

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1125959

PREPARED FOR: Honourable Adrian Dix, Minister – **FOR INFORMATION**

TITLE: South Okanagan General Hospital Emergency Department Situation Update

PURPOSE: To provide an update on the resource challenges presented by the South Okanagan General Hospital (SOGH) Emergency Department (ED) physicians.

BACKGROUND:

SOGH, located in the township of Oliver, has a 24/7 on-call ED supported by 12 of 21 local physicians and supplemented by temporary physicians. Sustainability of physician coverage of the ED has been an ongoing challenge with partial closures experienced on August 19/20 and October 14/15, 2018. There are currently two unfilled night shifts in December 2018.

Citing concerns around compensation and capacity challenges, the Oliver & Osoyoos physicians providing ED coverage at SOGH requested that Interior Health Authority (IH) submit an application to the Ministry for Alternative Payments Program (APP) service contract funding in December 2017. IH had not had the opportunity to fully evaluate the situation when the application was made.^{s.13,s.17}

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This decision was communicated to the physician group April 10, 2018.

DISCUSSION:

On May 8, 2018, IH outlined a plan to the physician leaders to expand the original scope of the service review and discuss future planning. Ultimately the physician group sought guidance on how to rework the existing application to gain Ministry acceptance, but also demonstrated some openness to IH's plan to the extent that the burden of care, particularly of the frail and elderly, might be displaced from the ED. A subsequent meeting with the physician group in June 2018 generated a more successful discussion intended to address the community's broader primary care service delivery issues.

A number of initiatives have been undertaken to address physician concerns since they were raised in 2017. These initiatives include: (1) working with the with the Divisions of Family Practice (DoFP) and the physicians to pursue Primary Care Network planning; (2) ED Manager of Inpatient Services, an ED physician, and social worker working collaboratively to discuss complex patients who present frequently to the ED in order to develop and maintain care plans; (3) attempts to secure physician engagement to address operational challenges by adapting a successful rural overnight ED nursing protocol, and looking at alternate scheduling methods to secure service delivery; and (4) addressing current compensation concerns through a Fee-For-Service education seminar held in October 2017 in order to address billing gaps, ensuring that invoicing to secure the \$200K annual Rural Emergency Enhancement Funding is up to date, and sharing data which confirms that the physician group has sufficient existing daily capacity to afford extended service within the Fee-For-Service Daily Volume Limit.

In November 2018, the physician group met with municipal leaders to voice concerns about the SOGH ED, as well as address physician compensation issues. IH's Executive Medical Director subsequently met with the head of the SOGH ED, who confirmed there is no intent to withdraw services at this time. The SOGH ED Department Head also acknowledged IH has provided the physician group with supports throughout 2018. A follow up meeting between IH leadership and the physician group is being planned for the week of December 10th.

ADVICE:

IH and the SOGH ED physicians have opened a dialogue to understand the health care challenges presented in the Oliver/Osoyoos communities, and have each expressed a willingness to explore options to improve the situation. Efforts continue to understand those challenges, and to develop appropriate solutions which may or may not include an ED service contract. Wherever feasible, short-term fixes are being applied in order to better support the ED physicians and minimize burnout. While there is some differing opinion amongst the ED physicians regarding how to resolve the issues, the work being carried out between IH and the physicians is critical; IH believes they are collectively on the right path for establishing a healthy working relationship and creating sustainable health care delivery community-wide. s.13

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