

The Pulse!

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There's an app for that!

How the RACE app is speeding up access to specialized care

When Dr. Sarah Chritchley sees a patient, sometimes she needs advice from a specialist. But, the case isn't necessarily an emergency or worth interrupting a doctor on call. She now relies on the RACE app and it's helping her treat her patients better and faster. "It's fantastic," she says. "I can't believe more people aren't using it."

The Rapid Access to Consultative Expertise (RACE) app has been available for family physicians and nurse practitioners on Vancouver Island since December 2015. It provides easy access between family physicians and specialists, who answer calls through an organized rotation. Response times can be a couple of minutes, but it's expected a physician will receive a call back within two hours.

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Dr. Sarah Chritchley

Kathy Ilott, Shared Care Lead for the Partners in Care Initiative says the app has been a work in progress since it launched, but doctors and specialists are getting used to it and are starting to use it more frequently. "It's turning out to be a win-win for both sides-- patients may have their healthcare issue dealt with faster than waiting for a specialist appointment, and specialists can reduce the number of patients they are seeing with more minor issues."

Physician Lead on the project, Dr. Michele Fretz agrees. "It's great. You can call and get a phone consult within minutes. It often gives you the info you need to treat a patient without having to go through a referral."

Fretz says she's prevented at least a half dozen patients from having to be referred out of her office. For her practice, she's found RACE access to internal medicine particularly useful. Chritchley says she's seen great success using it for psychiatry. "If I have questions about changing a patient's medication or adding to their existing meds, the quickest way to getting the information is to use the RACE app. A referral to a mental health center could take a couple of months. This way, I can treat the patient almost immediately and free up time and space in the mental health clinic." *(continued on pg. 4)*

When the Office Manager of the Bayside Medical Centre in Brentwood Bay, Katie Thompson, was starting out in her role, she knew the office could be operating differently-- she just didn't know where to start. That's why she called Practice Support with the South Island Division of Family Practice.

Erica Kjekstad with the SIDFP travels to offices around the region to help them identify the areas that typically slow practices down. Her job is to help streamline operations. "One of the things I love about my job is the scope of help I'm allowed to give. For some offices, reducing expenses might be the biggest need, while others may need help navigating the system," she says.



Operating Efficiently 101

In this case, Erica sat in the waiting room and observed. She was able to offer tips and hints immediately on what she saw-- bottlenecks at the check-in window and runner station, as well as flow and efficiency issues. Once those were identified, changes were easy to implement and made a big difference. "In that first encounter, I realized we have a great resource at our fingertips," says Thompson.

We asked Erica for some of the most common characteristics of efficiently run practices. She says while each office faces different challenges, there are themes that run through the most successful offices.

Hire and train the right staff- The most productive offices have the right people who are trained to a specific job, although they can also wear many hats. Medical Office Assistants are patients' first point of contact and are a key member of the office's health care team. Making sure offices hire and train friendly, efficient staff will ensure smooth operations and happy patients.

Cut out the middleman- Many offices have at least one process in place which duplicates work. Making the most efficient use of doctors' and patients' time in the office makes for smooth appointments. That includes having a clear idea of the reason for visit before a physician walks into the exam room. Pre-filling a form or rolling up a sleeve for a flu shot are seemingly little things that can add up to big time savings.

Consider outsourcing- Sometimes, it's not just a physician who can help patients. Offices that work with nurses, pharmacists, and other Allied Healthcare Professionals in practice can ensure that patients see the right person for their needs and make the practice run efficiently and smoothly.

Let technology help- In today's digital world, there are so many ways that tech is integrated into doctors' offices. While some offices are incredibly organized using paper charts and handwriting, most use Electronic Medical Records which give all team members the information they need to provide care. Patient self-education tools are available through FETCH and Pathways. Some offices even email appointment reminders!

Take advantage of physician supports- There are incredible resources available to physicians that can make a big difference. The Regional Support Program offers fantastic learning opportunities to family physicians. The RACE app (see other article) is helping physicians quickly partner with specialists for improved patient care. Physicians can get easy and timely help with Island Health resources through the Physician Connector line.

