

***Welcome  
to the  
Medical Staff  
Town Hall***

March 2, 2022

- ❖ Dr. Ben Williams - VP Medicine and Quality and Chief Medical Executive
- ❖ Dr. Ian Thompson - Executive Medical Director, Medical Staff Governance
- ❖ Dr. Murray Fyfe – Interim Chief Medical Health Officer

# Territorial Acknowledgement

# Agenda for Today

- Recognitions
- Clinical Governance
- Draft Medical Staff Human Resource Plan - Preview
- Medical Staff Engagement
- Top Organizational Priorities for coming year
- Covid Update

# Clinical Governance

- Clinical governance can be thought of as the ways we make decisions about, and are accountable for, our system of care delivery. This includes how we create, manage, and improve our services. Some examples include the implementation of a new standard of practice, the development of a clinical policy, or when we refine a best practice guideline.
- NOT, in general, patient level decision making
- Some examples

# Progress to Date

- Project Team, Steering and Advisory Committees established. Deloitte selected as our external partner. Webpage developed for ongoing updates: [CGII Intranet Site](#)
- Phase 1 (Current State) underway now until end of March 2022
  - Online survey live for Dec/Jan. Interim results completed.
  - Four international sites selected for best practice review (Jurisdictional scan)
  - Current state documents assembled for review by consultants.
  - Focus group participants selected.
  - Advisory Committee group selected.
- Presentations at many standing meetings including LMACs, HAMSA, Island MSA network
- Facilitated Discussions at the HAMAC, Department Head Council meetings

# Next Steps

## April – June: Develop Future State Principles and Recommendations

- Hold approximately 13 Focus Groups (>100 people) to explore the current state and begin discussion of Future State principles
- Finalize Current State document and prepare gap analysis
- Hold Future State Principles Workshop with Steering Committee and Executive
- Develop “Top 5” Recommendations
- Socialize draft materials for feedback (method to be determined)
- Finalize recommendations
- Continue updates to regularly scheduled committees/groups
  - Ongoing open input opportunity by emailing [cgii@islandhealth.ca](mailto:cgii@islandhealth.ca)

## July – August: Implementation Planning

# Our Ask:

- please provide feedback directly to your LMAC Chairs or [CGII@IslandHealth.ca](mailto:CGII@IslandHealth.ca)
- More information is available on the [CGII Intranet Page](#)

# Preview - Draft Medical Staff Human Resource (MSHR) Plan



# Preview - Draft MSHR Plan Context

- Developing a human resources plan and submitting for the Board's endorsement is a By-Law requirement for HAMAC (9.1.3.5 and 9.3.4)
- Human Resource Plan is updated every two years
- This plan developed with extensive consultation and still in draft.

# Medical Staff Human Resource (MSHR) Plan

- Provides Baseline FTE and vacancy rate by department and region/site
- 1709 current planned FTEs with 12.3% vacancy rate
- Geographic vacancies range from 9.9% in GEO 1 to 14.3% in GEO 3
- Highest vacancy departments: Primary Care, Psychiatry, Anesthesiology\*
- Based on data collection/engagement in mid-2021

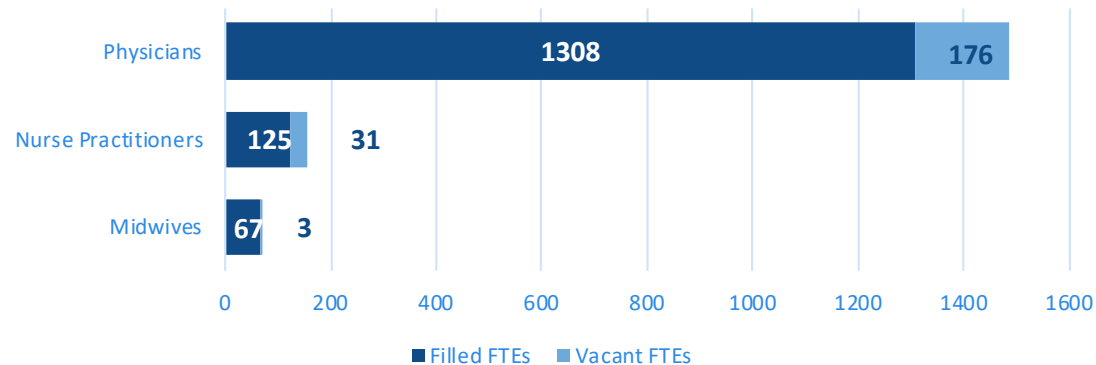
\* Regional need. Vacancy priority might be different at specific sites



