New Medical Leadership Structure

Fraser Health’s move to a program management model of care was taken to create an integrated, sustainable, efficient system that provides a greater focus on improving the health outcomes of those we serve.

The first step was to build a new clinical structure that integrates community and acute care across the continuum. This is why the clinical operational vice presidents (Barbara Korabek, Arden Krystal, and Marc Pelletier) lead portfolios that combine both hospital and community programs.

We developed a new medical leadership structure that aligns with program management, because program management depends on strong physician leadership. We completed consultation with physician groups before taking the proposed model, with associated Medical Staff bylaws and rules, to the Health Authority Medical Advisory Committee for review and recommendation to the Board.

To date, the status of recruitment to the positions is as follows;

**Head of Department (Local)** - the majority of these positions are appointed.

**Regional Department Head** - A search and selection process for the following Regional Department Heads is underway –

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UPDATE: 
Medical On-Call Availability Program

Medical On-Call Availability Program (MOCAP) remains the focus of much discussion among the medical staff and the administration in Fraser Health. MOCAP was established as a program to support the availability of specialists particularly in smaller centers. The focus is availability and any actual work is funded by MSP.

The current Provincial Memorandum of Agreement states the following with respect to MOCAP.

For each of the Fiscal Years from April 1, 2006 to March 31, 2012, the budget for MOCAP will be $126.4 million annually. Funding for Doctor of the Day will be allocated from this annual MOCAP budget.

Other key points:

- MOCAP will provide payment to physician(s) and physician groups who provide coverage for patients, other than their own or their call groups’, as required and approved by health authorities.

- Where MOCAP coverage is required, it is in the best interests of the population served that it be provided on a 24/7/52 basis. It is recognized that in some circumstances a health authority may decide to provide MOCAP coverage on some other basis.

The latter allows a health authority some flexibility where availability is determined by another existing arrangement. For example, if a sessional contract is providing for week day coverage, MOCAP might be constructed for evenings, nights and weekends.

Changes to provincial MOCAP policy

The guidelines governing MOCAP remain in place until the current Provincial Memorandum of Agreement (PMA) is renegotiated next year. In the past year, some changes to the MOCAP guidelines were agreed to by the BC Medical Association and the Ministry of Health Services.

The PMA requires a health authority to establish a MOCAP Contract Review Committee to determine the distribution of MOCAP funds within a health authority. Until this year, the PMA provided an adjudication process whereby individual physicians or groups could challenge the decision made by a Contract Review Committee. The BCMA and MoHS agreed to abandon the adjudication process but did not create an alternative one.

Fraser Health has made repeated submissions to the MoHS for increased MOCAP funds based on increased population growth and hospital expansions, such as Delta Hospital and the Abbotsford Regional Hospital. All requests have been turned down.

The requirement to work within the annual allocation poses significant problems. As programs grow and as new programs are established, Fraser Health must evaluate and redistribute MOCAP contracts each year. Options are limited at best. The addition of new contracts forces reallocation of funds from current contracts. This results in some groups having their MOCAP contracts decreased in value or discontinued.

For 2011 we will be asking our Medical Directors and Regional Department Heads to work with us as we plan for MOCAP allocation.

On-call obligations

Whether or not a physician or a group receives MOCAP, they are still required to abide by the Medical Staff Rules as they pertain to on-call availability. The Medical Staff Rules require individual
Doctors in the Know - July/August 2010

Fraser Health’s Forensic Nursing Services - Sexual Assault Nurse Examiner (SANE) program that assists in specialized emergency service for sexual assault victims, females and males, 13 years and older, is in dire need of physician support throughout the health authority. One of the seven physicians providing regular support to SANE is Dr. Shaun Tregoning of Abbotsford who talked about his role and why he is involved with SANE.

What is your role as a physician supporting SANE?
My role is to provide the results of testing that is done for the patient for things such as HIV, STDs, and hepatitis. I explain the test results and what it means for them.

Is that all you do for them?
Well, every one of these patients has individual needs. Sometimes they want to explain their whole story to me, and then there are others who just want to keep the topic to clinical information.

I have had a small number of patients who have been traumatized generically and need clinical help with that. It can be complex.

Do you ever get involved with the police or the courts?
No, because the initial examinations are not done by me. The SANE nurses are involved with the examination and taking samples after the assault. I am there as an after care physician.

Why do you do this work?
I have a strong drive and passion for physicians being involved in the area of sexual assault. I think it’s very important work.

Do you ever feel uncomfortable talking to a patient about a topic so difficult and personal?
Not really. When these patients come to see me, I try to judge what their expectation is for the visit. They have already received psychosocial support through the SANE program and I don’t want to invade their privacy. Having said that, if a patient suggests that they want to discuss what happened, I will certainly explore it with them.

