Feedback from meetings with and surveys completed by GPs and NPs (draft)

Issue	Elements	Specifics (from survey, community, examples)	Ideas
MANPOWER	- Fewer doctors going into full service family practice - Retirement of GPs and (singleton) specialists in coming 5 – 10 years	Survey – 23 of 24 affected by lack of physician manpower? Yes	- Need manpower plan - Attract through residents training and UBC students in Trail
Communities in Crisis	- Lack of medical staff - Recruitment workload of medical staff	Nakusp, New Denver, Castlegar	- Division gives voice, larger pool for recruitment, - Less MD centric – use more NPs? - Empower communities with advisory boards
Lack of locums	- Time taken to find locum & get privileges - Locums preferring group practices with EMR	All – especially smaller communities and practices Survey: 7/13 lack of locums has a significant impact	- Division creates pool for locums, NPs as locums - Provide information / support for locums (eg on specialists, EMR)
Lack of access to wider PHC team	- Availability of NPs - Public health nurses - Social work / counseling - Community physiotherapy	Survey - % of 24 seeing following as integral to primary health care team: Integrated health network care providers, pharmacist, other family physicians (92%), OT and physio (88%), public health nurses (79%, NPs (75%)	- Expanded MOA where no primary care nurse - Collaboration between all health care professionals - Educate patients about role of NP
IH staff concerns (nurses in hospitals and community care)	- Low morale, high stress and turnover - High use of casual staff – poor consistency - Lack of job security - Staff often not replaced - The above is broken, unsafe and inhumane for patients and staff	Trail Nelson, Trail Kaslo New Denver	

GP clinical overwhelm	- Increasing complexity of patients - Impact of long waiting lists, lack of services	GPs not on FFS can spend more time with CD patients	
Insufficient CDM staff / resources	- Some communities without IH CDM support - Mixed views on value of group visits – good for some patients and under-serviced areas - No dedicated podiatry for diabetics - Billing too complicated and patients often not meet criteria - System not always supporting the patient	Kaslo, New Denver, Nakusp	- Develop community based rehab programs with other partners eg parks and rec.
OB	- Lack of services for safe deliveries - Insufficient prenatal support / education - Insufficient post-partum support - Perceived inequity of GP payment between Trail and Nelson - Lack of public health support at weekends - Unattended home deliveries - Unregistered midwives	Grand Forks, New Denver, Nakusp, Kaslo All communities All – mental health and breast feeding Nelson	- Public education about implications of home births in communities without OB services - Lactation consultant
Mental health and addictions: lack of resources and services	- Without intervention, issues become acute / crisis - Too few acute MH beds - Lack of ongoing community based support for mental health (CBT, counseling) services / long wait list – GPs take on this role - Insufficient time for GPs to monitor and adjust meds - No child psychiatry - Lack of follow up care (exc psychotic patients) - IHN mental health support good – but booked ahead - Addictions: too few services / GPs with expertise, no funding for addiction service except fee for service	Trail, New Denver Nelson Trail Nelson Nelson All	- Day hospital in Nelson - Need centralized methadone clinic - Support GPs with special interest to support others; - establish satellite clinics in smaller communities - Inter-consultations with GPs and mental health

Insufficient elderly support services	- Lack of coordinated care – home support, elderly services, palliative care - Too few respite, residential and palliative beds - Home care – lack of resources, incoherent and a lack of information on resources (eg in ER) - Financial wellbeing not being taken into account	Trail Survey: 78% of 23 transfer to long term care a major concern; access to residential care – 25/25 with some (36%) or significant (64%) issues; 22/24 patients affected moderately or significantly by access to home and community care	- Develop team approach for elderly (Seniors-at-Risk Initiative – SARI) - Support for polypharmacy
Lack of palliative care services	- Too dependent on family's ability to care - Too few home care nurses with right experience - Gap between patients using palliative beds – because poor communication / staffing? - Need more hospice services - Specialist palliative care training for GPs	Nelson, Salmo, Trail Nelson Survey: 22/25 patients affected moderately (16) or significantly (6) by access to palliative care	- Critical care team in the community, alternative to hospital
Lack of pain clinic	- Need interventional pain clinic / chronic pain management	Across region Survey: 85% of 26 this is major concern; chronic pain management: 16/24 needs urgent attention	
Need effective public health and prevention	- Enable GPs to focus on preventive health, increase immunization, prevent ER visits		GPs and NPs involved in early childhood care in the community – to avoid behaviours that later in life creates chronic ill health
ORPHAN PATIENTS / ATTACHMENT	- Complexity of orphan patients in ER - Increasing numbers, with mental health, addictions issues and transient populations - Numbers not known: - Estimate 10-15% Castlegar ER patients - Particular populations not want GP - Certain communities and certain times, seasonal	Nelson Trail hospitalists Survey – 13 of26 saw orphaned patients as 'somewhat of a concern' and 1 of 26 as a 'great concern'	- Need team approach - Orphan patient clinic

