

# ANNUAL REPORT

## 2014-2015

 **Chilliwack**  
Division of Family Practice  
A GPSC initiative

## Table of Contents

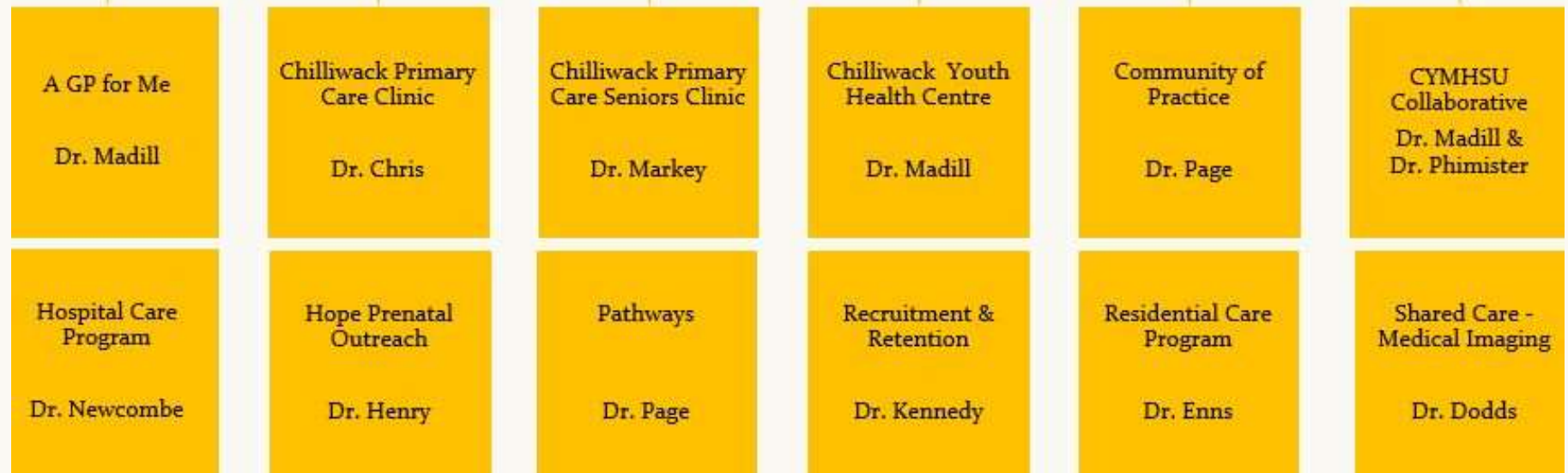
|   |    |
|---|----|
| <b>Background</b> .....   | 3  |
| <b>Message from the Lead Physician</b> .....                        | 5  |
| <b>Message from the Deputy Lead Physician</b> .....                 | 6  |
| <b>Message from the Executive Director</b> .....                    | 8  |
| <b>Employee Profiles</b> .....                                      | 9  |
| <b>A GP for Me</b> .....  | 13 |
| <b>Chilliwack Primary Care Clinic</b> .....                         | 19 |
| <b>Chilliwack Primary Care Seniors Clinic</b> .....                 | 21 |
| <b>Hospital Care Program</b> .....                                  | 22 |
| <b>Recruitment and Retention</b> .....                              | 23 |
| <b>Residential Care Program</b> .....                               | 25 |
| <b>Programs Report</b> .....  | 26 |
| Child and Youth Mental Health and Substance Use Collaborative ..... | 26 |
| Chilliwack Youth Health Centre .....                                | 27 |
| Healthy Kids Initiative (Live 5-2-1-0) .....                        | 28 |
| Pathways .....  | 29 |
| Shared Care .....   | 30 |
| Community of Practice .....   | 30 |
| Community Engagement .....  | 31 |

# BACKGROUND



The Divisions of Family Practice initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and the Doctors of BC. The purpose is to improve patient care, increase family physicians' influence on health care delivery and policy, and provide professional satisfaction for physicians.

## Board of Directors



## Vision Statement

To optimize the provision of health care services to the public through the promotion of a cohesive, cooperative and engaged community of family physicians and nurse practitioners

## Membership

107 family physician members  
6 nurse practitioner associate members  
*Representing primary care providers in*

## About the Chilliwack Division

### Board of Directors 2014-2015

Dr. Ralph Jones, Lead Physician  
Dr. Melanie Madill, Deputy Lead  
Dr. Gord Enns, Secretary  
Dr. Philip Weatherston, Treasurer  
Dr. Scott Markey, Director  
Dr. Theresa Szezepaniak, Director  
Dr. Jessica Kennedy, Director  
Dr. Alison Henry, Director  
Dr. Wayne Phimister, Director



# MESSAGE FROM THE LEAD PHYSICIAN

## Dr. Ralph Jones



A year has passed with no major crisis and progress on many fronts. Nationally, provincially and locally there is a renewed emphasis on primary care. Your division is well positioned to contribute.

Dr. Scott Markey was chosen to sit on the GPSC Primary Care Visioning Committee. This is ongoing and many GPs have already contributed their views.

Our residential care pilot program is a pilot no longer. It, and other pilot programs have demonstrated such worth that the GPSC is rolling it out across the province. Thanks to Dr. Gordon Enns for his leadership of our pilot, as it has been steered into a sustaining program.

I will not be repetitive & mention all of our programs; you can read about them in this report. I will just say that the programs owe their success not only to dedication and hard work, but to proactive organization and superb staff support. The days of doctors running projects off the "side of their desk" are thankfully over.

As always, we owe our sincere gratitude to our hard working and able staff both permanent (Executive Director, Ken Becotte and Operations Lead, Elly Meyerink) as well as contracted.

Your board welcomes your involvement, feedback and ideas on projects current and future, or from your imagination and vision. We also owe our gratitude to departing board members Drs. Gordon Enns, Alison Henry & Theresa Szezepaniak. They will continue to contribute to various projects.

Finally a welcome to our new board members who will be chosen at this AGM.

