

# Annual Report 2017/2018



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



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Division of  
Family Practice  
A GPSC initiative

*Front cover image: Train Tracks at Upper Prairie Road,  
Frank Meyerink Photo, Chilliwack, B.C.*

**Chilliwack Division of Family Practice**  
2017-2018

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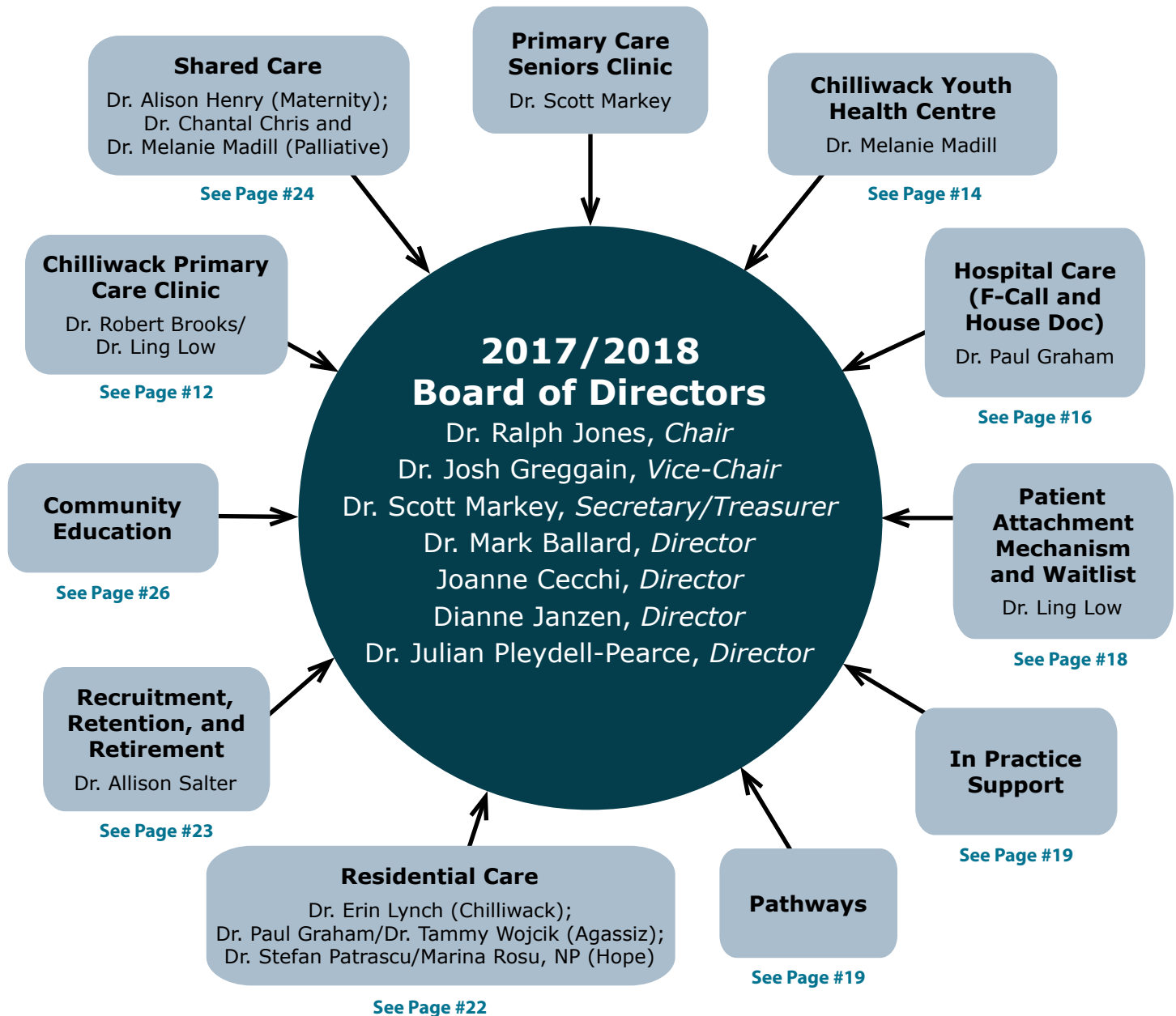
# Background

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.

## MISSION STATEMENT

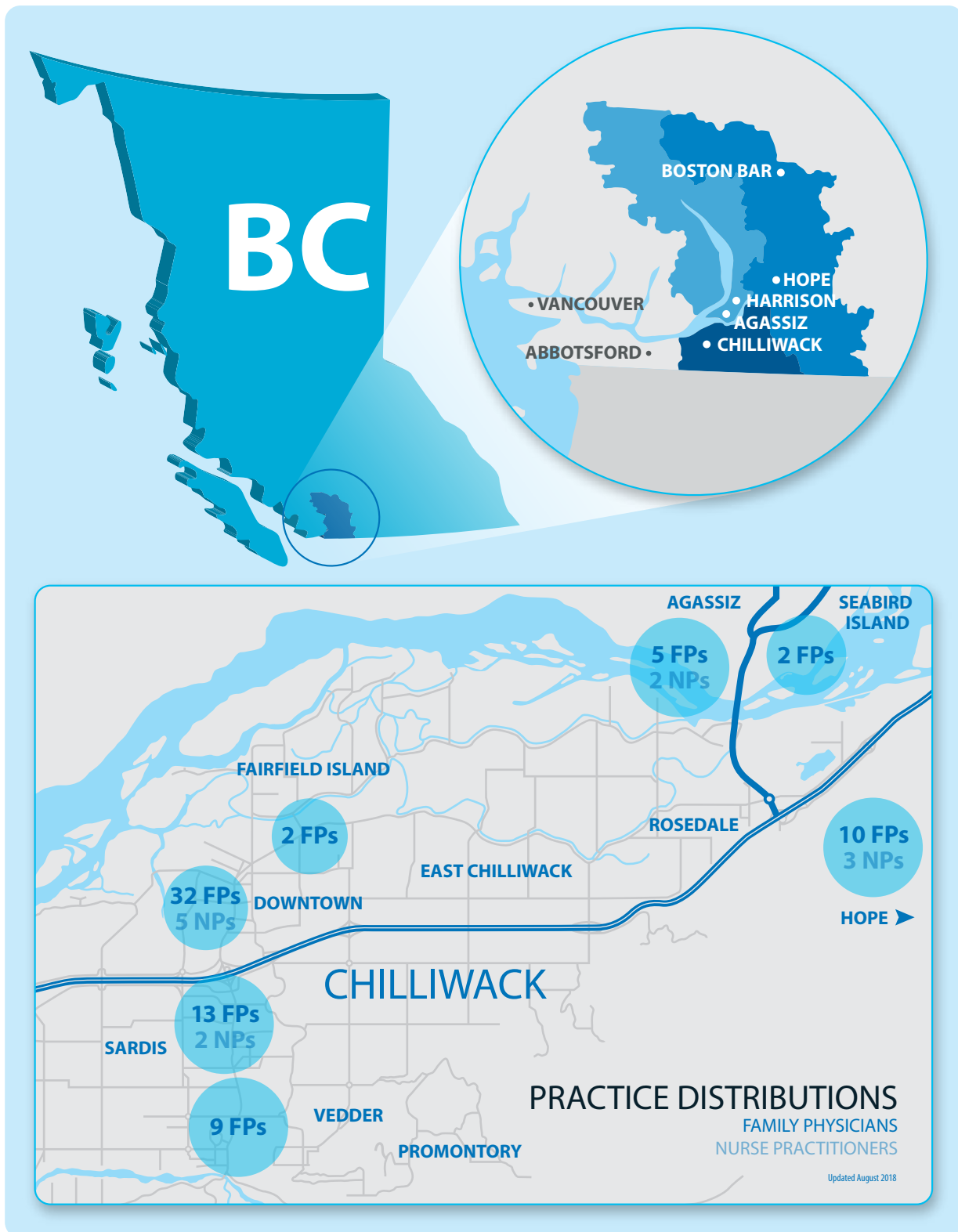
To optimize the provision of health care services to our communities through the promotion of a cohesive, cooperative and engaged community of Family Physicians and Nurse Practitioners.