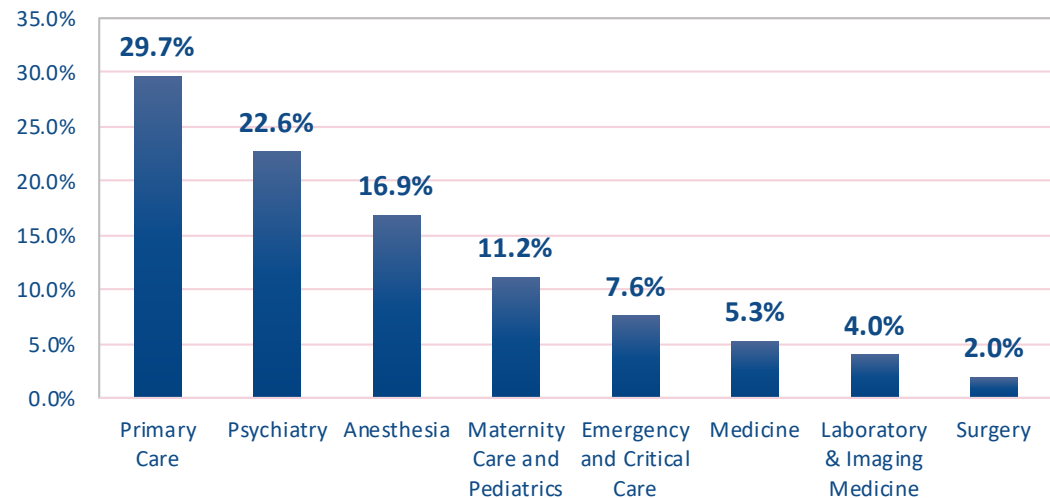
## Medical Staff FTEs by Region



## Medical Staff FTEs - Filled and Vacant



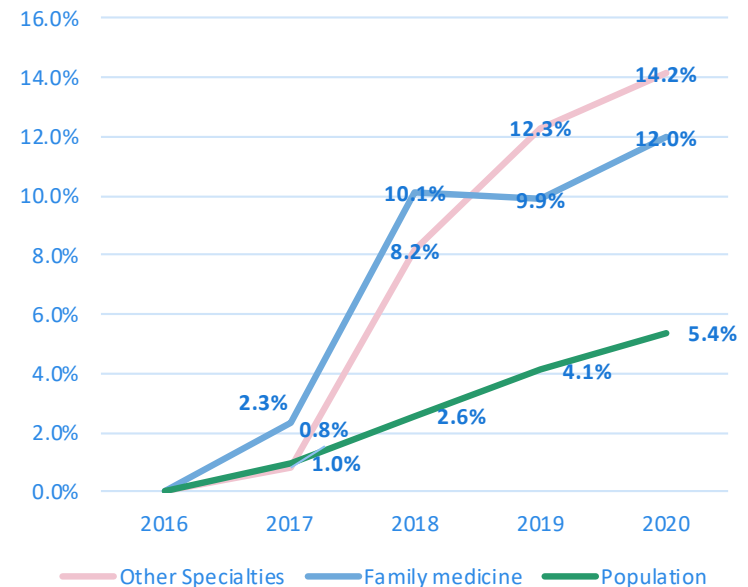
## Vacancy Rates by Department



# MSHR Plan: Macro Trends

- **Strong service demand growth** will continue due to demographics and other factors
- Provincial **priorities and investments** are influencing workforce demand
- Workforce development must support and align with social imperatives: **meaningful reconciliation, equity, service accessibility** for all
- Historic **gender imbalances** are **correcting** over time
- Overall, **the workforce is increasing and getting younger**
- Provider practice patterns are rapidly evolving

Island Health: Physician Headcount vs. Population Growth over 2016



# Priority Medical Staff Departments

*Selected for strategic focus and attention in the near term*

Primary Care

Anesthesiology

Psychiatry

## Considerations

- Impact to patients and communities
- Current and projected supply/demand gaps
- Generalized recruitment challenges
- Rapidly increasing patient and population health needs
- Connection to provincial and regional strategic priorities

# What's Next?

1. **Finalize MS Plan – HAMAC consideration in April and Board endorsement later this year.**
2. **Focused Workforce Development Approach for Priority Departments:** Work with priority departments to identify and act on near- and longer-term opportunities.
3. **Build a Province-Leading Medical Staff Recruitment System:** reinforce candidate pipelines and empower departments to attract the best candidates
4. **Leverage Provincial Resources and Opportunities for Collaboration:** Clear alignment and interface with provincial HHR planning and coordination
5. **Update and Extend MSHR Planning:** Immediate launch of an enhanced 2022/23 planning process

