

Access: Right Care, Right Place

June 17, 2026

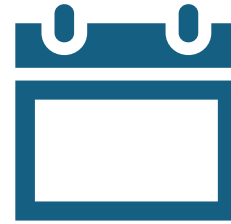
*Happy Patients, Happy MOAs,
Happy Doctors*



Session agenda for "Access: Right Care, Right Place"



**Networking & dinner: 5pm – 6pm
(buffet dinner served at 5:30pm)**



**Sessional begins at 6pm and runs
until 8:30pm**

Welcome & territorial acknowledgement

Presentation: Access 101

Table discussions: gathering provider input on access issues & solutions

Presentation: What's happening in our region

Next steps: resources & upcoming PSP workshops on access

Welcome, introductions & gratitude

- Land acknowledgements
- Welcome from South Island
Division of Family Practice
- Presenter Introductions



Flow of night/presentation

- Presentation (part 1): "Access 101": What is the problem and why is it important?
- Table discussion and questions
- Presentation (part 2): What we are doing in Greater Victoria & elsewhere, PQI initiative, PSP & what's next?



Presentation (part 1): Access 101



Access: Test your knowledge

- On average in our region, what percentage of emergency room visits are CTAS 4-5?
- What percentage of emergency room CTAS 4-5 visits are by attached patients?
- How many CTAS 4-5 visits by attached patients were logged in total in 2025-26?
- What range of attached patients are being seen by UPCCs in the South Island?



What is the problem?