# Our Areas of Practice

## MEMBERSHIP

119 Family Physician members and 12 Nurse Practitioner associate members representing primary care providers in communities within the local health areas of Chilliwack, Agassiz-Harrison, and Hope/Fraser Canyon. The population served is over 108,000.





**VISION:** To be the communities of choice for receiving and providing care.  
**MISSION:** Working together to be proactive, responsive, and compassionate in order to empower the health and wellness of our communities.

- WE ARE:**
- Innovators • Influencers • Facilitators • Synthesizers
  - Implementors • Coordinators • Connectors • Translators

- WE WORK IN PARTNERSHIP COLLABORATIVELY WITH:**
- Physicians • Nurse Practitioners • Specialists
  - Health Authorities • Community

- OUR DECISION MAKING IS GUIDED BY BEING:**
- Expansive • Adaptive • Time Efficient • Supportive of Work/Life Balance
  - Information and Data • Priority Driven • Good Governance

**LEADERSHIP TABLES:**

**COLLABORATIVE SERVICES COMMITTEE**

- Chilliwack Division of Family Practice
- Fraser Health
- First Nations Health Authority
- Local Indigenous Organizations
- City of Chilliwack
- Patients

**BOARD OF DIRECTORS**

- Chilliwack Division of Family Practice
- Community

**MEDICAL STAFF ASSOCIATION**

- Physicians
- Specialists
- Fraser Health

**STRATEGIC OPERATIONS COUNCIL**

- Division Board
- Physician Program Leads

**BOARD OF DIRECTORS**

The Board holds the big vision and is responsible for:

- Organizational health
  - Fiscal stewardship
  - Risk management
- We need to ensure that we:**
- Keep connected, even if meetings are infrequent
  - Stay at the strategic level
  - Seek the information needed to make decisions



**STRATEGIC OPERATIONS COUNCIL**

The Strategic Operations Council is priorities focused and is responsible for:

- Alignment and opportunities with the big vision between Board, Members, and Partners
  - Making connections
  - Knowledge translation
- We need to ensure that we:**



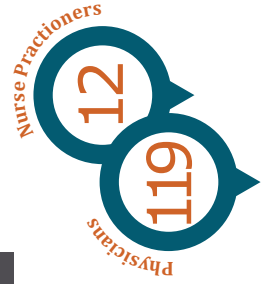
- Bring the membership voice, not just our own lens
- Listen for understanding – inquire (ask) before we advocate (persuade)



**MEMBERSHIP**

The Membership carries out the big vision and is responsible for:

- Giving input to influence decisions
  - Providing feedback on current programs
- We need to ensure that we:**
- Create an inclusive space for members to provide input
  - Connect with members to seek input



# A Message from the Board Chair

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Dr. Ralph Jones



This is my last report as Lead Physician as I have served my maximum time in this post. I wish the new team all the best and I would be delighted to contribute the "Wisdom of the Elders", if asked.

I was one of the original proponents of the Division structure at the then BCMA, Section of General Practice and the embryonic GPSC.

It seems that the Divisions have always been with us, they haven't, but we are sure have come a long way.

The future challenge lies in implementing Primary Care Networks and teambased care. We in the Chilliwack, Agassiz-Harrison, and Hope areas are well positioned to benefit from these fundamental changes in primary care delivery.

I would like to thank our dedicated and talented executive and administrative staff for their hard work and support over the last several years.

Finally, to you the members for taking the leap of faith to form our Division, your contributions, your advice and most importantly to me, your patience over these last several years.

A handwritten signature in black ink that reads "Ralph Jones". The signature is written in a cursive, flowing style.

**Dr. Ralph Jones**

# A Message from the Vice Chair

Dr. Josh Greggain



Thank you to all of our division members and staff for another year of progress and change.

In 2017/18 demonstrated great progress at the Division; with the redesign of the home health and home support, in partnership with the Health Authority, as well as development of the Enhanced Doctor of the Day program. Both of these endeavors occupied a large amount of time and effort, both in integration and collaboration. Our strong group of physician leaders made these programs possible. Those programs are now up and running, and showing success in how to work in team –based care, both in community and the inpatient setting.

The time of change in 2017/18 was seen most acutely in our Board composition, adding specialists and community members onto the Board of the Chilliwack Division of Family Practice. Initially, there were growing pains to determine how the new structure would be implemented. However after a winter session including the board and many physician leaders from the division, it became clear that having investment from a broader group board member from a variety of backgrounds will serve the Division well.

As the future of health care is unfolding, the Division is being asked to help lead family physicians, nurse practitioners and allied health workers into a model of care that includes Patient Medical Homes and Primary Care Networks. This work has begun this year, and will continue to unfold into the coming year. The annual Division survey combined with your individual feedback, continue to shape and form what is important to us, as family physicians and our patients. We will be hosting more community and division engagement sessions in the fall of 2018.

The ongoing programs in the Division continue to have success, including the Residential Care Initiative, the Chilliwack Youth Health Centre, and the Chilliwack Primary Care Clinic. Our Patient Attachment Mechanism) and Waitlist continues to function and is looked upon by the province as model for attachment mechanism and waitlist. The Recruitment, retention, and Retirement Committee is continually looking how to meet the physician supply needs in our communities, and has had some great successes this year.

We are privileged to work in communities where GPs are sought after; by the hospital, the community, by allied health workers, and by the health authority: for our skills, our care, and our leadership. As has always been, family medicine is the foundation of care in Chilliwack, Agassiz-Harrison, Hope, Boston Bar and all the communities in between. We continue to have the opportunity to shape and influence how Patient Medical Homes and Primary Care Networks will be developed, while continuing to provide service for the over 110,000 people of this region.

With our strong physician leaders, our continued community focus, and our hardworking GPs and NPs, there is opportunity to develop models of care that included true integration, collaboration, and innovation, while keeping the health and well-being of our providers at the forefront. If ever there was a Division who has demonstrated resolve in steering vision to benefit patients and fervently guard collegiality, the Chilliwack Division of Family Practice is it.

It has been a privilege to be a Vice Chair of the Division in this year of progress and change. I expect that this coming year will continue to bring success, while looking forward into the future of primary care.

**Dr. Josh Greggain**



# A Message from the Executive Director

Katrina Bepple



Over the last year we've gone through some significant changes in the way our programs are structured and care is delivered in our communities. From the redesign of our Hospital Care Program and Chilliwack Residential Care Initiative, to the complete flip of Primary and Community Care. Our Division continues to be one of the most innovative in the province, and with a strong relationship with our Fraser Health partners, it's amazing what we are able to accomplish.

As our communities continue to grow, our medical community has risen to the challenge of how we can provide access to primary care services, focusing on vulnerable and complex patients. We worked with Fraser Health to revamp our Hospital Care Program that now sees a family physician on site working in partnership with a nurse practitioner to support unattached and unassigned patients in Chilliwack General Hospital. There is a larger pool of family physicians supporting the outreach to Boston Bar (which just added a paramedic to the team that goes up to Boston Bar twice a week to support patients with chronic conditions and geriatric patients in their home!), and more specialists going out to Hope to provide patients access to care in their community. Working in partnership with Fraser Health, Stó:lō Service Agency, and Salvation Army, we are developing a team that will provide services to street entrenched patients where they are at. These are just a few examples of the great work that our Physicians take the lead on.