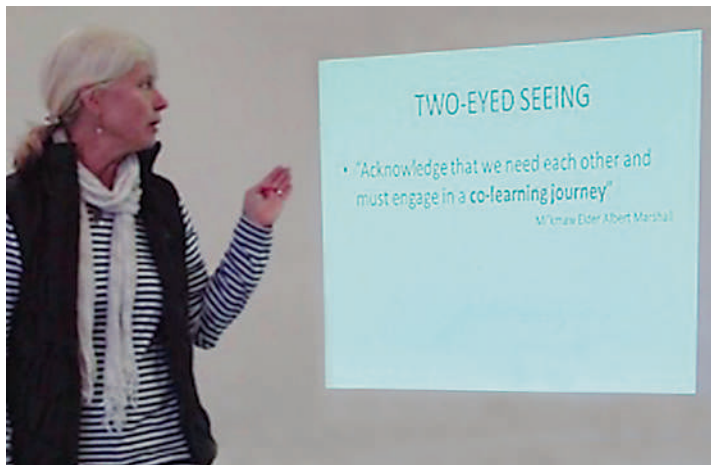
That first visit with the Bayside Medical Centre was so effective, Thompson and the doctors have come to rely on that third party view to solve all sorts of challenges they face-- whether it's finding a new employee, helping with protocols, or looking for answers to complicated questions.

Dr. Mark Sherman is still relatively new to the ownership of Bayside Medical Centre and actively helps navigate problems. "We are learning and growing as we go. The support we receive from SIDFP to help us with any challenge we face is invaluable."

If you know an office looking for help, Erica can be reached at erica.kjekstad@sidfp.com.

The WSÁNEĆ Journey Home Project

Developing relationships with First Nations communities to improve Palliative Care



Dr. Leah Norgrove

When a First Nations individual is in his or her last hours, a hospital room can look more like a family reunion than a place of mourning. It's a long-standing tradition in First Nations communities to be with someone when they pass, accompanying their "journey home".

"We want them to know they are loved," says Maryann Daniels, Health Coordinator for the Pauquachin First Nation. "We want them to leave this life, surrounded by family and friends supporting them, not crying at their bedside."

That is one of the many lessons Daniels was able to teach healthcare workers as part of the Journey Home Project, an effort started by some staff at the Saanich Peninsula Hospital's Palliative Care Unit and the Aboriginal Liaison Nurse. Island Health staff wanted to know how to best support First Nations community members at the end of their lives whether they're in the Palliative Care Unit or at home.

With its proximity to several First Nation communities, the South Island Division of Family Practice wants to work with members successfully. They developed a Transitions in Care initiative to prioritize those relationships. "One of the biggest challenges we face is a lack of trust and communications between clients and healthcare providers," says Michelle Ham, TiC lead on the Saanich Peninsula. "Efforts like the Journey Home Project tackle those challenges for a specific cause."

The goals of the Journey Home Project were to increase palliative care capacity in the WSÁNEĆ community, to care for their own community members at home, while also increasing cultural competency for the doctors, nurses and home support workers and a comfortable familiarity with local Indigenous culture and tradition.

Dr. Leah Norgrove was the lead physician on the project. She is also the medical lead for the Palliative and End of Life Program for Island Health

on the Saanich Peninsula. Although she had consulted with First Nations communities previously, she says there was just a sense that the palliative care services were not always experienced as culturally safe or open to Indigenous traditions and ceremonies.

"We wanted to learn how to embrace Indigenous traditional ways of caring around end of life into our medical care," Dr. Norgrove says. "By developing cultural competency and building relationships with WSÁNEĆ patients, their families and caregivers-- medical staff can better understand how to support the communities to care for their own people and work together with them in a 'circle of care' around patients."

In 2014, Dr. Norgrove and the Aboriginal Liaison Nurse at Saanich Peninsula Hospital, Jane Fox, began to initiate conversations with First Nation community members to learn the best ways to be respectful and

"We have been sharing in a co-learning journey, together with our WSÁNEĆ partners."

Dr. Leah Norgrove

help patients and families feel comfortable and supported in the hospital and at home.

Two years later, the Journey Home Project received an Aboriginal Health Initiative Program grant from Island Health for \$42,000 to develop more formal planning sessions and educational initiatives for both First Nations communities and medical professionals. In addition, Island Health, The BC Centre for Palliative Care, and the Saanich Peninsula Hospital Foundation all contributed funds to ensure this project reached its goals. The SIDFP Transitions in Care initiative contributed all of the physician funding which made it possible for nine physicians to participate in the LEAP training, learning circles, and cultural training as well as build the palliative care team.

The relationship building between the Journey Home participants, the SIDFP, the WSÁNEĆ community and the Saanich Peninsula Hospital has been a powerful step forward in developing better understanding and trust between individuals. "Removing the barriers to the best care we can provide has created a win-win for patients and caregivers," says Ham.

For Dr. Norgrove, another lesson she learned had less to do with medical care and more to do with relationship and trust building. "We have been sharing in a co-learning journey, together with our WSÁNEĆ partners."

This has meant building awareness at the historical and contemporary relationships between Indigenous and non-Indigenous peoples in Canada as they impact on health care inequities including palliative care services. Says Dr. Norgrove, "It has also meant the privilege of listening to community members share Indigenous ways of knowing and teaching about end of life through storytelling."

Maryann Daniels says she took part in the Journey Home Project at every stage-- through community learning circles and sharing her experiences losing both her parents. She says she had a lot to offer the project and it was time well spent that she hopes will benefit all First Nations people on the south island. "I feel non-Indigenous care providers now better understand how and why dying is a sacred part of our culture."



Dr. Anton Rabien

Dr. Anton Rabien is a physician in Sooke at the West Coast Family Medical Clinic. It's a multidisciplinary clinic which includes various visiting specialists, Health Authority staff (including a dietician, nurse, and medical social worker), and an ever growing complement of residents and medical students. While he initially wanted to study architecture, he ended up majoring in chemistry before ultimately considering medicine. Along with his career, he's passionate about surfing, skiing, and riding bikes.

1. **If you had to live somewhere other than Vancouver Island, where would it be?** New Zealand.
2. **Guilty pleasure?** Cancelling my office, on occasion, without much notice, to chase surf.
3. **What is the one thing you wish your patients knew?** How many hours I spend a week outside of direct patient care, doing all the other things we do to care for our patients.
4. **What do you consider your greatest achievement?** Podium finish in the Tansky Titan Hare Scramble last month (full disclosure: it was the senior amateur class, but hey, it was my first ever motorcycle race, and a trophy is a trophy!).

5. **Which movie or book can you rewatch or reread without becoming tired of it?** Occasionally I'll re-read the last few pages of a book...but that's about it.
6. **What hobby would you most like to take up but you can't (yet) because you don't have enough time?** I can't think of anything...I'm pretty good at finding time to play.
7. **What is your fondest vacation memory?** Spent a month skiing in Switzerland last winter with Tracy and our kids.
8. **What is something that can't be taught and can only be learned with age?** A well-developed sense of skepticism.
9. **What three events made the biggest impact on who you are today?**
 1. Buying my first wetsuit and surfboard when I was fourteen... a lot of my life decisions, for better or for worse, have been based around surfing.
 2. Watching my younger brother lose an arm in a workplace accident while we were both still in high-school.
 3. Meeting my now-wife Tracy.
10. **What is society doing now that in 20 years will be laughed at and ridiculed?** Spending so much time glued to our phones.
11. **What philanthropic or social cause is important to you? Why?** Supporting MSF (Médecins Sans Frontières) for obvious reasons. I'd like to volunteer eventually, once my kids are off to college.
12. **What's one small thing you would tell people to do each day that would greatly improve their life?** Exercise more!

There's an app for that! (continued from pg. 1)

While critics might suggest that the app is an added task for specialists, it's one they're happy to embrace. Often, the specialist will agree to do a day of RACE calls while catching up on paperwork. Gastroenterologist Dr. Kevin Rioux says the conversations they have with family physicians are incredibly useful. "You don't understand the nuances of a case through a referral form. These phone calls add context and can help us serve patients more comprehensively."

Because of its success, several new specialties are signing on to take part (including obstetrics and palliative care), and the app now supports 360 general practitioners and residents, 40 nurse practitioners, and 110 specialists in 14 specialties.

In 2016, the app was averaging just ten calls per month. One year later, that number jumped to 24 and now sits at 36. With more specialists

and doctors registering every day, it's expected that those numbers will continue to increase this year, helping patients and doctors.

While the app has been available in Vancouver for some time, the local connection helps the population on the South Island. "I know most of these specialists," says Chritchley. "I've worked with them, and we know each other. This provides specialized local care in our community and it's working really well."



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