*The work that we do is complex and needs many willing hands working together. Your hard-working board juggles meeting and project time with their extensive clinical workload. Many non-board members are still involved in, or leading, projects in various capacities.*

# MESSAGE FROM THE DEPUTY LEAD PHYSICIAN

**Dr. Melanie Madill**

## A GP FOR ME

Thank you to each and every one of you for making this program such a success! Between April 2014 and August 2015, we have attached **1,178** patients through PAM (Patient Attachment Mechanism) into your practices. Additionally, a streamlined process was developed so that once the PAM Supervisor or Coordinator has done the intake with a patient, they may be directly referred to the closest primary care clinic whether in Chilliwack, Hope, Agassiz, or Seabird Island. The phone calls to PAM have increased since launch and we have hired a second MOA to assist with the volume. Our other A GP for Me initiatives, including patient education, practice support and coaching (advanced access / office efficiencies and business management), Hope renovations for better patient flow and provider experience, and outreach to underserved populations (prenatal to Hope and primary care to Anderson Creek Rural Satellite Clinic) are well underway or completed. The Recruitment and Retention Committee has worked very hard and the new faces you see are the result.



**We have amazing stories of fewer medications, fewer hospitalizations and fewer emergency room visits for these patients as a result of being attached.**

## FIRST NATIONS PARTNERSHIPS

Stó:lō Nation Community Health Centre had its official launch in June 2015. Through partnering with Stó:lō Service Agency, Fraser Health Authority (Aboriginal Health), and First Nations Health Authority, we were able to recruit two physicians (thanks Dr. Megan Mackenzie and Dr. Ling Low) to work with their existing nurse practitioner for improved access for all community members, Aboriginal and non-Aboriginal. Moreover, we have been able to launch a second site for the Chilliwack Youth Health Centre (Tuesdays 2-5pm), as well as a Maternal Health Clinic (once a month).

So, that's what I've been up to this year. More meetings, more sandwiches but more fun and more programs which I truly believe will improve the health of our community and add to our enjoyment of the work we do.



**Thank you to all the hard working members of the committees who have done this work. Many hands make light work, and there have been many sharing the tasks this year.**



# MESSAGE FROM THE EXECUTIVE DIRECTOR

**Ken Becotte**



As I reflect back over the past year, I am overwhelmed by the accomplishments achieved by the Chilliwack Division of Family Practice. These include the presentation and approval of our A GP for Me implementation proposal, the development and implementation of a Primary Care Chilliwack Youth Health Centre, the expansion of service at the Chilliwack Primary Care Clinic and the Primary Care Seniors Clinic, the ongoing support of our members for the Hospital Care and Residential Care Programs, the introduction of Pathways and Shared Care Initiatives.

We have two great teams that work together to make all of this possible; an engaged and committed group of physicians who form our board of directors, committees and working groups, and an incredibly talented team of staff who bring their professional expertise to Division programs. Elly Meyerink, Operations Lead and Katrina Bepple, Programs Lead, are outstanding in their support of our work. Many thanks to our entire team, Elly, Katrina, Asma (Communications Coordinator), Jennica (Patient Attachment Supervisor), Becky (Patient Attachment Coordinator), Pauline (MOA), Jennifer (MOA), Danielle (Evaluation Lead), and most recently Tatiana and Maggie who support the Local Action Teams for Child and Youth Mental Health and Substance Use Collaborative.

**Collaboration has been key to the success of our work. In addition to members, some of our community partners include:**

- **Chilliwack Community Services**
- **City of Chilliwack**
- **Fraser Health Authority**
- **Ministry of Children and Family Development**
- **Pacific Community Resource Society**
- **School District 33 (Chilliwack)**
- **Stó:lō Service Agency**
- **University of the Fraser Valley**

Annual Report 2014 - 2015



## EMPLOYEE PROFILES



---

### ELLY MEYERINK

#### *Operations Lead*

Elly has been with the Division since it incorporated in 2009. Elly's knowledge of programs and services provided by both the Division and Fraser Health Authority is priceless. Whether it is scheduling meetings, accounting, human resources or tracking down physicians, she can always be counted on for insightful contributions. Recently Elly's role has changed to 'Operations Lead' with more administrative responsibilities to the Primary Care Clinic, Hospital and Residential Care Program as well as Physician Recruitment and Retention. Elly's usual reply when asked how she gets things accomplished is "Surround yourself with a great team and you will be amazed at what you can achieve."



---

### KATRINA BEPPLE

#### *Programs Lead*

Katrina has been working in and with communities since 2008, and recognizes that engaging everyone, from community members to providers to policy makers, in an inclusive and respectful way, is imperative to the success of building an evidence base to inform the policy and planning of health services. Supporting the physicians and nurse practitioners of the Division, Katrina manages programs including A GP for Me, Child and Youth Mental Health and Substance Use Collaborative, Healthy Kids Initiative (Live 5-2-1-0), and Shared Care. An avid gardener, Katrina moved to Chilliwack in summer 2012, and loves growing everything from artichokes to zucchini. She enjoys going on local hikes and taking long weekends to go camping with her high energy and very cuddly dog, Cobalt.



---

## DANIELLE EDWARDS

### *Evaluation Lead*

Danielle Edwards has a Masters of Arts degree and is currently completing a certificate in voluntary and non-profit management. Prior to her role with the Division, Danielle worked as a teaching and research assistant, and as a research analyst and policy analyst with the BC Public Service. Danielle enjoys her work files which include evaluation, quality improvement, and community outreach and education. Outside of work her hobbies include volunteering, floral design, and music.