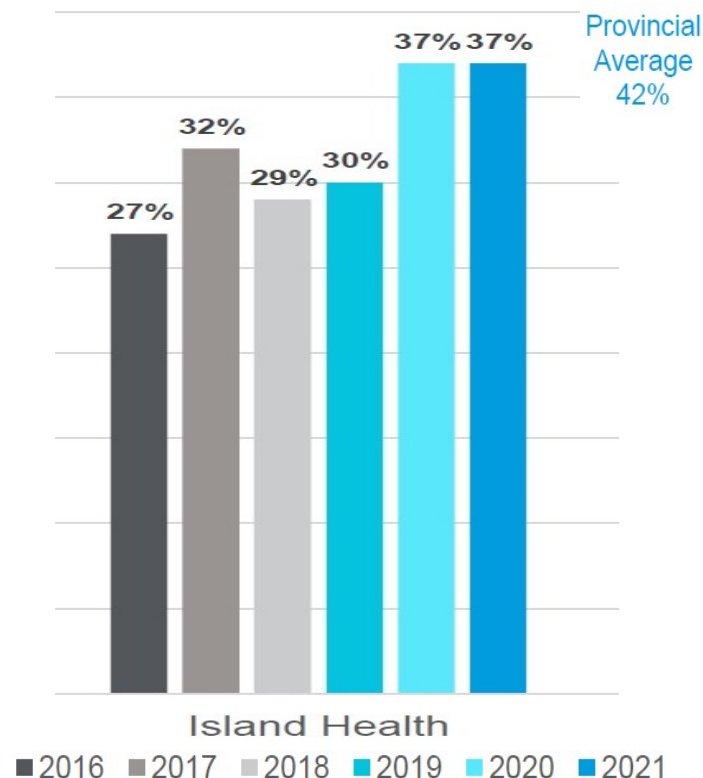
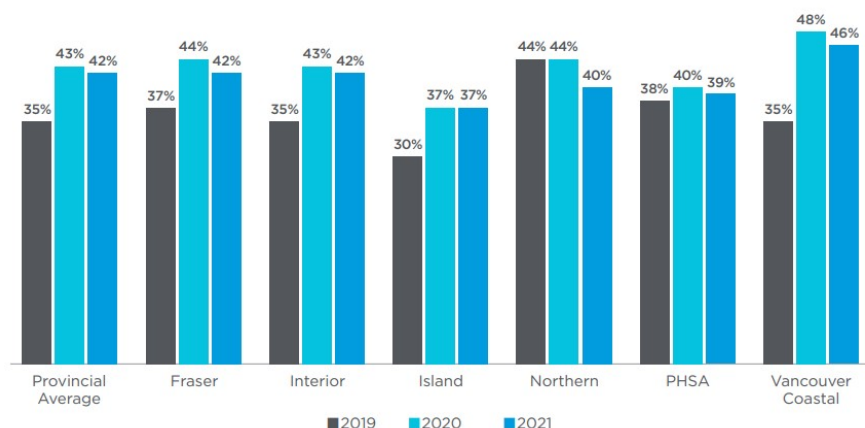
# Medical Staff Engagement

# Doctors of BC – 2021 Health Authority Engagement Survey Results

## PROVINCIAL OVERVIEW

### OVERALL ENGAGEMENT TRENDS

Average scores for the same nine engagement questions asked in previous years

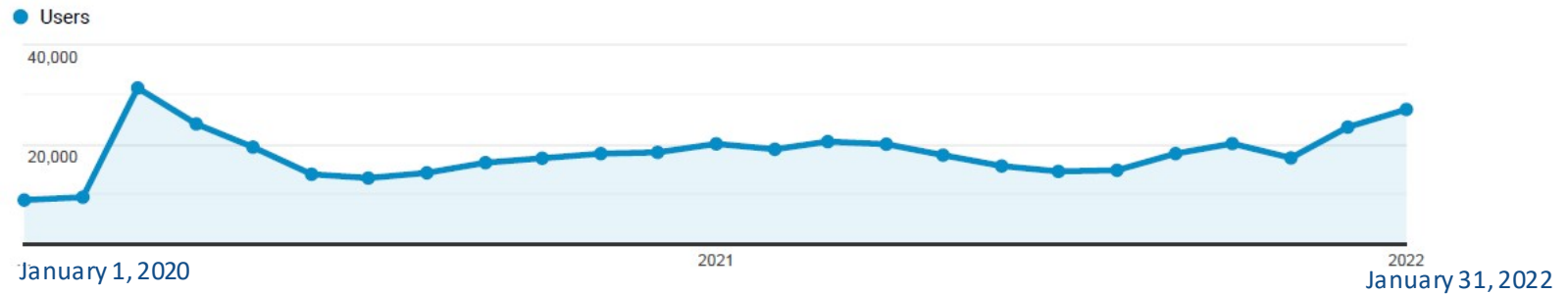


<https://www.doctorsofbc.ca/advocacy-policy/engagement/health-authority-engagement-surveys>