We've now transitioned our Board of Directors to the new structure, and have a robust Strategic Operations Council comprised of all of the Physician leads of the programs that provides recommendations up to the Board. I am so thankful for the amount of time, passion, and expertise that our Physician Leads and Board of Directors give to the Division. And our members, your dedication and commitment to patient care is humbling. We wouldn't be one of 'THE' Divisions around the province without every one of you.

The Division team that supports our members and programs is amazing. I'm thankful to come to work every day to a team that is driven and dedicated, as well as kind and generous.

We are making a difference, and this report highlights where we've come over the last year, celebrating our successes and identifying those hurdles that can make for an interesting journey.

As we look ahead to the next year, there is huge opportunity to influence and implement change in the system. In order for this change to be successful, we know it is essential that our members are supported in-practice to build and strengthen their practices and teams, in order to fully realize the attributes of a Patient Medical Home. Undertaking Primary Care Network redesign with our Fraser Health and community partners, we are working toward a model whereby the right care is delivered by the right person, at the right time, in the right place.

I look forward to continuing to work with our family physicians, nurse practitioners, Division team, and partners to make our communities, the communities of choice for delivering and receiving care.

Sincerely,

A handwritten signature in black ink that reads "Katrina Bepple". The signature is fluid and cursive, written in a professional style.

**Katrina Bepple**

# Meet the Division Employees

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**Tracey Arsenault**  
*Project Manager*

Tracey Arsenault was born and raised in Chilliwack. She has a Degree in Psychology from the University of the Fraser Valley and a Master of Arts Degree in Organizational Psychology from Adler University in Vancouver. She completed her Master's thesis on burnout and Emotional Intelligence. While she has spent the last number of years working in downtown Vancouver, her passion for her community and desire to be part of the positive growth of the health care sector.

In her down time, Tracey loves spending time with her husband and 2 year old daughter. Tracey loves to read, cook and watch scary movies (with a light on!).



**Janetta Cook**  
*Medical Office Assistant*

Janetta Cook has over 26 years experience as a Medical Office Assistant. Born and raised in Chilliwack, she has raised two boys here with her husband Richard. Janetta loves glamping, lake fishing, baking, cooking, and crafting (recycling the old into new gifts).

Janetta is an animal lover and while her boys were young they opened their home to every kind of pet you can think of! Yes, even snakes and lizards! With the boys grown her animal farm is now down sized to two dogs, two rabbits, three parrots, and fish. Fun fact, all animals except the fish travel with Janetta and Richard when the family goes on vacation!



**Jennica Grenier**  
*Patient Attachment Administrator*

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. 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.



**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 meeting physicians in Physicians Lounge to support the Hospital Care Program, helping to recruit new physicians to town, or supporting the Division in it's day to day operations, she can always be counted on for insightful contributions.

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."



**Emily Sayward**  
*Programs Coordinator*

With over 15 years experience in project, program, and event coordination, Emily brings extensive knowledge to the health services field with a particular passion in healthy living and in working with initiatives that promote wellness and balance. Spending the first years of her life in the beautiful, rugged valley in the Northern B.C. community of Bella Coola has shaped her passions, interests, and values.

Emily has been a resident of the Fraser Valley for the past 25 years. Emily is very involved in Chilliwack, having volunteered in countless capacities. In her spare time, she enjoys backpacking, kayaking, camping, arts and cultural events, ballet, road trips, and coordinating an annual Spring women's retreat on Hornby Island.



**Paula Reguly**  
*Project Manager*

Paula brings several years of experience in project management and coordination in health care and academic health research. Paula has worked with diverse stakeholders on a variety of health care projects that included information technology/information management implementation, process redesign, and supporting and facilitating collaborations among stakeholders. She also developed strong research skills from her time working in academic research. Paula holds a Biology undergraduate degree and Masters of Public Health degree from Lakehead University, in Thunder Bay Ontario. Outside work, Paula enjoys spending time with family, reading, and walking and exploring outdoors.



**Carol Van Muyen**  
*Administrative Assistant*

Carol joins our team as an Administrative Assistant, coordinating meetings, event planning, communications and creative projects (she's also a graphic designer).

Having part-time hours, she's sharing her time with her two busy kids. Her husband is a Principal at a local school, and they've made Chilliwack their home for the past 5 years. She enjoys spending time with family and friends – exploring outside, playing games ... or reading a book and drinking coffee.



**Naomi Wiebe**  
*Medical Office Assistant*

Naomi joined the Chilliwack Primary Care Clinic team in July of 2018 after having managed a start-up clinic in Chilliwack which closed its doors in June 2018. She graduated from the MOA Certificate Program in 2016 and especially enjoyed her practicum, which took her to a multi-clinician specialty practice in Surrey. Naomi is not unfamiliar with the medical world as both her mom and sister are employed as RN's at the Chilliwack General Hospital. In her free time Naomi enjoys scrap booking, baking, and spending time with friends and family. She is looking forward to building connections through the Chilliwack Primary Care Clinic, and is excited for what her future with the Division of Family Practice has in store.



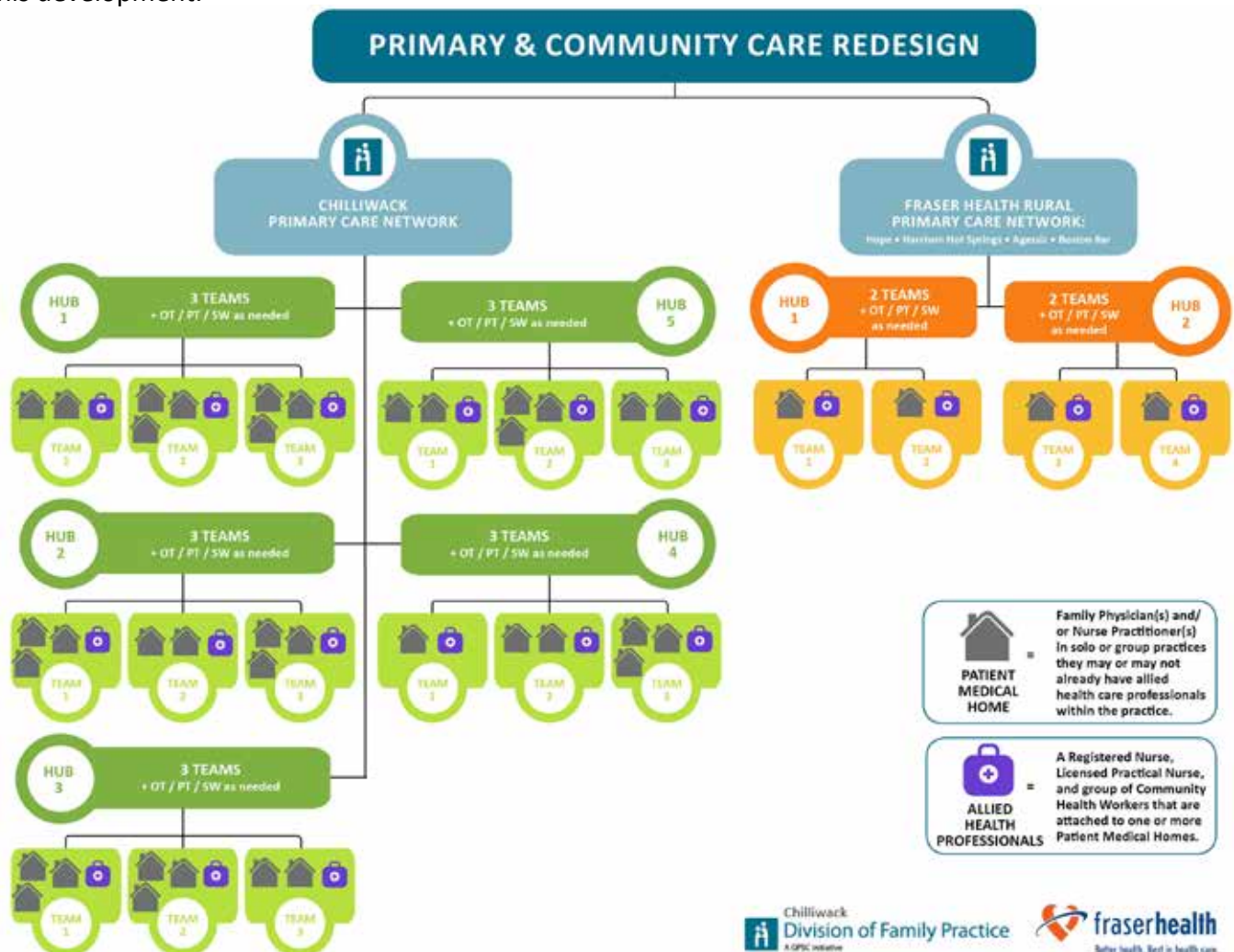
# Patient Medical Home & Primary Care Network