40-60% of CTAS 4-5 at RJH and VGH are attached patients



70% of CTAS 4-5 at SPH are attached



22-29% of SI UPCC patients are attached



Costs to patient – time, frustration, break in continuity

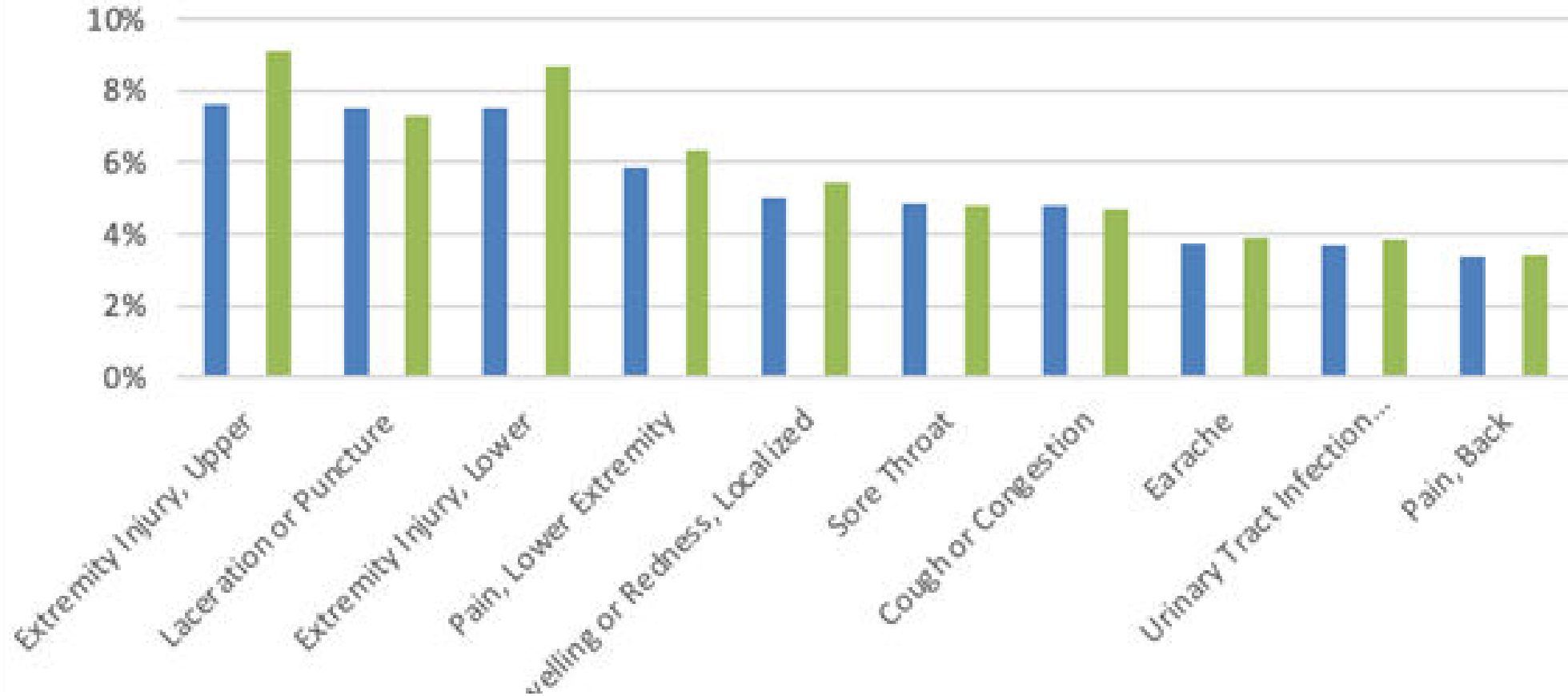


Costs to physician – increased admin burden, decreased continuity, poor patient satisfaction/trust, longer visits in future, wellness



Costs to system – ~ 30x \$ more to be seen in ED vs PMH

Top 10 Presenting Complaints for CTAS 4/5 Patients at SPH ED (T2)



Why do they come?

What contributes to the problem?

Patient factors

- PMH has advanced access but patient does not know about these
- PMH has AA but patient cannot access them
- PMH has AA but patient **believes** they are always filled.

PMH / physician factors

- Physician does not know about AA
- AA used inappropriately
- Not enough AA to accommodate patient needs
- Patient panel is too large
- MOA unsure what to book in AA apts

Why does this matter to you?

- **Provider wellbeing**
 - Overflow and overbooking
 - Complexity of visit times
 - Inbox and message burden
 - Documentation and admin spillover
- **Continuity Breakdown**
 - When patients are often seen by other physicians, ERs and UPCCs, we lose the continuity needed to ensure proper care and the satisfaction of our long-term relationships with patients.
- **Patient dissatisfaction**





Physician Wellbeing

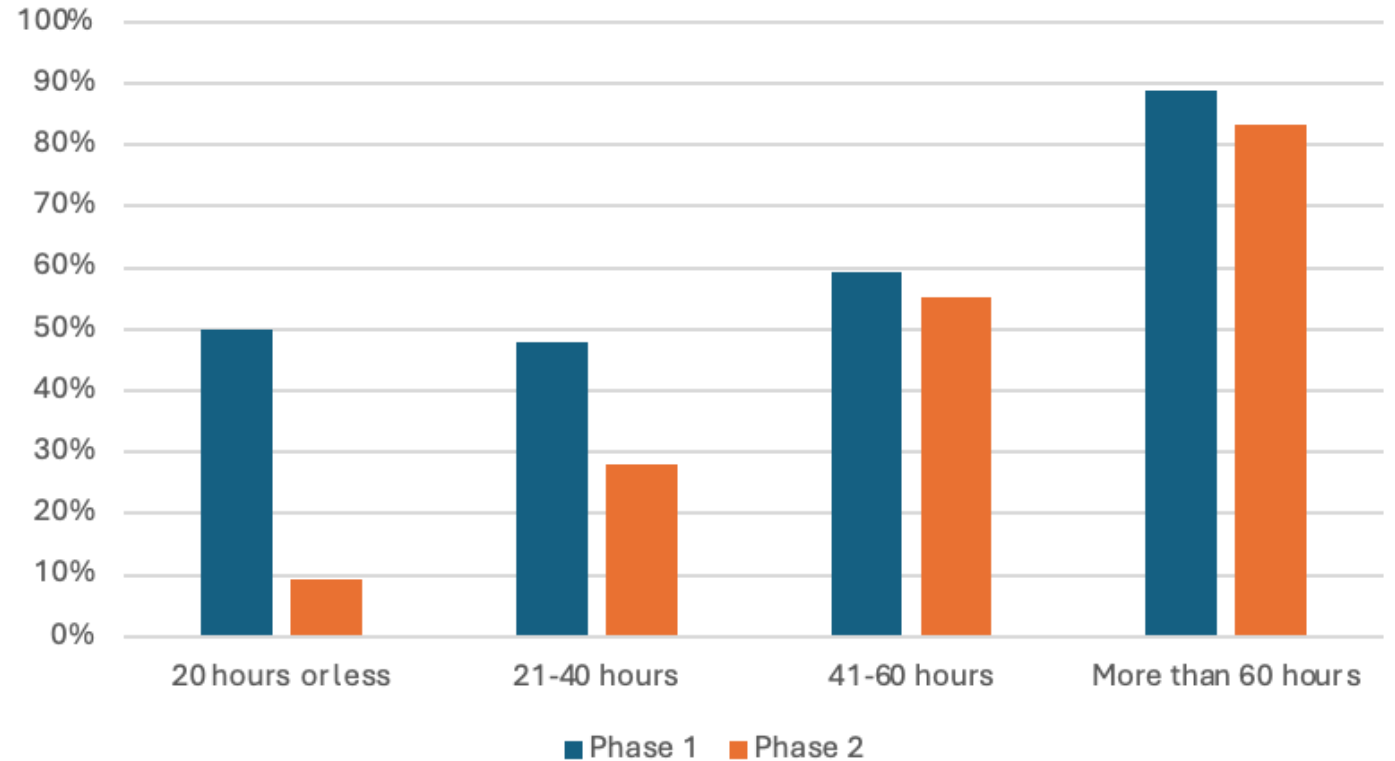
According to the CMA Physician Wellness Survey