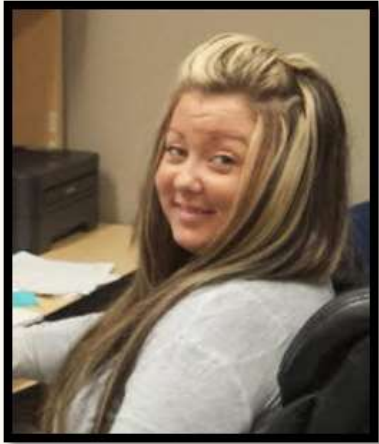


---

## ASMA FAROOQ

### *Communications Coordinator*

Asma handles the Division's web presence, traditional media, including radio and newspaper and social media, such as Facebook and Twitter. From producing online content to issuing press releases to designing the Division's monthly e-newsletter, Asma thoroughly enjoys the work she does. Recently, she has been fortunate enough to help organize community events such as the 2015 Mini Medical School, Walk with your Doc and Mayor, and the Chilliwack, Agassiz-Harrison, and Hope Partners in Health Care Community Forums. She provides communications support for A GP for Me, the Healthy Kids Initiative, Pathways and the Chilliwack Primary Care Clinic. In her spare time, she enjoys attempting Pinterest-inspired art projects, ice-skating and learning Spanish.



---

### JENNICA GRENIER

*Patient Attachment Supervisor, A GP for Me; Medical Office Assistant, Chilliwack Youth Health Centre (Stó:lō site)*  
Jennica began working with the Chilliwack Primary Care Clinic in March 2014 as an MOA as well as assisting in patient attachment. Come September 2015, to meet the needs of the A GP for Me initiative, Jennica's role evolved to focus on handling the Patient Attachment Mechanism (PAM) intake line. As the Patient Attachment Supervisor, she now deals directly with patient intake and attachment, does all of the MSP billing for the Division and also offers MOA support to the Chilliwack Youth Health Centre on a weekly basis. When she isn't working, Jennica enjoys spending time with family, cooking and the all-important cuddles with her dogs.



---

### BECKY STAETTER

*Patient Attachment Coordinator, A GP for Me*  
A certified Medical Office Assistant, Becky has been working at the Chilliwack Primary Care Clinic full time since January 2014. From managing front desk duties and billing at the clinic, Becky's role has developed to being the part-time Patient Attachment Coordinator for A GP for Me, as of July 2015. When she is not working, Becky enjoys camping, going for walks, being involved in her church and most of all, celebrating Christmas.



---

### PAULINE TELLIER

*Medical Office Assistant, Chilliwack Primary Care Clinic*

Pauline plays a key role in facilitating the patient experience at the Chilliwack Primary Care Clinic. On a daily basis she checks in with patients, updates their information, offers them assistance, faxes referrals and books appointments with primary care providers. In addition, Pauline prepares for procedures for nurse practitioners and physicians at the clinic, summarizes incoming charts for physicians, manages incoming calls and ensures exam rooms are adequately stocked.



---

### JENNIFER THORNTON

*Medical Office Assistant, Chilliwack Primary Care Clinic*

Jennifer came on board with the Division as part of the A GP for Me Program. Alongside the Patient Attachment Supervisor, Jennifer was the initial point of contact for patients looking to find a primary care provider. In July, Jennifer was offered the opportunity to step into the role of MOA for the Chilliwack Primary Care Clinic. There, she provides front-line service to the many diverse patients at the clinic. From taking phone calls to greeting the patients as they enter the clinic, Jennifer is always willing to go the extra mile to make sure patient care is the top priority.

# A GP FOR ME

## Katrina Bepple, Programs Lead

Led by a dedicated Steering Committee, it has been an amazing year of success for A GP for Me. This success would have not been possible without the multitude of physicians and nurse practitioners that are taking part in the strategies outlined below. We appreciate your commitment to improving the provider experience, and improving access and attachment for patients in our communities. Thank you!

The Steering Committee Team: Physicians (Drs. Melanie Madill (Lead), Chantal Chris, Josh Greggain, Jessica Kennedy, and Wayne Phimister), Fraser Health Authority (Ron Plowright, PSP), Patients as Partners Patient Voices Network (Randy Fauteux), Doctors of BC (Connie Abram, Physician Engagement Leader) and Division Staff (Ken Becotte, Executive Director; Katrina Bepple, Programs Lead; Danielle Edwards, Evaluation Lead; Asma Farooq, Communications Coordinator; and Elly Meyerink, Operations Lead)

### PAM Highlights

April 2014 - August 2015

- **1582** calls to PAM
- **1359** intake forms filled out and returned
- **115** patients contacted PAM, but found a provider independently
- **1178** patients referred by PAM to community practices in Chilliwack, Agassiz, Seabird Island, and Hope

### PATIENT ATTACHMENT MECHANISM (PAM)

The team: Jennica Grenier, Patient Attachment Supervisor; Jennifer Thornton and Becky Staetter, Patient Attachment Coordinator.

By establishing a single point of contact for unattached community members from Chilliwack to Boston Bar, our intention is to make it easier for people to find a primary care provider, while at the same time decreasing the burden to community practices. By enabling physicians, nurse practitioners, and front line staff to let community members know that there is one line for them to call if they are looking for a provider, it helps to alleviate the burden of having to say “No we are not accepting patients” by replacing it with, “There is a system in place which helps to prioritize all of the unattached patients in our community and attach them to a provider that best meets their needs. Call PAM”. The process we have in place for PAM allows providers to indicate their areas of interest and passion, as well as how many patients they are able to accept within a period of time, so that the Division can try to reduce any mismatches or unexpected increases in volume.

Don't have a family doctor or nurse practitioner?  
Looking for one in your community?

**CALL PAM**  
(Patient Attachment Mechanism)

9 am to 3 pm Monday to Friday  
1-844-795-0034 Hope and the Fraser Canyon  
604-795-0034 Chilliwack, Agassiz, and Harrison



As of August 2015, with the help of over 30 physicians since April 2014, we have been successful in attaching 1178 patients in to community practices through PAM alone. This is in addition to the 115 patients that have contacted PAM, but ended up finding a provider independently, and any other patients that you are accepting in your practice - after your child's hockey game, your favorite patient comes to visit and lets you know their extended family has moved to Chilliwack, or the walk-ins that you inevitably take on.

So congratulations to everyone who has helped to make PAM a success, from physicians and nurse practitioners for accepting patients into their practice, to medical office assistants for facilitating the process of attachment, to community partners for promoting the service to their clients, and finally to the Division staff who work with all of these players to enable patient attachment.

