

### SUMMARY OF KEY DISCUSSIONS

- SSC FE-PQI Partnership for quality-related projects
- Funding guidelines for non-physician medical staff, non-MSA physicians and Allied Health
- Northern Health Hospital Overcapacity Analysis: Regional Working Group presentation

#### SSC FE-PQI partnership for quality-related projects

*Discussion:* SSC Physician Quality Improvement (PQI) presented a proposal to **better support** physicians and regional teams working on **FE/MSA funded quality-related projects or regional activities**.

**Available program supports and resources for quality improvement work vary across regions. Physicians also commonly experience challenges accessing data** to support outcomes measurement and demonstrate change and impact, as well as eligibility for further spread.

The proposal requests that the **FE provincial program funds staff in the PQI and Spread Quality Improvement (SQI) teams operating in regional health authorities** who will **provide training, mentoring and project support to MSAs**; as well to **support data access, navigation and analysis**.

**The SSC FE WG requested that a more comprehensive consultation process with MSAs** be undertaken to better define the demand, needs and scope of the support required. The SSC FE WG requested an updated proposal later this year before making a decision on funding.

#### FE Funding Guidelines for non-physician medical staff members and allied health

*Discussion:* Updated **FE funding guidelines to clarify the inclusion of non-physician medical staff members and allied health in FE MSA activities and meetings work**, based on feedback from MSAs and other stakeholders.

The SSC FE WG approved the following key principles:

- Non-physician medical staff members are automatically part of the MSA and should be given notice of all requisite MSA meetings.

- Physician and non-physician MSA members are automatically members of the physician society. Physician society directors may allow non-physicians to participate as either voting or non-voting members in the physician society.
- Non-physician medical staff members should be given notice of requisite physician society meetings.
- Inclusion of non-physician medical staff and allied health in FE funded MSA activities is decided by the MSA working group/executives when funding proposals and activities are assessed and reviewed.
- Non-physician providers can only submit FE claims for activities if they are not already being paid for that work by the health authority or by another party.
- Compensation rates for allied health professionals are provincially set and aligned to JCC policies.
- Physicians are the fiduciaries of FE funding. Therefore, physician society directors will be physicians only.

The updated funding guidelines will be formally communicated MSAs and health authorities in the fall.

#### Northern Health Hospital Overcapacity Analysis: Regional Working Group presentation

**Dr Barb Kane**, Northern Health's Medical Lead for Mental Health, and **Erica Kjekstad**, Project Manager, presented on a **widespread regional engagement** of physicians in **17 Northern Health sites and MSAs** and health authority leaders and administrators. Through feedback and data analysis, they validated the **impacts of long stay patients on hospital capacity and patient access challenges** in other areas of acute care.

Alternate level of care patients, ¼ of which were waiting for beds in the community, **accounted for 28% overall occupancy of all NH beds** from 2016-20, or 392,246 bed days.

Recommendations include the **need for increased beds, supports and services in the community**. The data will inform Northern Health planning, and the Working Group is **sharing findings and their data framework** with other interested groups across BC.