- 42% of Canadian physicians screen positive for depression
- 21% experience high anxiety
- The suicide rate in male physicians is twice the national average. 3 times the national average in female physicians.
- 46% of physicians meet the criteria for burnout

In our Region

- WBI shows 48% of all physicians are in distress
- 78% of physicians <5 years in practice are distressed

The burden of long hours



From SIDFP WBI data

Small Ideas of Change ...

Consider:

- What is not working for you?
- What makes you fall behind in your day?
- What interrupts your daily rhythm and flow?
- What drains you?

Improvement Areas

- Eliminate waste
- Improve workflow
- Optimize inventory
- Enhance time management
- Manage variation
- Reduce errors
- Improve quality of life



Table Discussion Questions

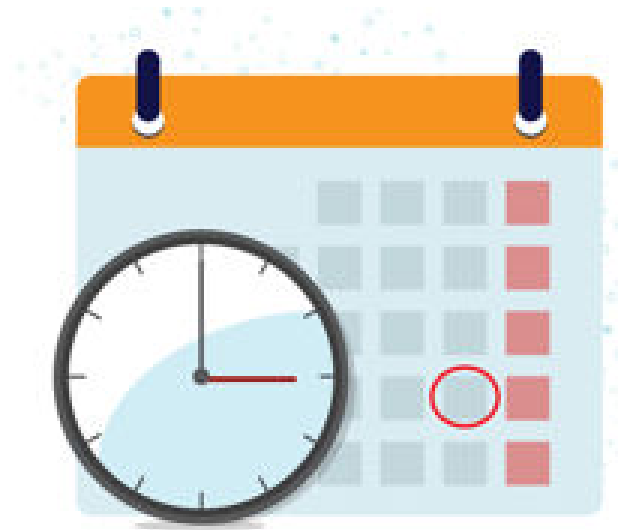
1. What are the limitations & barriers to timely patient access?
2. How do we improve access for our patients so they are seen in the right place at the right time? What are successful examples of this?
3. How would you like the Division to engage with you on this issue? And what practical ways can we support you in this work?
4. How do we engage physicians and nurse practitioners to be part of this work when exhaustion and burnout are at an all-time high?

Presentation (part 2):
How do we address
access?



What is Advanced Access?

- ◆ Eliminating unnecessary delays for appointments
- ◆ Triage and schedule consultations in an appropriate time frame based on urgency of referral



What Advanced Access is NOT:

- ◆ For increasing your patient load
- ◆ For adding more time to your day
- ◆ A government plot to make physicians work harder!

What Are the Benefits of Advanced Access?