---

## CHILLIWACK PRIMARY CARE CLINIC

The team: Drs. Scott Bakker, Dominic Black, Chantal Chris, Andrew Enyvari, David Esau, Adaora Ezeaputa, Ken Harder, Alison Henry, Ralph Jones, Sharlene Krakower, Jan Kroeze, Ling Low, Megan MacKenzie, Melanie Madill, Meghan Newcombe, David Page, Alison Salter, Harald Schriefers, Lauren Swann, Bevan Voth, and Tammy Wojcik; Nurse Practitioners, Angie Fast and Navneet Bhogal; and Medical Office Assistants Jennica Grenier, Becky Staetter, Pauline Tellier, and Jennifer Thornton.

Please refer to page 19 for the full report from Dr. Chantal Chris, Lead Physician.

### Chilliwack Primary Care Clinic Highlights

#### April 2014 – August 2015

- 824 new Meet N' Greet (first) appointments from PAM
- 644 Chilliwack PCC patients referred by PAM to GPs in the communities.
- < 1 month average length of time at the CPCC for simple healthy patients. This is an improvement from 2-3 months seen from Aug. 2014 – Feb. 2015 and meets the goal of decreasing the length of time since the initiative began. There is no target for complex patients' average length of time at the CPCC because complex patients may need longer periods of time at the CPCC in order to be stabilized and receive interdisciplinary care prior to being transitioned to a GP in the community.

## HOPE AND THE FRASER CANYON

The team: Drs. Josh Greggain (Lead), Suzanne Christie, Ray Green, Taha Heydari, Ertha Nanton, Jenny May, Saif Razouki, Rosanna Switzer, Benedict Yap, and Nurse Practitioners Sue Lawrence and Linda Yearwood.

By expanding the capacity of the Hope Medical Centre through leasehold expansions, we increased the ability to attract additional primary care providers, improve attachment percentages, and improve patient and provider experiences. In addition, this strategy supported outreach activities for prenatal care in Hope and the Anderson Creek Rural Satellite Clinic. Renovations to the Hope Medical Center (two new exam rooms) and the Fraser Canyon Clinic (new flooring and painting) were completed on time in Fall 2014. The new space has created a ripple effect of increased capacity at the Hope Medical Centre (two International Graduates came August and September 2014), Fraser Canyon Clinic (outreach and Open Access) and the Fraser Canyon Hospital Emergency Room. The renovations to the Fraser Canyon Clinic allow specialists, including the Hope Prenatal Outreach facilitated through the Chilliwack Obstetrics Group, to practice there. Patients now have different access points to care because of this strategy.

### Anderson Creek Rural Satellite Clinic and the Fraser Canyon Clinic

Vulnerable, isolated patients in the Fraser Canyon have the ability to access care once a week (Wednesday afternoons) at the Anderson Creek Rural Satellite Clinic and to take the shuttle to the Fraser Canyon Clinic to access care through Open Access on Fridays.

### Hope Prenatal Outreach

- Females who were previously not receiving prenatal care or who had to travel to receive prenatal care are now receiving continuous care closer to home through the Hope Prenatal Outreach. Patients benefit from receiving local, specialized, routine care.
- The Outreach provides care to rural, geographically isolated, and / or vulnerable females that are unlikely to access routine prenatal care in Chilliwack (which would be the closest city to Hope to receive prenatal care).

## Hope and the Fraser Canyon Highlights, as of August 2015

- **8** family physicians are co-located within the Hope Medical Centre (up from 6). This encourages collegiality, as well as helps to integrate new physicians into the Health Team community, with the long term goal of retention
- **15-20** patients participate in the Prenatal Outreach on a monthly basis

## Physician Recruitment and Retention Highlights, as of August 2015

- 7 physicians recruited
- 6 locums recruited
- 4 retirements or relocations (3 of the recruited physicians mentioned above took on vacated practices)

### PHYSICIAN RECRUITMENT AND RETENTION

The team: Drs. Inna Fadyeyeva, Alison Henry, Jessica Kennedy, Wayne Phimister and Alison Salter; Ken Becotte, Executive Director; Katrina Beppe, Programs Lead; Asma Farooq, Communications Coordinator; Elly Meyerink, Operations Lead; Netty Tam, Manager of Business Development, Chilliwack Economic Partners Corporation

We will ensure that we have enough FPs in the next 10 years to improve the FP to patient population ratio by initiating a proactive process of recruitment and retention.

Please refer to page 23 for the full report from Dr. Jessica Kennedy, Lead Physician.

### PHYSICIAN PRACTICE SUPPORT AND COACHING

The team: Ron Plowright, PSP Coordinator; Drs. Melanie Madill and Chantal Chris, AA/OE Leads

With this strategy we intend to build capacity within physician practices and primary care clinics to improve office efficiencies as well as provider experience and work-life balance, with the intention of improving access and strengthening attachment of existing patients.

In response to membership needs voiced in the Providers Survey during the A GP for Me Assessment and Planning Phase, the Division held a billing workshop facilitated by Dr. Cathy Clelland in Fall 2014. With the largest turnout in Division history, the workshop included a total of 81 family physicians, medical residents, locums, and office staff. The response from the Billing Workshop was overwhelmingly positive, and enabled us to collect information on another priority identified by membership i.e. training in business management, human resources and customer service.

Partnering with the Fraser Health Practice Support Program (PSP), content was developed and in February 2015 the Division held two learning sessions for the Business Management and

## Physician Practice Support and Coaching Highlights, as of August 2015

- 41 FPs, 10 residents, 1 locum, and 29 office staff attended the Billing Workshop in Fall 2014
- 6 FPs and 7 office staff participated in Business Management and Customer Relations pilot in Spring 2015
- 14 providers and 17 office staff are involved in the Advanced Access/Office Efficiency PSP Module that is currently ongoing (Spring – Fall 2015).



Customer Relations pilot. Feedback for the pilot will help to inform future iterations of the workshop.

