



2015-16

Annual Report



South Island

Division of Family Practice

A GPSC initiative



Cover photo: West Coast Boats, D. Gosse

Values/Vision/Mission

“Healthy family practices supporting healthy patient outcomes.”

Our core values and guiding principles are the foundation on which we deliver our mission and attain our vision.

Our Values

Collaboration

We believe in respectful, mutually beneficial and effective relationships and partnerships.

Strategic Leadership

We work strategically, and in an effective and efficient manner to shift cultures and systems to improve patient care and physician satisfaction.

Physician Health

We believe that physician health and wellbeing are necessary foundations for the provision of quality health care.

Accountability

We believe in being fully accountable to members, partners, funders and the community.

Organizational Culture

We value the unique contributions of individuals, welcome diversity of opinion in the best interest of the whole organization, and believe that action arising out of consensus is most likely to lead to mission attainment. We model a simple, effective organizational structure.

Our Vision

Empowered family physicians engaged in meaningful change to health care delivery resulting in improved health, wellbeing and satisfaction for physicians and patients.

Our Mission

The South Island Division of Family Practice is a not-for-profit society lead by and for family physicians practicing in the South Vancouver Island area. The Division provides strategic leadership that shifts cultures and systems to:

- Improve patient care delivery
- Improve physician satisfaction and wellbeing
- Support sustainability

Legend

BCCA	British Columbia Cancer Agency
CFAU	Victoria General Hospital Child and Family Health Unit
CHN	Community Health Network
CMHA	Canadian Mental Health Association
CRD	Capital Regional District
CSC	Collaborative Services Committee
CYFH	Child Youth and Family Health
CYMHSU	Child Youth Mental Health and Substance Use
ED	Executive Director
EMR	Electronic Medical Record
ERP	Emergency Room Physician
FETCH	For Everything That's Community Health
FNHA	First Nations Health Authority
FP	Family Physician
GPSC	General Practice Services Committee
LAT	Local Action Team
MOA	Medical Office Assistant
MoCFD	Ministry of Child and Family Development
NP	Nurse Practitioner
PDO	Provincial Division Office
PDSA	Plan-Do-Study-Act
PHCI	Primary Health Care Initiative
PIC	Partners in Care
PSP	Practice Support Program
PVN	Patient Voices Network
RACE	Rapid Access to Consultative Expertise
RCI	Residential Care Initiative
SCC	Shared Care Committee
SIDFP	South Island Division of Family Practice
SIMAC	South Island Medical Advisory Committee
SP	Specialist Physician
SPH	Saanich Peninsula Hospital
SPHF	Saanich Peninsula Hospital Foundation
TiC	Transitions in Care
VDFP	Victoria Division of Family Practice

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Message from the Board Chair



Dr. Robin Saunders
Board Chair

This past year has been an incredibly busy one with the focus on A GP for Me, Child Youth Mental Health Collaborative and member engagement activities across our region. Our strategies remain: to focus on community building for members, to improve collaboration with key partners and stakeholders, and to support members at the practice level.

The Board has reconfirmed our strategies for the next year with a continued focus on:

1. Member engagement through recruitment, retention and member health and wellness;
2. Organizational realignment including Board renewal and compliance with new Societies Act requirements;
3. Shared Care activities including expansion of RACE and Pathways and continued engagement events with Specialists;
4. Focused activities on specific populations including maternity, seniors, adult and child youth mental health, First Nations, refugees and palliative;
5. Exploring new models of care with a focus on team-based care models such as patient medical home/primary care home.

As members, you can expect that the South Island Division of Family Practice (SIDFP) provides a voice for you at the provincial health tables and pays close attention to what matters at the local level. This requires the Board and staff to reach out to members and engage through our bi-weekly e-bulletin, semi-annual newsletter and ongoing project and practice level engagements. We continue to encourage members to participate in Division activities and volunteer to take on leadership roles by sitting on the Board, committees of the Board or project level working groups.

This next year the SIDFP will continue to engage in discussions with other Divisions, Island Health and the Ministry of Health to improve coordination across the system and streamline patient access to community resources.

