



**Central Okanagan**

**Division of Family Practice**

A GPSC initiative

# **Annual Report**

# **2012**

**Notes:**

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

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It has been my privilege again this year to be the Chair for the Central Okanagan Division of Family Practice. It has been a very busy year, and we can proudly say that group of 177 family physicians with a strong collective voice has improved health care in our community.

We have continued to deepen our relationships with our members, other Divisions in IH, the Health Authority, UBC Faculty of Medicine, GPSC, the Ministry of Health and the broader community. The opportunities to collaborate to improve the care of our patients and the health of our community reach far beyond the Valley.

One of this year's most exciting successes has been the development of the One Time Psychiatric Assessment Consult (1PAC) Service. We have been working with our gastroenterology colleagues and IH to relieve the obstipation surrounding access to GI services. A number of working groups persevere in attempting to improve the health system in the community, hospital and residential care facilities. Each of these initiatives were developed in response to your concerns about timely access to care in our community.

This year a dedicated group of physicians are working to develop connections in our community and tools for office use that will help us support our patients to live healthier lifestyles.

The year ahead will be filled with challenges and opportunities. It's clear we have a lot of work to do on retention and recruitment and improving access to primary care and the services our patients need. And we have to do it in a way that is sustainable and doesn't cause burn out or disengagement.

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 critical and always appreciated.

## Message from the Executive Director – *Tristan Smith*

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Our Division of Family Practice has continued its mission to improve the health system through the voice of family doctors. The year 2012-13 has highlighted our success with collaborative initiatives and continued partnership within the health system.

While continuing to build on the foundation of our organization, our members have forged new relationships in our community and within the broader health system.

- Our members have reached past traditional connections and formed meaningful partnerships in our community through the Child and Youth Mental Health collaborative where family doctors partnered initially with the Ministry of Children and Family Development, Interior Health, and Psychiatrists. Further community partnerships to be established in the future.
- Our Health Promotions initiative brought local municipalities, CO Regional District, Interior Health, UBC-O, School District 23 and various other health related organizations to the table with the aim of establishing long term health strategies for our communities.

These two examples highlight the strength of family doctors when tackling complex health system issues.

This year we partnered with local psychiatrists to improve access to one-time psychiatric services and with Gastroenterologists to improve triage and waitlist management for colon screening and GI referrals. We've also initiated an innovative pilot test to improve access to Dermatology using online technology. As well, our community continues to benefit from improved access to diagnostic imaging such as CT, U/S and MRI.

The board and our members continue to use our values, mission and the triple aim objectives (patient outcomes, patient/provider satisfaction, system benefits) as measures of success. The coming year will include a robust strategic planning exercise that will include our members, external stakeholders, local health planning information and future visioning of primary care which will result in a strong platform for ongoing work.

I'd like to thank our Administration Assistant, Monica McLean, for her unwavering dedication to our organization and for the energy she brings. Also, thanks to our consultants who keep our work moving forward. Over the coming year we look forward to building our organization in efforts to meet the growing demands of our initiatives and attaining results for our health system.

## Divisions Activities and Highlights

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### Community Engagement

Interior Health  
City of Kelowna  
City of West Kelowna  
District of Peachland  
District of Lake Country  
Regional District of Central Okanagan  
University of British Columbia-Okanagan  
Ministry of Children and Family Development  
School District 23  
Canadian Mental Health Association  
Other Provincial Divisions of Family Practice  
Practice Support Program (PSP) & Provincial Information and Technology Office (PITO)  
Local Aboriginal organizations

### Continuing Medical Education

Apr 13, 2012	MH and Addictions	Dr. Gabor Mate
May 16, 2012	MRI	Dr. Cathy Staples & Dr. Willie Cheyne
Aug 14, 2012	Diabetes	Dr. Henry Chirayath
Oct 2, 2012	AGM	Dr. Guy Fradet
Nov 15, 2012	Residential Care	Dr. Gary Victor
Dec 4, 2012	Chronic Pain	Dr. Paul Etheridge & Neil Pearson
Feb 26, 2013	GI	Dr. Carla Nash, Dr. Rafael Perini and Dr. Ken McKenzie

### Division Newsletter

The Division newsletter continues to provide meaningful information to support clinical decision-making and share information about news and events.

This year we had newsletter editions for: May, July, October, December, and February.

### 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.

## Shared Care Mental Health – Family Physicians and Psychiatrists

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**Date Initiated:** January 2012

**Physician Leads:** Dr Jeanne Mace, Dr Marianne Morgan, Dr Jan McIntosh, Dr James Chin

**Major issues identified:** lack of timely access to psychiatry for assessments, uncertainty regarding who is accepting patients, inconsistent communication between psychiatrists and family physicians causing challenges in triaging and ongoing management of care, uncertainty regarding services offered in the Central Okanagan.

**Progress:**

1. 1 time psychiatric assessment services starting in Oct 2012 for patients attached to a family doctor for assessment and follow up with linkages to community resources to support family doctor managing patients with mild to moderate mental illness.
2. Evaluation plan for testing phase to be completed by May.
3. Roll out to all family doctors in the Central Okanagan beginning in May 2013.
4. Updates on psychiatric wait times in CO Division Newsletter.

**Next Steps:** Complete trial phase by April 2013, roll out to all Divisions members in May 2013.

## Shared Care Gastroenterology – Family Physicians and Gastroenterologists

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**Date initiated:** January 2012

**Physician Leads:** Dr Milt Stevenson, Dr Gayle Klammer, Dr Peter Butterworth, Dr Carla Nash, Dr Bruce Borthistle, Dr Sandy Nash

**Major issues identified:**

1. Wait list screened with an estimated 9000 patients for screening endoscopy and non-emergent investigation.
2. Inconsistent communication from GP office to Gastroenterology to assist with screening and triage.
3. Lack of coordinated management of wait listed patients.

**Progress:**

1. Working group has identified true list of long waiters, communicated this to family doctors.
2. GI has reconfigured the waitlist management system for referrals to GI and subsequently Ambulatory Care.
3. The Working Group has developed an improved referral form for GI.

**Next Steps:** Complete trial phase of new referral form, revise and then spread to all family doctors.

## Residential Care

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**Date Initiated:** Nov 2012

**Physician Leads:** Dr Rob Williams, Dr Bernie Lewke, Dr Willie Mackle, Dr Tara Sebulsky

**Major issues identified:**

1. Acute care and community patients require an MRP before they can be transferred to residential care.
2. Lack of quality information and communication to best inform family doctors when being asked to see patients.
3. Poor timely communication between physicians and residential care staff during office hours.
4. Care conferences scheduled during physician clinic time.
5. Inadequate remuneration for residential care.
6. Geographic spread of facilities in Central Okanagan.

**Progress:**

1. Divisions members along with staff from private facilities partnered to identify initial care gaps.
2. Working group identified communication tools and process as a first step. Area care managers for residential care supportive.
3. Working group with the leadership from Baptist Housing has developed a communication tool to be trialed between family practice and residential care facilities.

## Low Risk FP Obstetrics Service

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**Date Initiated:** April 2011

**Physician Leads:** Dr Marianne Morgan, Dr Julie Parker, Dr Louise Graham

**Major Issues Identified:**

1. Challenge in combining regular family practice with obstetrics.
2. Difficulty finding locum coverage.
3. Concern for future of FP OBs and concern regarding the care of low risk obstetrical patients without coordinated and supportive approach.

**Progress:**

1. KGH built a business case for the clinic and will present to IH senior administration.
2. Divisions support for local OBs group/network.



## Patients Without a Family Physician

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**Date Initiated:** In discussion phase, Initially brought forward 2011

**Physician Leads:** Dr Gayle Klammer, Dr Heather McDonald, Dr Michele Thomasse

**Major Issues Identified:** approximately 20% of people in the central Okanagan do not have a family doctor. There are numerous reasons for the lack of attachment to a family practice. Some patients require the ongoing support of the multi-disciplinary team and care approach provided by Outreach Urban Health. Others may be able to transition into a more typical family practice if adequate supports are provided during times of crisis or upheaval. Another subset of the unattached population may require intensive physician involvement and case management for multiple co-morbidities or the care of physician who has experience and interest in the demographic.

**Progress:**

1. Divisions surveyed their members identifying patient care gaps including: frail elderly, mental health and addictions and complex co-morbid.
2. GPSC has launched the GP4ME initiative.
3. Divisions to consider GP4ME community assessment based on members feedback and direction.

## In Hospital Care

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**Date Initiated:** February 2011

**Physician Leads:** Dr Jeanne Mace, Dr Rob Williams, Dr Jan McIntosh

**Major issues identified:**

1. Access: patients, privacy, charts, computers, clinical data, parking.
2. Efficiency: disjointed hospital, incorrect inpatient census, on-call functionality, knowledgeable and accessible charge nurse, in office disruptions (call-ins, phone calls, returned pages).
3. Respect: staff communications, adequate compensation.
4. Continued issues facing family doctors and paging errors. Current switchboard has incomplete data source for on call doctors and switchboard operations moves to ER admissions during night-time without appropriate information regarding call schedules. Nursing wards have no access to call schedules.
5. Correct identification of Family Doctor upon admission an issue, specifically through ER.

**Progress:**

1. Access to parking during morning rounds 7:00am – 9:00am.
2. Access for 1 parking spot for urgent FP Obstetrics cases daytime.
3. Improved communication between ward staff and family doctors during morning rounds through colour coded Family Doctor ID badges and lanyards paid for by Division.
4. Working with KGH switchboard and administration to resolve errant paging.
5. Member engagement with respect to In Hospital Care compensation from GPSC.

## Transitions In Care

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**Date Initiated:** November 2012

**Physician Lead:** Dr Mark Hickman

**Steering Committee and Working Group Physicians:** Dr Gayle Klammer, Dr Jeanne Mace, Dr Rob Williams, Dr Mike Penney, Dr Mike Ertel, Dr Cara Wall, Dr Sandy Nash

**Major issues identified:** lack of coordinated communication between physicians transferring patients in and out of KGH, including KGH ED.

**Progress:**

1. Significant input from all stakeholders related to what needs to be communicated and the most efficient way to communicate.
2. Development of a plan for testing and implementation.

## Palliative Care

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**Date initiated:** January 2011

**Physician Leads:** Dr Gayle Klammer, Dr Jeanne Mace, Dr Gillian Fyles, Dr Mike Banwell

**Major issues identified:**

1. Lack of reliable local nursing support during night time for palliative patients.
2. Lack consultation service available for complex patients in hospice.
3. Lack of pain and symptoms management in community for non-malignant palliative patients.

Overarching goals for palliative care is to provide the right services in the right location to minimize the contact of this vulnerable population with the emergency department and acute care.

**Progress:**

1. Night call structure for IH improving through partnership between Community Care Nurses and Hospice House Staff. New night time coverage to commence in April 2013.
2. Audit of palliative care sessional payments in the Central Okanagan with progress for identifying clinical sessional time for consultation at Hospice.
3. Review options for providing consult service in hospice house and outpatient pain and symptom management for non-malignant patients.

## Shared Care Dermatology – Family Physicians and Dermatologist

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**Date initiated:** December 2012

**Physician Leads:** Dr. Milt Stevenson, Dr Carmel Anderson

**Major issues identified:**

1. Timely access to dermatology consults.
2. Regional travel to dermatology for short assessments.
3. Dermatology service highly utilized and respected, yet some cases could be dealt with through more efficient means.

**Progress:**

1. Engaged Dr Carmel Anderson who is interested in trialing an online service.
2. Engaged members who are interested in trialing this service.
3. Engaged Shared Care leads and other Dermatologists with respect to training and access to ConsultDerm.
4. Meeting planned for Mid May to look at details of this trial in the Central Okanagan.

## Health Promotions

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**Date Initiated:** Oct 2012

**Physician Leads:** Dr Roger Crittenden, Dr Mike Koss, Dr Mark Fromberg

**Community Partners:** Ron Mattiussi (City of Kelowna), Louise Roberts-Taylor (City of Kelowna), Murray Kopp (Regional District), Chris Fibiger (UBC-O Medical School), Bob McCoubrey (Retired Farmer), Bob Callioux (Farmers Market), Casey Hamilton (Food Policy), Brad Sieben (Tourism), Betty Brown (IH), Pam Moore (IH), Heather Deegan (IH).

**Major issues:** Incidence of chronic disease and other illnesses related to lifestyle.

**Aims:**

1. Improve the health of our community including children, adults and older adults through conversation and initiatives focused on healthy activity and diet.
2. To establish Family Doctors as a key component and leaders in diet and activity related behaviors in our community.
3. To begin long-term health planning for our community in efforts to decrease incidence of disease related to poor activity and diet such as chronic disease.

**Progress:**

1. Draft tool using the 5 As for trial with Family Doctors- begin trial in June.
2. Compilation of resources for family doctors and patients website.
3. Initial phase of community engagement- planning health festival for September 2013.
4. Development of a Health Coalition initiated by the Division of Family Practice including membership from: City of Kelowna, IH, Regional District and UBC-O.

## Summary of Committees

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### 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 Substance use and changes to the Integrated Health Network.

**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 executive administrators for Interior Health, all Interior Health Division Leads, the General Practice Services Committee and the Ministry of Health.

