



2017 Annual Report



Nanaimo

Division of Family Practice

A GPSC initiative

Our Constitution

The purposes of the Division are to:

1. Provide leadership, guidance and support to Division members in the Nanaimo area in order to enhance patient care in the community;
2. Provide a forum for Division members to represent their expertise as it relates to issues affecting community and patient health;
3. Provide a forum for innovative and collaborative approaches to healthcare with other stakeholders;
4. Participate in the planning of improvements, research and evaluation in relation to patient care;
5. Develop and administer programs related to Division members' well-being; and
6. Do all such other things as are incidental and ancillary to the attainment of the foregoing purposes and the exercise of the powers of the Society.

Board of Directors

Dr. Melissa Oberholster, Chair

Dr. Patrick Kerridge, Secretary/Treasurer

Dr. Connie Woo, Director

Dr. Sandy Barlow, Director

Dr. Melissa Gillis, Director

Dr. Stuart Ockelford, Director

Dr. Roger Walmsley, Director

Dr. John Trepess, Director

Dr. Matt Toom, Director

Division Staff

Leslie Keenan, Executive Director Lkeenan@divisionsbc.ca

Myla Yeomans-Routledge, Operations Manager Mylayr@divisionsbc.ca

Teresa Graham, Executive Assistant (covering MAT leave for Karita Sedun)

Tgraham@divisionsbc.ca

Elena Khramova, Administrative Assistant (covering MAT leave for Sarah Luney Englouen)

Recruit.nanaimo@divisionsbc.ca

Contract Staff

Beccy Robson, Project Manager, Residential Care Initiative, Substance Use, and Seniors

Brobson@divisionsbc.ca

Laura Loudon, Project Manager, Wound Care, OBS Collaborative, Patient Medical Home

Lloudon@divisionsbc.ca

Janice Schmidt, Pathways Administrator nanaimo@pathwaysbc.ca

Bobbi Marcy, IT and Financial Systems Support

Leila Scannell, PhD, Evaluator, Behavioral Support Team

Lori Wagar, Evaluator, Obstetrics Collaborative and Wound Care

Jennifer Mullett, PhD, Evaluator, Patient Medical Home

Katherine Henley, Coordinator (on MAT leave)

Grace Robson, volunteer intern until October 2018 sharedcare.nanaimo@divisionsbc.ca

LETTER FROM BOARD CHAIR

September 20, 2018

Dear Colleagues,

As I enter my 6th and final year on the Board, I've been reflecting on what I'd like to share with you in my last letter as Chair. First off, I want to thank you for your encouragement, support and collective will to improve primary care. It has been a privilege and honor to serve you in this position for the past 2 ½ years. The learning curve has been steep but rich, particularly in the ever-changing tapestry of relationships. Secondly, I'd like to share some insights I've had that I hope will be of value to you as we enter a time of significant change to the primary care landscape.

Looking back to the origins of Divisions, the intent of the province was to help physicians across BC develop organizational structures that would serve to elevate the community GP voice, identify priorities and improve the delivery and coordination of integrated primary care in partnership with relevant stakeholders. The Nanaimo Division began in November 2011 thanks to the hard work of a few local physicians – our first Board. Local priorities for the Division were identified by GPs in Spring 2012 followed by GP led working groups. Our first partnership table was formed with Island Health and Doctors of BC the same year. The foundation for the Division's work began at a very grass roots level.

Seven years later, we remain committed to local priorities and working with partners to improve the delivery of integrated care. However, with the advent of the GP For Me initiative in 2014, there has been increasing provincial influence on initiatives. While increasing resources are in the offing for primary care, e.g., alternate funding models, financial support for allied health providers, patient panel incentives, etc., they need to be driven by local wisdom. A strong polarity exists in this for me – balancing local autonomy with the reality of partner policy and frameworks. To thrive in that tension is a dance I'm still learning.

I believe the greatest influence we can exert in the unfolding future landscape includes: continuing to use our unified voice to support local primary care solutions; recognizing potential opportunities that support our work while continuing to include the Nanaimo flavour; and, keeping relationships whole and discussions alive with our provincial, regional and local partners while providing leadership when things go astray.

Through various initiatives, my appreciation has only grown for the tremendous intellectual capacity our medical community holds. With your generous cooperation, it's a resource we've tapped often to inform and lead our work. You've also inspired us with the many suggestions, ideas and requests you've initiated with the Division. Your leadership skills have continued to mold and shape our future bringing provincial and national attention to our doors.

With changes to primary care afoot and recognizing the resources needed to support you, our patients and the systems within which we work, my thoughts are drawn to capacity, resources available and how we best manage them to ensure sustainability. An example from our history comes to mind. In the early days of the Division, you'll recall the outreach to you for CME topics. Now, we have a CME calendar with enough topics to take us through two years and requests continue to come in, which are welcome.

Providing meaningful CME and other initiatives continues to drive our program development while recognizing, we work with limited resources. Our core funding has not changed since the inception of the Division, with the exception of sessional rate and member adjustments. The resources we have available, may mean a member request is turned down for the time being. It may be no for now but not no forever. We want what you want and will do our best to support it.

One final insight I'd like to leave you with is my direct experience and observation of other Division Board Directors, working group leads and Division members who have benefitted from the continuous learning credo of the Division community. In addition to our local CMEs, Doctors of BC funds tuition and travel expenses for leadership training for Board members and working group leads to support them in their roles. The learning, resources and networking opportunities provided have given us the tools to ensure quality and effective governance. The same credo applies to formal and informal learning opportunities for Division staff.

We offer an open door to those of you who want to be involved in Division leadership roles. Just as you learned clinical skills in medicine, there's an applied science to leadership skills that can become part of your repertoire. Aside from formal education opportunities, there's a strong culture of mentorship and collegiality amongst Board and Division staff. When considering my final year, I think this will be the hardest thing to leave behind. The Board members, past and present, have demonstrated a level of grace, professionalism and mentoring that have been unparalleled for me.

In closing, I'd like to thank our Division staff who provide the fertilizer, toil and tending that nurtures our grass roots.

With gratitude,

Melissa Oberholster, MD

STRATEGIC PLAN

OUR VISION IS...

A healthy Nanaimo through empowering and supporting our primary care community.

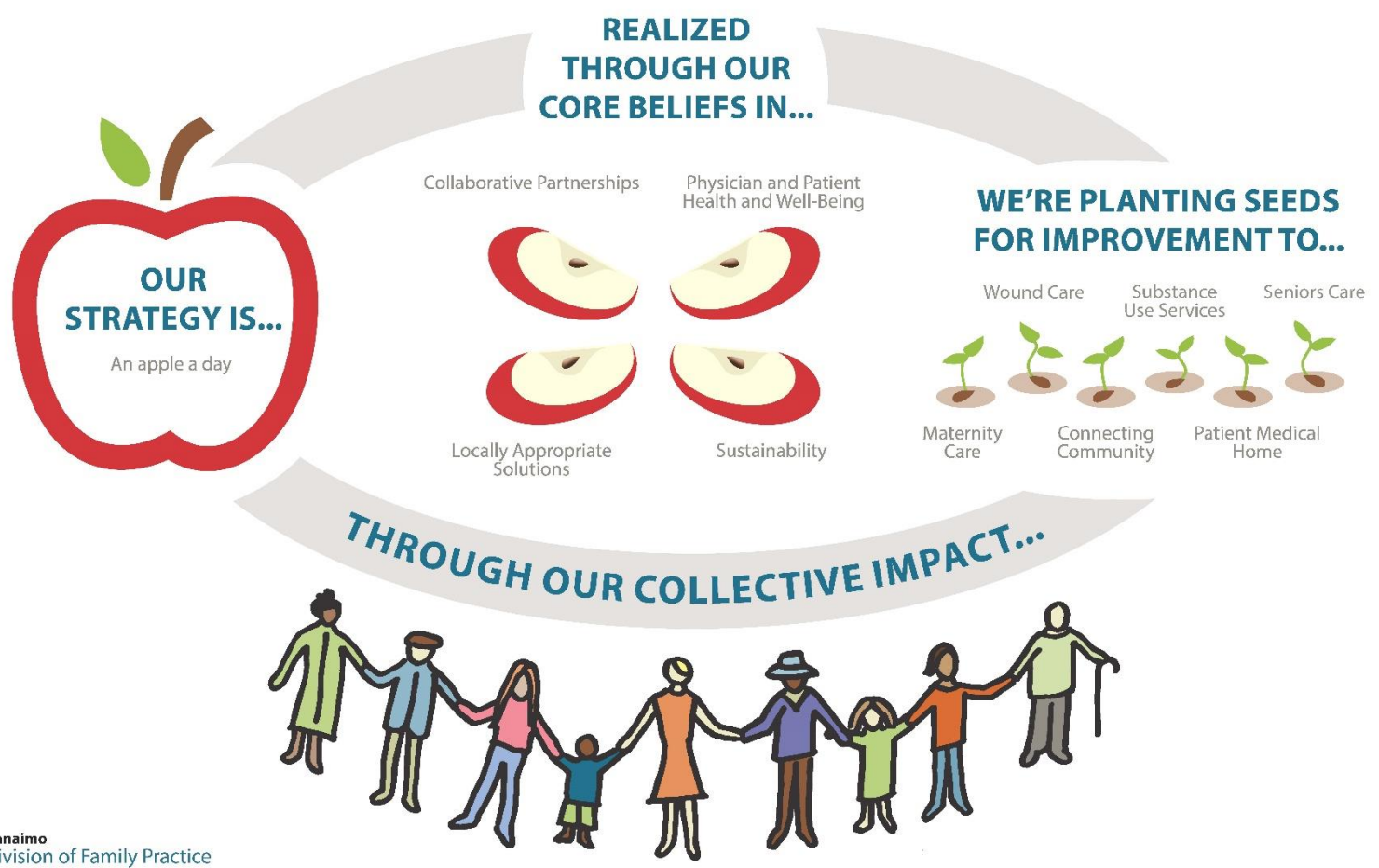


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DIVISION INITIATIVES FUNDED BY INFRASTRUCTURE DOLLARS

A. Physician Recruitment and Retention

Program Objectives:

1. Improve physician practice coverage and increase availability of locum physicians;
2. Develop local, regional and international marketing and advertising strategies;
3. Provide ongoing support to UBC Family Medicine Residents and early career physicians;
4. Collaborate with other Divisions, health authorities and provincial/national entities to share knowledge, information, and resources;
5. Support succession planning for Physicians nearing retirement.

Advisory Committee:

Physician Co-Leads: Dr. Sandra Barlow, Locum; Dr. Stuart Ockelford, Medical Arts Centre; and Dr. Armon Molavi, 2nd year Family Practice Resident. **Staff:** Myla Yeomans-Routledge and Leslie Keenan

Regional Recruitment Collaborative Working Group (Divisions and Island Health):

Myla Yeomans-Routledge, Nanaimo; Janet MacDonell, Campbell River & District; Catherine Browne & Lyndsey Jennings, Comox Valley; Susan Fox, Port Alberni; Sharon Todd, Oceanside; Carla Bortoletto, Cowichan Valley; Gary Clarke, South Island; Helen Welch, Victoria; and Nancy Rowan, Rural and Remote, Gabriola Chapter. Sheila Leversidge, Island Health R&R.

Highlights from the Past Year

- 12 site visits conducted resulting in 6 new GPs in practice, 2 moving to Nanaimo November 2018, 1 waiting for ROS to complete in Manitoba, and 3 decided on an alternate community
- 4 additional physicians are moving to Nanaimo this Fall/ Winter 2018: 2 relocating from Ireland, 1 returning from Alberta, and 1 relocating from Ontario
- 6 of the 8 Family Medicine Residents of 2016-2018 class have confirmed they will be staying in Nanaimo or in the Vancouver Island region. Retention rates for the Nanaimo Family Medicine Residency site are among the highest in BC.
- Nanaimo's R&R program was raised during a Halifax Legislature meeting. See CBC Nova Scotia news story [here](#). For the TV or Radio broadcast, please contact the Division office 250.591.1200. Objective of the story: learn more about Nanaimo program to see if it could be adapted by Nova Scotia.

Goals for Coming Year

- Work with clinics to increase retention efforts *after* recruitment has taken place;
- Engage newly elected City Council around community partnership for recruitment and retention;
- Include a second year Family Medicine Resident on the Advisory Committee as a Division Liaison to enhance first year Resident engagement.

B. Continuing Medical Education (CME)

Program Objectives

1. Provide relevant and topical education for Division members with a focus on local resources.
2. Provide a forum for GPs to represent their expertise as it relates to issues affecting community and population health through non-pharma sponsored CMEs. CMEs are accredited by the Canadian College of Family Physicians for Mainpro+ Credits.

Working Group Members

Physician Lead: Dr. Kelvin Houghton with ad hoc members as topic-specific faculty. **Staff:** Leslie Keenan and Myla Yeomans-Routledge.

Partner Organizations

Nanaimo Medical Staff Engagement Society and the Practice Support Program.

CME Events

- *Serious Illness Conversations* with Dr. Rachel Carson to enhance provider communication skills with seriously ill patients.
- *Complex PTSD* with Dr. Allan Wade covering complex post-traumatic stress disorders, interviewing practices, role of resilience in violence, and development work in Indigenous communities.
- *Therapeutics Initiative: Bringing Best Evidence to Clinicians* oriented to geriatric medicine with **TI Faculty:** Dr. Tom Perry, Dr. Jim Wright, Aaron Tejani, and Cait O'Sullivan; **GP Faculty:** Dr. Colin Forrester; **Johns Hopkins University Faculty:** Dr. Tom Finucane and Dr. Robin McKenzie; **University of Toronto Faculty:** Dr. Nav Persaud.
- *Trauma Informed Care* with Jan Ference and Roxanne Blemmings. Understanding adverse childhood events (ACEs) and how they impact pregnant/post-partum women and their families.
- *Child Youth Mental Health Substance Use - Pathways to Care* with Dr. Wilma Arruda.
- *Trauma Informed Practice Through Local Indigenous Teachings* with Courtney Defriend and First Nations Elders: Trauma informed approach when working with First Nations community members.
- *Local Infiltration: The Domain of the Anatomically Destitute* (nerve blocks) with Dr. David Naysmith
- *Ultrasound Guided Nerve Blocks* with Dr. Ben Ho
- *"I Wish I'd Done This 20 Years Ago!" - Upgrade Your Minor Surgical Skills* (suturing) with Dr. David Naysmith. Hands-on training to expand and advance surgical abilities.

Upcoming CMEs By Calendar Year End

- *Concussion Management: The New Science* – September 27, 2018
- *Therapeutics Initiative Conference* – October 25 & 26, 2018
- *Chest Tubes Demystified* – November 7, 2018
- *Serious Illness Conversations* (repeat) – November 29, 2018

C. GP Maternity Working Group

The GP Maternity Network Working Group consists of the Family Physicians who provide maternity care in Nanaimo. This network identifies opportunities to work collaboratively, fill gaps in service and improve patient understanding of the role of Family Physicians providing maternity care along with the maternity pathway.

Working Group

- Dr. Duda Uchman, Co-lead
- Dr. Aoibhinn Grimes, Co-lead
- Dr. Bill Ehman
- Dr. Melissa Gillis
- Dr. Sheila Findlay
- Dr. Laura Barron
- Dr. Ryan Kurytnik
- Dr. Chris Moonsamy
- Dr. Tony Zuccaro
- Dr. Sharon Chan-Yan
- Dr. Francis Chan
- Dr. Shaun van Pel
- Dr. David Sims
- Laura Loudon, Project Manager
- Brenda Kent (Previous Project Manager)

Highlights over the Past Year

1. **I Don't Do Maternity Care – Education Series:** In partnership with the Oceanside Division of Family Practice, the Maternity Working group hosted a two-part maternity workshop series originally developed and evaluated with UBC Continuing Professional Development and the Vancouver Division of Family Practice. The series was customized for the Nanaimo/Oceanside context and delivered by Dr. Sheila Findlay and Dr. Bill Ehman to local physicians to enhance their knowledge around Early Prenatal Care, Initial Post-Partum care and Reproductive Mental Health. The sessions were well attended, and feedback was very positive.
2. **Maternity Website:** Dr. Sharon Chan-Yan and Dr. Laura Barron, took the lead on developing a website to build awareness of GP Maternity services and providers, build and communicate the care philosophy of our local GP Maternity Physicians, as well as, to list maternity resources available in the community www.maternitydocs.com. Since Launching in June, the website has seen over 350 unique visitors.

Goals for Coming Year

The budget has been expended for this working group however, the working group Physicians continue to collaborate through the GP Maternity network and through involvement in the Obstetrics Collaborative referenced later in this report.

DIVISION INITIATIVES APPROVED & FUNDED BY DOCTORS OF BC COMMITTEES

A. Empowering Family Physicians to Manage Substance Use Patients within the Primary Care Setting

Program Objectives

1. **GP Education and Capacity:** Provide opportunities for knowledge transfer from Specialists to Family Physicians through educational events designed to increase a Physician knowledge and confidence to successfully manage a patient with substance use issues.
2. **Navigating Existing Services:** Enhance access to appropriate health and support services for substance use patients by providing an up to date and sustainable resource guide in a user-friendly format; support health professionals and patients in navigating services.
3. **Increase Collegiality, Collaboration and Communication:** Improve the patient journey through allied health services by developing relationships with key stakeholders, improving communication about processes, procedures, and constraints, and finding common ground for improvements.

Advisory Committee Membership

- Dr. Sandy Barlow, Co-lead
- Dr. Roger Walmsley, Co-lead
- Dr. Marcus Barron, Medical Arts
- Dr. Patricia Mark, Sow's Ear
- Dr. Ric Roe, Caledonian/Brickyard
- Dr. Mary Winder, AVI
- Dr. Paul Hasselback, MHO, Public Health
- Dr. Martins Iserheirhein, Psychiatrist
- Beccy Robson, Project Manager
- Gord Cote, NARSF
- Courtney DeFriend, CYMHSU Local Action Team
- Dana Becker, Aids Vancouver Island (Nanaimo)
- Erin Lutz, Practice Support Program
- Connie Paul, Snuneymuxw Wellness Centre
- Marina White, First Nations Health Authority
- Lisa Murphy, Island Health (IH) Mental Health Substance Use (MHSU)
- Norma Winsper, IH, MHSU
- Carrie Mansbridge, IH, MHSU
- Douglas Hardie, Discovery Youth & Family Services
- Griffin Russell, IH, Harm Reduction Services
- Lisa Holloway, IH, Community

Highlights over the Past Year

1. **Continuing Medical Education (CME)** events with combined attendance of 260+ participants:

Opioid Forum

97 Physicians and Specialists (60 from Nanaimo), 5 MOAs and 50 other stakeholders attended. 82% reported that they agreed or strongly agreed they had a better understanding of the College guidelines for Buprenorphine–Naloxone prescribing; 88% agreed to strongly agreed they had a better understanding of the treatment options

Chronic Pain Part 1: Appropriate Pharmacological Management

52 delegates registered, 100% of participants said that they had greater understanding of the subject matter and learning objectives were met

Chronic Pain Part 2: Non-pharmacological Management

76 delegates attended. 100% participants who responded to the evaluation agreed they had greater understanding of the subject matter

“CME is the farthest-reaching part of this. I have colleagues who are still talking about it months later, and conversations started at those events spurred on the creation of a new resource [e-Mentor].” Advisory Member

“CME has increased my motivation to prescribe suboxone in the community. It got me motivated to change behaviors.” Physician delegate

2. **Development of peer to peer mentor support for Family Physicians using 'E-Mentor' texting platform**
 - A team of Nanaimo Physicians with an interest in addictions medicine provides support to Family Physicians new to prescribing buprenorphine via a text messaging platform. Physicians can text their query (e.g., clarification of a urine drug test result) to a central number, and a mentor will contact them with live advice within 4 working hours.
 - E-Mentor supports communities of Nanaimo, Cowichan Valley and Oceanside.
 - Information technology and process shared though out the province via BC Medical Journal, and Doctors of BC. Initiative highlighted on CBC's 'On the Island' current affairs program.
3. **Removing perceived barriers to Physicians taking on stable buprenorphine OAT patients**
 - Partnership with Discovery Youth and Family Services and NARSF 'Transitions' program developed a communication agreement for Addiction Family Physicians to provide medical assessments and buprenorphine or methadone induction for young people requiring Opioid Agonist Treatment.
 - Extensive resources and support network developed by Division to support Family Physicians to prescribe buprenorphine-naloxone to stable OAT patients.
 - Provision of increased access to Urine Drug Testing kits for Physicians by facilitating a process for Physicians offices in Nanaimo to purchase cases of UDT kits from a central local source.
 - Addictions portal created on Division website hosting Nanaimo Division, Doctors of BC, and Provincial opioid and alcohol resources and links.
4. **Clear referral pathways for Opioid Agonist Treatment**
 - Communication of rapid access service for supported detox for opioid addiction.
 - Communication of referral mechanisms to services providing low barrier services / low wait times.
 - Referral algorithm for opioid management developed for, and communicated to, Family Physicians.
5. **Public Health partnerships**
 - Narcan kits made more easily available to Family Physicians through communication of access points.
 - Process for medical clinics to become public dispensary points facilitated in collaboration with Public Health.
 - Division participated in the Nanaimo Overdose Prevention Public Education Forum.
 - Division is represented clinically and administratively on the Nanaimo Public Health Overdose Prevention & Management Working Group.

B. Residential Care Initiative (RCI)

Program Objectives

1. Improve patient centred care for Long Term Care (LTC) patients in residential facilities.
2. Reduce barriers to physicians providing LTC through implementation of solutions identified via collaboration with all key stakeholders.
3. Provide support to Physicians to work towards the GPSC 5 Best Practice expectations:
 - a. Undertake proactive visits to residents.
 - b. Meaningful medication reviews.
 - c. Attendance at case conferences.
 - d. Completion of patient documentation in a timely and retrievable format.
 - e. On call availability.
4. Provide solutions which work towards the service level outcomes of:
 - a. Reducing unnecessary/inappropriate hospital transfers.
 - b. Improving patient/provider experience.
 - c. Reducing cost per patient as a result of higher quality of care.
5. Evaluate new processes using a quality improvement approach.

Advisory Committee Membership

- Dr. Erfan Javaheri, GP Lead
- Dr. Patrick Kerridge, Board Lead
- Dr. Steve Beerman, Family Physician
- Dr. Ibrahim Dodo, Family Physician
- Dr. Chris Newcombe, ERP
- Dr. Thorsteinn, Family Physician
- Dr. Lonn Myronuk, Geriatrician
- Dr. Derek Poteryko, Family Physician
- Dr. Connie Woo, Hospitalist
- Dr. Susanne Voetmann, Locum
- Beccy Robson, Project Manager
- John Shaske, Community Pharmacy
- Kim Slater, Patient/Family Voice
- Lydia Swift, LTC Facility Representative

LTC Managers Working Group

- Dr. Suzanne Voetmann, Locum
- Beccy Robson, Project Manager
- Carla Boulet and Brenda King, Nanaimo Memory & Complex Care
- Pauline Bulmer, Wexford Creek
- Kerry Howell, Origin at Longwood
- Danielle Gayton, Practice Support Program
- Lilach Lotan, Berwick on the Lake
- Gene Neufeld, Kiwanis Village
- Tara-Lee Parsons, Dover House
- Monaliza Paul, Nanaimo Seniors Village
- Sheryll Southern, Woodgrove Manor
- Lydia Swift, Malaspina Care Residence
- Denise Thornton, Eden Gardens
- Sharron Traub, Dufferin Place
- Lisa Holloway, Island Health, Community
- Mary Beth Wells, Patient Voice

Highlights over the Past Year

- 90% of Long-Term Care residents are cared for by an RCI Physician.
- Remote access to care conferencing available to allow Physicians with busy clinic schedules to attend annual care conferences.
- Medication Review process and supporting documentation developed to support Physicians in providing meaningful input into bi-annual review process.
- Standardized documentation designed to reduce admission burden for Physicians and improve communications between LTC facilities and Physicians.
- Evaluation of Residential Care Initiative through anonymous chart audits.

- . Transfer to Emergency Department data collected monthly to track trends and identify QI opportunities.
- . Policies created to ensure sustainability of care for residents, and to track transfer between physicians.

Goals for Coming Year

1. Secure recruitment of core physicians for all facilities and retain waiting list of interested physicians.
2. Complete clustering of patients to core physicians.
3. Complete spread of remote conferencing to offer all physicians opportunity to participate in case conferences.
4. Design communications strategy.
5. Complete pilot of meaning medication review project and roll-out across Nanaimo Division.
6. Undertake sustainability risk assessment in case of project termination.

C. Behavioural Support Team (BeST) Management for Dementia Patients in Long Term Care

Program Objectives

1. Support facility residents living with Behavioural and Psychological Symptoms of Dementia (BPSD) by developing a behavioural management team approach to assessing and managing dementia and creating behavioural support teams at Nanaimo Residential Care Facilities.
2. Improve resident outcomes by reducing the prescribing of inappropriate anti-psychotic medications and improving their functional wellbeing.
3. Improve the linkages/communication between multidisciplinary stakeholders – Physicians, Specialists, Allied Health providers, Residential Facility staff, residents and their families.
4. Improve processes between facilities and Island Health to ensure referrals for assessment are appropriate and prioritized, and post referral reporting, and monitoring is completed.
5. Enhance the culture among Family Physicians and facility staff through a holistic, person-centred behavioural approach to management of residents with dementia.
6. Evaluate new processes using a quality improvement approach.

Advisory Committee

- Dr. Derek Poteryko, GP Co-Lead
- Dr. Erfan Javaheri, GP Co-Lead
- Dr. Anna Green, Geriatric Psychiatrist
- Dr. Lonn Myronuk, Geriatric Psychiatrist
- Dr. Anysia Rusak Geriatric Psychiatrist
- Beccy Robson, Project Manager
- Ian Carson, Practice Support Program
- Leila Scannel, Evaluator
- Carla Boulet, Nanaimo Memory Centre
- Catrin Brodie, IH, Residential Services
- Ashia Little, IH, Geriatric Nurse Clinician
- Jacqui Myronuk, IH, Geriatric Nurse Clinician
- Gene Neufeld, Kiwanis Village
- John Shaske, Community Pharmacist
- Lydia Swift, Malaspina Care Residence
- Denise Thorton, Eden Gardens
- Melanie Young, Kiwanis Village

Highlights over the Past Year

- Successful collaborative process with Island Health Geriatric Specialty Services to design and implement process improvements.
- Standardisation of pre-referral assessment and documentation: Assessment template and supporting document package developed.
- Standardisation of referral process: Gap analysis for referral process and improvement measures implemented
- Optimum Team membership identified: Education program being developed
- Current state evaluation data collected

Goals for Coming Year

1. Deliver education program to staff and Physicians
2. Create teams and implement review process in pilot facilities
3. Perform quality improvement review and PDSA cycle for spread
4. Create BeST manual for spread
5. Make BeST Management process available to all LTC facilities
6. Conduct full evaluation.
7. Research possibilities for spread into community health.

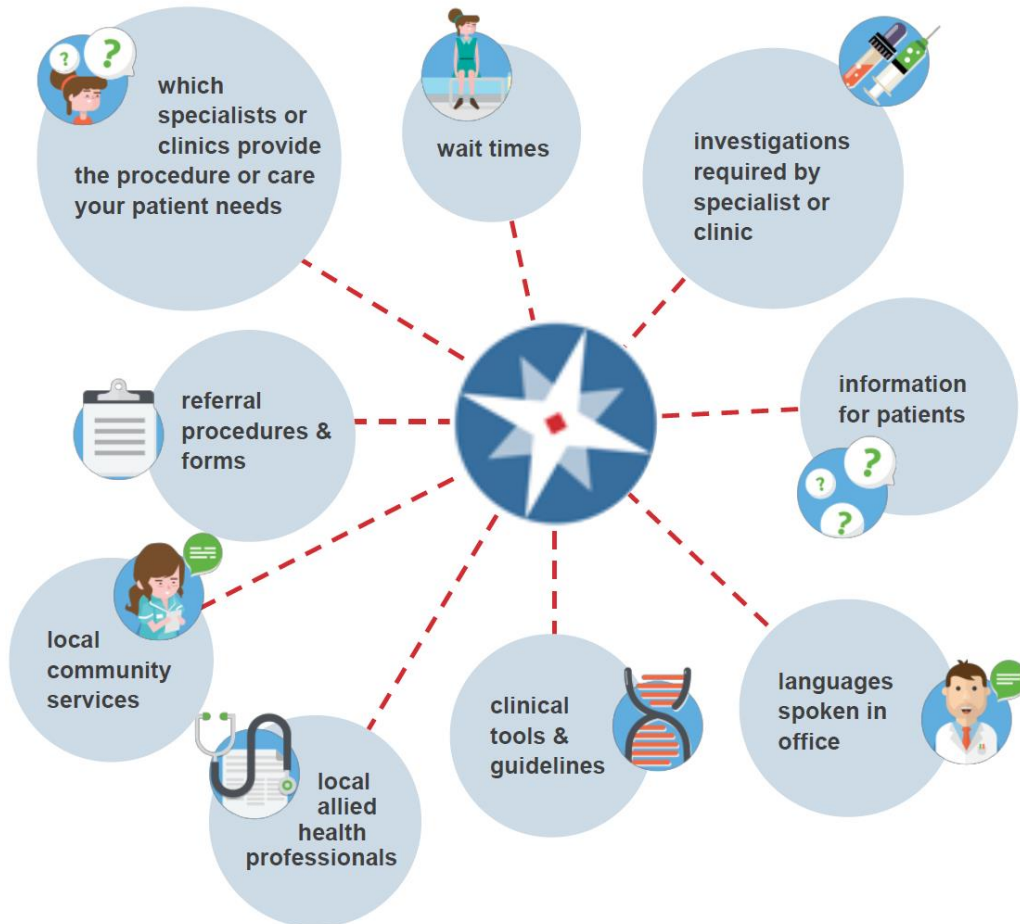
D. Pathways

The Division, in partnership with the Nanaimo Medical Staff Engagement Society (NMSES), and the Cowichan Valley, Port Alberni and Oceanside Divisions implemented Pathways as a Division member benefit.

Pathways is an online resource that allows Division members and their office staff to quickly access current and accurate referral information, including wait times and areas of expertise, for Specialists and specialty clinics, e.g., Mental Health and Substance Use. In addition, Pathways makes available hundreds of provider and patient resources that are categorized and searchable.

Pathways was designed by GPs for GPs and it works!

Within seconds—literally—you have access to reliable and credible information about:



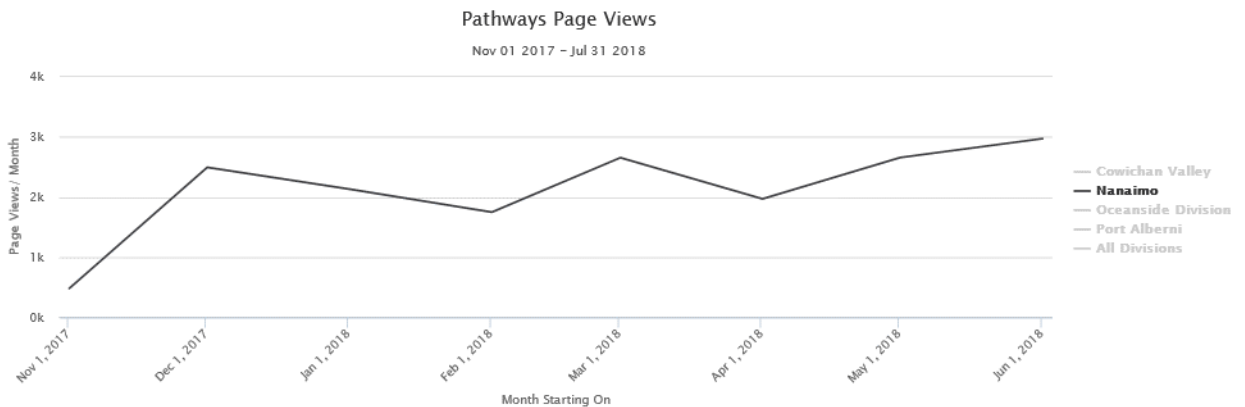
Pathways was launched in Nanaimo on December 1st, 2017. Specialists, GPs with areas of special interest, clinics and midwives continue to be added to the site. To date, there are 106 Specialists, 37 clinics and 176 users in Nanaimo. The first six-month review focused on updating profiles for Specialists and clinics.

Dr. Melissa Gillis and Dr. Kelly Cox who are members of the **Pathways leadership team**, have visited medical clinics to demo Pathways and encourage provider and MOA use of the website. Ongoing MOA feedback has kept Specialist wait times and areas of practice current. **Staff:** Janice Schmidt and Leslie Keenan

Goals for the upcoming year include: maintaining accuracy of the Pathways info; continuing to add new Specialists and specialty clinics; encouraging all Division members and MOAs to access, use and submit feedback on Pathways; and, launching the Pathways referral tracking and patient notification platform once available.

Pathways Referral Tracking and Patient Notification Platform

A common concern we continue to hear from physicians – both GPs and Specialists – is the challenge of knowing the status of referrals sent to Specialists and ensuring that patients are notified about appointments. Gaps in the current communication protocols can result in patients falling through the cracks during the referral process. To address this gap, Pathways has built and is currently piloting a platform that will allow referrals to be sent, received, and confirmed electronically within Pathways. It will allow the referring and receiving provider to be kept abreast of the status of the referral, e.g., referral sent, referral waitlisted, appointment booked, patient notified, patient confirmed, patient seen). Additionally, the platform would allow for messaging between referring and receiving physicians as well as electronic transmission of referral letters and associated documentation. The platform will also send electronic notification of appointments to patients. To access this Pathways feature, providers will need to have a profile on Pathways. Please contact Janice Schmidt, Pathways Administrator to initiate this. More details about the status of the referral tracking mechanism will be available later this year.



D. Obstetrics Collaborative

The Obstetrics Collaborative is a community of Family Physicians who provide maternity care, Obstetrician/Gynecologists, Midwives and Labour & Delivery Nurses, working together to enhance understanding of roles across professions, improve relationships, streamline common work and ultimately enhance the childbearing experience for women and families in Nanaimo.

Advisory Group (Leads)

- Dr. Sheila Findlay – GP Maternity Lead
- Dr. Regina Renner – OB/GYN Lead
- Yvonne Faught – Midwives Lead
- Alix Polywkan – Island Health – Clinical Nurse Lead
- Shauna Kazeil – Island Health Manager
- Laura Loudon – Project Manager
- Brenda Kent (previous Project Manager)

Highlights over the Past Year

- **TOLAC (VBAC) Guidelines at NRGH:** amended to change VBAC delivery guidelines for Midwifery Patients from “Transfer of Care” to “Consult” to align with provincial and national standards of care for midwifery clients. Adopted a community practice that supports the practice of referring VBAC patients for an obstetrical consult before 34 weeks.
- **IUD Insertion:** hosted two educational sessions on IUD insertion immediately post-partum with funding provided by NMSES. Presenters: Dr. Renner and Dr. Oluyede, Obstetricians. Successful in increasing knowledge and confidence in this procedure.
- **CME on Trauma Informed Care:** In partnership with the Division, hosted a CME on Trauma Informed Care. Approximately 45 maternity care providers attended the event. 93% of attendees gained greater knowledge of the subject matter.
- **Maternity Needs Assessment Surveys:** The Nanaimo Division of Family Practice received \$10K in Shared Care funds to support the collaborative in conducting a Maternity Needs Assessment in Nanaimo. Received 337 patient surveys and 43 provider surveys. Analysis of the survey data received and is under review by the OB Collaborative leads.
- **Increased Funding:** Additional Funding of \$25,000 received from Shared Care to allow Nanaimo the opportunity to take action on identified areas of need from the Needs Assessment Surveys and subsequent Engagement.

Goals for Coming Year

1. **Host an OB Collaborative meeting in Fall 2018:** Data from the needs assessment survey will be presented to the broader OB Collaborative with a focus around facilitated discussions to make sense of what the data is telling us about patient and provider needs in Nanaimo, as well as, determining ways we can improve maternity care in Nanaimo.

E. Complex Wound Care Initiative

This initiative was designed to improve the active management of complex wounds; ensure patients receive the right care at the right time; improve overall processes and systems, e.g., triage, referral pathways, decision support tools, provider and patient education; improve communication between referring and accepting physicians; and, improve the sharing of consistent patient care pathways.

Nanaimo Wound Care Stakeholders Group

Dr. Derek Poteryko
Laura Loudon, Project Manager
Lori Wagar, Evaluator
Helen Truran, IT Solutions
Erin Lutz – Practice Support Program (PSP)
Ian Carson – PSP
Lisa Holloway – Island Health (IH) Community
Shelley Gallant – IH Community
Pam Rasmussen – IH Community
Janet James – IH Acute
Nancy Falconer – Doctors of BC (Shared Care)

Algorithm Development Working Group

Dr. Bruce Hobson
Dr. David Sims
Dr. Sandy Da Silva
Dr. George Sheppard
Dr. Stuart Ockelford
Dr. Gabriele Weichert
Teresa Stone, RN, IIWC, IH
Linda Borza, RN, IIWC, IH
Laura Loudon

Share Smart Pilot Group

Connie Paul – Snuneymuxw Wellness Centre
Dr. Derek Poteryko
Dr. Tyler Kovacs
Dr. George Sheppard
Dr. Gavin Wilson
Dr. Phil Barnsley
Dr. Rustom Guzder
Dr. Rehana Wilson
Dr. Christina Harzan
Laura Loudon
Helen Truran

Highlights over the Past Year

- **3rd Wound Care Café:** Discussions led by dermatology, plastics, infectious disease and wounds in general practice. The event was fully subscribed, successful in enhancing relationships between Specialists and GPs and improving wound care knowledge.
- **Share-Smart Pilot:** Pilot group was recruited for 3 months to assess the effectiveness and practical application of a secure photo sharing app, ShareSmart. The pilot was effective in determining how secure photo sharing could be used to support collaboration and clinical decision making and in confirming the requirements of such technology to be most effective for these purposes.
- **Patient Self-Management materials:** produced a patient passport and a series of self-care booklets. These are now available as printed booklets or as a print-friendly downloads on www.Pathways.ca Doctors of BC, Pathways Provincial Committee requested materials to share provincially.
- **Wound Care Algorithm completed:** The algorithm was developed over the past year through consultation and testing with local GPs, Specialists, Family Medicine Residents and Nurses. The Algorithm is now available on https://pathwaysbc.ca/content_items/2865
- **Implementation & Evaluation:** Roll-out and evaluation of the algorithm and patient self-management materials has begun. So far 2 clinic visits conducted (Medical Arts and Anchor) to introduce the new tools and recruit physicians and NPs to participate the evaluation. Several more clinic visits are being scheduled.
- **Partnership with Island Health:** Island Health has contributed significant staff time to support the project, in particular allowing for nurse time to participate in the working groups. During this time, we've seen significant enhancement to Island Health Wound

Care Services with the addition of a speciality wound care nurse in Community Health Services which is now a permanent position. IH is working towards the development of an expanded wound clinic at their Grant Avenue location and the request has been made to adopt Pixalere wound management software for their clinical staff.

Goals for Coming Year

1. **Schedule additional clinic visits** to demonstrate the tools and resources.
2. **Finalize the implementation & Evaluation of the Algorithm and Patient Self-Management Material:** Complete recruitment of GPs/NPs for the evaluation by October and complete the final evaluation and reporting in December 2018.

F. Patient Medical Home (PMH)

The Patient Medical Home is a provincial initiative of the Doctors of BC (GPSC), with a vision to increase access to quality primary health care that effectively meets the needs of patients and populations in BC. It is based on 12 PMH attributes that form the foundation for care delivery within a broader, integrated system of primary and community care. The PMH is an opportunity for Nanaimo's GPs, allied health care team-members, and partners to work toward optimizing health care and access for our patients. Our approach is to demonstrate how we can do this through *Primary Care+* (Blue Sky) vision of Anchor Medical Clinic, while at the same time engaging the broader medical community.

Advisory Committee:

- Dr. Steve Beerman - Anchor Medical Clinic
- Dr. David Sims – PMH Physician Lead
- Ian Carson – Practice Support Program (PSP)
- Erin Lutz - PSP
- Dr. Shelly Chopra, Family Medicine Resident
- Leslie Keenan – Division of Family Practice
- Laura Loudon - Division of Family Practice
- Beccy Robson – Division (Residential Care Initiative)
- Jennifer Mullett, Evaluator
- Marie Duperreault - Island Health, Executive Lead
- Shelley Gallant – Island Health, Community
- Lisa Holloway – Island Health, Community
- Lisa Murphy – Island Health, Mental Health Substance Use
- Kim Slater – Patient Voice

Highlights over the Past Year

- **Alignment of partner organizations and supports for Anchor Medical Clinic** – While we experienced some misalignment between the various provincial and regional organizations supporting this work, after many conversations and calls to better align and support Anchor, some progress has been made. Planning is now underway for a mental health clinician at Anchor and we are exploring an alternative funded Family Physician with the Ministry of Health.
- **Developed a Communication Plan** - to guide how we speak about and engage providers, partners and patients in PMH.
- **PSP Conducted PMH Assessments Conducted** – with Physicians at Anchor and Wellington Medical Clinics. Opportunities for other physicians are ongoing.
- **Physicians engaged in Panel Management with PSP** - several physicians are working individually with PSP to deepen their understanding of their patient panel makeup. 10 Physicians are registered for PSP's Panel Management learning series which will include PMH assessments and Understanding your patient panel, with several on the waitlist for the next learning series.
- **Collaborative Services Committee (CSC) is leading the process to complete our Primary Care Network (PCN), Expression of Interest (EOI)** - Nanaimo will submit an EOI to Doctors of BC this in Spring 2019. All partners have begun the process of planning and collecting information needed for the EOI and the service delivery plan required.
- **Medical Community Engagement** – GP community engagement event held Sept 11th to provide foundational PMH information, gather input, share available resources, and invite clinics to participate further, e.g, clinic visit conducted at Lexitor to discuss PMH 1:1 with Physicians and staff.

Goals for Coming Year

1. **Continue to engage physicians in PMH** – understand their vision for PMH and what is working well; connect them with the Practice Support Program; increase the number of Physicians who have completed PMH self-assessments; enhance Physician understanding of their patient panels; provide tools and resources that contribute to quality improvement; enhance knowledge of PMH networks; and, provide information about Primary Care Network development.
2. **Continue to support and advocate** for Anchor Medical Clinic needs to support Primary Care+ (their PMH model) implementation and capture lessons learned to share with the medical community.
3. **Apply for second gate of PMH Funding.**

EXECUTIVE SUMMARY

The true measure of success in the Division is whether we're meeting our members needs. For those of you present at last year's AGM, you'll recall we shared results from the member survey. The survey was conducted to better understand the impact the Division was having in support of primary care and to update member priorities. Some of the priorities identified in the survey results include those raised by members in 2012 and others have evolved over time: Physician Recruitment and Retention, CME Complex Wound Care, Mental Health and Substance Use, and Seniors care.

The recruitment and retention program has created a garden with fertile ground. 12 new physicians have been recruited, some are in the community now with a few others moving here by the end of the year. The majority of Family Medicine Residents in Nanaimo are choosing to remain in the community. Our locum pool is now of a size where Myla has to actively pursue community leads to obtain enough work for them.

Continuing medical education continues to be a core part of Division programs and I believe always will. We're able to connect members with their Specialist colleagues at a deeper level, and transfer knowledge, resources and tools to benefit your practices. Topics have run the gamut of evidenced based prescribing with faculty from Johns Hopkins University to suturing pigs at our local university.

The Substance Use initiative, E-mentor provides a text messaging platform that supports Family Physicians who are new to prescribing buprenorphine. E-mentor is spreading on and off Vancouver Island and was profiled in the BC Medical Journal.

Although not currently a Division program per se, the community work that continues to grow in student wellness in Nanaimo is remarkable. This is driven by members' keen interest in working with community partners to support mental health and student wellness. Built around the principles of the John Barsby Wellness Centre, the Nanaimo District Secondary School benefits from physician and public health services. Current discussions are taking place with the Nanaimo Aquatic Centre as the Department of Parks and Rec has provided some free space for wellness program space. Vancouver Island University's Wellness Centre continues to expand under a model of interprofessional collaboration. With the support of Island Health, the Family Physician role is now paid sessionally by the Ministry of Health.

With the advent of Cognitive Behavioural Skills group medical visits earlier this year, support is available to your patients with mild to moderate anxiety and/or depression. Patients pay only for their personal workbook with the remaining costs covered by MSP. The program fills a gap as patients with mild to moderate MH issues are outside the scope of what Island Health Mental Health Services provides. It was originally designed by a group of Psychiatrists and Family Physicians through the Victoria Division of Family Practice and Doctors of BC provided some funds for the program to take root in Nanaimo. Dr. Kehinde Oluyede, a Psychiatrist in Nanaimo is mentoring Family Physicians and Family Medicine Residents through the program.

Believe it or not, wound care is wrapping up this year! It's been a long haul but the persistence has paid off. A permanent wound care nurse with Island Health is in the community now; the provincial Pathways Committee has asked for permission to share our patient self-management tools; and, a decision-making and triage algorithm for complex wounds is now available on Pathways for your use.

In seniors care, 90% of residents living in Nanaimo long term care facilities are under the care of a physician participating in the Residential Care Initiative. Previous barriers to physicians working in long term care have been met with solutions to ease those burdens. Due to the shortage of geriatric psychiatrists, work is underway to develop behavioural support teams for residents living with dementia. With Beccy's influence, I anticipate innovation to be front and center in the solution.

The GP Maternity working group culminated in the development of a maternitydocs.com website that builds awareness of Nanaimo GP Maternity services, providers, and their philosophies of care. We were recently contacted by another Division to reproduce the website in their community.

One of the member benefits instituted in the last year is the launch of Pathways. To sponsor it on our own would have been financially prohibitive but partnering with Cowichan, Oceanside and Port Alberni Divisions gave us the economies of scale to bring it to you in a sustainable way. In 10 months we have 106 Specialists profiled, 171 users, and 37 clinics (including specialty clinics) on the site. Couple that with the hundreds of decision-making tools members use every day, it's proving to be a valuable resource.

The Patient Medical Home initiative in Nanaimo has been led by the aspirational vision from the Physicians at Anchor Medical Clinic. As it broadens into the rest of the medical community, we will continue to be the voice at the multiple partner tables to improve the alignment of the complex systems involved: Ministry of Health, Doctors of BC, Island Health and our primary care system. Indeed, systems integration has proven to be our most significant challenge. Our advocacy will continue to be front and center as we collectively develop a network that supports and links primary care with the necessary resources.

The relationships developing with our First Nations community members strengthen every day. Along with a host of prevention services Snuneymuxw and Snaw-Naw-As have in place at their Wellness Centres, the integration of Family Physicians continues to bear fruit for the consumers and the providers. We were fortunate enough to meet with some community elders to hear their perspective on health care. The collaboration has caught provincial attention.

A few more newcomer families have moved to Nanaimo under the government assisted refugee and private sponsorship programs. To those of you who have so compassionately provided your services, thank you.

We began the Core membership loyalty program for you for a couple of reasons: One is to contribute to your wellness and the other is to engage the community in supporting a healthy Nanaimo. We have a few basic benefits for vehicles, real estate and development, but we'd like to know what services you want to be part of the program. If you have a favourite coffee spot or a service you'd like us to approach, please connect with myself or Myla and we'll take it from there.

We have big dreams and always strive for excellence – our secret sauce!

Regards,

Leslie Keenan
Executive Director