

PHC Facility Engagement Final Report

Project Name	PHC-0054 - Enhancing the Continuum of Stroke Patient Care
Date of Report	2019 July 14
*Project Results	<p>Held 2 physician engagement meetings jointly between VCH/PHC, as a follow-up from VCH's original teleconference meeting in January 2018:</p> <ol style="list-style-type: none"> 1. 2018 March 26 – 3 themes identified re: gaps <ol style="list-style-type: none"> a) Communication / Transitions b) Education c) System Processes 2. 2018 May 28 – further explorations of themes using the BCPSQC tool “Look before your leap” <p>See attachments in previous progress report.</p>
*Unexpected Outcomes	<ol style="list-style-type: none"> 1. Limited engagement from physicians interested in the VCH/PHC joint project 2. Decreased momentum from VCH/PHC project physician leads
*Lessons Learned	<ol style="list-style-type: none"> 1. Joint VCH/PHC projects are challenging to coordinate 2. Need to adhere to the project timelines better 3. Feedback from the meetings lend themselves more towards QI projects. Currently FE projects state specifically no QI components, but physicians are interested in being engaged only if leads to change and improvement. 4. Engaging physicians in completely separate meetings is difficult with scheduling, and multiple events occurring on a weekly basis. For the extension of the project to feed into an aligned QI project, it was difficult to coordinate any meetings with physicians. The feedback from the currently already established meetings was more useful e.g. Division Meetings, 1:1 informal conversations, SPH patient & safety meetings, etc. With everyone's busy schedule and competing priorities, any new projects will have to consider: a) separate meetings and events, vs. b) engaging within the current meeting structures



<p>*Recommendations for improvement (to inform future projects and strategic decision-making)</p>	<p>1. Looking at the themes from the last meeting, examine which ones align with the strategic priorities of PHC and HFH. Then, to consider QI projects based upon alignment and SMART goals.</p> <ul style="list-style-type: none">a) Communications/Transitions: to look into whether or not the VCH challenges are also the same as at PHC, regarding discharge notes for stroke patientsb) System Processes: some of these themes about outpatient services can be brought up at the VCH/PHC Regional Rehabilitation Working Group, but the current discussions are related to inpatient initiatives.c) Education: also as per b) for items #1, #2, #4, and #5. For #3, can consider further engagement with community GPs to better understand how to support them and the patients recovering from stroke, in the community. Also for #5, can look at current resources/technology to better support any transitions back home. <p>2. Suggest opening up the criteria of Facility Engagement funding to directly support QI projects. For those with skills and expertise, and not requiring the Physician-Led QI training, there is currently no QI funding available. Other health authorities include QI as part of the FE funding.</p>
<p>*Project Costs</p>	<p>Total approved project fund: \$13,800 Actual project costs: \$2,022.58 Sessionals for physicians: \$1,864.79 (92%) Project reporting : \$157,79 (8%)</p> <p>Remaining funds to be returned back to PHC FE Funds : \$11,777.42</p>

**For Summary (Final) Report Only*