VMAC HIGHLIGHTS: March 2025 meeting summary

The Vancouver Medical Advisory Committee (VMAC) is VCH's senior medical administrative body for medical staff in the Vancouver Community of Care, including Vancouver Acute and Vancouver Community.

Vancouver Community leadership update

- Work is being done with the VGH & UBC Hospital Foundation around the Windemere redevelopment public process.
- Preparations are underway for a new tertiary site in Maple Ridge that should help with tertiary flow.
- Supportive housing developments are in process; none of our sites are affected.
- BC Housing is building new homes at two of our existing sites.
- For community-based providers, those going through reappointment this year may no longer need hospital privileges and will be encouraged to move to the CMP category. A new CMP policy is in development.

Vancouver Acute leadership update

- There are 14 perfusionist positions at VGH with five permanent vacancies. Four out of the five vacancies have been filled with new staff starting between now and July.
- Two additional vacancies have been filled with BCIT graduates who hope to start in July 2025.
- The Ministry of Health chairs a focus group on perfusion operational strategies.

Public Health update

- Influenza activity started late this season; there are ongoing peaks and outbreaks in some facilities.
- An automatic testing pilot for syphilis has started at St. Paul's Hospital. Similar work is being performed for HIV testing at many VCH hospitals.
- There are changes to the provincial safer supply program. New patients can only be prescribed safe supply medications with witness ingestion. The population currently on this program will be transitioned to witness ingestion over time.
- The mobile overdose prevention site at VGH complies with MoH guidelines regarding minimum service standards. Concerns regarding security and staff safety were discussed.
- One measles case was reported in VCH that was associated with a Fraser Health case.

Professional Practice

- The Audiology Services review is ongoing.
- Team communication work between nursing, physician and allied staff is ongoing. For urgent communication, phone calls or face-to-face conversations are encouraged.
- VCH has incentives for new hires in radiology, perfusion, and respiratory therapy.
- The Province's MoH earn-and-learn programs are prioritizing respiratory therapy, anesthetic assistants, perfusionists, and some tech CTs.
- Staying connected to schools is key to recruitment.
- Job descriptions are being reviewed as some requirements (e.g., live within 20 minutes of the hospital) are not economically realistic.
- Economic pressures near major hospitals are a factor in recruitment and retention.

Non-Beneficial Care initiative

- This is an initiative to navigate requests for non-beneficial care and to develop strategies when there are disagreements between care teams, patients and their families on any therapeutic intervention that is no longer expected to achieve its intended outcome or may in fact cause harm to the patient (e.g., feeding tubes, hemodialysis, IV treatments).
- Beneficial care can include resuscitative care, life-supporting care, life-sustaining care, and other therapeutic interventions.
- Data indicates 33-38% of patients are provided with care that could be construed as non-beneficial. ~20% of care provided could be directed towards a better use or used more efficiently.
- Non-beneficial care creates challenges to provide patient-centred, efficient, and cost-effective care.
- VCH does not have a formal policy regarding non-beneficial care, nor does CPSBC.
- The vision for this initiative is to ensure we have an ethically and well-supported response to non-beneficial care requests.
- The group has been meeting with clinical teams, frontline staff leadership, medical leadership, and impacted non-clinical partners.
- A new policy is being developed and will be circulated soon for feedback.