

ECBC Physician Reference Group Meeting

November 14, 2023

In attendance:

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| <input checked="" type="checkbox"/> Dr. Todd Ring-ECBC (<i>Co-chair</i>) | <input checked="" type="checkbox"/> Dr. Aron Zuidhof – IHA (<i>Co-Chair</i>) | <input checked="" type="checkbox"/> Lori Korchinski - ECBC |
| <input checked="" type="checkbox"/> Dr. Jim Christenson – ECBC | <input type="checkbox"/> Dr. Craig Murray – FHA | <input checked="" type="checkbox"/> Dr. Eric Grafstein- VCH/PHC |
| <input type="checkbox"/> Tandi Wilkinson – IHA | <input checked="" type="checkbox"/> Dr. Monika Wojtera - FHA | <input checked="" type="checkbox"/> Dr. Ka Wai Cheung - VCH/PHC |
| <input checked="" type="checkbox"/> Dr. Tony Kwan - IHA | <input checked="" type="checkbox"/> Dr. Justin Flynn - NH | <input type="checkbox"/> Dr. Jeff Yoo – VCH/PHC |
| <input type="checkbox"/> Dr. Jeffrey Beselt – FNHA | <input checked="" type="checkbox"/> Dr. Devin Spooner - NH | <input checked="" type="checkbox"/> Dr. Christine Hall – VIHA |
| <input type="checkbox"/> Dr. Gord McInnes – Doc of BC SEM | <input type="checkbox"/> Ray Markham – RCCBC | <input type="checkbox"/> Dr. Stefan Da Silva – VIHA |
| <input checked="" type="checkbox"/> Manpreet Khaira – MoH | <input checked="" type="checkbox"/> Jel Coward - RCCBC | <input checked="" type="checkbox"/> Garth Meckler – BCCH |

Delegates: Corrine Hohl for Dr. Ka Wai Cheung - VCH/PHC

Meeting Overview

The third meeting of the Emergency Care BC Emergency Physician Reference group occurred on Nov 14, 2023. Meetings will occur monthly on the second Tuesday of each month from 7:30 – 8:30 am.

The primary purpose of the Emergency Physician Reference Group is to foster knowledge exchange, collaboration, and networking amongst emergency physicians, MoH and HA emergency medicine leadership.

The EPRG aims to:

- Identify and understand current opportunities and challenges in the provision of emergency services across BC.
- Identify and understand issues core to emergency physician providers including issues pertaining to recruitment, retention, and provider wellbeing.
- Collaboratively identify gaps and prioritize solutions to current challenges in the provision of emergency care, including but not limited to emergency department overcrowding, health human resourcing (HHR), rural ED closure/diversion, and provider wellbeing.
- Identify key issues and priorities for First Nation communities who access emergency departments across BC.
- Identify key issues and priorities for rural and remote populations who access emergency departments across BC.
- Identify key issues and priorities for underserved groups who access emergency departments across BC.

Membership of the ERPG includes:

- ECBC Medical Director (Co-chair)
- ECBC Executive Director

- MoH Executive Director Acute Services
- Health Authority Emergency Medical Directors (Co-Chair)
- Doctors of BC SEM Rep
- RCCBC Rep
- 2 representative Emergency Physicians from each BC Health Authority including one urban and one rural provider
- Ad hoc members (at discretion of CO-Chairs and EPWG)

Items Discussed:

1. **Review of Action Log.** See below with updates from this meeting.
2. **EPWG Terms of Reference:** Final version of Terms of Reference were circulated.
3. **Mental Health Form 4/5:** SEM brought forward concerns to the changes to Mental Health ACT—Form 4/5 process as outlined in letter attached from BC SEM to Ombudsperson. Dr. McInnes (President SEM) requested discussion at EPWG around these concerns. Ombudsperson recommended a review of the Form 4/5 process to ensure compliance with Mental Health Act. Changes include:
 - a. Updating to Form 4 to 4.1 (Involuntary admission) to ensure specific requirements for involuntary admission are completed. The updated form needs to be in place by the end of January 2024 and Health Authorities are responsible for ensuring the new form 4.1 is in place.
 - b. Completion of Form 5 by emergency physicians. Form 5 (Consent for Treatment) is now required to be completed by emergency physicians (and psychiatrists) prior to the initiation of treatment under Form 4. The BC SEM opposes the completion of the Form 5 by emergency physicians for the reasons outlined in the letter to the Ombudsperson. The SEM is also concerned that they have not received a reply in response to their letter.

