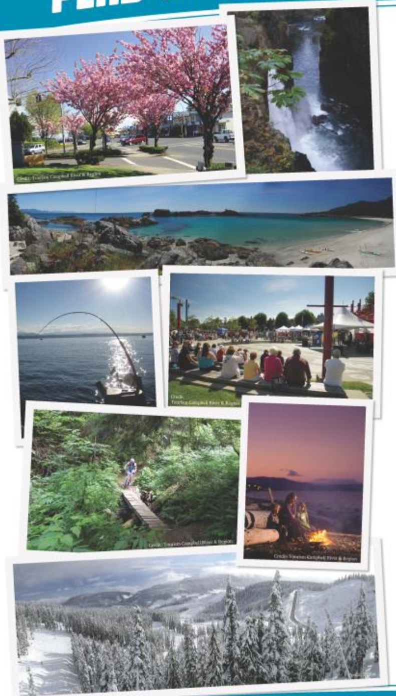


Campbell River and District Division of Family Practice

Annual General Meeting 2017

doctors of bc
British Columbia Medical Association

GPSC
General Practice Services Committee

Projects and Partnerships

Started

Late 2016
Residential Care Initiative
Foundry – Youth Clinic – partnership with JHSNI
ERAS - Shared Care
CYMHSU Referral Helper – CYMHSU Local Action Team

2017
Patient Medical Home/Primary Care Network (IH partnership)
Health Consultant (IH partnership)
Frail/Elderly NP (IH partnership)
Pathways (CR-Comox Valley partnership)
North Gulf Islands MHSU (Rural and Remote, CV, CR Division)

and Ongoing

Walk with your Doc
Be Active Everyday
Cultural Safety Committee
Recruitment Support
MOA Network
FETCH

Education and Workshops

- Opioid Treatment
- Maternity Event
- MAiD Information Session; Ethical Tensions
- Polypharmacy parts 1& 2
- Child &Youth MH – Anxiety: Rounds; Community Forum
- MOA – Communications Workshop; SP & GP Exchange
- ERAS Forum
- Med Residents' Clinic Crawl
- Member-wide Strategic Planning

Blade Runners (youth initiative) catering Maternity Event

Community and Fun

- Snow to Surf Team
- Family BBQ
- Be Active Everyday!
- Walk with your Doc

Physician Leadership Driving Division Work

(Par 5 - 3 Mins, 4 Shots)

Foundry Youth Clinic

What is happening at FOUNDRY today?

Dr. Logan is here from 2-4:30pm

Stephen from NIEFS 9-4:30

Sharon from Child + Youth Mental Health MCFD 1:30-4:30

Parent in Residence 11-3pm

Kat from Literacy 1-3pm

Mental Health drop-in with Stacy 2-6pm

Substance Use Counselling 8:30-4:30pm

Aboriginal Youth Navigator, Ashley is here from 1-4:30pm

LGBTQ2+ Youth Group 4:30-6:30pm

Primary Care

Our doctors are there!
* Dr. Logan
* Dr. Maheu
* Dr. Smith

Residential Care Initiative

Advisory Committee

- 2 physician leads (Dr. Logan, Dr. Vanderveen)
- Pharmacists
- Residential Care Facilities (5)
- Patient Voice representative
- Other health care professionals ad hoc
- Coordinator (Janet)

Highlights:

- Improved communication between facilities and physicians
- Approx. 84% compliance at Care Conferences, increased from approximately 35%
- 2 call groups and clinic call group cover all facilities
- Transfers to ED, based on facility reports, has been reduced by as much as 50%
- Efficient placement of residents and transfer of care within and from outside the division
- Recruitment of new physicians to the initiative

ERAS and Pathways

Advisory Committee

Dr. Leanne Wood (general surgeon)
Dr. Willem Prinsloo
Dr. Robin Sutmoller (anesthesiologist)
Dr. Olia Novikova (anesthesiologist)
Dr. Kerry Baerg
IH - Michelle Crosby
SP - MOA – Julie Payant
Patient Voice – Lisa Le Signe
Project Lead – Allan Campbell

ERAS: Passport to Enhanced Outcomes

- A Shared Care Project to develop tools and protocols for pre-habilitation pathways for patients scheduled for elective colorectal surgery.

- There is a growing body of evidence that patients who are involved in a structured pre-habilitation program that addresses anemia management, smoking cessation, exercise, nutrition, and mental well-being have improved pre-operative fitness and a quicker return to baseline compared to patients who do not undergo pre-habilitation.

