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## PHC NSP Vision Supporting Project Final Report

<p><b>Project Number/Name &amp; Project Lead</b></p>	<p><b>PHC-0148 – “Optimizing the care and function for people and populations experiencing impairments, disabilities, or diseases at PHC” (Dr. Evan Kwong)</b></p>
<p><b>*Project Results</b></p>	<p><b>The original project goals are as follows:</b>          This project relates to the next steps of strategic planning. Our high-level objective is to finalize the Division of PM&amp;R plan to support the clinical, research and education needs at PHC.</p> <p>Goals:</p> <ol style="list-style-type: none"> <li>1) Develop workplan and timeline of engagement, and narrow down the scope of deliverables.</li> <li>2) Representing the Division of PM&amp;R, we would then like to consult with various PHC departments and divisions, programs and other identified stakeholders. This will help to better understand how the Division of PM&amp;R can support their current and future needs, by aligning common interests within the clinical, research, and education domains. This collaborative approach will help strengthen the future plans of integrated patient care models.</li> <li>3) Finalize <b>actionable</b> strategic plans with key timelines and milestones. The plans can later be slowly executed in a phased approach in 2-5 years’ time, towards supporting the new integrated models of care at the New St. Paul’s.</li> </ol> <p><b>Project Results:</b></p> <p><b>Stage 1 – Stakeholder engagement</b>          A two year plan for the Division of Physical Medicine and Rehabilitation [PM&amp;R] was developed in December 2020, which articulates where they are and how they would like to evolve, grow, expand and enhance Divisional activities and impact: through clinical care, research, and education, which will help inform recruitment and partnership opportunities.</p> <p>During the month of March, the Division of PMR consulted with specialist colleagues to solicit input/feedback on key areas developed in their Divisional Plan. These activities were funded by the nSPH project and as such time limited with a deadline for completion by March 31, 2021. The scope of the sessions was developed in consultation with Dr. Evan Kwong and facilitated by Josephine Jung (Corporate Director, Strategic Management).</p> <p><u>Purpose of consultations:</u>          Psychiatrists can work more closely with specialist colleagues and/or can take the lead in optimizing patients’ functional outcomes. This is</p>

consistent with the new care model at the new St Paul's Hospital. As the PMR Divisional plan continues to be refined, the purpose of the meetings was to consult with key stakeholders within PHC where PM&R has a significant role in terms of their patients' care. This exercise helped to explore and validate the wider scope of rehabilitation across the continuum of care, from acute care into the community, and where the Division can have most impact.

The meetings also confirmed priority populations PM&R should aim to serve moving into the future, as the Division looks to expand and enhance their clinical care, research, and education. The discussion with the Divisions/Departments were framed around those 3 areas.

#### Meeting attendees (alphabetical order)

March 8, 2021 – Dept of Orthopedics, Division of Plastics

- Dr. Sean Bristol, Dr. Evan Kwong, Dr. Hooman Sadr, Dr. Elliott Weiss, Dr. Kevin Wing

March 18, 2021 – Mental Health, Urban Health/HIV/AIDS and Substance Use

- Dr. Evan Kwong, Dr. Peter Phillips, Dr. Julia Raudzus, Dr. Sarah Stone, Dr. Elliott Weiss
- Regrets: Dr. Andy Ryan (feedback received at a later date)

March 23, 2021 – Cardiology, Respiriology

- Dr. Simone Cowan, Dr. Evan Kwong, Dr. Chris Ryerson, Dr. Sean Virani

#### Engagement results: key themes

- **Needs analyses of different groups seen by surgery, cardiorespiratory, urban/mental health** e.g. physical disability needs, cognitive disability needs
- **Service rural and remote areas** e.g. via telehealth
- **Prepare for future complex rehabilitation needs with higher technology** e.g. LVAD
- **Transitions of care from pediatric to adults** e.g. complex lower extremity problems after Children's, congenital heart disease
- **Embedding PM&R to co-manage inpatients and outpatients**
- **Collaborative combined multidisciplinary clinics** e.g. lower extremity wounds, complex nerve reconstruction, John Ruedy clinic
- **Partnerships and support for research required** e.g. from the hospital, university
- **Education about PM&R roles and services provided** e.g. infographics, rounds
- **Increase referrals that fall within PM&R domain** e.g. non-surgical cases that require rehab
- **Advocate for rehabilitation resources** e.g. allied in community

## **Stage 2 – Review of Divisional Priorities**

The Division of PMR reviewed the meeting discussion points; considered the themes that emerged from the engagement meetings; and determined how these will influence their priorities for 2021 to 2023 that were identified in the Divisional Plan.

A draft road map incorporating the priorities discussed in the Divisional Plan served as framework for this discussion on March 29, 2021. Based upon the discussions and themes to date, out of the 21 different focus priorities and initiatives identified in the draft Divisional Plan, an attempt was made to narrow the more immediate items to focus on.

