and networking. At this soirée, the Shared Care Committee recognized three of the storyboards in the following categories:

- ▶ **Peer Recognition Award:** Integrated Palliative Care Transitions: Earlier Co-creation of Cancer Patient Palliative Pathway with Patient Medical Home. Project and Physician Lead: Dr Lee Ann Martin; Fund Holder: BC Cancer Agency
- ▶ **Co-Chair Leadership Recognition:** Encompass Pregnancy Care Clinic Collaboration. Project Lead: Kirstie Clarke; Physician Leads: Dr Tanya Burch, Dr Alisa Sanregret; Fund Holder: East Kootenay Division of Family Practice)
- ▶ **Partnerships & Collaboration Recognition:** Creating a Transgender Care Project EOI: Learning Through Humility. Project Lead: April Bonise; Physician Leads: Dr Jagoda Kissock, Dr Alex Yang; Fund Holder: Surrey-North Delta Division of Family Practice

“I am able to take at least one actionable and attainable outcome from each session and have already been able to share next steps with our team to add or pivot on our projects based on learnings. This was by far the best part of the Shared Care conference.” — **Event Attendee**



💬 “Keep doing this because it is the essential work that is going to make our health care system better, even if it’s just one project at a time.” — Eugene Johnson, Executive Director, Ministry of Health



DAY THREE

Ministry of Health Context for SCC Partnerships

With British Columbia’s continued growth in size and complexity of care needs, Eugene Johnson, Executive Director, Provincial Services Branch, spoke to the need for the province’s post-pandemic approach to recognize the demands being placed on services for chronic care as well as acute care. Equity in health care in our current environment, he said, needs to consider both the legacy of colonialism and racism, along with an approach that considers the social determinants of health such as housing and income security. In order to do that, we need to support partnerships that help integrate care. Shared Care partnerships help advance quality improvement, improve efficiency of services, and generate strong collaborations across health professions.

Ministry of Health Strategic Repositioning Initiatives:

- ▶ Primary Care
- ▶ Senior’s Care
- ▶ Mental Health and Substance Use
- ▶ Cancer Care
- ▶ Ambulance
- ▶ Hospitals
- ▶ Surgical
- ▶ Diagnostics





PROJECT RAPID FIRES

Nanaimo Social Prescribing Project

Presenters: Dr Adam Hoverman, Dr Sandra Allison, & Kirsten Schuld

- ▶ The social prescribing project will enable Nanaimo primary care physicians and Nurse Practitioners to connect socially isolated patients with a link worker to provide personal patient support in a community activity, with the goal of decreasing detrimental health outcomes associated with social isolation and loneliness (cognitive decline, depression, frailty, etc.).

Medical Care for Short-Term Custody on the North Shore

Presenters: Dr Michelle Brousson & Cynthia Buckettt

- ▶ In an innovative cross-community partnership, this project piloted provision of ongoing health care supports for individuals brought into custody. The project's aim: Improve access to ORT for detainees at risk of opioid withdrawal while in short-term custody on the North Shore.

Filling the Gap: Transforming Cancer Care Access with CanScreen

Presenters: Dr Cal Shapiro & Dr Stuart Bax

- ▶ CanScreenBC aims to offer streamlined access to holistic cancer care services for unattached patients on Vancouver Island, with an adaptable and innovative model that can be translated to other parts of the province. This care includes cancer screening and follow up appointments through treatment and future screening following positive testing.

Indigenous Specific Anti-Racism

The Joint Collaborative Committees (JCC) are committed to advancing truth and reconciliation across the medical profession. Physicians have a significant role to play, and the JCCs will continue to collaborate with First Nations, Inuit, and Métis communities to advance cultural safety in medicine. These rapid-fire presentations highlight projects that are actively working to advance Indigenous-Specific Anti-Racism and Cultural Safety initiatives in health care.



Creating a Safe Space in Primary Care

Presenter: Kaitlin Frost

Weaving Wellness: A Culturally Adapted CBT Group for Indigenous Peoples

Presenter: Dr Ellie Parton

Building Indigenous Relations

Presenter: Gracie Kelly

Resources

PRESENTER CONTACT INFORMATION

Using QI To Set Your Project Up for Success

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Measuring and Using Data for Quality Improvement

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Value of Evaluation – How Evaluation Can Support Your Shared Care Projects

- ▶ Stephen Richert:
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- ▶ Katherin Coatta:
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Keynote – Beyond the Clinic: Shifting the Physician Time Paradigm

- ▶ Dr Sarah Lea:
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Perinatal Community of Practice – Connecting Maternity Care Across the Province

- ▶ Dr Shelley Ross:
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Quality Improvement Enablers for Spread and Success

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Nanaimo Social Prescribing Program: Multisectoral Partnerships for Improving Social Care

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Weaving Wellness: A Culturally Adapted CBT Group for Indigenous Peoples

- ▶ MindSpace Website:
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Building Indigenous Relations

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