Work to Date

- ERAS Forum – GP and SP engagement – direction of ERAS process determined
- Established SP to GP pre-operative care plan
- Developed pre-surgery Patient Passport
- Planned pre-hab health/fitness program pilot

continued…Work to Date

Ongoing Consultation with Partners

- ❖ Fraser North West ERAS model
- ❖ IH CDM Program
- ❖ Evaluation Team
- ❖ Local Private Physiotherapists
- ❖ Department of Surgery
- ❖ Department of Anesthesiology
- ❖ Community Programs (Strathcona Gardens)
- ❖ Pathways BC

Next Steps

- ❖ Physician leads present at "Surgical Summit" Jan. 22/18

- ❖ **ERAS Forum 2.0**: launch of ERAS tools & Social

  You're Invited! Feb 6th, 6pm-8pm

  CR Golf &Country Club

- ❖ Ongoing Roll-out

  MOA engagement; GP Office visits; e-blasts

- ❖ Final Evaluation
  - Three month follow-up interviews
  - Data compilation and summary from completed passports

Patient Medical Home Primary Care Network

Advisory Committee (still in development)

Physician leads (Dr.s Ness and Davis)
IH Director CR
PSP Coordinator
Team Lead – Community Health Services
FHNA – Community Engagement Coordinator
Patient Voice
MOA rep

GPSC Goals

- Increase patient access to appropriate, comprehensive, quality primary health care for each community.

- Improve support for patients, particularly vulnerable patients, through enhanced and simplified linkages between providers.

- Contribute to a more effective, efficient and sustainable health care system that will increase capacity and meet future patient needs.

- Retain and attract family doctors and teams working with them in healthy and vibrant work environments.

More specifically:

- Extended, after hours & weekend care within clinics
- Provision of same day access for urgently needed care
- Provision of comprehensive primary care services through networking of clinics with other primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.
- Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.

What We Heard from You

Member priorities identified included:

- Timely access to, and better coordination of, the appropriate level of care for their most vulnerable patients including those with MHSU and social determinants of health issues, the frail and elderly, and; unattached and out of community maternity patients.

- Communication and relationship building amongst providers to support comprehensive care, physician networks, and efficient and effective referral pathways.

continued…What We Heard from You

- Support to reduce administrative workload and address physician well-being, including the optimization of EMR use and adequate physician coverage.

With the PMH Project funding, we aim to:

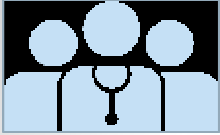
1. Gather input from the physician and patient perspective to clarify the perceived gaps and challenges to comprehensive and coordinated care. (To include physicians and AHP who are currently working in a team-based approach to learn from their approach.)

2. Identify areas where PMH-PCN work is emerging/exists. Capitalize on these services and resources to build a plan to integrate and test the work spanning acute care, community clinics and home and community in readiness for additional MOH funding.

3. Support the physicians keen to be early adopters of building PMH/PCN attributes into their practice.

4. Identify specific supports needed in addressing the systemic changes required to fully achieve continuity of care, and the relational and structural challenges that come with coordination of care as part of an inter-professional team. (e.g. of supports: alternative funding models, team-based care enablers, change management support etc.)

Overview of Foundational Elements for Practice Transformation



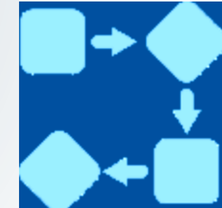
Team-Based Care
Distribute roles among care team members, instill accountability for care quality

Care Management IT
Identify metrics to track progress, guide ongoing development

Care Management
Use patient, quality data to set treatment, management decisions

Patient Engagement
Involve patient, caregivers in care planning and support self-management

Enhanced Access
Increase quantity of in-person, virtual access points



Care Coordination
Ensure continuity of care between specialty partners, community resources

Bre'el's Summary

Division Activities 2017-2018

Share
ideas
Start
something
good

- **Host member-wide strategic/initiative planning session to get input on priorities and direction**
- Establish project/initiative physician advisory
- Implement Northern Gulf Island MHSU project
- Addictions Forum (PSP supported) & follow-up in-services
- Billings and Health Data Coalition Workshop
- ERAS Tool Launch and follow-up
- Support, in partnership with MSA & Dept of FP, a sustainable solution for in-patient care

Continue to support ongoing activities such as:

- ✓ Physician leadership/training opportunities
- ✓ GP-SP-IH collaborations
- ✓ MOA network including GP & Specialist clinics
- ✓ Recruitment and locum coordination efforts
- ✓ RCI coordination and quality improvement
- ✓ Maintain and strengthen community partnerships
- ✓ Inform and support membership/clinics in MOH PMH/PCN mandate/process
- ✓ Fulfil our regional and provincial obligations to support Interdivisional Collaborative Service Committee etc.

Thanks to the outgoing Board!

Anne Morrison   Chair

Jennifer Kask   Vice Chair

Kathleen McFadden   Director

Oh and……

The Original Board Member…2013

From the early days

As we laid the foundation and grew

‘Til it was time to move on

Till it was time to say goodbye and move on

A Big Thanks

to you Kerry and your supportive sweetheart Colleen!