Dr. Joshua Greggain, Physician Lead #FraserHealthRural; Dr. Scott Markey, Physician Lead Chilliwack

Over the last year we've focused on supporting members in practice by partnering with the Practice Support Program on 'Understanding Your Patient Panel' (pg. 20), with the University of the Fraser Valley to offer a local Advanced Medical Office Assistant Certificate (pg. 19), and with a Business Analyst to provide support in practice (pg. 19). We've also focused on strengthening existing networks, both the Residential Care Initiative (pg. 22) and Hospital Care Program (pg. 16) underwent redesign after extensive collaboration with members and key stakeholders. And we are seeing the formation of new networks, including a Transgender Network that spans all of our communities, and an Addictions Network that is focused on #FraserHealthRural.

We've also continued to build on the momentum we were seeing through the Primary and Community Care Redesign (previously Home Health and Home Support). With decreased ED visits, admissions, and length of stay, and increased support for transition from hospital to community, responsiveness, and scope of the RN and LPN team, we flipped the system in May 2018. The new team and hub model, as described below, is going to be the foundation for our Primary Care Network. We are looking at adding mental health, substance use, public health, and other community programs/services to the resource pool that will be directly attached to your practice and/or easily pulled in by your teams.

Over the coming year it is going to be essential that you, our members, guide the development of our Primary Care Networks. If this past year is any indication, we are going to continue to have a very strong and clear voice in this development.



The Chilliwack Primary Care Clinic (CPCC) and our Division-Health Authority partnership continue to be recognized and praised province-wide as an innovative leader in creating a local solution to providing ongoing care for unattached patients discharged from hospital, providing interdisciplinary team-based care to complex patients, and acting as a transition point in Chilliwack for our Patient Attachment Mechanism (PAM) and Waitlist.

This past year we enhanced our ability to care for our many vulnerable patients with significant mental health conditions with the addition of psychiatric consultations by Dr. Ali. We are thankful for the collaboration with Fraser Health Adult Mental Health and Addictions with this limited resource in addition to the well utilized support of Jennifer Thompson, our Mental Health Clinician (background in Social Work) who further provides support to this group of patients. These services have already directly led to improved patient outcomes and bolstered not only the clinic's ability to meet the needs of these patients but improved provider confidence in managing these complex conditions. It is our hope that these supports may also further encourage other community providers to consider working within the collaborative care team at the CPCC.

These resources are in addition to our Clinical Pharmacist, Dr. Arden Barry, who continues to take referrals from community providers to see patients with medication-related concerns inclusive of polypharmacy and naloxone. In the late summer, we are expecting the addition of two nurse practitioners (NP) Janelle Halldorson and Kimberley Reid. They will be splitting their time between the CPCC and sharing the NP hospital duties along with our long serving NPs Angie Fast and Navneet Bhogal who have been invaluable to the support of the new House Doc program.

We've also had our share of challenges this last year. With a four-fold increase in hospital referrals, provider turn-over within the clinic and continued significant capacity challenges in the community, the CPCC has been unable to meet many of these new demands on our limited resources. This has resulted in a waitlist time for PAM climbing to 10 months and a temporary restriction on new intake from hospital unattached patients. In the interim, the Division has supported the development of a temporary unattached discharge follow-up clinic which offers new patients referred to the CPCC a limited clinic follow-up post discharge. These patients will then be placed on the PAM waitlist until capacity is available within the CPCC or in the community. We would like to acknowledge the added support of Drs. Dominic Black and Paul Graham who are supporting these discharge follow-ups.

Looking into the fall, we are anticipating a new intake process to the CPCC which will involve review by one of our NPs prior to discharge in hospital to facilitate seamless follow-up of unattached hospital patients. Furthermore, given our complex patient population, we are currently looking to add social work supports to the CPCC to provide more robust and complete care to many of the marginalized in the clinic.

As you are acutely aware, the capacity challenges are immense within our community. We thank all of you who already take many unattached patients from the hospital or from the community. The reality is that without on-going placements of patients from the CPCC into the community, our ability to serve as a safety net for unattached hospital discharged patients with not be sustainable. If you have interest in seeing your own F-call patients from within the CPCC to transition them into your community practice, are able to accommodate any further attachment in your already stretched practices, or would consider in working with vulnerable patients by offering a half day in the clinic on an ongoing basis, we would encourage you to speak to one of us at the CPCC.

**If working in a team-based interdisciplinary environment appeals to you, we'd love to have you as a member of our team.**

Contact Janetta for more information at [jcook@divisionsbc.ca](mailto:jcook@divisionsbc.ca)

Thank you once again to all who continue to make this possible, from the GPs and NPs who work in the CPCC, to GPs who accept our "packaged-up" patients, to GPs who see CPCC patients on F-call. Your commitment enables us to continue to stabilize and attach patients.

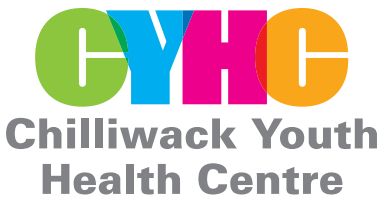


Ready for patients at the CPCC



# Chilliwack Youth Health Centre

Dr. Melanie Madill, Physician Lead



The Chilliwack Youth Health Centre (CYHC) celebrated its third birthday in January 2018, and had over 1,600 visits from youth and young adults in 2017.

**CYHC is a committed, integrated, diverse group of service providers for youth and young adults and their supports, informed by lived experience. We stand for accessible quality health care in a safe, inclusive, and culturally relevant environment to empower youth and young adults to exercise autonomy and build resilience.**

## For the people we serve, we are committed to:

- Actively eliminate barriers that prevent access to services
- Support evidence based practice and practice based evidence
- Stay relevant and responsive
- Support bridging and connections to resources and organizations in our community

## And they can count on us to:

- Be authentic, compassionate, trustworthy, and persistent
- Find or create innovation solutions
- Be here for the long term

**We welcome referrals from community doctors.**

Contact with Jennica to start the process at [jgrenier@divisionsbc.ca](mailto:jgrenier@divisionsbc.ca)

The CYHC has two sites dedicated to wellness for youth and young adults ages 12-26 years. Youth don't need a referral—it's free, confidential, and drop-in. The team can address medical and mental health needs and can be seen for anything from acne to sexual health to counselling for issues related to anxiety, depression, substance use, gender identity, family conflict, peer conflict, school and life planning, and more!

The team includes family physicians, counselors, and a psychiatrist (referral required). The psychiatrist specializes in complex youth and young adults which could include those that are bipolar, schizophrenic, and/or have severe OCD, and likely require medication.

The CYHC is able to provide care two afternoons every week with the generous support of many partners and the community. The Annual CYHC Fundraiser Dinner and silent auction was bigger and better than ever this year! With live music, a comedian, and over 50 silent auction items, this event raised more than \$7,000, as well as was a great opportunity to education partners and community members about what the CYHC has to offer. A huge thank you to the planning committee, and specifically Emily Sayward and Barb Wright, for the tremendous amount of work required to run this event!



2018 CYHC Fundraiser Dinner



2018 CYHC Fundraiser Run



**Neighbourhood Learning Centre (NLC), 46361 Yale Road, attached to Chilliwack Secondary**

EVERY TUESDAY

Counsellors 1-7pm, last drop-in 6pm

Doctors 2-5pm, last drop-in 4:30pm

604-819-4603

Bus Route: 1 Vedder, 3 Chilliwack, and 11 Agassiz/Harrison

**Stó:lō Primary Health Care Clinic, 7201 Vedder Road, Building #7**

EVERY THURSDAY

Counsellors 2-7pm, last drop-in 6pm

Doctors 2-5pm, last drop-in 4:30pm

604-824-3219 or 1-844-827-2473

Bus Route: 1 Vedder and 5 Yarrow/Greendale



**Our Partner Organizations:**

- Chilliwack Community Services
- Chilliwack Division of Family Practice
- Fraser Health
- Fraser Valley Aboriginal Children and Family Services Society/Xyolhemelyh
- Ministry of Children and Family Development
- Pacific Community Resource Society
- School District #33
- Stó:lō Service Agency
- University of the Fraser Valley



**Connect with us!**

chilliwackyhc@gmail.com

**www.chilliwackyhc.com**

www.facebook.com/chilliwackyhc

# Hospital Care Program

Dr. Paul Graham, Physician Lead

The Chilliwack Hospital Care Program underwent a significant makeover this year thanks to the flexibility and commitment of its members. The redesign stemmed from recommendations from our working group in response to increased orphan patient workload/complexity and was backed with support and funding from our Fraser Health and GPSC partners.

The new paradigm re-engages with nurse practitioners and F-call physicians working in tandem to provide extended daytime clinical support and continuity for House Doc and F-call patients. We are in the midst of a 6 month pilot and early reports for patient and provider satisfaction are positive.

Our new coordinator Elly Meyerink is a bright, shining face rounding most days with printed lists and well equipped to troubleshoot call, network, F-call and a variety of other issues.

Speaking of networks, we have encouraged rounding support in network groups and are able to help with facilitation of this. There are plans to reevaluate this pilot in the coming months and your feedback is certainly encouraged. Thanks so much for your ongoing dedication that is crucial to the success of our Program!



*Chilliwack General Hospital*

## DID YOU KNOW?

Of the 86 family physicians who have offices in Chilliwack, 60 (70%) have privileges at the Chilliwack General Hospital, and 33 (38%) accept patients off the F-Call roster.



# Hope & the Fraser Canyon

Dr. Josh Greggain, Site Medical Director & Physician Lead  
(Fraser Canyon Hospital, Hope Medical Clinic, Fraser Canyon Clinic, Anderson Creek First Nations Outreach Clinic)

This past year has been one of continued evolution in #FraserHealthRural.

First off, we have coined the term #FraserHealthRural, and even have a twitter handle @FHRural. This came out a desire to identify our large geographic area in Fraser Health, and in the Chilliwack Division, as a unique entity with some interesting health challenges including geographic isolation.

This has become a framework for us to help support one another in our communities, while looking to the future of what Patient Medical Home(s) and a Primary Care Network (PCN) would look like in our communities.

Seabird Island welcomed back Dr. Fox this year, after completing a fellowship in addictions medicine. Seabird continues to provide exceptional service to a large number of First Nations patients in the region, including outreach to adjacent communities.

Agassiz Community Health Center saw the addition of Dr. Rachel Collins and Dr. Ecrument Bedir to bring the community up to 3 physicians and 2 Nurse Practitioners. This has greatly improved the opportunity to attach and see new patients in Agassiz, via the patient attachment mechanism (PAM).

Hope continues to have success in offering family practice care services to the communities of Hope, Boston Bar, Spuzzum and Boothroyd. Those services include office based family practice, walk-in, 24/7 emergency, inpatient, hospice and residential care services are that the family physicians and nurse practitioners are able to provide. With the addition of Dr. Sree Borra and NP Shandolin O'Mahoney, this brings the providers in the community up to 10 physicians and 3 NPs. The complement of specialist and specialized services that are offered on an outreach model from Chilliwack have greatly increased as well, which now includes: OB/GYN, prenatal outreach, pediatrics, orthopedics, general surgery, respiratory therapy, physiotherapy, as well as our mental health partners with psychiatry, geriatric psychiatry, and child and youth psychiatry.

As we move into our PCN design and plan, we hope to further strengthen the care provided, as all as providing ubiquitous access to all 17,000 patients who live in #FraserHealthRural, regardless of their geographic location.



**#FraserHealthRural**  
@FHRural

The rural area of Fraser Health that encompasses the communities of Agassiz, Harrison Hot Springs, Hope and the Fraser Canyon

📍 Fraser Valley  
📅 Joined May 2018



Fraser Canyon Hospital



# Patient Attachment Mechanism (PAM) & Waitlist

Dr. Ling Low, Physician Lead

The Patient Attachment Mechanism (PAM) was established through the GP for Me funding in 2014, with the goal of establishing a single point of contact for unattached patients looking for a primary care provider. It gives our physicians, nurse practitioners, front-line staff, and community partners a process for patients to become attached. Rather than saying, "No we are not accepting patients" or "I don't know how you'd find a family doctor" they can say, "Register online with PAM, our local patient attachment mechanism and waitlist".

Building partnerships in the community, each local area takes a different approach. Hope and Agassiz-Harrison rely solely on the PAM Waitlist to attach patients off of when they have capacity, whereas in Chilliwack our dedicated physicians will take directly from F-call, and other places.

How does it work? Patients can register online at [www.divisionsbc.ca/chilliwack/pam](http://www.divisionsbc.ca/chilliwack/pam) or those without internet access can call 604-795-0034 to register over the phone. When there is capacity in their community, in established or new practices, we attach them directly off the waitlist. Additionally, there is now capacity in Agassiz-Harrison and Hope, that anyone who wants a local provider, can have one!

Between April 2014 – July 2018, we have successfully attached 4,029 patients to community practices through PAM. In addition, 1060 patients are currently attached to the Chilliwack Primary Care Clinic to receive ongoing care. Our hope is to transition them to a permanent care provider in the community. That's 5,089 patients!

If you are looking to take on new patients but don't want to be overwhelmed with new patient requests, PAM can assist in building or adding to practice panels by matching patients to your practice scope and capacity.

Congratulations to everyone who has helped make PAM a success. Physicians and nurse practitioners for accepting patients into their practice, medical office assistants for facilitating the process of attachment, community partners for promoting the service to their clients, and finally to the Division staff who work with these stakeholders to enable patient attachment, mostly notably Jennica Grenier, the amazing PAM!

**If you have room to take on patients...**

Contact with Jennica at [jgrenier@divisionsbc.ca](mailto:jgrenier@divisionsbc.ca)

**Looking for a Family Doctor or Nurse Practitioner?**  
Live in the Chilliwack, Hope, or Agassiz-Harrison area?

**Sign up for the PAM waitlist!**  
*(Patient Attachment Mechanism)*

**Register online:**  
[divisionsbc.ca/chilliwack/pam](http://divisionsbc.ca/chilliwack/pam)

**How does it work?**

Go online and register at [divisionsbc.ca/chilliwack/pam](http://divisionsbc.ca/chilliwack/pam)

Then you'll receive an email to confirm you're on the waitlist.

We'll be in touch when there is capacity to attach you.

In the meantime, visit [www.medimap.ca](http://www.medimap.ca) for walk-in clinic locations and wait times.

*This service is only available for those who do not already have a family doctor/nurse practitioner.*

*If you don't have internet access, call 604-795-0034.*

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

 **doctors of bc**

To request copies of the new PAM posters and cards, please contact Carol at [cvanmuyen@divisionsbc.ca](mailto:cvanmuyen@divisionsbc.ca).



# In-Practice Support

## Pathways

Pathways is a web-based resource for Family Physicians, Specialists, 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
- It was designed by GPs for GPs so it supports the way they work

Locally, we have 136 specialists on Pathways (including family physicians, NPs, midwives and those who have retired or moved), 33 clinics, 6 resources specific to our division, and just under 100 users.

Pathways is a living, growing platform supported by countless administrators who work intricately with Physicians, Specialists, and MOAs. They constantly strive to ensure Pathways meets the needs of its users, and when it doesn't, or there is room to improve, they make changes.

The Division is very thankful to have Judy Hamel to work passionately on behalf of the Division to support Pathways. She is available to come to clinic offices to give brief tutorials to Physicians, Specialists, MOAs, and/or other office staff. With Judy Hamel having capacity to go in to clinics to offer in-person support and follow up, we have seen a steady incline in Pathways access and usage. Please contact her at [chilliwack@pathwaysbc.ca](mailto:chilliwack@pathwaysbc.ca) to set up a time, or email to be registered for free access with a user access.

## Business Analyst Support

We heard loud and clear from the 2018 Members Survey that you want business management and processes support, and we now offer the services of a Business Analyst to you and your clinics. Lori Kesteven has been working with the Abbotsford Division of Family Practice this past year with good uptake from their members. As a chartered accountant, management accounting is her primary focus.

In July we published and distributed a DocTalk Business Edition featuring articles written by Lori. "How Healthy is your Medical Practice?", "Employee Retention" and "How Will the Increase in Minimum Wage affect your Medical Practice?" are a few of the topics to help you manage the operations of a healthy medical practice.

You can view the Business Edition online at [divisionsbc.ca/chilliwack/news/newsletter](http://divisionsbc.ca/chilliwack/news/newsletter)

## Advanced Medical Office Assistant (AMOA) Certificate Program

Through the 2018 Annual Members survey heard from our membership that in-practice support was a priority for this coming year. To answer this call, the Chilliwack Division partnered with UFV to run a custom Advanced Office Assistant (AMOA) program which was funded mainly by the Division to enhance in-practice support. This course is designed for dedicated medical office assistants looking to provide more support and leadership in their clinic. They will learn to create detailed procedures to improve systems, develop patient self-management plans, stay at the fine point of clinical best practices, and much more.

**This opportunity was open to all MOAs who work in clinics of Division members. We aim to run this program again in March 2019.**

If you are interested in nominating one of your MOAs, contact us at [chilliwackdfp@divisionsbc.ca](mailto:chilliwackdfp@divisionsbc.ca).



2018 Chilliwack AMOAs

*"A great group of students – really engaged and enthusiastic! I love my job!" - AMOA Instructor*



Lori Kesteven



Here are some highlights of the last year's PSP activity in the Chilliwack Division area:

## **SMALL GROUP LEARNING SESSIONS (SGLS):**



### **Dementia Management in Family Practice**

Dr. Scott Markey led a group of 8 GPs and 2 NPs through a session on identifying patients with mild to moderate dementia, assessing and addressing common concerns pertinent to those patients and their families and managing their care needs using pharmacological and non-pharmacological resources. Participants carried out Action Plans on how to bring these new tools and techniques into their family practices.

### **Team Based Care**

Dr. Cam Ross led one Chilliwack cohort of 10 GPs and 3 NPs through the Foundations of Team-Based Care Session. Participants then took action on a variety of initiatives with members of their internal teams and also with their external team partners. Foundations (1), Patient-Centered care (2), and Interprofessional Communications (3) are available thus far in the series with the remaining sessions still in development.

### **Quality Improvement: Making Practice Improvement Work for You**

Led by Abbotsford GP Dr. Adriaan ("Riaan") Windt, this cohort of 5 GPs, 2 MOAs, 1 RN and 1 Pharmacist went through the 4 session series looking at IHI's Model for Improvement and Plan-Do-Study-Act cycles and how to bring them to life in an already busy practice. Back in their clinics GPs worked on QI projects on improving Chronic Disease Management outcomes, Chronic Pain Management, clinic wait times, medication reviews and colorectal screening.

### **Electronic Medical Record Peer Mentor support**

In 2017-2018 local EMR Peer Mentors were again very busy helping to bring new tools, scripts and tricks to individual practices and the practice community. Dr. Ling Low and MOA Janetta Cook were added to our group of EMR Peer Mentors: Welcome! Thanks to David, John, Cam, Quentin, Ling, Marty and Janetta for all your work this last year helping your colleagues! Contact Ron if you think you could use the help of an EMR Peer Mentor.

### **In-practice support**

As always, in-practice coaching was provided to follow up on GP Action Plans associated with module and SGLS content. Advanced Access training and support was provided in practices as requested as well. A major shift this year was how much PSP support was provided for the new GPSC Patient Medical Home (PMH) tools:

- **Understanding Your Patient Panel**

Over 50 Chilliwack Division GPs and several NPs are engaged in this process and at varying stages of completion of demographic and disease registry "clean-up" with the goal of providing even better pro-active care in the community and enabling better Team Based Care and collaboration in the future. 12 of these GPs have fully completed their clean-up and are working on their sustainment and process documentation plans. For OSCAR users, Dr. David Page created custom queries to make the process simultaneously easier and more comprehensive. David, Ron and Elly did a "roadshow" to many practices to outline the process and to show how it can complement other work in the community.

Wolf Users have access to a "Dashboard" to go through the same process and Intrahealth Profile users to a set of queries similar to OSCAR. Stay tuned in the near future for a deepening of the process (focused more on sustainment, process documentation and improving recall and care planning) and transition to a GPSC Incentive Fee for the work with substantial payment for each of three Phases. Please contact Ron if you need more support or need some help getting started. OSCAR users will also have access to a Dashboard for the process after they transition to OSCAR 15.0.

- **GPSC Patient Medical Home Assessment**

15 of these electronic surveys/assessments have been completed by Chilliwack Division GPs and 5 by local NPs. It asks practice and community of practice-based questions looking at how current care compares to the 12 attributes of the Patient Medical Home. A physician can choose to work on improving aspects of the assessment individually, with support of the Division, and/or with coaching support from PSP. GPSC compensates GPs for 1 hour to take the survey and for up to 2 hours of follow-up Action Planning. Mainpro accreditation is also available for the Action Plan work at 3 credits per hour. NPs are compensated by the Division to do the Assessment. The GPSC Understanding Your Patient Panel Incentive Fee will include the Assessment as one of its requirements for Phase 1.

**MODULES:**

**Chronic Non-Cancer Pain Management**

16 local physicians and 4 NPs took part in this 6 month, 3 session, 2 action period quality improvement learning opportunity led by Dr. Cam Ross and Practice Support Specialist Byron Salahor. Physicians and staff were introduced to a new structured multi-modal approach to chronic pain management and to several tools for measurement and monitoring of pain severity, functionality and other domains, and helped with understanding the College’s Guidelines around opiate prescription. This brings the total to 41 local GPs and 4 NPs who’ve been through the Pain module thus far.

**Chronic Disease Management**

5 local physicians participated in this 6 month, 3 session, 2 action period quality improvement learning opportunity led by Dr. Nathalie Boudreau and Practice Support Specialist Sophia Tanaka in Abbotsford. The goal of the module is to enhance longitudinal care for patients living with chronic conditions with a planned, proactive approach using two powerful tools: patient registries and recall systems. This content was recently rejigged and this was the pilot cohort of the enhanced material.

**Module Evolution Project**

The way that PSP module content is delivered is currently evolving. Committees of physicians are looking at the different buckets of content and at ways to deliver that are more flexible with timing, that mix in online learning and that optimize face-to-face time with colleagues. Dr. Cam Ross has been involved with a group looking at this process for the Chronic Non-Cancer Pain Management module and similar groups are reviewing COPD/HF, Adult Mental Health, Child and Youth Mental Health, End of Life, MSK, Advanced Access, Group Medical Visits and Chronic Disease Management.