# Medical Staff Website

Jan 1, 2020 - Jan 31, 2022

## Overview



205 %  
Increase  
in  
Website  
Users

Increase in Website Users Pre-Pandemic versus Post-Pandemic

Jan 1, 2020 – Jan 31, 2020, Monthly Average Users: **8,835**

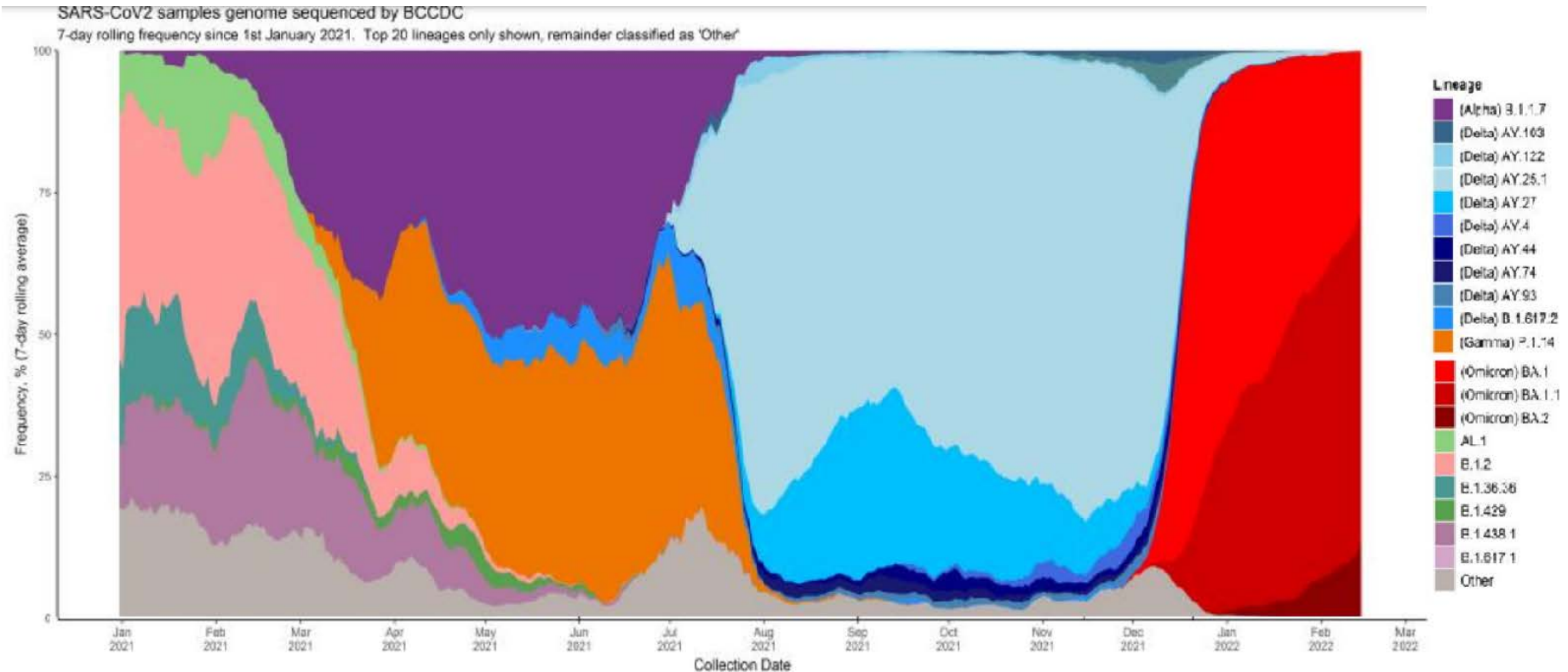
Jan 1, 2022 – Jan 31, 2022, Monthly Average Users: **26,947**