Why wouldn’t these patients visit their own GP instead of coming to you?
Many of these patients have not told their closest loved ones about the assault yet, and many know their GP very well. I think they appreciate that I am detached from them because it makes them feel more comfortable to discuss what they need, and because it’s not likely I will ever see them again.

How do you find the time?
I have such a busy practice, but the impact of this work has been negligible, as I don’t see this group of patients very often. If you do have a passion for this issue, then you will probably be able to find the time to fit it into your practice.

Isn’t it better to have a female physician do this work if the patient is female?
I don’t believe it is a question of gender of the physician. You don’t have to be sexually assaulted yourself to understand and sympathize with someone who is a victim of assault.

What kind of physician is best suited to this work?
I believe it’s important they understand what women go through after being sexually assaulted and it’s also important that a physician providing this care has a commitment to women’s health issues and de-victimizing women in society. Even in this day and age, women still remain vulnerable to sexual exploitation.

How would a physician know he/she is suited to doing this kind of care?
I think you need to feel comfortable with people being brisk and reticent about talking with you, and not take it personally. And you’ve got to be comfortable with traumatized people who are walking the path they need to walk with you as an invited guest on their pathway, rather than you leading the path.

If you are a physician interested in supporting this service, please contact the FNS - SANE program at Abbotsford Regional Hospital 604-851-4700, ext. 646147. Or email Lisa.Creelman@fraserhealth.ca

Submitted by: Ellen Baragon, Communications Leader

“Working with SANE allows me to do what I’ve been trained to do which is to be of assistance to people. And because I have a passion for justice.”

- Dr. Shaun Tregoning
There’s No Place Like Home, Says Research
Alternative Level of Care for Home Health

Research says that patients recoup better at home than anywhere else as long as they have the right supports. Yet statistics show that Fraser Health is sending frail, elderly patients to residential care much too soon. The average length of stay in FH residential care is 2.5 years compared with other regions where the average is 1.9 years or less.

Fraser Health’s Residential Care services operates at an average 99.8% occupancy. The longer patients stay in hospital waiting for a bed in a residential facility, the more likely they will pick up infections, lose mobility and suffer cognitive impairment.

To find solutions, Home Health and Medicine are now collaborating on a pilot to re-introduce the use of the Alternate Level of Care designation ALC-Home Health. The goal is to encourage caregivers to first seek Home Health assistance for a frail, elderly patient before starting the assessment process to send the patient to residential care. The pilot is following the Fraser Health philosophy that ‘Home is Best’ as a place for people to recuperate.

“With this pilot project we have the opportunity to improve acute capacity by increasing our focus on supporting patients to go home with supports and/or to wait to be assessed for residential care, if that is the only alternative,” says Carl Meadows, Director of Home Health.

The pilot began June 14th in the Medicine program at Burnaby Hospital and Surrey Memorial Hospital, both of which have some of the longest lengths of stay in Fraser Health.

Says Director of Medicine Nicole Quilty: “This pilot will emphasize that patients are to be seen as home-bound, possibly with supports, unless there is a compelling, documented, reason why that is not possible.”

Submitted by: Bonnie Irving, Communications Leader

Above and Beyond Award Winners

Fraser Health’s Above and Beyond recognition award program received a record number of nominations this year—with some 400 people nominated by other employees, physicians and volunteers. In total 38 people were awarded Above and Beyond trophies, either as individuals or as part of a team, in one of six categories:

Geoff Crampton, Vice President of People and Organizational Development, hosted the awards ceremony with assistance from Executive Director of Professional Practice Gillian Harwood and Executive Assistant to Mr. Crampton, Sharon Fraser. CEO Dr. Nigel Murray presented the winners with their trophies. The awards ceremony took place at the last Directors Forum which was held June 24th at the Guildford Sheraton.

Trophy winners were:

- Service Delivery Excellence: Langley Lifeline Volunteer Team, Dr. Wade Sabados, Douglas Bonson
- Creativity and Innovation: Delta Residential Care Team, Theresa Martin, Doug Spink
- Positive Work Environment: Evguenia Tocheva, Lina Scigliano
- Evidence-based Practice: Dr. Sayeeda Hudani, Quinn Danyluk, Dr. Theo DeGagne
- Collaborative Partnerships: H1N1 Pandemic Emergency Operations Committee, Monique Laflamme, Judie McCrindle
- Living Our Values: Dr. Zenon Cieslak, Barbara Armstrong, Cindy Gagne

Submitted by: Bonnie Irving, Communications Leader
By all accounts Research Week was successful with a satisfaction rating (very satisfied/satisfied) of 98.3%. We thank those of you who were able to take time from a busy schedule to come and learn about how to conduct a Cochrane Review to find the best evidence, think about program evaluation in a complex setting, learn about research funding opportunities from the Canadian Institutes of Health Research, hear our Fraser Health researchers and affiliated academic researchers present results from their ‘close to practice’ research, or review best practices for the conduct of clinical trials.