The third priority identified by the Division membership was an established module through PSP, Advanced Access/Office Efficiency. A total of 14 providers and 17 staff are participating in this module which will complete in Fall 2015. Already providers and staff are reporting greater understanding of their practices, a better ability to plan accordingly and to shift appointments to accurately reflect reality, and less stress with seeing patients. Even physicians with large backlogs have embraced the AA/OE material and are working hard to find ways to get their schedules on track. One physician is hiring a locum one day a week until the backlog is cleared and adding half an hour of new same day access slots. Newer physicians are using the data and tools from the AA/OE module to know when they have the right number and mix of patients scheduled in order to avoid a backlog in appointments.

## Community Education Highlights, as of August 2015

- **91** Facebook posts about strategy actions and **7,721** Facebook views.
- **67** Tweets
- **41** online advertisements through the Division website, e-newsletters, and Pathways
- **10,000** PAM cards have been distributed to our Aboriginal partners, hospital departments, clinics, detox centers, community organizations, and at meetings and events

## COMMUNITY EDUCATION

Building on current initiatives and existing partnerships, community education is working to improve attachment and patient experience by raising awareness about the importance of primary health care, how to find a primary care provider, as well as how, when and where to access primary care. We have forged and enhanced partnerships with organizations to accomplish this; notably Fraser Health Authority, Chilliwack Hospice Society, Chilliwack Economic Partners Corporation (CEPCO), Chilliwack Community Services, Chilliwack Child and Youth Committee, Chilliwack Healthier Community, Agassiz-Harrison Healthier Communities, and Hope and Area Healthier Communities,.

Public presentations on “How to Really Talk to Your Doctor” delivered at Mini Medical School and Chilliwack Hospice Society’s Bucket List Festival have been well-received and have gone a long way in raising awareness about appropriate access to primary care. Adapted from these presentations, community education videos have been distributed to GP offices; updated versions of these will be made available online as well.

Partners in Health Care community forums held in February and May served as official launch events for PAM in Hope, Chilliwack and Agassiz-Harrison. Attendees were highly engaged as

indicated by interactive Q&A sessions and the positive evaluations received. Community members were impressed with the ongoing A GP for Me strategies and acquired new knowledge from these informative sessions.

Working towards increasing organizational recognition in the community, community-specific Division rack cards promoting our initiatives are being widely distributed through our partners. Highlighting achievements to date, success stories of patients who have accessed care at the Chilliwack Primary Care Clinic are illustrative reminders of the commendable work being supported through A GP for Me. More broadly, regular press releases are being issued to share the various fronts on which primary care is improving in our community. Recent media coverage has focused on PAM as a central point of contact and on physician recruitment and retention efforts currently underway. Addressing the need for sustainability of community education resources, an extensive array of tools and information is being housed on the Division website, including FAQs around primary care, presentations and availability of local after-hours care options.



# CHILLIWACK PRIMARY CARE CLINIC

## Dr. Chantal Chris



The Chilliwack Primary Care Clinic (PCC) has had an amazing year. This clinic and our Division have been recognized province-wide as an innovative leader in creating a local solution to the issue of finding a family doctor or nurse practitioner. We are the envy of all the other communities in the province struggling with this difficult problem.

The original purpose of the Chilliwack PCC was to provide quality, consistent medical care, with an end goal of decreasing re-admission rates to the Emergency Department for unattached and/or complex patients. Using A GP for Me, we are leveraging the Chilliwack PCC to act as a site to stabilize and transition unattached patients into the community, and provide additional supports for those vulnerable and complex patients that are better suited to remain with the interdisciplinary Chilliwack PCC team.

During the A GP for Me Assessment and Planning Phase, the Chilliwack PCC transitioned from a primarily Nurse Practitioner (NP) model with limited Family Physician (FP) support when needed, to a comprehensive interdisciplinary model with multiple FPs providing support to the 1.6 FTE NPs. This was done to shift it from a model that primarily provided care to unattached discharged and/or complex patients, to one that provides care to all unattached patients in Chilliwack.

The clinic is now staffed by 2 NPs (one currently on maternity leave since December 2014- so 1 NP doing the job of 2), 6 GPs and 2 Clinic MOAs. It serves as the filter for patients without a GP to access primary care and have their health care stabilized to ultimately be transferred out to accepting family doctors in our community. Patients are booked a Meet and Greet with one of our providers after calling the PAM (Patient Attachment Mechanism) phone line and being triaged by one of our 2 PAM administrative MOAs.

*We have had a very successful year. There have been many amazing and heartwarming patient success stories as our patients continue to receive wonderful care in our clinic from our dedicated and hard-working staff, NPs and physicians.*

The Emergency Department doctors have noticed drastic reductions in unnecessary emergency department visits from patients seeking medication and from patients with complex mental health and medical conditions who have trouble accessing and retaining primary care in the community. Most excitingly we have now attached over 1100 patients without a GP to a primary care provider!

Thank you so much to all who continue to make this accomplishment possible, especially the GPs accepting our “all-packaged-up” patients. Most GP offices have the capacity to take on new patients secondary to ongoing patient losses (deaths, moving away, etc.) However it is very difficult and time consuming to take on patients, especially complex ones. The Chilliwack PCC makes this task easier by organizing the patient, stabilizing their healthcare first and then transferring them with a comprehensive summary of their medical issues and a plan. GPs accepting complex patients can also bill the complex patient attachment fee. Even if you just call us when you know you’ve had a patient pass away or move away and let us know- “I can take one” that is a big help. Please continue to work with us and spread the word to other physicians. This amazing initiative will not be able to continue unless we all work together to improve the overall health of our community.

# CHILLIWACK PRIMARY CARE SENIORS CLINIC

## Dr. Scott Markey

The Primary Care Senior's Clinic is now into its fourth year of service for Chilliwack. Our team is comprised of Drs. Tammy Wojcik and Scott Markey, NP Navneet Bhogal, and specialist support from Drs. Ritesh Parekh (Geriatrics) and Navid Almas (Geriatric Psychiatry). Together we work with our very skilled clinic RN and receive excellent administrative support from Marti Rogers at the front desk. We have hired Laura Clarke, Geriatric Nurse Clinician, to replace Lisa, who is moving on to pursue her NP training.