<https://medicalstaff.islandhealth.ca/>

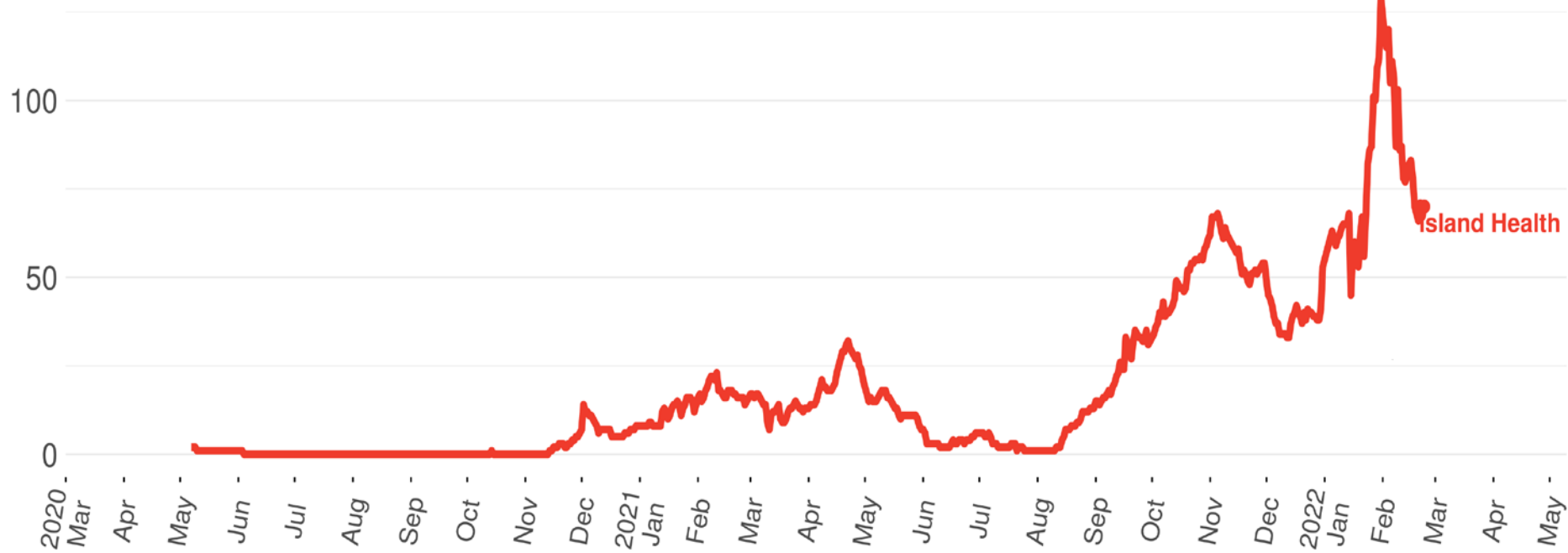


# COVID-19 Update

# SARS-CoV2 Variants, BC, 2021-2022



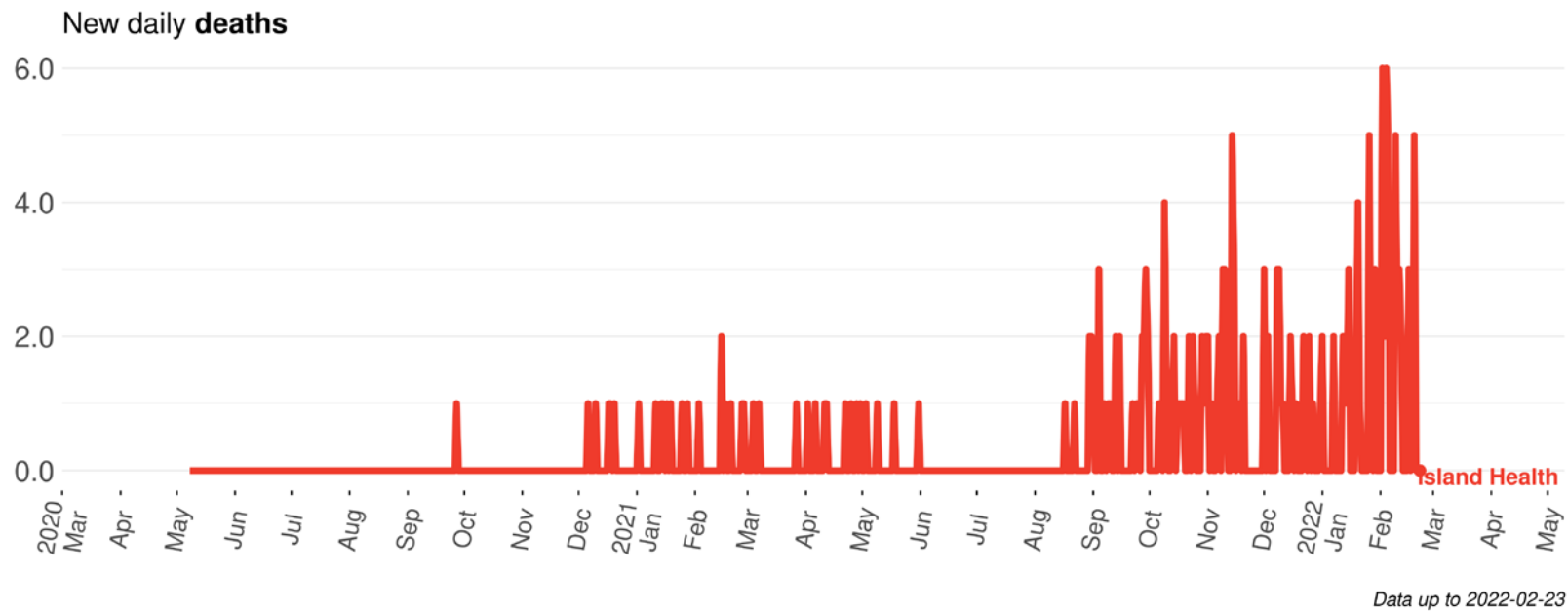
## New daily hospitalization census



Data up to 2022-02-23