Its strength lies in the collaboration of the Divisions within IH and our ability to connect with the highest levels of IH administration as well as GPSC and the Ministry of Health. Together we endorse and sponsor initiatives including Improving access to Child and Youth Mental Health services, adult MHSU, Integrated Health Network transition.

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

## Letter from the Auditor (MacKay LLP Chartered Accountants)

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The following statement from the Auditor is a brief summary of our financial statement; details and a full report are available to members upon request.

### **REPORT OF THE INDEPENDENT AUDITOR ON THE ACCOMPANYING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS**

The accompanying statements of operations and changes in net assets for the year ended March 31, 2013, are derived from the audited financial statements of Central Okanagan Division of Family Practice Society as at March 31, 2013. We expressed an unmodified opinion in our report dated July 11, 2013. Those financial statements, and the accompanying statements of operations and changes in net assets, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The accompanying statements of operations and changes in net assets do not contain all the information and disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the accompanying statements of operations and changes in net assets, therefore, is not a substitute for reading the audited financial statements of Central Okanagan Division of Family Practice Society.

#### **Management's Responsibility for the accompanying statements of operations and changes in net assets**

Management is responsible for the preparation of the accompanying statements of operations and changes in net assets.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on the accompanying statements of operations and changes in net assets based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

#### **Opinion**

In our opinion, the accompanying statements of operations and changes in net assets derived from the audited financial statements of Central Okanagan Division of Family Practice Society for the year ended March 31, 2013 are consistent, in all material respects, with the audited financial statements, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Kelowna, Canada  
July 11, 2013



Chartered Accountants

**A full copy of our audited financial statements is available upon request.**

# Central Okanagan Division of Family Practice Society

This financial statement is based on an unaudited statement for the period ending March 31, 2013.

<b>Central Okanagan Division of Family Practice Society</b>		
<b>Statement of Operations</b>		
<b>For the year ended March 31,</b>	<b>2013</b>	<b>2012</b>
		(restated)
<b>Revenues</b>		
General Practice Services Committee contract (note 9)	\$468,460	\$426,827
<b>Expenditures</b>		
Amortization	4,679	5,504
Contract services	14,553	144,745
Contribution to Physicians Data Collaborative of BC Association		17,025
Equipment purchases	377	
Insurance	1,345	1,090
Interest and bank charges	214	131
Meetings	28,158	21,452
Members engagement	52,317	19,476
Office	9,588	7,554
Organizational development	58,452	30,759
Professional development - Members	21,039	9,016
Professional fees	9,494	8,000
Projects - meetings and travel	4,412	
Projects - physician compensation	34,272	12,708
Projects - project management, support and evaluation	33,032	16,375
Society development	50,924	43,622
Telephone and communications	5,915	2,661
Travel	6,861	3,735
Wages and benefits	155,649	
	491,281	343,853
<b>Excess (deficiency) of revenues over expenditures before other items</b>	<b>(22,821)</b>	<b>82,974</b>
<b>Other income</b>		
Interest income	3,072	1,986
Shared Care - Diagnostic Imaging (schedule 1)		4,006
Shared Care - Transitions in Care (schedule 2)		
Shared Care - Gastroenterology and Mental Health (schedule 3)		
	3,072	5,992
<b>Excess (deficiency) of revenues over expenditures</b>	<b>\$(19,749)</b>	<b>\$88,966</b>
<b>Central Okanagan Division of Family Practice Society</b>		
<b>Statement of Changes in Net Assets</b>		
<b>For the year ended March 31,</b>	<b>2013</b>	<b>2012</b>
		(restated)
<b>Net assets, beginning of year, as previously stated</b>	<b>\$99,170</b>	<b>\$4,700</b>
Restatement for change in accounting policy (note 6)	3,347	8,851
<b>Net assets, beginning of year, as restated</b>	<b>102,517</b>	<b>13,551</b>
<b>Excess (deficiency) of revenues over expenditures</b>	<b>(19,749)</b>	<b>88,966</b>
<b>Net assets, end of year (note 7)</b>	<b>\$82,768</b>	<b>\$102,517</b>

**Notes:**

## Central Okanagan 2012/2013 Board of Directors

Dr. Gayle Klammer (Chair)  
Dr. Jeanne Mace (Vice-Chair)  
Dr. Wendy Wickstrom (Secretary)  
Dr. Rob Williams (Treasurer)  
Dr. Tara Sebulsky  
Dr. Milt Stevenson  
Dr. Roger Crittenden  
Dr. Jan McIntosh  
Dr. Mark Hickman

## 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](mailto:tsmith@divisionsbc.ca)

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

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](http://www.divisionsbc.ca/cod)