

Meeting Notes – lifting COVID restrictions on Foundry service provision

Date: May 20, 2020 **Location:** Microsoft Teams

Invited Attendees: All Foundry centers, All FCO, Michelle Cianfrone

Introduction:

- Nina speaks to the BCCDC guidelines and the minor difference between the two guidelines sent out to all attendees via Outlook meeting invite.

Michelle Cianfrone with Foundry Online, updates us on the COVID resources and information that are available to the general public on the Foundry website.

- Been developing resources that may be useful, specific to COVID
- There is a pop up on the webpage, that takes you to COVID specific information
- Two goals, to reinforce messages coming through from BCCDC and to develop Foundry specific themes and resources in supporting health and MH during this time

Questions asked to the centers:

1. Insofar, how is your center planning/deciding who receives in-person services vs virtual for youth and caregivers?
2. How are you planning your staffing/scheduling for virtual care and in centre services?
3. Does your centre have adequate cleaning and PPE supplies?
4. Any specific questions for the network?
5. What can FCO support you with? (Foundry-sized signage, guidelines, continued NKE/communication opportunities etc.)

Stef Costales (FCO)– Josh in PG created the article that has been shared on the website on *how parents can talk to their kids during this time*. Happy to share any of the great work you folks are doing on the webpage, keep sending them along!

Elizabeth Watt (Abby) We are doing V.C over the phone and seeing people who need to be seen. Over the last week we are seeing more people face to face. We have a room where we can stay 6ft apart, if they are sick we have full PPE and gloves if we need to touch. We will increase this number as we have our providers decide they need to see more people. It's going to be an issue with MH services, it's hard to mitigate the distance when people are in hallways and in the waiting room. Shannon is trying to figure this out for us!

Sharon (Manager of Abby) –In preliminary stages, we will see how the traffic flow will be and the waiting room. Early in the process, its good hearing what Elizabeth has to say, when we open, we have to look at traffic flow. Don't have specifics now, will start to look at counselling services. Through

Archway we can get some PPE, we will have more information next week. We have Plexi glass for reception, need to look at how are we going to get the safety in place?

Nina - We need more of a discussion on what it will look like in the centres

Simone Maasen (Abby)– One of the things that is a challenging is the shared workplace, how are other centres doing it? We are doing work virtual; Fraser Health have been in the office and they are spread out to do physical distancing. The way we are set up its hard to do that, when we have the counsellors in, we are full and the shared workspace is less convenient during this phase? Curious how others are managing that?

- **Melanie Winter (Victoria)**- We are on the 3rd floor. We are on site and doing rotating schedules, one person from each team. We have 3 counselling rooms, and you're in that room all day. Three rooms for doctors, 1 on site, one virtual, 1 exam room and we clean the exam room after each visit. We are going to stay virtual as much as we can. Feedback is good, people enjoy not having to wait in the waiting room. Phased approach to going back, doctors and nurses will see their patients at their own discretion.
- We get PPE from Island health. Scheduled approach to staff returning
- Pulling from Work Safe BC and guidelines Nina shared, I will create a checklist of going back to the office, physically working in the space and then look at when to bring clients back into the space. I can share this with you all
- We are in a very small site, its hard to have more than 3 people into the waiting room at any time. We will be slow at bringing patients back into the office
- We have plexi glass

Julie (North Shore)- Maintained some in person services throughout this specifically Primary Care. We are screening ahead of doing visits and sexual health, especially contraception pick up. Outreach has continued to see clients in person. From the start, we moved over to rotational schedules, working from home and the office. We can have a team, but ensure people are distancing. Had a lot to do with childcare, staff caring for their home life, while also working for youth.

Now we are phase 1 what kind of environmental measures do we need to have in place before in person work? Plexi glass on order, creating robust screening procedure at the door, additional cleaners in during the day, summer maybe more traffic, with staff in the building,

Last week we put out surveys to youth, parents and staff, opinion survey of the benefits and challenges of V.C. Getting the perspective of clients, where is works well and what's missing? That feedback will influence, how we open in person.

Specific benefits of having V.C, but it's not everything. Where does V.C fit best and what else is required? Its slow, trying to be methodical, burden of being a Health Authority as a host agency, layer of expectations regarding in person, virtual/remote.

As the manager, I am trying to separate V.C from remote work, two different processes. We can do a lot of V.C from our office and remotely? Trying to separate out the pros and cons of V.C and needs of working remotely.

Elise (FCO)– Can you speak to the 4 criteria you were looking at?

Julie (NS)– We looked at is there a way to access what V.C is better at or when is it a tool that is not effective?

1. Access to centre and technology – youth and young adults that don't have access to technology, physical access, youth at a distance can't get here, a virtual option maybe real great it allows access to us
2. Function – looking at someone's functional level, their combination of Mental health, cognitive functioning, psychosocial functioning. Is working with a counsellor over zoom good for them? If a client has difficulty focusing, it may be worse or easier being on zoom. Using a client centred approach, is this methodology of service delivery best considering their functioning makeup?
3. Team collaboration and integrative care continues, - what impact does virtual method of care have on a team approach? Our discussions with team members, happen on the way to the desk, I wonder about how we hang on to that? We may lose it!
4. Client choice – drop in – All things being equal, is there a preference if a youth is at a workplace or a school? 1:1 or V.Care? Maybe we always hang onto a virtual drop in. We have a small number of clients during COVID, who have refused care virtually. Youth are not all the same, and we need to incorporate choice in a deliberate manner. What works best for you?