### Clinical Care

- Contribute towards the Plan for Development of Holy Family Hospital Rehabilitation
- Provide feedback into the nSPH Clinical Support Steering committees as a PHC Division of PM&R, to strengthen a multi-disciplinary functional model of care
- Conduct a needs assessment of the physical and cognitive disability needs in all programs/all populations at all sites
- Involve 1 or more Division of PM&R members in the discussions surrounding the Scotiabank Youth Transition Program

### Recruitment and Retention

- Explore different remuneration models for current division members, and future Psychiatrists to be recruited for acute care
  - The current remuneration plan does not support psychiatrists participating in multi-disciplinary team models
  - There needs to be a blended system that identifies that most appropriate funding supporting the most appropriate activities

### Research

- Progressed two to three research projects
  - Need to narrow down what projects, and identify who can coordinate the research, as there is funding for research and education now that could be used for supporting research
  - Suggest that this strategic direction should be modified to include clinical innovation, such as new models of care
- Create a research coordinator position to facilitate ideas and liaise with Allied Health or other non-medical professionals.

- Explore rehab access to applications like Thrivehealth for patient reported outcomes (Thrivehealth is one of the software solutions that some clinics have used for patient portals, questions, and PROMs)

#### Education, Partnerships

The original higher-level statement still requires further discussion to narrow down the scope:

By 2023, we will have strengthened and expanded collaborations and partnerships. This includes with already-established partners (such as PHC, GF Strong, Fraser Health, and UBC) and with new partners. These may include but not be limited to: Emily Carr; the Sauder School of Business; UBC Mechanical Engineering; companies that design devices; ICBC, private rehabilitation providers; Industry (including Big Data companies); Disability Advocacy Groups, First Nations Health Authorities and other public health authorities.

#### **Final stage – Review of Divisional Plan**

PMR division members reviewed the document and provide feedback to Josephine. The Division of PMR is still to confirm their key strategic priorities on the road map, confirm if any other stakeholders need to be engaged in this process (e.g. program leadership and/or other Departments/Divisions), and based on the confirmed priorities, develop an action plan to implement them.

#### Results and feedback included:

If the Divisional report will be edited, consider including:

- nSPH in mind – e.g. highlighting much of our multidisciplinary model of care is something consistent with the “collaborative care” model desired.
- What is achievable NOW in 2-3 years before the physical building 6-7 years later, to build to that e.g. needs assessment of different programs (of the ones we talked about so far, these populations are at SPH).
- Roles as a PHC Division to play at SPH (and later nSPH), but also MSJ, HFH Rehab, and LTC sites within PHC.

Consider reverse mapping session from 6-7 years backwards, to understand if Division are going in the right direction in the next 2-3 years... and revisit again.



	<p>Questions for future discussion: Will the key activities identified for 2021-2023 enable the goals below:</p> <ul style="list-style-type: none"> <li>• Get us into a better position to smoothly transition to new models of care at nSPH</li> <li>• Improve specialized services at HFH Rehab (this was to be scheduled this year)</li> <li>• Strengthening our roles within all of PHC and the community</li> </ul>
<p><b>*Unexpected Outcomes</b></p>	<p>One of the themes that was interesting was “<b>Education about PM&amp;R roles and services provided</b> e.g. infographics, rounds”.</p> <ul style="list-style-type: none"> <li>• Further education about PM&amp;R is required in terms of the variety and extent of services provided; this will help inform future discussions about integrated care models</li> <li>• The stakeholder meetings outlined potential forums for further education opportunities, such as at the Dept or Division clinical rounds</li> </ul> <p>Another outcome is more of a validation rather than unexpected outcome, being “<b>Needs analyses of different groups seen by surgery, cardioresp, urban/mental health</b> e.g. physical disability needs, cognitive disability needs”</p> <ul style="list-style-type: none"> <li>• These data will help drive further awareness of the functional and disability needs of the populations we serve</li> <li>• This information will help inform new integrated models of care to support patient needs, collaboration/partnership opportunities, recruitment planning</li> </ul>
<p><b>*Lessons Learned</b></p>	<p>With the small 4-6 week timeframe, it was challenging yet achieved, thanks to the interest of the various physicians.</p> <p>The drivers for this included having:</p> <ul style="list-style-type: none"> <li>• An <i>a priori</i> draft Division of PMR plan generated in 2020 with an external facilitator</li> <li>• Engaged physicians at PHC who were interested in meeting</li> <li>• A Division of PMR Administrative Assistant (started Dec 2020) to help with scheduling</li> <li>• Assistance from Josephine Jung for facilitation and project management</li> </ul>
<p><b>*Recommendations for improvement (to inform future projects and strategic decision-making)</b></p>	<p>This was a good opportunity to engage with physicians in a multi-specialty environment.</p> <p>The original draft workplan discussions also included a step of engaging with the administrative staff, directors. Due to the time and funding limitations, this was left out of the scope for this stage of stakeholder</p>