HOSPITAL SERVICES			
ER	- Inappropriate use – estimate 20 / 25% patients = level 5 - Patients using ER as walk in for convenience and because not able to get – or assume not able to get - appointment with GP - Patients referred to ER by GP as no appointments available - Problems referring to KBRH ER (some receiving Drs not arrange consult) - Patients without GPs for various reasons - No incentive to do big work-ups - Doctor of the day for orphan patients can be time consuming for ER GP - Lack of access to medical chart in ER - GP payment to stand by for ER – impact on recruitment?	Nelson, Trail Nelson, Trail, Castlegar Trail Grand Forks Nelson	- GP offices use advance access / have rapid access slots – and make sure patients know appointments are available - Admit under ER department, then fax form to GP office (saves time contacting patient's GP) - Walk in clinic can relieve pressure in ER - Have info on GPs accepting patients
Hospitalists	- Relationship with specialists a work in progress – clarity around who is MRP and responsibility for discharge summary, specialists leaving some patients (eg GI bleeds, bowel obstruction) to hospitalists.	Trail	
ICU	- Often full	Trail	- Needs step down beds
Poor OR management	- OR access is not optimized across the region - Poor communication with GPs on anesthesia coverage – last minute and cancellations		
Diagnostics	- Insufficient services, eg: - Lab services - CT / ultrasound head and neck to diagnose stroke - Flexible sigmoidoscopy - Radiology not regionalized - Problems with Connex system	Smaller communities New Denver Grand Forks Castlegar Nelson Nelson, Castlegar	- CT scan / dedicated head and neck scanner, read remotely (Grand Forks) - Weekly mobile ultrasound (Salmo)

	- Results not going to ordering MD - Decrease in community lab results in patients going to ER (one stop shop)	Nelson walk in clinic Trail	
SPECIALIST SERVICES	- Long wait times and too few resources - Insufficient information on: o Individual specialists' interests o Wait times for services / tests o Triaging criteria - Relationship issues between some Trail specialists and other communities - Poor communication with specialists - Difficult to get Kelowna to cover specialists (urology, plastics) - On call availability - Patients not able to attend appointment (eg transportation or mental health issues)	All Survey – appropriate access to specialists? No – 77% of 26; of these, 2/3 see this having a minor impact on provision of primary care, 1/3 with major impact. Communities outside Trail Differs between communities and individuals, Nelson/Trail competition less marked now? Grand Forks with good relationships with Kelowna specialists	- GP enhancement programs - develop GP expertise to take pressure off specialists - Analyze system and identify ways of involving others, working smarter, as a team - Develop and share better information, CHARD Develop online database that links your current location to the nearest specialists in your geographic region, as well as indicates their updated wait times, to know who best to refer to. Focus on collaboration with, rather than just access to, specialists Use more video conferencing (eg dermatology, mental health)
Orthopedics	- Long wait times, wait lists random - Not a regional service - Lack of post op follow up – physio, info to GPs - Fed. Govt focus on knees and hips skewing priorities - KBRH cast clinic not open to ER - Surgeons away at the same time	Every GP office Survey – 83% of 24 ortho wait list is major concern. - Implications for seniors becoming frail as wait - Burden of those not seen falling on GPs– eg with 'working wounded'	- Interested GPs supported to be involved in triaging, post op care, physician aide etc - GPs order MRI (Manitoba) - Phone consults - Hire another orthopedic surgeon