I want us to be very mindful as a multi-function team, that we use the tool of VC as best we can!

Toni (PG) – Insofar who gets in person and virtual – we have been doing both since started, limited access to technology, we embraced Virtual Care and off to a good start. Left it to young person & family. As we move forward, we are not going to shape things up until end June. Kids go back to school in June. We have one person in the centre each day for counselling. In person each day doctor and nurse, that will remain the same. Encourage V.C where possible. If it makes sense to see in person, we will do that too. Trying to get safety in place, plexi glass is up for front staff, rearrange space we have a tiny waiting room, no more than 2 or 3 people at a time. We have been managing space, meeting rooms into talk rooms, talk rooms as V.Care rooms, staff scheduling it's a space issue, we can't have everyone in the office all at once, we have not asked anyone to come into the office who doesn't want to. In the office 1 day per week, we have nurses, MOA, me there all the time. Our partner agency took staff who didn't have space.

Some work areas are off limits, check in and check out desk schedule for cleaning, 6 workstations that can accommodate people in the team area and exam rooms that can accommodate Primary care team, one day we have had to limit service's is Tuesdays, we have our psychiatry clinic, this service didn't lose momentum over last 8 weeks. We are seeing young people & families in person for psychiatry. Two psychiatrists on site and being thoughtful on how we move folks about the building. We are at limit on Tuesday with that!

We will remain virtual or outreach day until we know what resident is doing! Very grateful to have extra psychiatry on site, but space is a consideration.

V. C is going to be with us for a while, team has gotten comfortable with it, young people & families are comfortable with it.

PPE - we are doing ok, we don't have anyone that is at risk. Cleaning supplies are harder to come by, slowly starting to see stuff on shelves.

Can we go back to toolbox? Its low numbers in the building, we will clean in between use, team wants to get back to using toolbox. Are we going to maintain VC in counselling going forward? Can we get access to tools on toolbox for screening when counselling virtually? The Team values toolbox

FCO support- Hearing from others is the biggest benefit, gauge where we are at and what's working and not is very helpful! If there is standard signage that we all need to put up, that would be nice to have, with the design created and sent out to us.

Elise (FCO) One question I've heard that's come up is how to support staff and other team members emotionally, especially with respect to folks who have other health issues. Any tips you might want to share for supporting your team if you've already been thinking of this?

Toni (PG)- Some people were happy, some terrified, we have ensured staff that we respect their choice, all staff are not in the office at the same time. Staffing won't change in the next while! Lots of check ins, not just work related! Who has to be in the building, how is their health? Extra safety around those staff!

Steve (FCO) – We have been awarded supercluster with a software company, this will be a 3 year journey. We will have our own Foundry app, collapse 5-6 functions into 1, including the ability of clinicians to communicate directly with clients through txt chat and video service, push resources out to youth, youth have their own narrative so they don't have to tell their story repeatedly. By august we will roll it out, and test it, it will be compatible with Dacima and toolbox, anything that happens virtually to connect with staff. Multiple individuals connected on the same platform.

Toni (PG)- Can we start using toolbox?

Steve (FCO)– We have to figure out how to use it again? Curious with centre leads what this is costing re: capital? Please send them to me, and I can check if we can help.

Warren (FCO)– it's possible to send out a link to the tool son toolbox or a paper version It's definitely possible to set up the system to send out the tools as a link to an email address. We can also provide paper versions.

Nina (FCO)– plan moving forward – calls will continue every two weeks. Foundry Website <https://foundrybc.ca/covid19-foundrycentres/> for info that you can all access, info to share with network we will pop up on webpage. Lets stay connected on this topic, Implementation managers connect with them!

NKE Calls – Doodle Poll, Thank you for completing, still waiting to hear from some of you, please complete! Next meeting will be another day and time likely. Looking forward to hearing from folks, if you want to talk more often than 2 weeks, let me know! Thank you all, lots of information in the chat!

Notes in the CHAT

Melanie winter (Victoria)- Answering Elise's question, At Victoria, we are going to hold a virtual team meeting this week to talk to staff about some back to work restrictions and allowing staff to identify (offline if possible) their comfortably coming back to the office. During this period I've had many check ins trying to see what people's feelings were with working in the office each week, so far so good. We won't hold it against people who wish to work from home still for a while and work with them to identify what needs to be done to make them feel comfortable for future return. A lot of validation that this time is weird for everyone so all emotions that come up won't affect their role should they request to stay home.

Simone (Abby)- lots of meetings individually and in teams is also what is happening in Abby to support staff

Terry B (NS) - At Foundry North Shore, we've also developed a resource "cheat sheet" for staff which consolidated many resources in one place. Wellness focused. Includes resources for parents during COVID as well. Has a health authority slant but may be helpful for other centers if people are interested?

Elizabeth Watt (Abby)- Important for some of our Youth to actually come into the centre - they see other youth there and see ads for groups, they might interact with Peer support etc. We need to be very careful about those using virtual care only

Rob McRudden (FCO)- When cleaning Toolbox iPads, please dampen the rag to rub rather than spraying cleaner directly on the surface. The branded art is made of paper sandwiched between two pieces of plexiglass: they are vulnerable to being soaked.