As one participant stated, “I was very impressed with all the presenters on Wednesday — how dedicated and how much “real life” research goes on daily in FH that can improve the lives of our patients & clients. I came away with a whole new perspective on ‘research’.”

We hope that our Department of Evaluation and Research Services can help others become involved in research-related activities as FH pursues its strategic imperative of being an ‘academic healthcare organization’. Please see the attached link for the featured Research Week presentations. http://research.fraserhealth.ca/education/research_week/2010_presentations

Submitted by: Susan Chunick, Director, Department of Evaluation and Research Services

“...I came away with a whole new perspective on ‘research’.”

MOCAP

physicians to ensure that they have arranged for another physician to be able to care for their patients when the attending is not available. As well, regional departments or groups are required to provide an on-call roster to the Emergency Departments and post that roster on the FHA on-call scheduler available on the intranet, whether or not they receive MOCAP. The College of Physicians and Surgeons is clear as to the obligations of a physician or a group of physicians with respect to availability as outlined above. This expectation was confirmed by the Board of the College when the Board approved the Withdrawal of Physician Services Policy dated March 2010.

Current Disputes

At the time of writing, several call groups remain in dispute. Areas of dispute include the level of MOCAP expected -1 vs 2. Our position is based on the usual required timeframe for attendance. All MOCAP levels refer to availability to attend within rather than at a time after the call. We recognize that there are occasions when rapid attendance is required and, if a member of the medical staff needs to see a patient immediately they will do so.

However, if that justified level 1 MOCAP for those few occasions, other levels would become redundant.

In some circumstances, groups were being paid more than once for the same availability. We see this circumstance as detracting from our ability to fund other groups. As well, some groups are contesting the contract language within the BCMA approved contract template.

Fraser Health is keen to resolve disputes by looking at MOCAP as part of the service required rather than, as some see it, a statement of value or respect for the physician.

Next Steps

The Medical Affairs team understands the frustrations and concerns of many of the medical staff. Unfortunately, the PMA passes responsibility for managing MOCAP on to the health authority within the guidelines set by the BCMA and MoHS. We share the desire to see MOCAP better reflect Fraser Health’s continued growth. We will share our suggestions for changes to the MOCAP program with the BCMA and the MoHS prior to the renegotiation of the PMA.

Submitted by: Dr. Tom Ward, FH Executive Medical Director
In Fraser Health the need for blood equates to about 38,000 units of blood annually. It is blood that Fraser Health uses every year to improve or save the lives of our patients. One unit of blood has the potential to improve or save the life of up to three people in Fraser Health alone.

That could mean as many as 114,000 lives impacted for the better.

As one of the province’s top users of blood and with a desire to give back, Fraser Health has signed on as a member of the Canadian Blood Services Partners for Life program. Our participation in this program was spearheaded by Dr. Doug Morrison, Medical Director, Fraser Health Transfusion Medicine, and Dr. Peter Blair, Medical Director, Fraser Health Surgical Program.

**Partners for Life** is a nationwide program designed for corporate and community organizations. By joining the program, Fraser Health has made a commitment to save lives by donating blood as a team. But we can’t do this without our physicians, employees and volunteers. We need your help to contribute to this critical program.

If you can donate blood, please consider making a donation.

To donate call 1-888-2-DONATE (1-888-236-6283) or visit [www.blood.ca](http://www.blood.ca) for a list of clinic locations and hours in your area, and the donor criteria. To ensure your donation is added to Fraser Health’s group total, please register at [www.blood.ca/joinpartnersforlife](http://www.blood.ca/joinpartnersforlife) and include our Partner ID #: **FRAS010699** so that your donations will count towards Fraser Health’s pledge.

Even if you are already a donor, you can register with the Partners for Life program using the Fraser Health ID in order that your donations count toward our team’s total.

For further information, please contact: Fraser Health’s Partners for Life program champion, Judie McCrindle at [Judie.Mccrindle@fraserhealth.ca](mailto:Judie.Mccrindle@fraserhealth.ca)

Submitted by: Marie Nightingale, Communications Leader

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**new leadership**

Anesthesia, Family Practice, Hospitalists, Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery. Announcements on these appointments will be made as they occur. The Regional Department Head roles for Critical Care, Diagnostic Imaging, Lab Medicine & Pathology, Mental Health & Addictions, Cardiology, and Emergency Medicine are assumed by the relevant Program Medical Director.