So far there has been no funding available to expand our team. Although we are supposed to function to enhance the Integrated Health Network between GPs, Home Health and Geriatric Psychiatry, there is very little tangible evidence of functional collaboration on a day to day and patient by patient basis. The programs are still very much functioning independently in the ways that they always have in the past. We tend to see many patients in the early stages of their dementia process and also provide follow-up for more medically complex geriatric clients, many of whom have had a recent acute medical stay. We very much appreciate your referrals and welcome your feedback or suggestions. The clinic's evaluation findings include high level of satisfaction with experience at the clinic among patients and their caregivers, improved access to geriatric expertise in Chilliwack, reduction in acute care utilization, and enhanced integration between primary care, the Division and Fraser Health services.



*Left to right: Dr. Wojcik, GP; Dr. Parekh, Geriatrician; Dr. Almas, Geriatric Psychiatrist; Dr. Arden Barry, PharmD, ACPR Clinical Pharmacy and Research Specialist ; Pharmacist; Laura Clarke, Geriatric Nurse Clinician; Navneet Bhogal, NP; Lisa Henry, RN; Marti Rogers, MOA*

Annual Report 2014 - 2015

# HOSPITAL CARE PROGRAM

## Dr. Meghan Newcombe

Several notable changes have been made to the Hospital Care Physician (HCP) program this year but the principle remains unaltered. Surgical and psychiatric patients admitted to hospital without a family physician come under the care of the HCP for their general care, in collaboration with the surgeon or psychiatrist who is the designated most responsible physician (MRP). In addition, the HCP program provides MRP care for stable medical patients who are transferred from an F-call physician, while they await completion of their medical management (often in the context of awaiting long term care). The HCP is also accessed by Ambulatory Care and IV Therapy with regards to orders for patients without a family physician. Finally, community family physicians are able to access the HCP during certain hours to help complete rounds and follow up test results on hospital patients.



This year, the HCP program also provided temporary support to the Chilliwack Primary Care Clinic (PCC) in order to facilitate the care of orphaned community patients requiring urgent medical care. HCP physicians volunteered to see Chilliwack PCC patients for a certain amount of time during their shifts. This helped to alleviate some of the workload of the Chilliwack PCC during the time the clinic was looking to obtain more physician staff. The HCP hours changed over the course of the year, recently decreasing the shifts on Tuesdays and Wednesdays, by removing the afternoon shift on these days. The hope in so doing was to free up funds for other Division programs, and physicians to help in other areas (such as office locums).

Over the past year, there has also been a rise in weekend coverage, which is still variable. This remains an area of focus for the upcoming year. A profoundly significant change this year came as the result of confusion over medical patients for whom the HCP is MRP and who to contact if the patient deteriorates during hours when an HCP is not available. This led to a change in procedure, with care now reverting to the F-call physician who initially transferred that patient to the HCP service. Invoking this change - and any others to come - highlights the need for effective communication between physicians and allied health professionals.

Over the next year, the HCP program will likely be overseen by a steering committee, as I am now on maternity leave but I look forward to being involved in discussions regarding its future. The HCP provides an important service to patients and physicians alike, and attracts volunteer physicians who provide quality care under challenging circumstances. In essence, being an HCP means being a locum physician with upwards of 20 patients under your care every shift. This kind of service requires attention and the ongoing support of the Division of Family Practice.

# RECRUITMENT AND RETENTION

## Dr. Jessica Kennedy

- 7 physicians recruited
- 6 locums recruited
- 4 retirements or relocations (3 of the recruited physicians mentioned above took on vacated practices)

Monthly meetings of the Recruitment and Retention Working Group have served as a platform for members to share updates, identify avenues for collaboration and collectively address challenges. As of June 2015, 7 family physicians have been recruited to the communities that the Chilliwack Division represents. In addition, 6 locums have been recruited, supporting patient access and physician work-life balance and retention. Between August 2014 and June 2015, three newly recruited family physicians took on some patients of three family physicians that retired. This supported continued attachment of those patients that would have otherwise become unattached.



### Successes

A key success of this strategy includes an engaged strategy lead, International Medical Graduate mentor, and Recruitment and Retention Working Group. Some of the achievements of this Working Group include:

- Engaged members who have specific responsibilities which support the streamlining of work. For example one physician is assigned to calling possible recruits, one physician completes the hospital visits, and one doctor works with new IMG physicians. The Chilliwack Economic Partners Corporation (CEPCO) provides the community component of the tour for potential recruits.
- Regular contact with Health Match BC.
- Contact with potential recruits and organization of tours of the communities, led by the Recruitment and Retention Coordinator.
- Provision of feedback, enabling the Communications Coordinator to develop and launch a “Live – Work – Play” section to the website for recruitment of primary care providers.
- Hosting social events that support work-life balance, relationships, and communication. Participants provided positive feedback to the organizers and hosts.

## Highlights

One physician who worked solely in a retirement facility retired and another physician took over his role as Most Responsible Physician in that facility. During this transition period, different GPs worked together to support the vacant position. In Fall 2014, Division members were provided with an email and a notice in their hospital mail boxes that they have support from the Working Group if they are considering retiring. Maintaining ongoing communication with physicians allows the Working Group to know who may be retiring, to offer support to retiring physicians to make the transition more seamless, and to discuss roles that retirees may wish to take on (for example, part-time work).

### MEMBERS OF RECRUITMENT & RETENTION WORKING GROUP

- 5 family physicians
- Recruitment and Retention Coordinator
- Division Representatives
  - Executive Director
  - Programs Lead
  - Communications Coordinator
- Representative from the Chilliwack Economic Partners Corporation (CEPCO)





# RESIDENTIAL CARE PROGRAM

## Dr. Gord Enns

The Residential Care Program (RCP) has completed the last year in a holding pattern while awaiting the new funding model that has effectively begun on September 1, 2015. Tremendous amounts of effort have culminated in the Memorandum of Understanding that has been signed between Fraser Health and the Division, which allows the new budget and plan to be activated. The new model features some different entirely new wrinkles (such as payment for teleconferencing at annual case conferences) as well as some losses (such as the weekday RCP). Keep an eye out for more announcements!