We continue to place a high priority on the health and wellbeing of our members by continuing to support the Physician Health and Wellness working group and practice support.

We continue to explore new ways to involve broader membership in the work of the Division. We have increased the opportunities for engagement and encourage our members to call the SIDFP office as a first line for questions, concerns and comments – we are here for your benefit.

Dr. Robin Saunders, Board Chair

Setting Priorities

The Board met in the spring of 2016 to review, establish and update Division priorities for the coming year.

Purpose and Success

The Board set out to accomplish:

- Improved organizational productivity;
- Validation of existing priorities;
- Setting new priorities; and
- Improved member engagement.

And secondarily:

- Continued improvements in board-staff relations; and
- Review of organizational and board structure, including understanding of roles and responsibilities.

With the following expectations for success:

- Setting specific priorities for next year;
- Clear vision for the future for the Board; and
- Identification and understanding of individual roles/responsibilities for Board members.

Key Priorities

From this strategic planning session, the Board reviewed the list of priorities and set out to reprioritize and refocus efforts. The following were identified as key priorities:

1. Member engagement (includes Western communities, AGM, etc.), Recruitment & Retention, Health and Wellness.

The following opportunities were suggested:

- Improved engagement at AGM;
- Enhanced communications (especially successes);
- Launching Dine and Learn;
- Expanding Health & Wellness; and
- Improved relationships with residents, doctors den activities, attachment, celebrating physicians that are retiring and welcoming new FPs

2a. Organizational Realignment

- Board Development and Orientation
 - Money has been carried forward so that there is sufficient funds to support this; and
 - 10K scholarship for each FP for leadership development.
- Develop Orientation Package for new Board members including
 - Societies Act changes (coming in the Fall) that defines Board's membership; consideration of a new structure

Setting Priorities

2b. Board membership

- Enhanced engagement and succession planning a focus for 2016-17
- Board roles and responsibilities (and development of an orientation package):
 - this information should be accessible in the Board folder;
 - include this as a link every time the Board package is sent out;
 - new members orientation manual; and
 - improve access to Board documents.

3. Shared Care including FP Maternity, Pathways, RACE

- FP role in communicating with patients about specialist appointments / Advocate that FP only have to provide the time and location of specialist.

4a. Mental Health and Substance Use includes Child Youth Mental Health

- Continue with work underway

4b. Seniors' health/residential care

- Continue with work underway

5. Team based care

- Examples of team based care already in place within SIDFP including Sooke IHN and Saanich Peninsula PHCC.
- GPSC and MOH working through defining what their focus on team based care might involve.
- Funding models – capitation models (e.g. Fort St. John and Mission are getting help from MOH around this; PHCC is in line for similar attention)

6. Specific populations e.g. Refugees, Aboriginal Health

- Continue with work underway

7. Inter-divisional Collaboration and Communications

- It was identified that much effort was given to corporate office enhancement and there remains significant efforts in 2016 to complete this work. While it was identified as a requirement, particular attention to the amount of effort expended and the need to remain well managed will ensure other priorities are met.

Secretary's Report

The 2015-16 Annual Report of the SIDFP provides a summary of the year's activities to members, how funding was allocated, and the strategic priorities set out by your Board in consultation with members. It also brings with it a change in the executive positions. It was my absolute pleasure to accept the role of Secretary and has allowed me to become more involved in the governance processes, and I have accepted the added position of Vice-Chair.

As SIDFP Secretary I have the responsibility of overseeing the recording, distribution and storage of information important to the Society. Considerable efforts over the past year included improving our ability to report financial activities and improving our calendaring of events of the SIDFP. Our new bi-weekly e-bulletin and semi-annual newsletter were key components of our communications to members.

We continue to see a significant number of Division members engaged in the work of the Division, including over 60 members sitting on and leading various committees and working groups. On behalf of the Board, I would like to extend thanks and appreciation to those individuals. In our Annual Report, we have identified these committee and working group participants to acknowledge their contribution.

We continue to encourage more members to identify areas of interest where they can make a meaningful difference and support the work of our Division. We will be launching Dine and Learns in the Fall to better focus particular interests and we encourage all members to attend and/or suggest topics. We continue to provide mentoring to our FP residents and encourage members to participate in teaching and mentoring new medical students and residents.

Over the past year, your Board met on a monthly basis and held a full day strategic planning session. While regular Board meetings allow for conducting the 'business' of the Division, planning sessions enable the Board to set out strategic priorities for the coming year. We held quarterly daytime meetings that were more strategic in nature, and are planning to ensure compliance with the new Societies Act of BC which becomes law in November 2016.

We continue to participate in Island-wide Interdivisional Council meetings, Provincial Division Roundtables and special meetings. This work ensures that we reduce duplication and improve alignment with other divisions, health authorities and provincial strategies.

Minutes from the meetings of the Board, committees and working groups are available to Division members upon request.

Dr. Vanessa Young, Board Secretary



Dr. Vanessa Young
Board Secretary

Treasurer's Report



Dr. Elizabeth Rhoades
Treasurer

I am pleased to present the year-end financial report to March 31, 2016, for the South Island Division of Family Practice. The financial statement is on the following pages.

The chartered accounting firm of KPMG conducted a full financial audit for the Division. The auditor's report found no areas of significant financial reporting risks. However, the auditors did note audit, accounting and reporting matters with the financial recording of the Division's assets that were immediately addressed by the Finance Committee and have resulted in procedural changes. These were specifically related to continuity of grants and deferred revenue and unamortized deferred capital revenue.

KPMG proposed and management accepted:

1. Audit adjustments to correct the revenue and deferred revenue for each of the funding streams;
2. Audit adjustments to record the unamortized deferred capital contribution.

The Society qualifies for the public service body rebate of 50% of the GST paid on purchases. KPMG proposed and management accepted to:

1. Record an expense for the full amount of GST paid during the year;
2. Record additional revenue and adjust deferred revenue for the amount of GST paid during the year; and
3. Record a GST rebate equal to 50% of the GST paid throughout the year and complete the semi-annual GST rebate application.

In accordance with provincial funding guidelines, the Division receives core infrastructure funding based on the registered membership at \$3,000 per member. In fiscal 2015-16, the Division also received supplementary funding to support cross-divisional and community collaboration as well as other programs and initiatives such as:

- Partners in Care program funded through the Provincial Shared Care Committee;
- A GP For Me program funded through the General Practice Services Committee;
- Child Youth Mental Health Collaborative funded through the Provincial Shared Care Committee; and
- Residential Care Initiative funded through the General Practice Services Committee.

In accordance with the funding agreement with the GPSC, the Division spent all funds by the end of the fiscal year.

The Division engages an Executive Director on contract as well as two full-time administrative support staff and project consultants on an as-required, project-by-project basis. The Division maintains an office at #203-4489 Viewmont Avenue, Victoria, BC.

The following financial report provides a breakdown of both revenues and expenses. For comparison purposes, the audited statement shows 2015 and 2016 financials. A full copy of the audited financial statements of the Division is available to Division members on request.

Dr. Elizabeth Rhoades, Treasurer

Financial Statement

STATEMENT OF FINANCIAL POSITION

Year ended March 31, 2016 with comparative information for 2015

ASSETS	2016	2015
Current Assets:		
Cash and cash equivalents	\$592,344	\$826,626
Receivables	39,848	21,793
	632,192	848,419
Furniture and equipment	6,788	8,578
	\$638,980	\$856,997
LIABILITIES AND FUND BALANCES		
	2016	2015
Current Liabilities:		
Accounts payable and accrued liabilities	\$245,609	\$140,352
Deferred revenue	349,236	632,671
Unamortized deferred capital contributions	6,788	8,578
	601,633	781,601
Net assets	37,347	75,396
Commitments		
	\$638,980	\$856,997

