



# Fraternal Order of Eagles Victoria Aerie Number 12

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Victoria B.C. V9A 3M5  
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CORPORATION OF THE TOWNSHIP OF ESQUIMALT  
For Information:  
 CAO  Mayor/Council  
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RECEIVED: JAN 30 2019  
Referred: Anja  
 For Action  For Response  COTW  
 For Report  Council Agenda  IC

January 29, 2019

MAYOR AND COUNCIL  
Township of Esquimalt Municipal Hall  
1229 Esquimalt Road  
Esquimalt, BC V9A 3P1

This letter is to advise the Township that we the Fraternal Order of Eagles of Esquimalt have committed to hiring an Academic Researcher Dr. Eileen Pepler to conduct a community-wide needs assessment to inform current and future service planning.

We are collectively interested in gaining a better understanding of the medical, social and mental health needs of our members and the wider-population living in Esquimalt, Victoria West and CFB Esquimalt.

We are targeting to have this project completed by the end of March 31st, 2019. Our timelines are dependent on the collaborative efforts of the community, Island Health and the South Island General Physicians Collaborative Group.

As we move forward it is critical that the Fraternal Order of Eagles and the Township of Esquimalt jointly work together to achieve the end goal---better access to medical and social care services closer to home here in our town. Attached is a copy of the proposed work plan setting out the project goals, objectives, timelines and deliverables.

We look forward to working with the Township on this exciting and important project.

Yours Sincerely

Richard Parker,  
Secretary  
Victoria Aerie # 12  
Fraternal Order of Eagles  
Victoria, B.C.

January 19<sup>th</sup>, 2019

Mr. Ray Hawksworth  
Treasurer  
Fraternal Order of Eagles  
891 Esquimalt Rd  
Victoria B.C. V9A 3M5

**Re: Township of Esquimalt Primary Health Care Service Needs Assessment**

Dear Ray:

The Pepler Consulting Group (PCG) is pleased to submit our proposal to conduct a Primary Health Care Service Needs Assessment of the Township of Esquimalt to the Fraternal Order of Eagles. The assessment will include:

- a review of demographic trends;
- an inventory of existing Primary Health Care services available to residents in the Township of Esquimalt and surrounding areas (e.g. CFB Esquimalt, Victoria West and Esquimalt First Nations communities);
- identification of current health services gaps and projection of future health service needs; and
- identification of areas for moving forward with implementing a Primary Health Care facility in Esquimalt.

#### **Project Context and Background**

- South Island Division of Family Practice, South Island Collaborative Services Committee (Partners for Better Health) and the Ministry of Health recognize the need for the provision of primary care services including significant mental health and substance use, and services to people aging with multiple chronic conditions, and a geographically disparate population, and a notable population of children and youth facing mental health challenges, and the increasing number of work-related injuries.
- The Township of Esquimalt is one of four Western Communities slated for a primary care network.
- The Township of Esquimalt covers a population of an estimated 17,600 residents with a growth rate of 3% per annum
- Assessing the capacity to provide primary health care services to residents in the municipality and surrounding service area (Victoria West, CFB Esquimalt and to First Nations Communities) is an important priority.

### Project Scope and Objectives

**Scope:** the purpose of the engagement is to complete an assessment of current and anticipated demand for primary health care services in the Esquimalt service area. The Primary Health Care Local Needs and Resources Assessment will be conducted within the context of, and will be aligned with, Provincial Health Ministry's Primary Health Care Framework, the South Island Family Practice and the South Island Collaborative Services Committee and Island Health's Primary Care Network Strategic Plan. The scope of the assessment will be limited to primary health care services as defined in the Primary Care General Policy Directive. The review will not include an assessment of acute care and long-term care service requirements.