**Regional Division Head** — recruitment will commence once Regional Department Heads are in place.

The link below has background information and announcements on previously filled positions. We will shortly have the organizational chart on the site with links to names, contact information and role responsibilities.

We are also working on a physician portal that will enable you to access information that you may need. If you have any questions, email me at [andrew.webb@fraserhealth.ca](mailto:andrew.webb@fraserhealth.ca)

[http://fhaweb/Home/FHA+Directions/Strategic+Imperatives/Clinical+Integration/default.htm](http://fhaweb/Home/FHA+Directions/Strategic+Imperatives/Clinical+Integration/default.htm).
In June the Province announced a shift in Primary Health Care, the aim of which is to strengthen and re-align service delivery, help patients to be full participants in their care, and ensure that every British Columbian who wants a family doctor will have access to one by 2015. This priority is called ‘Attachment.’

Achieving this requires a significant shift in the way health care is delivered in our communities. Two key drivers of this shift are the new Divisions of Family Practice and the broadening of Integrated Health Networks.

Divisions of Family Practice: A Big Step Forward
In new Divisions of Family Practice, Family Physicians are being equipped with both a structure and funding from the General Practice Services Committee to work together voluntarily as a group. In collaboration with the health authority, the MoHs and BCMA, Divisions examine primary care issues and design solutions specific to their community.

For example, Divisions in White Rock-South Surrey and Chilliwack are planning for a multi-disciplinary clinic in partnership with nurse practitioners and Fraser Health. This will provide primary care for people who do not have a family physician, or who may not fit well into traditional family practice settings, such as mental health clients. Divisions in other communities are also considering solutions for unattached patients.

Integrated Health Networks: Expanded Circle of Care
Family Physicians and Divisions are being invited to participate in Fraser Health’s new Integrated Health Networks — ten of which are planned for the region by 2012.

Contacts:
Divisions of Family Practice:
Dr. Brenda Hefford, Physician Executive Lead, Primary Care Development
Brenda.Hefford@fraserhealth.ca

Integrated Health Networks:
Dr. John Hamilton, Medical Director, Primary Health Care
John.Hamilton@fraserhealth.ca

Diane Miller, Executive Director, Primary Health Care
Diane.Miller@fraserhealth.ca

Continued on page 8 ➔
On July 11, 2010, Fraser North acute care facilities joined their colleagues in Fraser South and Fraser East on the same electronic health records system—Meditech Client-Server (FHAM). This permits the sharing of patient care information privately and securely among and between health care providers across Fraser Health.

If you work at more than one site in FH, you may see additional sites listed on the Facilities look-up when you sign into Meditech Client-Server. If there are issues with your Meditech access, please contact the Service Desk at 604-585-5544.

EMR (Enterprise Medical Record) in Meditech Client-Server has a link to historical information contained in the old Magic PCI (Patient Care Inquiry).

On-site and on-call support is available for all Fraser North physicians. For password reset and other Meditech-related questions, please call the Service Desk for assistance.

Submitted by: Kathleen Allisen, Communications Consultant, IM

An Integrated Health Network links patients and their Family Physicians more closely to community-based services such as Fraser Health Home Health and Mental Health and Addictions, other interdisciplinary providers, and community partners. Together, key resources form an integrated team that works collaboratively with the patient, family and their Family Physician. As a ‘partner’ in care, patients are more actively involved in decisions that affect their health care and can be guided towards healthy lifestyle choices and self-management.

The shared, team-based approach can increase the overall capacity for Family Physicians and practices by increasing efficiencies, collaboration and communication between care providers, and decreasing duplication in the system. It can also reduce the isolation experienced by many physicians.

Primary Care: The Big Picture

Ultimately, the sustainability of the health care system can be profoundly influenced by the success of these shifts in the primary care setting. We know that people who have a strong relationship with a primary care provider maintain better overall health and live longer, and good care provided in the community keeps people out of ERs and hospitals.

Dr. Marcus Hollander, President of Hollander Analytical Services, wrote in the Healthcare Quarterly:

"...the more higher-care-needs patients were attached to a primary care practice, the lower the costs were for the overall health care system (for the total of medical services, hospital services, and drugs). ...The majority of the cost reductions stemmed from decreases in the costs of hospital services."

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Submitted by: Jennifer Grover, Communications Leader

DOCTORS-KNOW

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