One central goal of the program over the past year has been to increase the medical attendance at the bedside of residential care patients. This has been accomplished by promoting proactive visits by the MRPs as well as funding the RCP program. It was hoped that regular attendance by the patient's MRP and urgent attendance by the RCP physician would reduce both polypharmacy as well as unnecessary emergency transfers.



It appears that clustering of the MRPs represents one of the best ways to achieve the outcomes that physicians, patients and administrators are seeking. Both Eden and Cascade were successfully “clustered” (fewer physicians taking on more patients at one location) in the past year and early results suggest that patients and their families, the facilities and the involved physicians have found the experience to be positive.

I would be remiss if I did not personally thank Dr. Ralph Jones for his management of the issues at the provincial and health authority level. Also, his persistent insistence on measurable outcomes for money spent in the budget was effective at refining each amount proposed.

Lastly, I would also like to specially recognize Dr. Lachlan MacIntosh who stepped down early this summer. His dedication to the Agassiz facilities has led to quality outcomes that are world class and should be recognized as such. As is so often the case with such iconic figures, I cannot resist pointing out that we have needed to recruit THREE physicians to fill his large shoes!



# PROGRAMS REPORT

## Katrina Bepple, Programs Lead

The past year has been focused on developing, improving, and maintaining partnerships to support the many programs that the Division is involved with. Here is a look at some of the programs that we have been involved in and where they are going.

### CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE COLLABORATIVE

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative is a broad initiative being rolled out across the province and just recently in the Fraser Health Region. The Collaborative and Local Action Teams are being supported with funding from the Shared Care Committee through local Divisions of Family Practice.

This year saw the formation of two Local Action Teams (LATs) under the Division to improve the patient journey for youth, emerging adults, and their families when accessing mental health and substance use services in Chilliwack and the Fraser Cascades. Working extensively with community partners, both LATs are identifying and finalizing the initiatives that they will undertake by March 2016. Watch for training on the Ulysses Agreement and more indigenous cultural awareness initiatives.

For the Chilliwack LAT, this is in addition to new initiatives to improve services at, and awareness of, the Chilliwack Youth Health Centre at both the Neighborhood Learning Centre next to Chilliwack Secondary School (Tuesdays 1-8pm) and at Stó:lō Nation Community Health Centre on Vedder (Tuesdays 2-5pm). Both of these sites have free weekly counseling available on a drop in basis. In addition, the Stó:lō site has medical and sexual health services, and Pediatrician Dr. Didi Harries has provided continuity of care and consultations weekly. Ages 12-26 are welcome on a drop-in basis.

**The goal is “to increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports throughout the province”.**

#### Who is Involved in the CYMHSU Collaborative?

- At the Government level – Ministry of Health, Ministry of Education, and Ministry of Children and Family Development.

## contributing partners



Chilliwack Community Services  
Youth Outreach Services

Chilliwack Division of Family Practice  
Family Physicians and Pediatricians

Chilliwack Senior Secondary  
Counselling & Psychology

Fraser Health Authority  
Primary Care, Aboriginal Health, and  
Population & Public Health

Fraser Valley Aboriginal Children and  
Family Services Society/Xyolhemelyh

Ministry of Children and Family Development  
Aboriginal Child and Youth Mental Health

Pacific Community Resource Society  
Addiction Counsellors

School District #33  
Neighbourhood Learning Centre, Chilliwack  
Secondary School, and Counseling & Psychology

Stó:lō Service Agency

University of the Fraser Valley  
School of Social Work & Human Services and  
Department of Child, Youth & Family Studies

- At the Regional level – Health Authorities, First Nation's Health Authority, School Districts, Ministry of Children and Family Development, and Divisions of Family Practice.
- At the Local level – Family Doctors, Nurse Practitioners, Psychiatrists, Pediatricians, Community Agencies, Schools, Counsellors, Social Workers, RCMP, First Nations, and Youth and Families (FORCE).

<https://www.divisionsbc.ca/chilliwack/cymhsu>

### CHILLIWACK YOUTH HEALTH CENTRE

Our shared vision is to create a space that provides free integrated health and wellness services to youth and emerging adults (ages 12-26) on a drop in basis in a safe and supportive environment.

**Psycho-social Counselling, Neighbourhood Learning Centre, Tuesday 1-8pm**

Launched in January 2015, counselling services for mild to moderate issues are provided by Bachelor and Masters students in Psychology and Social Work with supervision by a professional from the Ministry of Children and Family Development or Pacific Community Resources Society. We are currently doing a needs assessment and are in discussion with School District to see if the expansion of medical services at this site is needed.

**Medical and Mental Health, Stó:lō Nation Community Health Centre, Tuesday 2-5pm**

Launched in April 2015 youth and emerging adults

Annual Report 2014 - 2015

### NLC (January - June 2015)

- **228** total visits with 104 unique clients (139 female, 77 male)
- Average of **9** youth in a **7** hour session, with peak between **1-4:30pm**

### Stó:lō (April - August 2015)

- **89** total visits with **47** unique patients (27 female, 20 male)
- **12-17** year olds make up **55%** (**26**) of these unique patients, and **18+** make up **45%** (**21**) of these unique patients
- Average of **5** youth in a **3** hour session

(ages 12-26 yrs.), Aboriginal and non-Aboriginal, are able to access medical and mental health services. When youth connect with PAM, they are given the option of receiving care through CYHC Stó:lō site before being transitioned to a community family practice. This enables the MOA to book some appointments to best utilize the physicians' time, while still leaving spots open for drop-ins. Physician time is supported by sessions secured by the Ministry of Children and Family Development, and the team includes five family physicians and a Pediatrician (by referral only).