There was general agreement that the changes to the Form 4 will not significantly affect emergency physicians although there will be a learning process in adopting the new Form 4. There was a range of views concerning the completion of Form 5 from the EPRG members. There was consensus that the completion of Form 5 should enhance patient care and not simply be an administrative task. Completion of the Form 5 also adds to the increasing burden of administrative duties that are creating burnout amongst ED providers. There was also consensus that ED providers cannot be responsible for setting the psychiatric care plan for patients being detained under a Form 4 for care beyond their initial treatment and stabilization in the emergency setting. VCHA has created an electronic template to allow Form 5 to be completed using a standard electronic template. This seems to be working for VCA as compliance rates are high with Form 5 completion. VIHA has also developed a process where ED physicians complete Form 5a for immediate ED care and psychiatry completes Form 5b for intermediate/longer term care.

While the group viewed the creation of templates as achieving the administrative requirements under legislation, the group generally does not see this as enhancing patient care or safety. Clarity on whether ED physicians are required by law to complete Form 5 is also needed. Also clarity is needed on whether a standard template is acceptable to fulfill legal requirements. Other HA's (IH and FHA) have not rolled out, or there is confusion around, the process to have ED providers complete Form 5s.

There was agreement that ECBC could play a role in facilitating this process and sharing best practices across HA's. Furthermore, ECBC is meeting with the Ministry of Mental Health around the Form 4/5 process and next steps.

ACTION:

- ECBC to meet with Ministry of Mental Health to obtain clarity on current process, timeline and next steps.
 - ECBC to collate and share current practices and templates currently being used in VCH and VIHA around a standard template for both electronic and paper based sites.
 - ECBC to assist with obtaining clarity around legal requirements for form 5.
4. **ECBC Strategic Action Plan:** ECBC held an in person meeting on Oct 20th, 2023 to assist with partner engagement in developing ECBC Strategic Action Plan. The content provided at the EPWG meeting was incorporated into meeting discussions and will continue to be used as ECBC develops our multi-year Strategic Action Plan. We will bring the initial draft of the Strategic Action Plan back to the EPWG for feedback and review.
5. **ECBC Locum Pool:** An overview of the current state of the ECBC locum pool was provided. Some notable updates on ECBC Locum Pool:

Overview:

- a. Recruitment
 - i. Recruitment started Sept 1, 2023
 - ii. Information letter through the HA Leads to distribute among their physicians
- b. 145 physicians currently in the pool
- c. Pool Impact (as of October 17)
 - i. 8 shifts have been filled, averting ED closure – all in IH
 - ii. 3 shifts are booked for the near future – all in IH
 - iii. 19 shifts are pending confirmation
 - iv. IH - 6 shifts
 - v. NH - 3 shifts
 - vi. VIHA - 10 shifts
- d. ~6 shifts declined by locum after receiving compensation information

Challenges:

- a. Compensation
 - i. Need for standard compensation
 - ii. ? Locum APP rate
 - iii. Ensure we are not competing against local physicians or rural locum.
- b. Privileging and Credentialing
 - i. Need to streamline process.
 - ii. Most HAs have efficient process for physicians who hold privileges within HA and even across HAs if they are in good standing.

- iii. Differences in privileges granted (locum, temporary, provisional) for same category of physicians across HAs.
- c. Travel and Accommodation
- d. Flexibility
- e. Need to standardize travel costs and expenses, including travel time.

Next Steps

- a. Completed 2 focus groups with physicians who have expressed interest in the locum pool
 - i. Collating feedback around barriers and opportunities
 - ii. Provide feedback to MOH/HA leadership
- b. Develop recommendation around future state
- c. Prioritization matrix

Action log:

Action Description	Owner	Due Date	Notes/Comments
Update TOR to include accountability and reporting as discussed <ul style="list-style-type: none"> o Terms of Reference: Terms of Reference were again presented to the EPRG and with final input being sought o Todd to circulate final version of TOR for EPWG 	Todd Ring	Completed	
ECBC to continue to work on rural locum pool and will report back to EPRG	Todd Ring	Ongoing	
Continue to fill EPWG membership ensuring diversity of membership	Todd Ring	Ongoing	
Include feedback when developing ECBC strategic plan	Todd/Lori	Completed	
Share draft strategic action plan with EPWG when complete	Todd/Lori	Ongoing	
Share BC/AB Transport MOU details	Manpreet	Ongoing	