	engagement. Future opportunities for funding engagement will help with these next stages, to help select and align priorities.	
<p><b>*Project Costs</b></p> <ul style="list-style-type: none"> <li><i>Please provide the summary of items being funded in details.</i></li> <li><i>Point out any cost variances and rationale behind it.</i></li> </ul>	<p><b>Budget allocated: \$4,769.10</b> (SSC Health Redesign Funds)</p> <p><b>Project Expenses:</b></p> <p>Meetings Physician Lead with Facilitator – Feb 25/26, Mar 1/5/12/24/26/30 = 4.25 hours            1 Physician participant x 4.25 hr x \$158.97/hr = \$ 675.62</p> <p><u>March 8 stakeholder meeting (0.75 hr + 0.25 hr prep = 1 hr)</u>            5 Physician participants x 1 hr x \$158.97/hr = \$ 794.85</p> <p><u>March 18 stakeholder meeting (0.75 hr + 0.25 hr prep = 1 hr)</u>            5 Physician participants x 1 hr x \$158.97/hr = \$ 794.85</p> <p><u>March 23 stakeholder meeting (0.75 hr + 0.25 hr prep = 1 hr)</u>            4 Physician participants x 1 hr x \$158.97/hr = \$ 635.88</p> <p><u>March 28 stakeholder meeting (0.5 hr)</u>            1 Physician participants x 0.5 hr x \$158.97/hr = \$ 79.49</p> <p><u>March 29 Division meeting (1 hr + 0.25 hr prep = 1 hr)</u>            5 Physician participants x 1.25 hr x \$158.97/hr = \$ 993.56</p> <p><u>March 31 Division meeting (1 hr)</u>            5 Physician participants x 1 hr x \$158.97/hr = \$ 794.85</p> <p><b>Total funds utilized: = \$ 4,769.10</b>  <b>Unspent budget: = \$ 0</b></p>	
<b>Signed by Physician Lead</b>	<b>Signed by NSP Physician Director or PASS Director</b>	

## Appendix: Agenda PMRP Stakeholder Meetings

## Agenda for Division of Physical Medicine and Rehab (PM&R) consultations with Divisions/Departments:

### Background and context:

A two year plan for the Division of Physical Medicine and Rehabilitation [PM&R] was developed in December 2020, which articulates where they are and how they would like to evolve, grow, expand and enhance Divisional activities and impact: through clinical care, research, and education, which will help inform recruitment and partnership opportunities. The plan is attached for reference.

### Divisional Business Objectives (2021-2023):

There are six over-arching business objectives for the PM&R Division for the next 2-5 years:

1. To continue providing high-quality inpatient consultative services within PHC.
2. To evolve specialized rehabilitation services with new technologies and models of care.
3. To expand outpatient clinical services in acute care and the community, including through outreach and virtual care.
4. To develop a Rehabilitation Research and Innovation Centre.
5. To offer educational experiences for PHC staff, physicians, residents, medical students, and the community.
6. To elevate our profile and build awareness and understanding of the value of PM&R within PHC and partner organizations.

### Purpose of consultations:

Physiatrists can work more closely with specialist colleagues and/or can take the lead in optimizing patients' functional outcomes. This is consistent with the new care model at the new St Paul's Hospital. As the PMR Divisional plan continues to be refined, the purpose of these meetings is to consult with key stakeholders within PHC where PM&R has a significant role in terms of their patients' care. This will be an important exercise in order to explore and validate the wider scope of rehabilitation across the continuum of care, from acute care into the community, and where we our Division can have most impact.

This will also confirm priority populations PM&R should aim to serve moving into the future, as the Division looks to expand and enhance their **clinical care, research and education**. The discussion with the Divisions/Departments will be framed around those 3 areas. Below is a summary of each area based on the Division Plan:

#### 1. Clinical Care (both inpatient and outpatient services):

Through the Division planning, current and underserved populations with disability needs that could be better served in the future with PM&R involvement were identified. These populations include, but are not limited to:

- Patients served in partnership with other specialties such as Cardiology, Geriatrics, Orthopedics/Vascular surgery, and others.
- Inpatients in acute hospitals whose needs would be best met with specialized rehabilitation at Holy Family Hospital.
- Outpatients with longer-term disabilities and impairments.
- Indigenous populations with disability needs.
- Patients in the community from an Urban Health perspective.
- Patients who have sustained infections such as COVID-19, with emerging rehabilitation needs.

#### 2. Research:

The goal of the PM&R is to better understand the unmet disability needs of their patients.

Examples include:

- Capitalizing on innovation in information and enabling technologies
- Focusing on patients who have sustained a stroke
- Identifying and meeting the physical disability needs with the First Nations community
- Improving measure of outcomes that matter to people with disabilities

### 3. **Education:**

Goal of PM&R is to assume a greater role in education not only for medical students and postgraduate resident trainees, but also for physicians, allied health colleagues, nurses, and patients in the community at large etc.

#### **Discussion questions for the meeting:**

**With these 3 areas of clinical, research and education in mind; please answer the following questions:**

- a. Do you agree with the above clinical, research and education goals?**
- b. What target populations are not served well?**
- c. How would PM&R help fill the gaps in the disability care of the patients you see?**
- d. How do we improve care of the patients in an integrated team model?**
- e. What opportunities to do you see in the future in the NSPH for PM&R collaboration?**