[www.divisionsbc.ca/chilliwack/cyhc](http://www.divisionsbc.ca/chilliwack/cyhc) and [www.facebook.com/chilliwackyhc](http://www.facebook.com/chilliwackyhc)

## HEALTHY KIDS INITIATIVE (LIVE 5-2-1-0)



The Healthy Kids Initiative has had another great year. Framed by a health promotion message, Live 5-2-1-0, the Healthy Kids Initiative partners with SCOPE (Sustainable Childhood Obesity Prevention through Community Engagement), a project of the UBC Department of Pediatrics, BC Children's Hospital, and the Childhood Obesity Foundation.

The Live 5-2-1-0 Family Physician Toolkit Pilot, which is a pediatric health promotion project supported by the Innovation Fund and SCOPE, was engaged with six clinics within the Division. The physicians worked with patients using motivational interviewing techniques, focusing on the Live 5-2-1-0 health promotion message. We learned a lot through this pilot project and are working on disseminating this information to other communities, including Kimberly through their local Division. We are also working on adapting a Weight Management tool created as a recent resident research project into a pediatric-appropriate tool and information package. This will make it even easier for physicians to incorporate the

discussion of weight, healthy eating and healthy exercise into their appointments with patients of all ages.

Another focus of the Healthy Kids Initiative has been community partnerships. We continue to share the Live 5-2-1-0 message and tips in schools, family places, community services, healthier community tables, and with our Aboriginal partners in Chilliwack, Agassiz-Harrison, and Hope. We are

working with community partners to ensure that the healthy choice is the easy choice for children in the community. This includes presentations to groups and attendance at community events in addition to:

- Be Active Every Day – Dr. Alison Henry worked with Central 2<sup>nd</sup> Day, an after school program at Central Community School for vulnerable youth grades 3-6, to challenge them to be active for 60 minutes every day in November 2014.
- Live 5-2-1-0 Medicine Wheel – a partnership with the Stó:lō Service Agency, we are adapting Live 5-2-1-0 to the medicine wheel to make it more culturally appropriate.
- Live 5-2-1-0 Playboxes – Working with SCOPE, the City of Chilliwack, the Early Years Committee of the Chilliwack Child and Youth Committee, Chilliwack Sports Academy, and 89.5 The Drive, three Live 5-2-1-0 Playboxes are coming to Chilliwack in Fall 2015 at Central Community Park, the Landing Leisure Centre, and Watson-Glen Park. They will contain equipment and books that community members can use free of charge after signing up on the Division website to obtain a code. This is in addition to the two Live 5-2-1-0 Playboxes that are in Hope, and one in Boston Bar.
- Service Provider Toolkit – a collaboration with Chilliwack, Agassiz and Hope Community Services, Ministry of Children and Family Development, Fraser Health Authority and the Chilliwack Child and Youth Committee, to develop resources and tools they need to incorporate the discussion of healthy living, focus on Live 5-2-1-0, into existing programs and services.

<https://www.divisionsbc.ca/chilliwack/healthykids>

## PATHWAYS

Pathways is a web based resource for physicians and MOAs to facilitate optimal patient referrals. Pathways optimizes the specialist and clinic referral process by providing all the information required to make the right referral the first time. Pathways works because:

- It contains all the needed information to make an efficient, 'first time right' referral
- It uses simple but powerful search and filtering capabilities facilitating the identification of appropriate specialists/clinics within a minute
- It is web based so it can be used anywhere and is also phone and tablet friendly

As of May, the site contained **2305** specialists, **618** clinics, **38** hospitals or major hospital centres and **648** patient and physician resources. In Chilliwack, over **140** specialists, clinics and GPs have been entered on Pathways. In a recent survey, **87%** reported being satisfied with Pathways.

- It was designed by GPs for GPs so it supports the way they work

Almost half (2200 of 4600) Division members now have access to Pathways. The next phase of expansion will include Central Okanagan, Prince George, North Shore, Richmond, and Victoria.

Most users reported faster appointment confirmations, better specialist/patient matches, more efficient referral process, improved GP/SP relationships and increased office efficiency. In Chilliwack, newer physicians and MOAs were more likely to use Pathways and many use it on a daily basis. On the other hand, it has been noted is that as all Divisions are not yet on Pathways, and that it has in some cases increased the wait-times for local services.

---

## SHARED CARE

The Shared Care Committee is a collaboration of family physicians and specialist physicians working together to improve health outcomes and the patient journey through the health care system by working together to streamline processes and remove barriers. Shared Care is focused on the process of family physicians and specialists engaging with each other to identify issues, and then identifying and prioritizing solutions.

This past year the Division received funding for a Medical Imaging project that brings together physicians from the Division, Medical Imaging, General Practice, Internal Medicine, Surgery, and the ER to improve the referral process and communication of results. Focuses include:

- Developing a more robust referral process by creating an OSCAR template that pushes required information to the existing requisition.
- Developing a standardized communication process, with an emphasis on when results are abnormal
- Physician and office staff engagement events on processes and use of new templates and patient education materials
- Updating Pathways regularly to reflect current wait times.

---

## COMMUNITY OF PRACTICE

Community of Practice is now under the umbrella of the Practice Support Program. On June 5th a new Practice Support Program service was announced, available to all Divisions across BC, in collaboration with their PSP Regional Support Team. Each Division now has financial and organizational support through PSP to develop and present learning & practice improvement workshops for their members. Eligible topics include clinical quality improvement topics, office efficiency topics, EMR optimization, advanced access, and clinical workflow improvements. Divisions are

encouraged to identify what topics would be most beneficial to their members and then work collaboratively with their local PSP liaison to make it happen. The physician representative for the Chilliwack Division is Dr. Melanie Madill.

## COMMUNITY ENGAGEMENT

Involvement in community tables enables the Division to promote programs and identify opportunities to align with and leverage existing community resources and programs. These partnerships include the Chilliwack Child and Youth Committee, Chilliwack Healthier Community, Agassiz-Harrison Healthier Communities, and Hope and Area Healthy Communities.