Physician and office benefits:

- work/life balance – improved satisfaction for physicians, MOAs, and patients;
- better use of time and resource
- decreased no-shows (decreased waste);
- lessens the number of inappropriate or incomplete referrals.

Patient benefits:

- getting care when they need it (reduces unnecessary return visits)
- improves relationships with doctor and staff;
- allows the patient-physician time to be optimized;
- improves outcomes, fewer and shorter hospital stays;
- increased quality of life;
- no wait/wasted time;
- reduces the # of unnecessary ER visits.

Shoreline PQI Project

- Improving urgent access in the Patient Medical Home to reduce emergency room visits



Project at a glance

AIM STATEMENT:

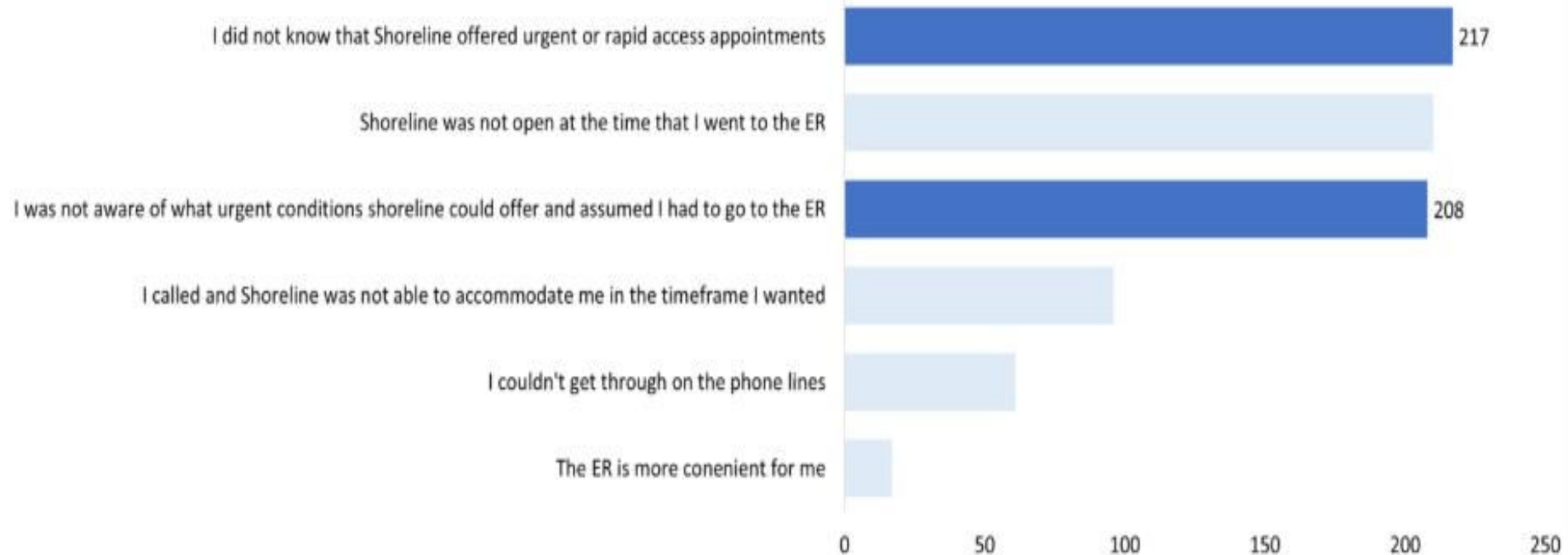
- By June 2024, reduce the number of Shoreline Medical Brentwood Bay attached patient visits to the SPH ED with less urgent or non-urgent conditions (i.e. CTA Score 4-5) by 20%.

STEPS AND MEASURES:

- Implemented a new booking guideline so that rapid access appointments were available for same day or next day bookings
- Did a patient survey and sent 2 communications with information clarifying how to access urgent care
- MOA satisfaction improved significantly
- Despite a **35% increase** in total attached ED visits for CTAS 4/5 during my project there was **no increase** for attached Shoreline Brentwood patients

Patient survey

Patient responses to "reasons for going to the Saanich Peninsula Emergency Room,
rather than Shoreline Medical Brentwood Bay Clinic, for non emergent issues"
(March 2024)



Note: Survey disseminated March 2024 to all Shoreline Medical Brentwood Bay clinic attached patients. A total of 404 patients participated, with the option to select more than one survey response, resulting in a total of 809 responses.