**Objectives:** The specific objectives of the project are to:

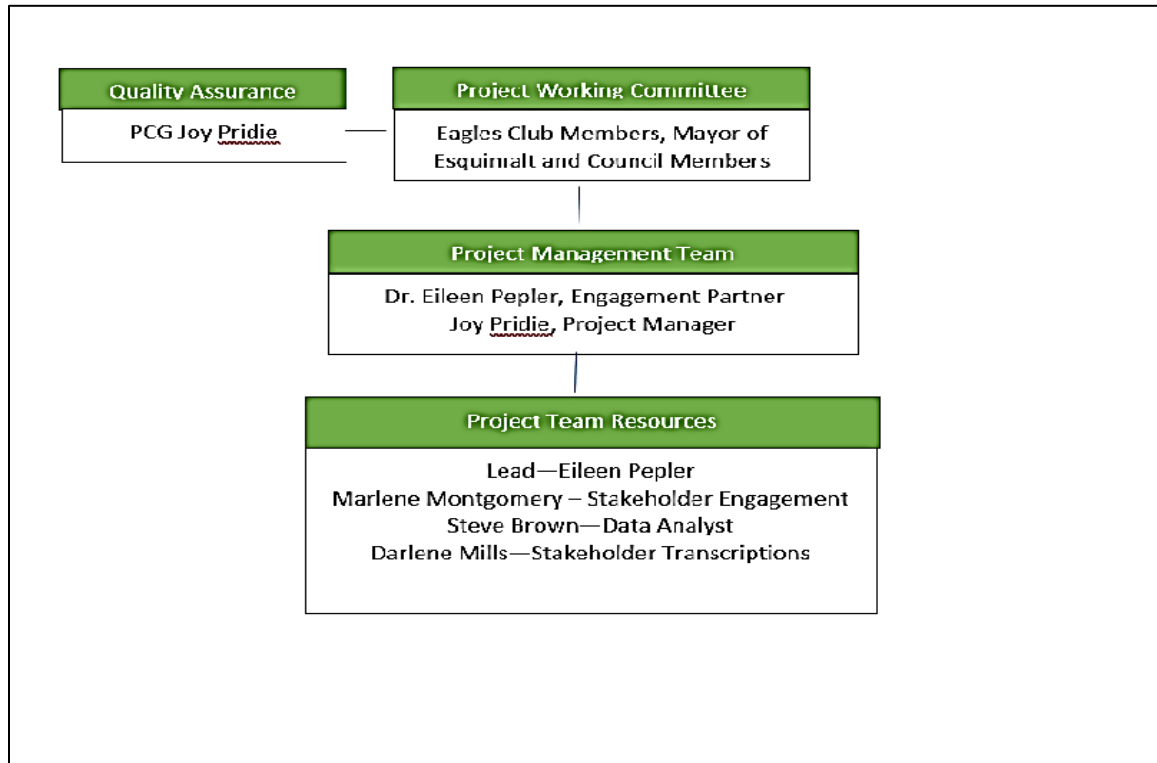
- Confirm the Township of Esquimalt catchment area for primary health care services
- Inventory existing primary health care programs and services, activity levels and related supports
- Determine day and night volumes of Emergency Department use for family, general or group practice, primary care sensitive conditions
- Assess demographic data, identifying the current and projected population for the community and surrounding area
- Identify the rate of disease burden for the current population and projected population
- Identify strengths, weaknesses and major issues related to access to primary health care services, including the attraction and retention of family/general physicians within the Township of Esquimalt
- Engage physicians, other health care providers, the public, the First Nations communities, nurse practitioners, dentists, police, fire department, paramedics and other key stakeholders in identifying primary health care services issues to be addressed and potential solutions
- Identify options and recommend strategies to improve the planning and delivery of primary health care services
- Gain clarity on the roles and responsibilities of Island health, South Island Division of Family Practice, and local stakeholders including the municipality, and others

### Project Team Resources

Pepler Consulting Group has committed to assembling a team with the required capabilities and experience to fully execute on the Township of Esquimalt's Primary Health Care Service Needs Assessment project. In addition to our core team, which is composed of both employees and sub-contractors, and to support our commitment and to deliver upon the objectives of the project, we have arranged access to an international team of academics, researchers and thought leaders from the healthcare industry as advisors to inform our findings. The resumes of the Pepler Consulting Group team bios can be found in Appendix A.