General Surgery	- Mixed feeling about 3 month pool – lost individual relationship with surgeon, EMR wants 1 name - 'Referral too slow for clinical comfort'		
Plastics	- Wait list too long (acute is good)		- Provide training for GPs in KB (like St Paul's course)
Internal medicine	- 1 internist insufficient in Nelson	Nelson and communities served by Nelson Survey – 50% of 24 had great concern about IM	- Need 1 or 2 more internists
Wound care	- Inadequate staffing / experience, leads to poor instructions on discharge, inappropriate therapy / dressings, chronic wounds	Across region	- Use as e.g. of system change – analyze, involve people to improve
Dental care	- People come to GP for painkillers / antibiotics as can't afford dentist		
TRANSPORT & TRANSFER OF PATIENTS	- Poor transportation, particularly if without car and in winter - Expensive out of region (eg for specialist appt) - Problems with critical care transportation and transfer of patients - Bedline too bureaucratic, ambulance problems during shift changes, poor communication	Survey – ability to transfer patients within the region a minor concern (14 of 25) and a major concern (10 of 25) Grand Forks Grand Forks	- Have pre-surgical screening in Nelson - More videoconferencing - Survey: 74% of 23 expanding videoconferencing for education or consultation would benefit practice

GP OFFICE EFFICIENCY			-

GP office overwhelm:	- No time – and increasing demands calls on time
	- EMR:
	  - Too time consuming, slow, expensive
	  - No standardized system
	  - Lack of whole person narrative and historical data decreases continuing care
	  - Problems with Connex (eg lab results)
	- Billing:
	  - Complex and time consuming
	  - Chronic care billing misses some diagnoses (eg dementia)
	- New programs
	- Above can lead to long wait times for patients – who then go to ER or walk in clinic
		All communities, though some GPs / offices are less overwhelmed
		Survey: 76% of 25 want more resources for EMR optimization
			- Resources / champions within the Division (incl billing, office efficiency)
			- Division as filter of info
			- PSP support, especially advance access
			- Practice efficiency audit
			- Education to patients, staff and GPs
			- Strengthen MOA role
			- Have contracts with admin time built in
			- Simplify fee codes
			- Standardize EMR systems
			- More EMR support, coaching
			- Access to common data set by ER and hospital physicians
			- Efaxing
			- Use EMR to maximize billings
			- Establish vibrant user group community (GP, MOA)
			- Data quality improvement

Information sharing / communication	- Increase use of teleconferencing and video conferencing – eg for acute and dermatology – would help patients without transport - Enhance communication between KBRH and surrounding hospitals / MDs - Bombarded with information / suggestions / requests / invitations - Insufficient information on wait times, GPs accepting patients		- More coordination – using Division and CHARD

REGIONAL ISSUES		Survey, regional cohesion important to 22/25	Focus on geographical needs and clinical issues, not politics
IHA not supporting family physicians	- Insufficient communication / collaboration - No contracts for GPs of PHC centre, so FFS - Constant changes and fighting for funding - Relationship still with distrust, skepticism	Changes to PHC team and to guaranteed minimum daily fee not discussed with GPs New Denver Across region Across region	
Lack of regional cohesion	- Need to unite the KB region		- Foster true community for physicians, use examples of physicians working together, increase understanding and empathy (eg as happened with Trail and Castlegar urgent care physicians) - Rationally, collaboratively and transparently define the provision of services in the region - Recognize Nelson's role as a centre for the North of the region - Centralize services with 1 larger hospital with specialist back up, better referral and access to CT scanner. - More social activities
CME	- CME too scattered and underpowered - GPs from across region without equal access to CME - Develop regional learning centre with good facilities at KBRH for multi-disciplinary learning	Across region Smaller communities Survey – 75% of 25 – yes to more CME events in the region, and 23/24 said would travel in the region.	- Develop regional approach to CME - Learn from NHA availability and integration of CME - Develop rural inter-professional education - Have annual CME day in Nelson