STATEMENT OF CASH FLOWS

Year ended March 31, 2016 with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues over expenditures	(\$38,050)	\$14,406
Changes in non-cash operating working capital:		
- Amortization of furniture and equipment	4,499	3,695
- Amortization of deferred capital contributions	(4,499)	(3,596)
Increase in receivables	(18,055)	(8,891)
Increase in accounts payable and accrued liabilities	105,258	56,810
(Decrease) increase in deferred revenue	(283,435)	202,828
	(234,282)	265,153
Financing:		
Increase in deferred capital contributions	2,709	12,174
Investing:		
Purchase of furniture and equipment	(2,709)	(12,174)
(Decrease) increase in cash and cash equivalents	(234,282)	265,153
Cash and cash equivalents, beginning of year	826,626	561,473
Cash and cash equivalents, end of year	\$592,344	\$826,626

Executive Director's Report



Clay Barber
Executive Director

Over this past year we have seen tremendous accomplishments both within the infrastructure funding of the organization and with our partners and members.

Of course we continued to dedicate a great deal of our effort on the A GP for Me implementation, which resulted in close to 26,000 patients being attached or reattached to our member practices and nearly 20 new FPs recruited. While this is a significant accomplishment, our work is not complete. We continue to secure new and reallocated funding to sustain the impact gained. The doors to the Saanich Peninsula Primary Health Care Center opened on Bevan Avenue at the beginning of July 2016 and it is expected that the renovations to expand the space will be completed early in the Fall of 2016. Our engagement with the First Nations on the Saanich Peninsula has evolved to launching a project aimed at improving acute transitions. Engagement of the West Shore communities has been particularly fruitful in bringing our members and the community together to better support the health needs of this geography.

A signature activity of the SIDFP is our Shared Care work with our specialist colleagues. We continue with this work and have launched the RACE app. Currently members can connect rapidly for advice from Adult, Child/Youth Psychiatry, Plastic Surgery, General Geriatrics, General Cardiology, Electrophysiology and Emergency Physicians locally with Addictions Medicine, Cardiac Transplant, HIV Primary Care, Transgender Care, Paediatric Gastroenterology and Eating Disorders (Internal Medicine) provided provincially. If you have not signed up for this app please feel free to call the office, request a visit to your office or attend any of our engagement events.

The provincial Child Youth Mental Health collaborative was launched in the Western Communities and on the Saanich Peninsula, and continues to improve access to child and youth mental health services and improve the care for youth and families.

We have worked hard to firm up our organizational back office to better support and communicate to members. I encourage all members to reach out and call or visit our office for assistance in any matter; our dedicated staff may be able to assist directly or will make arrangements to assist you.

I also encourage you to keep an eye out for some of our other support activities such as the Residential Care Initiative, Dine and Learns, resident mentor activities, immigrant and refugee responses, patient medical home, provincial seniors initiative, local community and practice engagements and of course our very popular physician health and wellness activities.

Clay Barber, Executive Director

A GP for Me Update

The South Island Division's A GP for Me implementation proposal, approved by the GPSC in September 2014 was successfully concluded in March 2016. The SIDFP's A GP for Me project was part of a provincial initiative that aimed to:

- Increase the capacity of the primary health care system;
- Enable patients that want a family physician to find one; and
- Confirm and strengthen the GP-patient continuous relationship and better support the needs of vulnerable populations.

To achieve these goals, the SIDFP formed a Steering Committee comprised primarily of Family Physicians that prioritized the following pillars:

1. Practice Efficiencies and Support
2. Improved Access for Aboriginal Populations
3. Primary Health Care Initiative
4. Health Promotion
5. Recruitment and Practice Coverage

Highlights

Practice Efficiencies and Support

- The Practice Support Coordinator directly supported 15 clinics to standardize office policies and procedures using the South Island Division's Practice Toolkit. The toolkit improved clinic operations by defining roles of office staff members, enabling faster referrals to various procedures including emergency protocols and contact numbers, orienting new staff members, and organizing offices for external review/audit.
- Completion of the toolkit provided opportunities for individualized support, including examining and reducing overhead spending with business modelling, providing direction on peer reviews to address challenges and recognize accomplishments, adjusting work flow to provide smoother clinical processes, creating communication boards, and conducting conflict resolution.
- An EMR Bootcamp hosted in October, featured education on common EMR systems. Participants learned to work through clinical scenarios within each EMR. This session provided locums and residents with an awareness of the different EMR systems they may encounter in practice and also served to enhance the knowledge of physicians and MOAs with their own systems.
- Practice support also applies to MOAs. A number of MOAs were engaged to encourage the uptake of office efficiency improvements. MOAs were invited to education sessions on office workflow and billing and the Division contracted with Medical Office Experts to develop online resources and share their best practices for MOAs to refer to. In addition, the Collaboration Café was launched on the SIDFP website, with links from the VDFP, as a place for MOAs to network and share information. The Café lists networking and educational events and is a place to ask and answer questions, and view video clips of interest to MOAs.