### Proposed Project Structure

The following section of our proposal provides a draft workplan together with additional information regarding our team, project reporting structure and roles and responsibilities. Our team of professionals meets all of the mandatory requirements set out in our proposal to complete the scope of this project. We propose a collaborative team structure, partnering consulting team members with the Eagles Club selected team members, the Mayor of Esquimalt and selected councilors, and other members from the community wherever possible to ensure knowledge transfer and a timely execution of this project. In addition to the core project team, we would also engage with the South Island GP Physicians Group, Island Health, the BC NP Association and the Ministry of Health where appropriate.



**Work Plan**

The following section describes and explains the proposed work plan for this engagement. We will work with the Project Working Committee to revise and finalize the work plan during Task 2.

Task	Activities	Deliverables
<p><b>Task 1</b> <b>Establish Working Committee</b></p>	<ul style="list-style-type: none"> <li>Establish a project working committee to provide overall direction to the project.</li> </ul>	<p>1. Project Working Committee Established</p>

Task	Activities	Deliverables
<p><b>Task 2</b>  <b>Confirm Project Objectives and Approach</b></p>	<ul style="list-style-type: none"> <li>• Conduct project initiation meeting</li> <li>• Gather background documentation</li> <li>• Obtain data documentation authorizations and submit to MoH and Island Health</li> <li>• Sign/off Project Plan</li> <li>• Identify key stakeholders</li> <li>• Agree bi-weekly status reporting requirements</li> <li>• Ongoing project management</li> </ul>	<ol style="list-style-type: none"> <li>1. Project Plan</li> <li>2. List of key stakeholders</li> <li>3. Clinical Services Utilization Data documentation authorization forms</li> <li>4. Submission of Forms to Island Health &amp; MoH</li> <li>5. Agreement to project objectives, scope, key deliverables, work plan and timelines</li> </ol>
<p><b>Task 3</b>  <b>Document Review</b></p>	<ul style="list-style-type: none"> <li>• Review relevant documents and reports to provide a context for the project including:               <ul style="list-style-type: none"> <li>• Demographic and statistical data for Esquimalt and surrounding boundaries (e.g. CFB Esquimalt and Vic West)</li> <li>• Utilization data for primary health care and physician services</li> <li>• Ministry of Health Primary Care Policy Papers</li> <li>• Doctors of BC Family Physician Recruitment &amp; Retention and funding models strategic plans</li> <li>• Primary Care Network Service Plans</li> <li>• Implementation of the Integrated System of Primary and Community Care</li> <li>• South Island Division of Family Practice PCN Submission Process Documents</li> </ul> </li> <li>• The existing strategic, health service and business plans for Island Health</li> <li>• BC Ministry of Health’s strategic directions/health policy directions</li> <li>• Utilization data for primary health care and physician services</li> <li>• Client/patient/physician feedback records—focused on primary health care</li> </ul>	<ol style="list-style-type: none"> <li>1. Current State Analysis</li> <li>2. Demographic Trends including patterns of Population Growth including surrounding boundaries</li> <li>3. Population Projections for Esquimalt Primary Health Care catchment area</li> <li>4. Characteristics of Resident Population</li> <li>5. Preliminary gap analysis (services and resources)</li> </ol>

Task	Activities	Deliverables
<p><b>Task 4</b> <b>Interview Program</b></p>	<ul style="list-style-type: none"> <li>• Prepare materials for Interviews</li> <li>• Schedule interview appoints with the following:                             <ul style="list-style-type: none"> <li>• South Island Division of Family Physicians Group (Dr. Clay Barber, Executive Director)</li> <li>• Doctors of BC (Dr. Eric Cadesky, President)</li> <li>• First Nations Health Authority</li> <li>• Esquimalt First Nations Leaders and selected members of their community</li> <li>• Island Health Primary Care Leader (VP Cheryl Damstetter)</li> <li>• Chief Medical Officer (Dr. Richard Crowe)</li> <li>• Physicians from Esquimalt Family Practice</li> <li>• Mental Health support groups</li> <li>• CFB Esquimalt Leader</li> </ul> </li> <li>• Conduct Interviews</li> <li>• Draft High-Level Report of key themes emerging from interviews</li> <li>• Communicate high-level themes with Project Working Committee</li> </ul>	<ol style="list-style-type: none"> <li>1. Confirmed appointments with selected interview participants</li> <li>2. Interview question template</li> <li>3. Analysis and interpretation of responses</li> <li>4. Draft high-level summary of themes</li> <li>5. Deliver finalized high-level summary of key themes emerging from interviews to the Project Working Committee</li> </ol>
<p><b>Task 5</b> <b>Inventory Primary Health Care Services</b></p>	<ul style="list-style-type: none"> <li>• Gather population and demographic data</li> <li>• Gather hospital and primary care service utilization data</li> <li>• Establish Esquimalt’s primary care catchment area including surrounding boundaries</li> <li>• Establish number of FTE physicians, nurses and allied health professions working in primary care, mental health/addictions services and chronic disease management</li> <li>• Determine volume of primary care services being provided</li> <li>• Obtain and analyze hospital data for 2015/16 &amp; 2016/17 including after hours volumes of emergency department use for family practice primary care sensitive conditions (CTAS 4-5)</li> <li>• Obtain and analyze first- responder data (e.g. fire and police)</li> </ul>	<ol style="list-style-type: none"> <li>1. High-level summary of Health Utilization Data and Service Capacity</li> <li>2. High-level summary of physician, nurses and allied professional numbers and utilization</li> <li>3. High-level gap analysis</li> </ol>

Task	Activities	Deliverables
<p><b>Task 6</b>  <b>Assess Current and Anticipated Demand</b></p>	<ul style="list-style-type: none"> <li>• Analyze utilization data and demographics data</li> <li>• Assess and evaluate historical background on growth rates</li> <li>• Project population growth rates for the period 2020-2035</li> <li>• Establish prevalence and incidence rates related to disease burden for Esquimalt catchment area</li> <li>• Compare Esquimalt rates with regional and provincial benchmarks</li> <li>• Identify top ten chronic conditions and associated workforce resources</li> </ul>	<ol style="list-style-type: none"> <li>1. Detailed overview of health status indicators if left unchecked will have serious impacts on health care delivery</li> <li>2. Detailed summary of health utilization data and service capacity including hospital and surgical services and outpatient clinics</li> <li>3. High-level best estimate of the resident population size</li> <li>4. Identification of the challenges in recruiting and retaining physicians, nurses and other primary care service providers</li> </ol>
<p><b>Task 7</b>  <b>Stakeholder Focus Groups</b></p>	<ul style="list-style-type: none"> <li>• Contact five stakeholder focus groups (an estimated 75 people) through a combination of activities including:               <ul style="list-style-type: none"> <li>○ Esquimalt Physicians and nurses and other health care professionals</li> <li>○ Community Service Agencies- Focus Group</li> <li>○ Blend of Men, Women, Seniors, Adults and Youths (total 25 participants) Community Engagement Focus Group (Eagles Club)</li> <li>○ Community Engagement at McDonalds/Tim Hortons</li> <li>○ Community Direct Care Staff—1:1 Interviews (Shoppers Drug Mart, Rexall, Life Labs, Diagnostic)</li> </ul> </li> <li>• Develop focus group question template of four or five key questions (e.g. strengths, weaknesses, issues to be addressed, best ideas for potential strategies, barriers to current services, vision for future)</li> <li>• Conduct stakeholder focus groups</li> <li>• Transcribe and analyze stakeholder outcomes</li> <li>• Group key themes emerging from stakeholder focus groups</li> <li>• Draft high-level summary report</li> </ul>	<ol style="list-style-type: none"> <li>1. Key Themes Emerging from Stakeholder Consultations including strengths, challenges and service gaps</li> </ol>
<p><b>Task 8</b>  <b>Documentation of Findings</b></p>	<ul style="list-style-type: none"> <li>• Results from Tasks 1 to 7 are documented in the form of a draft report</li> <li>• High-level identification of draft recommendations</li> <li>• Drafting of Initial Draft Report</li> </ul>	<ol style="list-style-type: none"> <li>1. Draft Report including the development of recommendations</li> </ol>

Task	Activities	Deliverables
<b>Task 9 Project Working Committee Review of Findings and Potential Options</b>	<ul style="list-style-type: none"> <li>Schedule Project Working Committee Meeting</li> <li>Draft report of findings and highlight potential recommendations</li> </ul>	<ol style="list-style-type: none"> <li>Conduct meeting with Project Working Committee</li> <li>Feedback on potential recommendations obtained and documented</li> </ol>
<b>Task 10 Draft Report</b>	<ul style="list-style-type: none"> <li>Preparation of a comprehensive draft incorporating study objectives, approach, key findings and recommendations</li> </ul>	<ol style="list-style-type: none"> <li>Comprehensive Draft Report submitted to Project Working Committee for review and feedback</li> </ol>
<b>Task 11 Finalization of the Draft Report</b>	<ul style="list-style-type: none"> <li>Incorporate feedback from the review session into a Final Draft Report</li> </ul>	<ol style="list-style-type: none"> <li>Final Draft Report</li> </ol>
<b>Task 12 Project Working Committee Review</b>	<ul style="list-style-type: none"> <li>Meet with Project Working Committee</li> <li>Seek any suggested modifications or enhancements from their review</li> <li>Incorporate/edit Final Draft Report</li> </ul>	<ol style="list-style-type: none"> <li>Project Working Committee Update Meeting</li> <li>Feedback solicited and incorporated into Final Report</li> </ol>
<b>Task 13 Final Report</b>	<ul style="list-style-type: none"> <li>Finalize Report incorporating any suggestions and/or Project Working Committee Changes</li> <li>Submit to Project Working Committee, and other stakeholders as identified (e.g. Island Health, South Island GP Services Committee, Ministry of Health)</li> </ul>	<ol style="list-style-type: none"> <li>Final Report submitted to Project Working Committee</li> <li>Sign-off obtained</li> </ol>

### Proposed Costs and Timelines

The estimated costs for completing this 12-week project (assuming January 21st, 2019 start date, with a completion date of March 31<sup>st</sup>, 2019) is \$25,000 with a discount of \$10,000, for a **fixed project price of \$15,000** payable as follows:

- 50% (\$7,500) at the start of the project
- Remaining 50% (\$7,500) when the final deliverable is signed-off by the Eagles Club as set out in the project plan and will be invoiced accordingly.
- The final deliverable is due March 31<sup>st</sup>, 2019.

### Assumptions

While we are confident in our ability to meet the prescribed timelines for this project to inform the business case for a Primary Care Health Services, our proposed project work plan is built on a few key high-level assumptions. Should these assumptions not hold true, we will need to revisit our effort and allocations, enacting contingency procedures to allow continued adherence to the required timelines.

Key project assumptions:

- Project start:** the contract is signed-off and the project initiated as per discussion with Eagles Club (January 22<sup>nd</sup>, 2019)



- **Availability of information:** information necessary to assess the current state, develop the baseline for existing capacity and workforce matrix, and support underlying current and future demand projections, assumptions or requirements is available immediately and on-demand from Island Health and the Ministry of Health, as needed to complete the demographic trends, population health status and health utilization data and service capacity.
- **Support from the Township Senior Planning Team:** the selected individuals to support this project are available and able to support the PCG team in information gathering, as well as with workshop logistics, communication and distribution of project materials.
- **Selected individuals from the Eagles Clubs and the Mayor, are the sponsors and the Project Working Committee for this project** and will be available as needed to validate and provide feedback on the key deliverables and activity elements per the work plan.
- **Approval and revision of deliverables:** upon receipt of a deliverable, either interim or final which incorporates the feedback received, Working Committee will provide PCG with written approval of the deliverable. In addition, the final deliverable may be updated by PCG through only one (1) iteration.
- **Status reporting:** as per the project timeline agreed to by the project Working Committee, status update reports will be issued bi-weekly until our final deliverable has been delivered and accepted by the Project Working Committee.

We recognize the both the urgency and the critical importance of undertaking this project to support the Township of Esquimalt's community health planning process. We are committed to ensuring that the current and future state primary health care service needs assessment has integrity, drives stakeholder commitment and results in gaining the necessary understanding and clarity of the issues and identifies solutions for moving forward.

Critical success factors for this project include:

- **Inclusiveness:** A successful primary health care services needs assessment requires a diverse group of stakeholders to come to a common understanding, collectively consider the key success factors and dependencies, and work together to create and execute a plan that they agree represents the best unified path forward. A successful service needs assessment will be one that has engaged many of the stakeholders who will be impacted by access to health care, ensuring awareness and a shared sense of ownership.
- **Relationship Building:** Efforts are required to effectively engage key stakeholders in setting a clear vision, mandate and service priorities for Primary Health Care as a foundation upon which to build the required cooperation, trust and mutual support necessary for the provision of accessible quality services.
- **Leadership:** There is no doubt based on past experience that there will be multiple competing perspectives, and a heightened sensitivity to policy changes affecting health care and the way the system functions. It may mean at times making difficult decisions in a timely fashion, recognizing that trade-offs may be needed during the final stages of developing the business case.
- **Context:** Understanding the importance of existing and future workforce initiatives is important and clearly articulating the skills, competencies and the scopes of practice, associated with the new models of care, will allow for a deeper understanding of the opportunities for initiating discussions with the education community.
- **New Site Facility:** A new medical building will provide an important part of the infrastructure required to attract and retain physicians to the area. It also will provide the capacity to support

co-location of other primary health care service providers on the site which would help facilitate the collaborative interdisciplinary team practice model. This model strategically aligns with the Ministry of Health's transformation change goals.

It is agreed that the Eagles Club and the Township of Esquimalt will allow the Pepler Consulting Group to develop a case study for academic teaching purposes, and write a journal article on engaging operations management experts to advise on the use, and the implementation of tools such as queuing analysis and discrete event simulation to determine the optimal approach to aligning demand and capacity to sustain primary health care services in mid-size urban centers.

We look forward to working with you and your Project Working Committee on this exciting initiative aimed at improving access to health and wellness for the residents of the Township of Esquimalt and surrounding areas.

Regards,

Eileen F. Pepler, PhD  
Principal  
Pepler Consulting Group

**Agreement to Scope, Timelines & Deliverables**

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**Eileen Pepler, PhD**  
**Managing Partner**  
**Pepler Consulting Group**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Ray Hawksworth, B. Com**  
**Treasurer**  
**Fraternal Order of Eagles**

**Date** \_\_\_\_\_

## Appendices – Team Biographies



**Eileen Pepler, MSc, PhD** | The Pepler Group | Adjunct Professor, Richard Ivey School of Business, University of Western Ontario | Adjunct Professor, Centre for Innovative Management, Athabasca University, MBA Programs, Faculty of Management, Adjunct Professor, Factor-Inwentash Faculty of Social Work