MOA Satisfaction

Staff's level of satisfaction with ease of booking same day appointments for patients when they call in with a same day request at Shoreline Medical Brentwood Bay clinic
(January 2024)

Pre Intervention
(n=9)

Satisfied/Very Satisfied

Neutral

Dissatisfied/Very Dissatisfied

Staff's perception of quality of current booking process for same day/rapid access appointments for patients at Shoreline Medical Brentwood Bay clinic
(January 2024)

Pre Intervention
(n=9)

Acceptable

Poor/Very Poor

Staff's level of satisfaction with ease of booking same day appointments for patients when they call in with a same day request at Shoreline Medical Brentwood Bay clinic
(March 2024)

Post Intervention
(n=10)

Satisfied/Very Satisfied

Neutral

Staff's perception of quality of current booking process for same day/rapid access appointments for patients at Shoreline Medical Brentwood Bay clinic
(March 2024)

Post Intervention
(n=10)

Good/Very Good

Acceptable

Key take-aways



PATIENTS SEEKING CARE IN
THE ED HAS A BIG FINANCIAL
AND ACCESS IMPACT
PROVINCIALY



WE CAN CREATE THE
CAPACITY TO
ACCOMMODATE THESE
PATIENTS IN THEIR PATIENT
MEDICAL HOMES (PMHS).



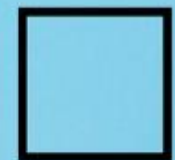
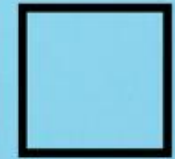
PATIENT EDUCATION IS A
KEY DRIVER TO ENSURING
CARE IS PROVIDED IN THE
RIGHT PLACE AT THE RIGHT
TIME



THERE IS AN OPPORTUNITY
TO SPREAD THIS TO OTHER
PMHS TO HAVE MORE OF AN
IMPACT ON THE ED
VOLUMES

Follow-up: Sustainability Data

- CTAS 4/5 visits to SPH ED M-F 9-5
- **2024/25** - Brentwood 181, Sidney 382, **Society total 563**
- **2025/26**- Brentwood 165, Sidney 283, **Society total 448 (20% less patients in the ED)**
- **** this includes increased patients attached to the organization**



What work is being done?



Provincial AA working
group – Shared
resources



Partners for Better
Health



IH Access and Flow
Cross Continuum
Committee



How do we address access in our region?

- **Community Education**

- IH website
- Electronic and paper posters throughout community
- Media blitz
- Physician patient communications
- Other?

- **Provider education**

- Office efficiency and Advanced access workshops offered in the fall
- PSP
- Other?





How do we address access in our region?

- **Recruitment & Retention**
 - Space issues
 - Novel models of care
- **Physician Wellness**
 - Physicians who are burned out / exhausted have:
 - Greater turnover
 - More sick leave / disability
- **Robust Locum tenens program**

Resources & Next Steps



Practice Support Program:



Optimize your practice

- Understand your patients' care experience
- Get mentoring from your peers
- Develop high-performing primary care teams



Enhance your use of health technology

- Use your EMR (electronic medical record) more effectively
- Find health technology resources
- Apply virtual care tools to your practice



Manage your patient panel more effectively

- Learn what's involved in panel management
- Use panel management to help your practice provide proactive and preventative patient care
- Sign up for training on panel management



Compensation & Certification

- Find out the eligibility criteria for compensation & Mainpro+ credits for practice improvement activities



Practice Support Program

*Urgent Access Innovation Cards
Set C: Appointment Innovations*

DR OR NP 'PCP OF THE DAY'

Within a clinic or practice group take turns seeing same-day urgent patients on behalf of colleagues