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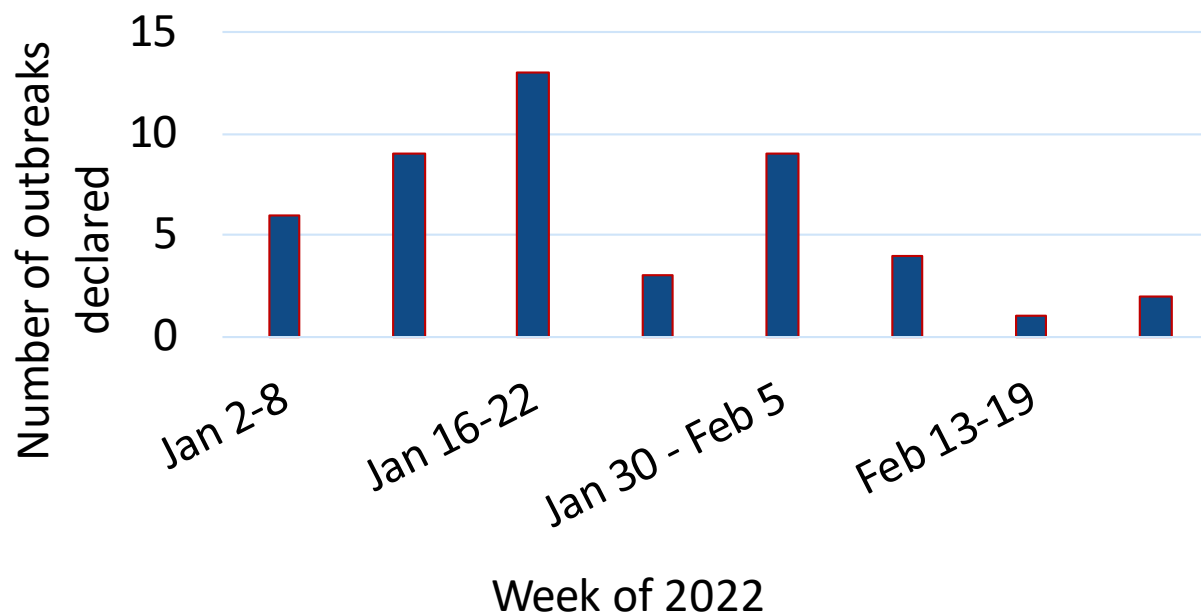


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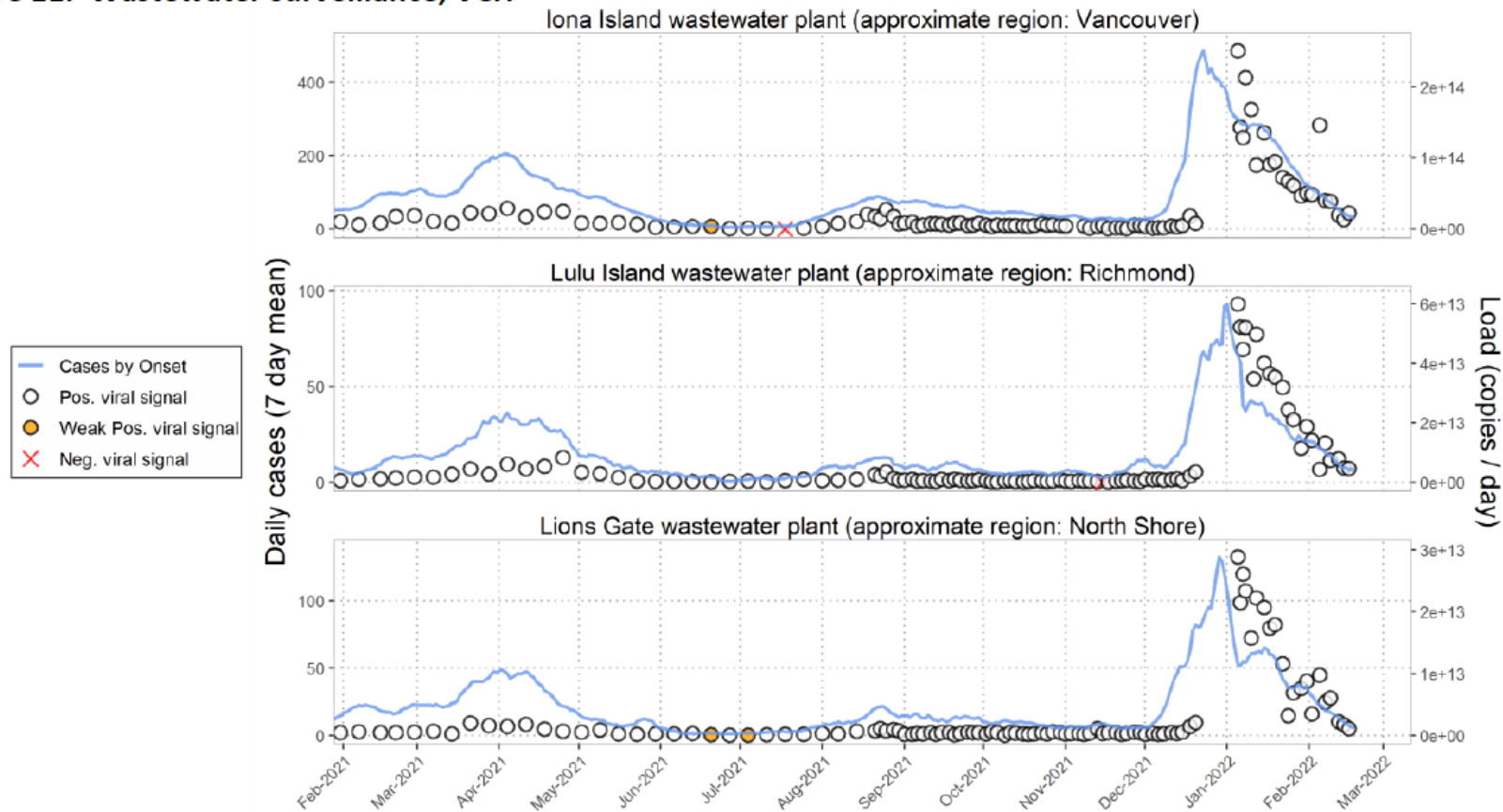