Dr. Pepler is a leading scholar, researcher and consultant with extensive global and national expertise in health and social care. She has extensive experience in designing, executing, facilitating and delivering strategic initiatives on a number of levels—international, national, provincial and regional. More specifically, Eileen’s academic credentials in systems thinking, data analytics project management, economic costing, information management and technology, healthcare service delivery design, outcomes management, simulation and computer modelling, make her a thought leader and specialist in large-scale change management. She applies lean methods, population health forecasting modelling associated with age-banded populations with disease prevalence, to predict likely demand into the system year on year, and the impact on costs, activity, resource and outcome as the demand flows through the system. Eileen uses population health demographic diversity data to link costs and outcomes in acute care, cancer, seniors care, community care and mental health, addictions and substance use to facilitate future capacity/demand projections. Her expertise in working with patient journey mapping across a broad spectrum of population groups has led to the development of effective patient-centered innovation changes aimed at improving decision-making, costs, outcomes and wait times.

Dr. Pepler is an expert in engaging various stakeholders within health care organizations and professional and public sector provider groups including the Aboriginal communities to collaboratively facilitate the necessary shifts in our health care system on a number of levels to benefit patients. Dr. Pepler’s research and academic career also focuses on patient centered care initiatives which promote patient self management and improved experiences of care. She is currently working with the National Health Service on its Long-Term Conditions Year of Care Funding Program and with Hospice organizations on transforming end of life care for people living on Vancouver Island. Throughout the years, Dr. Pepler has leveraged her experience in Canada, US and the UK to lead strategic planning and execution, program evaluations, performance and quality improvement initiatives, clinical service transformation projects and service delivery redesign. Eileen has recently completed a 12-month engagement aimed at exploring new models of care and the implications on the future workforce for a range of services to seniors, end of life care, frail elderly, children and youth with mental health. Additionally, her expertise was used to evaluate provincial health human resource tools and determine the gap when utilizing these tools for projecting future workforce and resources to align with future demand.

Eileen was instrumental in a provincial investment for change in mental health for children and youth. This was a result of the findings from a seven-year cross-sector government research project, focused on increasing access, improving the client experience, and mechanisms to reduce fragmentation, duplication of resources and result in a re-investment of funds back into the system to improve wait times for families with children and youth seeking mental health or addiction/substance programs and services.

Eileen has worked and lived for the past ten years in BC. She has worked across the BC landscape with healthcare and social service providers, and with not-for-profit agencies and senior residential facility owners. Dr. Pepler has a strong understanding of today’s health care issues and the importance of community engagement to achieving the triple aim—patient experience, quality, costs—and executing on solutions that are shown to sustain the health care system for future generations.

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Years of Experience: 25+ Years

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**Joy Pridie, MSOD, PMP, CMC | The Pepler Group**

Joy Pridie is a Principal of Pepler Consulting Group and will be joining the Township of Esquimalt's Primary Health Care Service Needs Assessment project as Quality Assurance Advisor and Project Manager. Joy is an experienced project manager and strategic consultant specializing in Program Management and Governance, Transformational Change, Workforce Analytics, Organization Design and Performance Support.

Joy has over 18 years of consulting experience with a large global consulting organization and has worked both nationally and internationally leading the design and development of numerous strategic transformation performance improvement programs and projects in multiple industry segments. Joy also has the ability to not only lead but function as a multidisciplinary team member utilizing excellent communication skills.

Recent engagements involved supporting the exploration of new models of care and the implications on the future workforce for a range of services to seniors, end of life care, frail elderly, children and youth with mental health challenges. Other engagements included management of the planning and design phase for the implementation of a Health and Human Services Integrated Case Management program for the Government of British Columbia.

Joy's projects have required an extensive understanding of health system issues and sustainability levers, service provider operations, alternative service delivery models, technology enablement opportunities, and overarching system transformation considerations.

Joy has a Master's degree in Organization Development and holds CMC and PMP designations.

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Years of Experience: 25+ Years

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