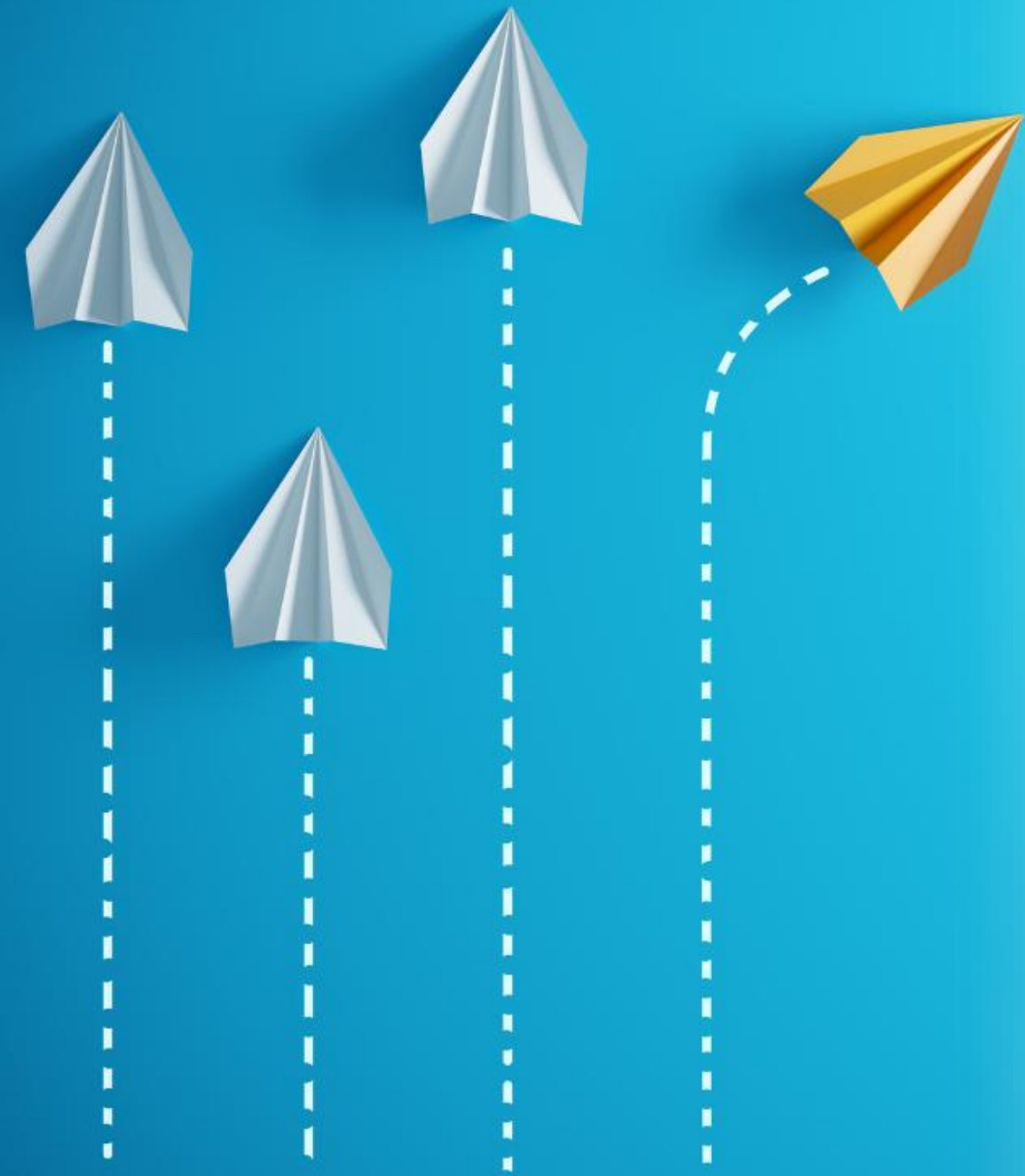


 *Who: PCPs, Office Managers*

 *Resources: None, use existing EMR*

Resources & tools to support you

- MOA triage and booking resources
- Patient communication templates
- Peer mentorship through PSP
- Efficiency and AA workshops offered through SIDFP and PSP in the fall
- North Shore Division's "Pick list" or Nanaimo Division's innovation cards for change ideas



Questions?



Thank you
& event
evaluation:

