
Annual Report 2011



Table of Contents

Message from the Chair	4
Message from the Executive Director	5
Activities and Highlights	6
Shared Care Diagnostic Imaging	7
Palliative Care	8
Shared Care Mental Health	9
Shared Care Gastroenterology	10
Primary Care Obstetrics	11
In-Hospital Care	12
Unattached Patients	13
Transitions in Care	13
Financial Statement	14
Summary of Committees	15
Board of Directors and Staff	16

Message from the Physician Lead – *Dr. Gayle Klammer*



Welcome to our second full year with the Central Okanagan Division of Family Practice. During this time, we have seen growth in our membership, expansion of our initiatives and enhancement of relationships with the Interior Health Authority and the community.

Our membership grew from 149 to 169 this year. We continue to strive to have 100% of family physicians from Peachland to Winfield join our Division.

In response to feedback from our members' meetings, surveys and requests for support, we started initiatives in mental health, gastroenterology and unattached patients. We have facilitated conversations regarding the development of a low-risk obstetrics clinic. We have also continued to work on the projects started in our first year (access to DI, palliative care, in-hospital care). Our goal in each of these areas is to work with our members and partners to sustainably improve patient care and physician satisfaction.

Looking ahead, we will continue to develop our organization and build functional partnerships with Interior Health, the General Practice Services Committee (GPSC), other Divisions of Family Practice and community stakeholders. We have formal relationships with local Interior Health Administration and GPSC through the Collaborative Services Committee. This relationship has expanded to include senior Interior Health administrators and other divisions within Interior Health through the Inter-divisional Strategic Council.

I am looking forward to the challenges and opportunities this next year will bring as we continue to work to improve patient care, support our community of GPs and create a sustainable health care system for us all.

I'd like to thank the board of directors and the many physicians who have participated in CME, working groups, surveys and pilot projects. Your participation is always appreciated and critical to our success.

Thank you to all 169 members for joining us and supporting the work of the Central Okanagan Division of Family Practice.

Message from the Executive Director – *Tristan Smith*



The Central Okanagan Division of Family Practice continues to build on the foundation we put in place to support our members. This includes expanding to Shared Care work that includes gastroenterology and mental health.

Over the past year, we have connected with our membership through surveys and members' meetings. The information we receive from you informs our strategy and decision-making. We also created a member newsletter, something we intend to improve on over time to provide you with meaningful information to help you and your patients.

Since the inception of our Division, it has been apparent there are many groups who wish to support family physicians, including the Practice Support Program, PITO, various community organizations and Interior Health. As executive director, I am excited to be a part of these new connections, strengthening relationships between family physicians and others in our community interested in improving primary care. Our Division leads are working hard to ensure family physicians and their patients are understood and respected during these challenging times in healthcare and success will be built through strong relationships and collaboration.

This annual report is designed to provide you with an overview of our initiatives and accomplishments. Over the next year, I look forward to continuing our efforts to better understand what is important to you and your patients. I would also like to thank our administrative assistant Monica McLean, our past assistant Lisa Merrick, our bookkeeper Nancy Ingram and our consultant supports Dave Harray and Phil Morehouse for their commitment to our organization, which has led to the positive results we have shared.

Divisions Activities and Highlights

Community Engagement

- Aboriginal Groups (WBFN, Metis, Kelowna Society)
- Mayor's and Regional District Hospital Board
- Local Provincial MLA's
- Practice Support Program
- Physician Information Technology Office

Continuing Medical Education

- June 8th 2011 Members' Meeting Family practice resource evening
- October 4th 2011 Vascular update
- November 8th 2011 Respiratory and infectious disease
- December 8th 2011 Diagnostic imaging and MRI

Office Supplies

The Division initiated group buying rates for medical office supplies.

Division Newsletter

The Division newsletter was introduced to share information relevant to family practice in the Central Okanagan region.

Webpages for Divisions Members

Webpages are offered to members as an opportunity to share information and resources such as office hours, staff, phone numbers, FAQ's from patients, links to clinical information and common patient handout materials.

Office

Monica McLean joined the Division team in December 2011 as the administrative assistant.

Shared Care: Diagnostic Imaging

Aims:

- Improve access to diagnostic imaging (Ultrasound and CT)
- FP ability to order selective MRI

Summary:

Family physicians identified inefficiencies related to patients requiring urgent and emergent access to ultrasound and CT through Diagnostic Imaging (DI) at Kelowna General Hospital (KGH). The Central Okanagan Division partnered with radiologists in a Shared Care initiative to address this situation.

Highlights:

With collaboration between family doctors, radiologists and KGH administration, the requisition form was revised to allow family doctors to identify a patient's urgency for the procedure requested. In addition, a direct telephone line was installed to allow better access to a radiologist for questions or emergent patient access. As a second phase, family doctors will be able to order select MRI tests.

Results:

Wait times for family physicians to contact radiologists were reduced significantly with our physician to physician phone line. As well, wait times for patients who require urgent imaging were reduced from approximately four to six weeks to providing patients the test in a timeframe appropriate for the condition (as soon as 24-48 hours).

Next Steps:

KGH DI will work with Interior Health Forms for printing the finalized form.

Members: Dr. Wendy Wickstrom, Dr. Gayle Klammer, Dr. Milt Stevenson

Specialists: Dr. Cathy Staples

Division Staff: Dave Harray, Tristan Smith, Monica McLean

IH: Pam Hoeschle, Zeno Cescon

Palliative Care Committee Report

Aims:

- Establish a sustainable palliative care system
- Work towards a palliative care assessment service
- Work towards a pain and symptom management service for non-malignant patients

Summary:

The palliative care working group consists of family physicians and Interior Health representatives, including managers and front line staff. Family physicians identify gaps in care including: hospice house assessments, support for the palliative care response team, and pain and symptom management services. Through many discussions at Collaborative Services Committee meetings and the palliative care working group, family physicians and Interior Health reached consensus on the issues.

Highlights:

The groups co-identified service gaps between family physicians and Interior Health including non-malignant pain symptom management service, non-ambulatory malignant pain and symptom management service, hospice house assessments, patient self-management, specialists not providing end-of-life assessments or planning, and home and community care caseloads.

Next steps:

The committee will develop a prototype model of a non-malignant pain and symptom management service for palliative patients with chronic disease. It will also continue to support physicians providing palliative services.

Members: *Dr. Gillian Fyles, Dr. Mike Banwell, Dr. Claire Young, Dr. Mike Penny, Dr. Tara Sebulsky, Dr. Gayle Klammer*

Division staff: *Tristan Smith, Monica McLean*

IH: *Shannon Hopkins, Andrew Neuner, Jacquie Hayes, Sharon Whitby, Gina Sloan*

Shared Care Mental Health

Aims:

- Review current programs available through mental health services
- Support family physicians in managing care within their scope of practice
- Improve access to psychiatrists for family physicians providing ongoing care
- Improve communication and knowledge transfer between psychiatrists and family physicians
- Establish processes and protocols for referrals, consults and care plan

Summary:

Divisions representatives have been meeting with psychiatry leads and Interior Health mental health administrators since February 2012. The working group identified access and communication between psychiatrists and family physicians as the major focus for this initiative. Engaging the psychiatry department revealed interest in providing better access to assessments from family doctor offices.

Highlights:

There is shared interest in improving access to psychiatrists for patients from family doctor offices. Considering the complexity of mental health services, this initial step in collaboration is seen as foundational for this work.

Next steps:

Areas where access to psychiatry assessments for family physicians offices can be improved will be identified, as will ways to enhance that access. The group will also consider whether referral forms should be reviewed and updated.

Members: Dr. Marianne Morgan, Dr. Jeanne Mace, Dr. Jan McIntosh

Specialist: Dr. James Chin

Staff: Tristan Smith, Monica McLean, Phil Morehouse

IH: Shannon McCarthy, Shannon Hopkins

Shared Care Gastroenterology

Aims:

- Improve referral process that includes better identification and triage of urgent patients
- Improve consult note back to family physician regarding urgency and wait times
- Engage gastroenterology group regarding challenges related to access for patients who require screening endoscopy
- Support for dealing with patients who are currently on a very long waiting list

Summary:

This working group was formed in March 2012 to identify areas of improvement related to non-urgent gastroenterology referrals and access to services or assessments.

Highlights:

Both the gastroenterology department head and representatives from Interior Health ambulatory care have committed to work with CO Division on this initiative.

Next steps:

The current referral process and form will be reviewed. The working group will collaborate with GI and Interior Health to assess the wait list for both screening endoscopy and triage of consult request.

Members: Dr. Peter Butterworth, Dr. Gayle Klammer
Specialist: Dr. Bruce Borthistle, Dr. Carla Nash
Staff: Tristan Smith, Monica McLean, Phil Morehouse
IH: Sharon Cook, Dr. Sandy Nash and Claire Johnston

Primary Care Obstetrics

Aims:

- Develop sustainable FP obstetrics system for future
- Develop an open policy for FP's interested in a low risk obstetrics clinic
- Work towards supporting UBC medical school
- Supporting locum coverage for FP obstetrics

Summary:

This working group was formed by members with an interest in family practice obstetrics. The working group identified concerns regarding future of FP obstetrics coverage, opportunities for medical students to experience FP obstetrics, and difficulties for FP's finding locums that provide obstetrics service.

Highlights:

The working group and the Division have asked for Interior Health's support regarding setting up an obstetrics service that links to UBC medical school and can provide support to all FP's providing obstetrics.

Next steps:

The working group is awaiting a response from Interior Health regarding available space. A business case for a low risk obstetrics clinic will be developed.

Members: Dr. Dani Sarbit, Dr. Julie Parker, Dr. Cara Wall, Dr. Janet Evans
Dr. Jane Rishi, Dr. Louise Graham, Dr. Mark Soresstad,
Staff: Tristan Smith, Monica McLean
IH: Sharon Cook, Dr. Jan McIntosh



In-Hospital Care Support for Family Practice

Aims:

- Improve communication between KGH staff and FP's
- Improve on-call communications system and processes
- Improve access to parking

Summary:

Following engagement with our members in February 2011, the Division formed a working group with Interior Health to improve patient care and family physicians' experience while providing care at KGH.

Highlights:

KGH administration and staff have demonstrated their interest in and commitment to supporting family physicians at the hospital. Physicians' access for morning parking at KGH has been improved, as has the identification of ward staff who can assist family physicians with rounds. On-call communications between KGH and family physicians has also been improved through enhancements to the paging system and ward protocol.

Next steps:

In collaboration with switchboard and KGH wards, the Division will work to improve communication between KGH and on-call family doctors to avoid errors and erroneous calls.

Members: Dr. Jeanne Mace, Dr. Gayle Klammer, Dr. Jan McIntosh,
Dr. Mark Sorestad, Dr. Rob Williams, Dr. Bernie Lewke

Staff: Tristan Smith, Monica McLean

IH: Andrew Hughes, Tracey McDonald, KGH PCC's, KGH Nurse Managers

Unattached Patients

Aims:

- Improve care for complex unattached patients in our community

Summary:

The Collaborative Services Committee agreed to support this initiative. Initial interest came from physicians who identified a significant number of people using the Urban Outreach Center as a source of primary care who may not be appropriate for the setting.

Highlights and Next Steps:

Due to uncertainty related to the negotiation of the physician master agreement, this initiative has been put on hold.

Transitions in Care

Aims:

- Improve patient care, as well as family physician and hospitalist experience, by improving communication between KGH staff and physicians, including emergency physicians, hospitalists and specialists during patients' admission and discharge

Highlights:

Both family physicians and hospitalists have indicated their interest in working together.

Next steps:

An application for funding will be submitted through the Shared Care committee and a project manager will be hired.

Financial Statement

This financial statement is based on an unaudited statement for the period ending March 31, 2012.

Central Okanagan Division of Family Practice Society

Statement of Operations and Changes in Net Assets
For the year ended March 31st, 2012

Revenues

General Practice Services Committee	\$426,827
Shared Care Committee	\$55,000
Interest	\$1,986
	<hr/>
	\$483,813

Expenditures

Contract Services (Executive Director, Admin, Bookkeeper, Consultant)	\$144,745
Contribution to Physician Data Collaborative (1 year only)	\$17,025
Insurance	\$1,090
Interest and Bank Charges	\$131
Meetings (Initiatives, Members Meetings, AGM)	\$21,452
Office (Supplies, Postage, Furniture, Printing, other, (Non claimable HST))	\$7,553
Professional Development (GPSC leadership course, IAPP2 training)	\$9,016
Professional Fees (Accountants)	\$8,000
Projects (Palliative, Orphaned Patients, Low Risk Obs, In-Hospital Care, Residential) physician compensation	\$29,084
Shared Care project development (Diagnostic Imaging)	\$50,994
Society Development (Board and AGM) physician compensation	\$43,662
Telephone and Communications	\$2,661
Travel	\$3,735
Workshop Development (General meetings, Board Lead, Financial Review Collaborative Services Committee) physician compensation	\$50,235
	<hr/>
	\$389,343
	<hr/>
Excess of revenues over expenditures	\$94,470
Unrestricted net assets, beginning of year	\$4,700
	<hr/>
Unrestricted net assets, end of year	\$99,170

Summary of Committees

Collaborative Services Committee

The Central Okanagan Collaborative Service Committee (CSC) brings together representatives from the Central Okanagan Division of Family Practice, the General Practice Services Committee and Interior Health. These partners share issues of concern for patient care outcomes, co-determine priorities and co-design solutions to the complex and interconnected issues facing the healthcare system and the delivery of primary care. All partners work together to improve patient care and system efficiencies within their sphere of influence.

Currently the Central Okanagan CSC is discussing Palliative Care, Mental Health and unattached patients.

Members: *Dr. Gayle Klammer (Co-Chair), Dr. Jeanne Mace (CODFP)*

Staff: *Tristan Smith, Monica McLean*

IH: *Andrew Neuner (Co-Chair), Shannon Hopkins (Administrator, Community Integrated Health Services)*

GPSC: *Brian Evoy (GPSC), Tanis Evans (Provincial Division support)*

Inter-divisional Strategic Council

The Inter-divisional Strategic Council (ISC) is a formal group representing senior administrators within the Community Integrated Health Services for Interior Health, Division Leads for all Divisions within Interior Health, the General Practice Services Committee and the Ministry of Health. Its purpose is to discuss health system transformation and common issues between partners as well as sponsor these activities. Early initiatives include the creation of the Interior Health chronic pain strategy group and the Interior Health Information Management Information Technology groups. In the future, issues including integration and integrated health networks will be introduced to the Divisions of Family Practice through this council.

Division Representation on ISC: *Dr. Gayle Klammer and Tristan Smith*

Central Okanagan 2011/2012 Board of Directors

Dr. Gayle Klammer (Lead)
Dr. Jeanne Mace (Vice Lead)
Dr. Marianne Morgan (Chair)
Dr. Wendy Wickstrom (Secretary)
Dr. Rob Williams (Treasurer)
Dr. Mike Banwell
Dr. Peter Butterworth
Dr. Jan McIntosh
Dr. Mark Sorestad

Central Okanagan Division of Family Practice

1605 Gordon Drive
Kelowna, BC
V1Y-3G8
Fax: 1-888-577-1472 (toll free)

Division Staff

Tristan Smith (Executive Director)
Phone: 250-718-4533
tsmith@divisionsbc.ca

Monica McLean (Administrative Assistant)
Phone: 250-317-5970
mmclean@divisionsbc.ca

*Photograph's of the Central Okanagan
area are courtesy of PictureBC.com:*

Cover: A farm in lake country

Pg. 2: Million Dollar View, Winter Perch, Gellatly Bay Walkway

Pg. 3: Kelowna Golf

Pg. 11: Members Event

The Divisions of Family Practice is an initiative of the General Practice Services Committee,
a joint committee of the BC Ministry of Health and The BC Medical Association.

www.divisionsbc.ca/cod