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|   | Essential Imaging: faculty Meeting Agenda**Date:** Tuesday, January 14, 2020**Time:** 10:00 – 11:00**Location:** Webex webinar:[https://bcpsqc.webex.com](https://bcpsqc.webex.com/bcpsqc/k2/j.php?MTID=t846a0b5d1f8401b1981a6028d403c5d4)(see below)  |
| **Attendees:****BCPSQC:** Janine Johns, Sarah Carriere, Bruce Forster, Leanne Couves.**Northern Health:** Karen Seland.**Patient Voices Network:** Lelainia Lloyd.**PHC:** Jennifer Elliot, David Agulnik.**BCRS:** Alison Harris.**FNHA:** Eyrin Tedesco.Regrets: Jonathon Leipsic (PHC). |  |
| **Agenda Item** | **Intended Outcome** |
| 1. Teritorial Acknowledgement and Welcomes
 | * Welcome Eyrin to the faculty team!
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| 1. Progress Update

  | **Notes:*** Measurement strategy is under development, next meeting on Jan 22.
* Connections are being made to promote initiative: Eyrin (FNHA), Dr.John Pawlovich (Medical Director, Carrier Sekani Family Services), Dr. Ray Markum (ED Rural Connections), Eyrin’s NP networks
* Campaign materials (Call to Action poster, elevator pitches, posters, lanyards, brochures) currently being finalized before going to design.
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| 1. Call to Action Communication Strategy
 | **Notes:**Target Audiences* Divisions of Family Practice, BC Emergency Medicine network, BC Radiology Society, Doctors of BC, key contacts at each HA, Rural Coordination Center for BC
* Note that family doctors have to do a research project each year that involves collecting data, good opportunity

Criteria for Team Enrollment* 22 teams maximum, rural/remote and urban represented,
* Application for physician funding from Specialist Services Committee is pending; if accepted, teams will need both a specialist and primary physician
* Noted that rural communities many have only one physician who does everything
* Potential to involve learners, residents

Call to Action Distribution* Call to Action circulated through email and printed posters; meant to entice teams to sign up for initative
* Suggestion to have one Call to Action poster that is attached to a targeted email message depending on the audience
* Important to use personal connections when promoting initaitve, Faculty and MIAC members help distribute

Key messages* Emphasis the available supports and resources, easy to join and participate, will drive change vs just mining data, team-based approach

Patient Perspective* Issues with communication between health authorities, doctors will not share imaging records and patients are charged to get a copy
* Patients lack control if they have a rare disease and cannot determine where their specialists are
* Specialists will do blanket referral and patient will recieve multiple letters telling them to go different places for different tests which is very confusing
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| 1. GP representative for Faculty
 | **Notes:*** Need a GP Faculty Rep, Dr. Nardia Strydom was recommended
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| 1. Next Steps:
 | **Actions:*** Sarah to send faculty meeting invites for coming months
* Sarah to draft and circulate inclusion criteria for teams, both to put on the Call to Action and for faculty reference
* Sarah to share campaign materials with faculty for feedback before they are finalized
* Sarah going to meet with Nardia Strydom on Feb 4th about being the GP representative on Faculty
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| **Faculty Meeting Schedule*** 11th Feb, 2020
* 10th March, 2020
* 14th April, 2020
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| **Upcoming Activities:** * Finalize graphic designer for sub-branding of materials: December 2019-January 2020
* Call to Action: February 04, 2020 (tentative)
* First webinar and virtual launch: 09 March 2020 (tentative)
* Second webinar: 20 April, 2020 (tentative)
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**WebEx – Preferred (audio and visuals online):**

1. Go to <https://bcpsqc.webex.com/bcpsqc/k2/j.php?MTID=t846a0b5d1f8401b1981a6028d403c5d4>
2. The meeting should be titled, “Essential Imaging Faculty Meeting”
3. Enter your name and email address on the right side of the screen and click “Join now.”
4. Click “run” when the pop-up window appears
5. To receive a call back, provide your phone number when you join the training session, or call this number and enter the access code: Canada Toll Free:1-888-642-2128 | Access code: 559 892 542

**Teleconference (audio only):**

Dial-in: **1-888-642-2128**