**The local Physician Practice Support Team:**

- Dr. Melanie Madill - Lead, represents the Chilliwack Division of Family Practice at the FH Regional Practice Support Committee
- Dr. Cam Ross - Chronic Non-Cancer Pain Module and team-Based Care SGLS Physician Peer Mentor
- Dr. Scott Markey – Dementia Management Physician Peer Mentor
- Drs. D. Page, J. Robertson, Q. Smith, M. Dodds, C. Ross and L. Low and MOA Janetta Cook - EMR Peer Mentors
- Ron Plowright - Practice Support Specialist with FH Practice Support Program Regional Support Team

**Ron Plowright is the designated liason from the PSP Regional Support Team for Chilliwack Division.**

Connect with him at [ron.plowright@fraserhealth.ca](mailto:ron.plowright@fraserhealth.ca) or 604-763-2705



Professional Development Learning Modules

We work on behalf of doctors to strengthen full-service family practice and patient care in BC.

**WHAT WE DO**

- PMH and PCN
- Professional Development
  - Leadership
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- Learning Modules
  - Small Group Learning Sessions
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- Collective Voice

**Learning Modules**



**ADULT MENTAL HEALTH**

Develop the skills and confidence to diagnose and treat patients with mental health needs. You will learn tools and techniques for effectively addressing a wide range of acute conditions, with a concentration on anxiety and mild to moderate depression.



PSP tools, resources, and core content have moved. [Click here to access the new platform.](#)

**CONTACT YOUR RST**

- Fraser Health: Joan Rabilliant
- Interior Health: Jaime Shymaiver
- Northern Health: Lana Doberty
- Vancouver Coastal: Josefa Kostogiannis



# Residential Care Initiative (RCI)

Dr. Erin Lynch, Physician Lead

This year the Residential Care Initiative (RCI) in Chilliwack has focused on revitalization of the clustering model of physician care in residential homes. This system aims to support and enhance the care of a dedicated group of family physicians within each facility in Chilliwack. The groups work with management and front line nursing to provide appropriate and timely care to residents with a palliative approach to care. The incentive fees, revamped this year, aim to support these efforts and cluster physicians to one or more facilities of their choice. Once again our focus lies in providing 'proactive' visits, attendance (in-person or by phone) at case conferences, completed documentation, after hour coverage, medication reviews, reduction in unnecessary emergency room transfers and care of orphaned patients. Ongoing nurse practitioner support is offered at 2 sites

in Chilliwack as part of an ongoing pilot project. The RCI also provides regular targeted education for 'cluster' physicians to enhance their growing specialization in residential care.

Both Hope and Agassiz sites continue to maintain their unique versions of the 'clustering model'. Drs. Paul Graham and Tammy Wojcik continue their work as MRP to the nearly 100 residents in the two nursing home facilities (Cheam Village and Glenwood) in Agassiz. The RCI offers support to Agassiz by covering call on the weekends for these facilities, primarily by phone. In Hope, Nurse Practitioner Marina Rosu serves as the MRP for all the Lodge patients in conjunction with the new RCI Physician Lead, Dr. Stefan Patrascu, who has taken over the role after the retirement of Dr. Ray Green.



*Chilliwack & Agassiz Care Homes*

# Recruitment, Retention, & Retirement

Dr. Allison Salter, Physician Lead

The Recruitment, Retention, and Retirement (RRR) Committee continues to work to attract physicians to our community, support recent graduates in their transition to practice, facilitate a locum pool, advise and prepare IMG physicians as they sit their Canadian exams, retain current physicians and assist retiring and relocating physician as they transition out of practice.

This past year continued to be a learning process for committee members as we worked to achieve these mandates.

## Successes

- Recruitment of thirteen family physicians since June 2016.
- Mentorship and support of new physicians to their practices, hospital work and the Chilliwack community.
- Continued collaboration with the Chilliwack Economic Partners Corporation (CEPCO).
- Regular contact and collaboration with Health Match BC.
- Regular contact with potential recruits and organization of community tours.
- Mentorship of soon-to-be and newly practicing graduates of our residency program as they locum and establish practices.
- Successful support of IMG's sitting their Canadian Exams.
- Great attendance at social events to support work-life balance, relationships and communication.
- Creation of a comprehensive Retirement Guide including 5 year projection planning, how to notify patients of practice closure, letter templates for easy use, legal requirements and post retirement career options.

## Challenges

- To maintain and grow the physician workforce at a time when Chilliwack is one of the fastest growing cities in the Fraser Valley.
- Unexpected practice closures and relocation of community family physicians on top of the expected ones.

## Thank You

Thank you to Dr. David Esau for his outstanding work and leadership since the inception of this committee. Dr. Esau stepped down from his role to pursue other interests. Thank you David!

Finally, the RRR Committee would like to thank YOU, the physicians and medical staff in Chilliwack who make our job so easy. It is not hard to promote a community like Chilliwack when your colleagues are outstanding. Keep up the great work and please, say hello to a strange face when you see one – you never know if that smile "seals the deal" for a new Chilliwack physician recruit!



Colleague Mix and Mingle at Chaos & Solace

A collage of four images. The top-left image shows a calm lake reflecting a forested mountain. The top-right image is a dark blue box with white text: 'Providing quality, compassionate, and innovate care in a community of collaboration and congeniality.' Below this is the Chilliwack Division of Family Practice logo. The bottom-left image shows a wide river flowing through a valley. The bottom-right image is a dark blue box with white text: '#smallcommunities #biggerhearts'.

To request a free copy of the Retirement Guide or Medical Community Resource Guide.

Contact Elly at [elly.meyerink@fraserhealth.ca](mailto:elly.meyerink@fraserhealth.ca)



# Shared Care

## Palliative Care Project

*Dr. Melanie Madill, Physician Lead*

*Dr. Chantal Chris, Palliative Specialist Lead*

The Palliative Shared Care Project is a joint initiative between the Chilliwack Division, Shared Care and Fraser Health. It aims to improve the palliative journey for patients and increase communication between palliative providers. The steering committee for the project includes representatives from BCCA, Chilliwack Hospice, Fraser Health, Shared Care, Local GPs, Specialists and the Chilliwack Division.

This project is a "spread project", the goal of which is to decrease the time and cost involved in implementing changes by making use of existing resources. Project elements and resources being used are those previously developed by the Powell River Division of Family Practice.

In the Spring, the Division conducted extensive caregiver, patient and physician interviews to develop a comprehensive "journey map" that identified areas of strength and gaps in the current Chilliwack palliative journey. These themes were presented as discussion topics at a stakeholder engagement event held in June 2018, which brought together over 30 providers. From these discussions and follow up surveys, stakeholders prioritized five action items for the project moving forward:

1. Improve information-sharing and communication between providers involved in the palliative journey.
2. Clarify palliative referral process.
3. Identify barriers to and supports for early palliative referral to avoid referrals only at crisis (e.g. address "false hope" as barrier; provide screening tools as support for early identification).
4. Assess missing resources to allow patients to confidently die at home.
5. Develop resources for patients and caregivers who are not ready to have serious illness/advance care planning/palliative referral conversations (i.e. how do we take away the fear of palliative care and promote end-of-life care options?).

Next steps based on these recommended action items will be started in September.



*Palliative Care Stakeholder Event*

## Maternity Project

*Dr. Alison Henry, Physician Lead*

*Dr. John Robertson, Specialist Lead*

*Winifred Agnus and Amelia Doran,*

*Midwife Leads*



The Shared Care Maternity Project began in Chilliwack in early 2017, led by Dr. Alison Henry. Phase one of the project was a needs assessment survey conducted throughout Chilliwack, Agassiz, Hope-Fraser Canyon canvassing expecting and new moms, as well as another survey aimed at providers. These two extensive surveys asked about gaps in service, what resources were accessed, etc.

On May 1, 2018, the data was reviewed at a large engagement session attended by GPs, SPs, Residents, Maternity Nurses, Fraser Health Managers, and many other maternity-related partners. After the review, a thorough discussion was led to determine what direction(s) to move the project. From that, the committee now has a clear vision of what they'd like to accomplish as they begin Phase 2 in the Spring of 2018.

With a range of projects including providing support to initiate consistent, low barrier prenatal classes, coordinating information sessions and developing business plan options for shared-care practice options, and developing a new online pathways website to be a one-stop place for all things pregnancy related in the Fraser Valley, and more, the committee has some big tasks ahead of them but are excited about the positive changes that will come to both local moms and maternity care providers.

# Child & Youth Mental Health Substance Use Collaborative (CYMHSU)

Dr. Melanie Madill, Physician Lead; Lisa Helgeson, Nurse Practitioner Lead

From the Doctors of BC, FamilySmart and the Ministries of Health, Education and Child & Family Development, the CYMHSU Collaborative created 64 Local Action Teams around the province. The Chilliwack Division of Family Practice hosted the Chilliwack LAT and Fraser Cascade LAT.

Putting youth and families at the centre, the Division set about developing resources to ensure children, youth and families had **TIMELY** access to **EFFECTIVE** care. Some of the legacies from the LAT and the provincial CYMHSU Collaborative include:

**Screening** – youth and young adults are the least frequent users of primary care, but they do attend sexual health clinics. The public health units have begun screening youth for mental health issues and referring to youth primary care providers.

**Education** – ACEs, resiliency and attachment are key issues for turning the tide of rising youth mental health issues. Resources from the Collaborative Toolbox and Alberta Family Wellness are now available to everyone.

**Family Peer Support** – this parent support group allows parents with lived experience to share successful parenting strategies, navigation to service resources and compassion. Click here for more info.

**Mental Health Guide** – working with Chilliwack Healthier Communities the LAT contributed to the development of a mental health guide to help people keep balance and maintain wellness.

**Community resources and referral guide** – the LAT developed community resource guides for each community, and a referral guide for professionals to connect families to the most appropriate services.

## Educational Resources

Some excellent resources to upgrade your youth mental health knowledge:

- **Learning Links BC:** [learninglinksbc.ca](http://learninglinksbc.ca)
- **Brain Story Certification:** [albertafamilywellness.org/training](http://albertafamilywellness.org/training)
- **Kelty Mental Health Education:** [kelymentalhealth.ca](http://kelymentalhealth.ca)
- **Mental Health & High School Curriculum Guide:** [teenmentalhealth.org/schoolmhl/](http://teenmentalhealth.org/schoolmhl/)

## Acknowledgements

We want to send thank Fraser Health and the Chilliwack Hospital Foundation for following through with the LAT vision to create the ER Calm Area in the Chilliwack General Hospital waiting room to make it easier for children, youth and families to receive care. Our hands go up to the health professionals, allies, youth and parents who contributed to improving the pathway to care for those journeying towards mental wellness.

## Screening

Screening is a critical step in Trauma Informed Care. Everyone experiences some mental health issues in their lifetime. Youth are known to not seek help, and are more likely to talk to peers and parents. Youth are more likely to access public services like the sexual health clinic. Youth service providers can use these screening tools recommended in the CYMH module provided by the Practice Support Program (FHA) to help youth and families identify mental health issues and resources for prevention and intervention.

Some of the screening tools used by health care allies include: • 3-Questions Screener • ACE Questionnaire • Resilience Questionnaire • ACE & Resilience with explanation.

Doctors may use the following assessment tools for diagnosis: • ADHD–SNAP IV • Anxiety–SCARED for child or youth • Anxiety–SCARED for parent • Depression–KADS

Some people can mask mental health issues but suffer over a lifetime leading to chronic health conditions. It's important to not make assumptions and apply mental health screeners broadly. Using screening tools for everyone reduces stigma, educates about mental health and ensures people get timely access to care.

## Family Peer Support Group

Shared experiences and personal stories are the best way for us to learn and develop compassion. The Family Peer Support Group is facilitated by a parent with lived experience for parents who seek understanding in dealing with their child or youth's behavioural issues. This group meets regularly over coffee for discussion, education, navigation and social support.

## Contact Information:

Email: [chwkwfamilypeer@gmail.com](mailto:chwkwfamilypeer@gmail.com)  
Phone: 604-997-5362  
Facebook: [chwkwfamilypeer](https://www.facebook.com/chwkwfamilypeer)



# Community Education

Building on current initiatives and existing partnerships, community education is working to improve 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 enhanced partnerships with organizations to accomplish this, namely in supporting joint programs through funding and promotion, and dissemination of information through online links and printed materials through community partners.

## Walk With Your Doc

Walk With Your Doc ran again this year in partnership with Doctors of BC. Doctors, NPs, Nurses, and MOAs across the province host free walking events for their patients and community members throughout the second week of May. Separate events were hosted in Chilliwack, Agassiz, and Hope.

Walk with your Doc is an opportunity to promote healthy lifestyles in our communities, and for health care professionals to connect with their patients in a non-clinical environment. This event allows less active patients who want to begin an exercise regimen the starting point to do so in a friendly environment, and enables doctors to Walk the Talk when it comes to prescribing exercise for their patients while also discussing the benefits of being more active.

To add additional incentive for community participation, the Division sponsored Fit Bits that were given away at each of the events. Earlier marketing strategies in combination with community partner support and the giveaway all contributed to the overwhelming increase in numbers of attendees this year.



*A great turnout at our Annual Walk With Your Doc event*

## Mini Medical School

With this year marking the 10<sup>th</sup> Annual Mini Med School Series, a committee was formed to collaboratively ensure that this was the biggest, best series yet. Faculty members from UFV assisted in organization. Some additions this year included the change in format from a 2-hour presentation from one doctor or resident to a 1 hour presentation from a doctor/resident and student nurse team, followed by a 1-hour Q&A period for a panel of relevant professionals. Additionally, we opened 30 minutes early to host a resource fair.

Hope and Agassiz were eager to come on board and bring the concept to the Canyon with two sessions being held in Hope and two in Agassiz, all following the new format. With multiple contributing funding partners we were also able to offer ample door prizes, coffee, and snacks.



*Mini Med 2018 Panel*

## Live 5-2-1-0 Playboxes

The Live 5-2-1-0 Playboxes have continued to struggle this year with vandalism and theft. Several attempts to encourage locking and making the "rules" more obvious in the messaging had been made, ultimately leading towards a box being relocated to a new area while another became inactive. Working with community partners this year, we were able to pass the Watson-Glen box over to be watched by the Sardis Fraser Valley Regional Library. Sign outs for a key will be available at the desk during business hours rather than online access through a code. We are committed to thinking creatively about how these boxes can be best utilized in their current areas before moving to new neighbourhoods. We will try this new technique and reassess at the end of the year. A third box currently remains inactive.

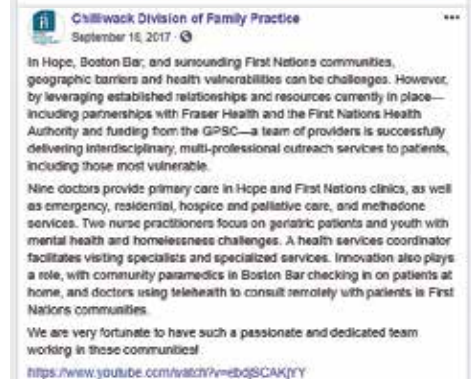


*Playbox has been restocked at Watson-Glen Park. Thank you to Sardis FVRL staff for overseeing this box!*



# 2017-2018 Highlights

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

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