# COVID-19 outbreaks in LTC, 2022

Summary of LTC COVID-19 outbreaks declared in 2022 (as of 28 Feb 2022)						
		resident cases				
	number of outbreaks	total	average (range)	deaths	case fatality rate	average length in days (range)
over	37	397	11 (1-43)	10	2.5%	16 (5-35)
active	10	250	25 (4-49)	8	3.2%	24 (1-45)
<b>total</b>	<b>47</b>	<b>647</b>	<b>14 (1-49)</b>	<b>18</b>	<b>2.8%</b>	
<i>all COVID-19 related deaths in Island Health in 2022</i>				62		
<i>percentage of deaths related to LTC OB</i>				29.0%		

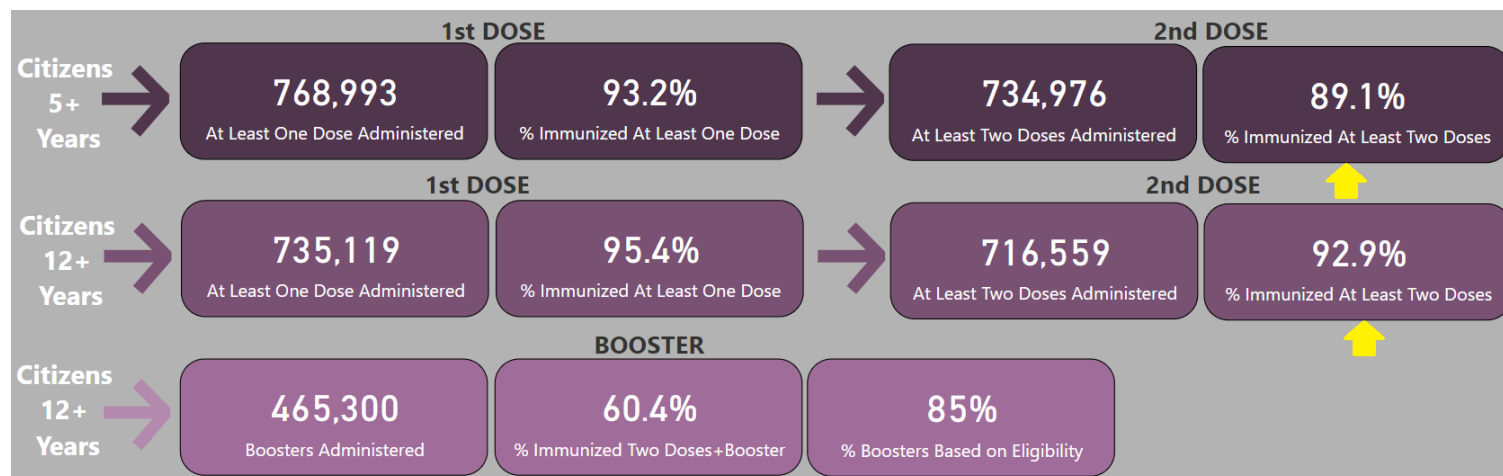


**Figure 11. Wastewater surveillance, VCH**



# Immunizations

## Vaccine Coverage – Vancouver Island



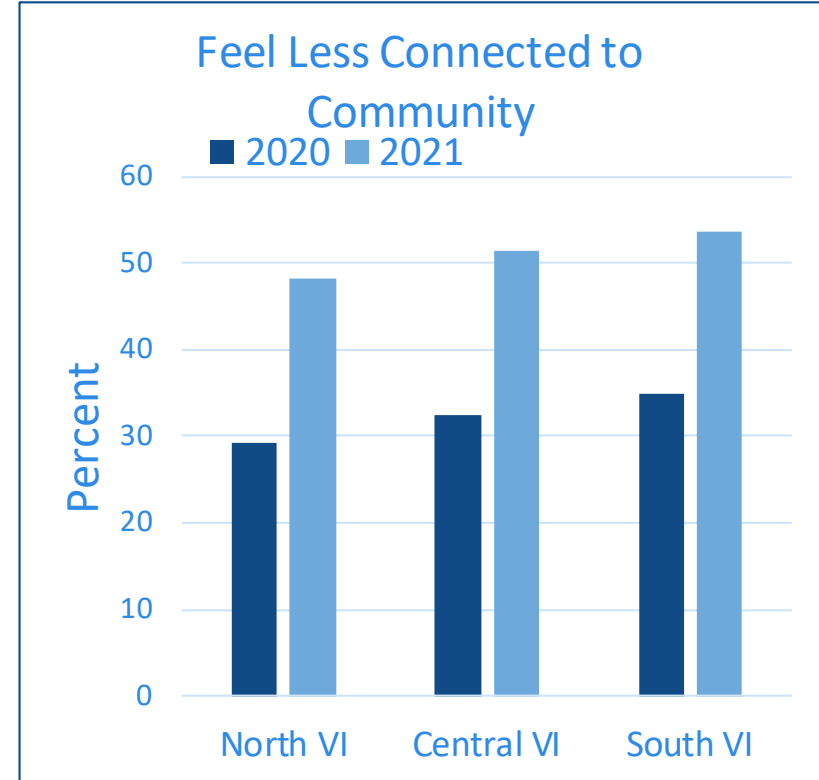
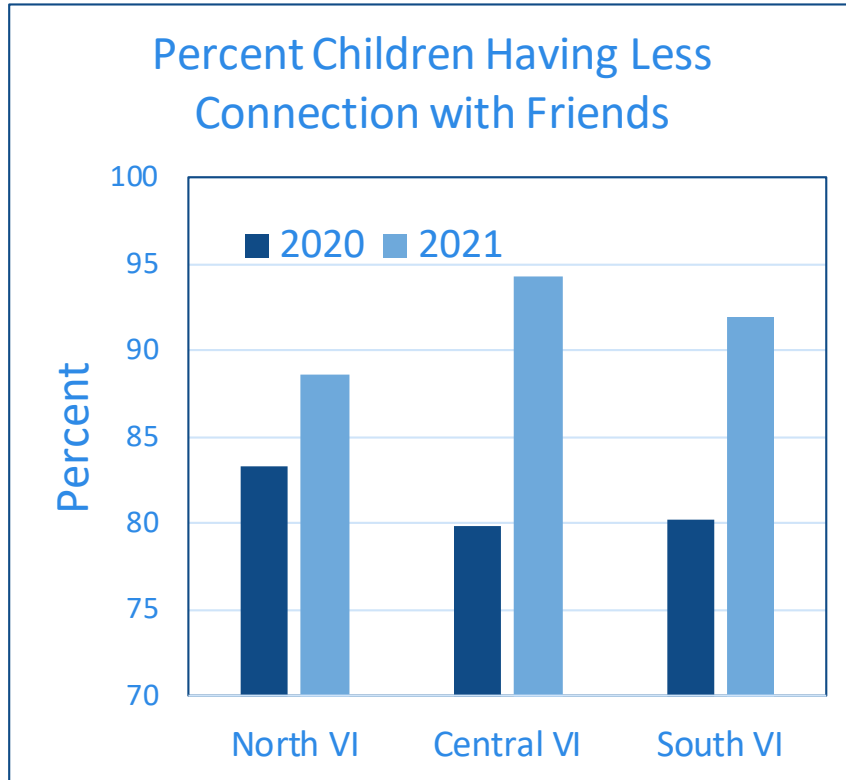
- mRNA Vaccine Effectiveness - Booster Dose:
  - some increased protection against symptomatic Omicron infection
  - 90% VE against hospitalization
- New Vaccines:
  - Novavax (Nuvavaxoid);
  - Medicago (Covefenz)

# Antiviral Treatment

- Paxlovid (Pfizer)
  - *Effectiveness against severe disease close to 90% in those at high risk*
  - Start within 5 days (ideally 3) after illness onset
  - Significant interactions – need for pharmacy consultation
  - Availability rolled out in 4 waves in BC.
    - Now available to all clinicians
  - **Further information:**
    - Doctors of BC website – includes webinar
    - BCCDC website



# Impacts of Pandemic on Social Connections



Data from BC Public COVID-Speak Survey, 2020, 2021

# Top Organizational Priorities

- Being a great place to work.
- Organizational quality initiatives
- BPMH
- Primary Care