Margi Bhalla
Program Lead

“What I do see in practices now is an understanding of how to support the practice. Like EMR... NOT knowing what it is capable of is a huge issue, so for us to see these are things you repeatedly do and how you can make it more efficient.”

FP

A GP for Me Update

- Practice capacity was determined by visiting the majority of South Island practices and with the assistance of the MOAs, extracting panel size information from member physicians' EMRs. This enabled the Division to ascertain the capacity of local physicians as well as the 'natural' attachment rate of patients to physicians in the absence of a formal attachment mechanism. Overall the South Island family physicians care for a patient panel of 123,246 patients with an average patient panel of 1,072 patients. Data from the 115 family physicians' EMRs indicated that the average number of new patients accepted was six patients per physician per month. The total number of patients attached or reattached, was found to be 25,640 for the period April 2013 to March 2016.
- The Western Communities have seen population increases without concomitant increases in the number of physicians. The Division has hosted two stakeholder events including representatives from local governments to identify needs and potential solutions to improve access to health care in the Western Communities.
- Practice Profile software has been developed and populated with local physician information. This web-based software tool offering a comprehensive overview of family practices in the South Island region will facilitate practice efficiency and support the timely recruitment of both locums and new family physicians. Roll out of the platform to local physicians is underway.



"I really like being with these young doctors. I'm learning about the creativity of these younger people, and it gives me hope!"

Dr. Azaria Marthyman, FP and Resident Mentor.

Recruitment and Retention

- The Red Carpet Strategy for recruitment was completed and is now actively in place – from first enquiry by a physician candidate and a community site visit, through to a physician's actual relocation and beginning of work in a South Island practice.
 - The Red Carpet strategy creates a welcoming environment from the first point of contact, tailoring recruitment efforts to the unique needs of physicians considering practicing in the South Island.
 - The Strategy is proving its worth – 29 physicians including both locums and family physicians have been recruited to the South Island since April 2013. These new physicians have attached an estimated 9,799 new patients.
- The Resident Mentor program launched in 2015, connecting Family Practice Residents at the Island Medical Program with established physicians in the Division. The goal is to build relationships that may lead to permanent physician placements in the region.
 - The program is unique in BC, and emphasizes living a balanced life – the personal and professional – as a family physician on the South Island. The focus is on fun, and includes two social gatherings a year for mentors, mentees and Division physician members.

A GP for Me Update

- Through the support of the locum coordinator, 14 physicians and locums have been matched to provide between one week and six months of coverage. This has reduced physician stress and has made the process to find a locum smoother.
- Collaboration with local governments, other Divisions (especially Victoria and Nanaimo) and Island Health recruiters, continues as a way to maximize recruitment efforts. For example:
 - All locum opportunities in the South Island Division are posted on the SIDFP website, Island Health Careers website as well as in SIDFP e-bulletins. This collaboration is especially strong between South Island and Victoria Divisions, where physicians live and work.
- Succession and Recruitment planning guides have been developed to assist South Island family physicians. These are accessible from the Division website.



"It's good to hear from someone who's been there. The mentorship program allows us to learn about issues surrounding the personal and financial side of being a doctor."

Dr. Behroz Rashidi, second year resident

Primary Health Care Initiative (PHCI)

- The Saanich Peninsula PHCI is an integrated, interdisciplinary approach to service delivery that enhances efficiencies, optimizes skills of team members, provides improved service to complex patients and attracts new physicians and staff. A core component of the initiative is the development of a network of multi-disciplinary care clinics. The first clinic as part of this network opened in July 2016.
- There are eight foundational principles that guide this new practice model: patient centered care, improved hospital/community service delivery, collaborative model of care, medical and inter-professional education, balanced lifestyle for providers, independent governance, integrated information management and cultural safety.
- The development of the new model required the engagement of a cross section of stakeholders including the SIDFP, the Saanich Peninsula Hospital Foundation, Island Health and the Island Medical Program (University of British Columbia). It is governed by a non-profit society, The Saanich Peninsula Primary Health Care Society, overseen by a board of directors that includes representation from Division member physicians and local healthcare providers.
- The model includes physician administrative supports as well as shared resources for ongoing overhead, scheduling and billing.
- It is anticipated that the components of the PHCI can be adapted to other geographical areas served by the SIDFP.

"We have struggled with getting the primary health care centre off the ground prior to the Division ever starting. Without the funding from the A GP for Me project, it would have never happened. Having the two contractors keeping us on track, even though it was slower than we wanted, it would have never happened...It was the start of our project for the Division."

Steering Committee FP Member

A GP for Me Update

"I have greater insight into First Nations and their journey. I am saddened at many of the events and treatment and hope that there is resolution. Sometimes even the best intentions have negative outcomes and today's views are made in hindsight."

*MOA attendee
First Nations Cultural Awareness Event*

"I have learned how poverty, housing, safety, and security can impact First Nations people's access to health care services. I have a better understanding of the importance of how non-medical supports can improve health care outcomes for First Nations patients. I learned at least one new strategy to help create positive outcomes for my First Nations patients."

FP

"One thing that resonated for me is the importance of maintaining our own wellness, otherwise we'll reduce our ability to cope and be less effective physicians, spouses, parents and friends."

*FP Attendee
Physician Health and Wellness Fair*

Aboriginal Strategy

- The Aboriginal Strategy's goal was to increase the cultural competency of local physicians and MOAs. This was accomplished through three events for physicians and MOAs. The goal of these was to increase access to culturally safe care delivery, and encourage service providers to continue their learnings about the health and social process impacting their First Nations clients. Some 125 physicians and MOAs participated in these events and respondents indicated that the events increased their knowledge around First Nations access to health care and the resources that are available in the community to support their patients.
- Increased collaboration among health care providers between health care centres located outside of the communities and clinics within the communities. Family physicians who have not done so before have made home visits to the communities and have contacted First Nations resources to ask for assistance in supporting their patients.
- The Division partnered with Island Health and Aboriginal service providers and community members to support the recruitment of a Family Physician to provide primary care in First Nations communities on the Saanich Peninsula.

Health Promotion and Education

- A web-based directory of community agencies (FETCH: For Everything that is Community Health) has been built for the South Island. FETCH is a searchable database of information about community health and social agencies for use by both health care providers and the public.
- The Division hosted the Annual Health and Wellness Fair that provided education to physicians and community partners about effective communication, increasing emotional intelligence, incorporating exercise and practicing mindfulness.
- Four recreational programs were offered for family physicians: soccer, cycling, rowing and running.
- A framework for physician health and wellness was developed for the timeframe 2016-17 to 2018-19.

Partners in Care Update

Partners in Care Initiative (PiC) Collaboration between South Island & Victoria Divisions of Family Practice

To date a total of 590 family physicians have joined the South Island (180 FPs) and Victoria (410 FPs) Divisions. All members are provided the opportunity to participate and contribute to the ongoing success of multiple projects within the PiC Initiative. Our goals are to:

- Continue to design, improve and implement mechanisms to enable ongoing collegial and educational two-way communications between family practice and specialty, plus
- Improve service alignment through leveraging and strengthening existing relationships with community partners and Island Health, including infrastructures with other Shared Care Initiatives. This will help foster collaborative partnerships, ensure sustainability and reduce the potential of redundancy.

The PiC Initiative continues to build on effective models identified throughout Phase 1 (December 2011 - June 2013) and Phase 2 (April 2014 - December 2015).

Phase 1: \$591,000 Provincial Shared Care program (December 2011 – June 2013)

Phase 2: \$582,000 Provincial Shared Care program (April 2014 – December 2015)

Phase 3: \$392,000 Provincial Shared Care program (January 2016 – December 2018)

- Funding will be used to help support the development and implementation of transition plans to sustain the five working groups established throughout Phase 1 and 2 (Orthopedics, GI, Neurology, Cardiology and Plastics).
- Initiation of three additional working groups (Medical Imaging, Maternity and Oncology).
- Priorities are to strengthen existing relationships, establish new community-based and Island Health partnerships, and identify new mechanisms to ensure future project sustainability.

Throughout Phase 1 and 2 major strides were accomplished towards strengthening relationships and communication through the delivery of 11 multidiscipline, interactive CME accredited forums allowing for enhanced physician engagement and knowledge transfer opportunities.

Phase 3 will continue with Working Group activities by leveraging existing relationships focusing on development of sustainable models and processes to strengthen collaboration between family practice, the five established specialties, and three additional disciplines along with establishing new community partnerships including BC Cancer Agency and Island Health.



Kathy Ilott
PiC Program Lead

Partners in Care Update

Ortho World Café

“Wonderful event! Such a great academic opportunity to strengthen the community and improve patient care.”

FP

Gastroenterology Referral System

“Outstanding service compared to access prior to centralized referral system.”

FP

“Much better than before, when GPs had to send out blanket referrals to eight to nine different GIs and hope for a response.”

GI Specialist MOA

Neurology Referral System

“I am more confident now in assessing the movement disorders. The topic was very interesting, and I am able now to give medication for some of these disorders. I still have patients with less usual disorders, who I'm referring to the neurologist.”

FP

“I think providing a face to the specialist's name and getting to know them a bit better helps with general collegiality.”

FP

Accomplished Highlights

Orthopaedics

- Practice Profile (development/launch)
- Collaborative development of standardized referral form and FAAST (First Available Appropriate Specialist Triage) system launch

Gastroenterology

- Central referral system (Island-wide)
- Standardized referral form
- Practice Profile and Definitions: Levels of Urgency (development/launch)

Neurology

- Practice Profile (development/launch)
- Enhanced FP to SP communications

Cardiology

- Practice Profile and Definitions: Levels of Urgency (development/launch)
- DRAFT Standardized Cardiac Referral Acknowledgment & Standardized Cardiac Referral Forms
- RACE Coverage: General Cardiology and Electrophysiology

Plastic Surgery

- Practice Profile
- Rapid Access Clinic Referral form (assisted with improved accessibility)
- RACE Coverage

MOA Cross Program Collaborative

- The original MOA Network was restructured to create a cross-program collaborative which allowed for continuation of the work done and areas of need identified in Phase 1. By partnering with the various projects and programs within Divisions, the 'Collaborative' addressed common objectives, enhanced program efficiency, ensured sustainability along with providing consistent messaging throughout the entire MOA stakeholder group
- Ongoing work with the MOA Collaborative will continue through the Divisions of Family Practice via the Practice Support Program

Partners in Care Update

RACE: Rapid Access to Consultative Expertise

- The local South Island/Victoria Division RACE App was launched December 1, 2015, with expansion in February 2016 to include all FPs and NPs Island-wide
- As of July 2016, seven specialties are providing weekly coverage with additional disciplines voicing interest in participating

PHASE 3: New Projects

Maternity

- Practice Profile (development/launch)
- FP Physician Survey: identified gaps and challenges
- FP/SP and Community Stakeholder Discussion Panel (Fall 2016)

Medical Imaging

- Established partnership/collaboration with Medical Quality Improvement/Island Health
- FP Survey: identified gaps and challenges
- FP/SP and Community Stakeholder Discussion Panel (June 2016)

Oncology

- Established partnership with Survivorship & Primary Care Initiative/BC Cancer Agency
- FP Survey: identified gaps and challenges
- FP/SP and Community Stakeholder Discussion Panels (Tumor Site based/in progress): Initial Group; Breast Cancer/Post Treatment Transitioning to Primary Care
- BCCA Open House/FP CME Event: Fall 2016

"I get great satisfaction from being part of something like this. If we, as a profession, are to look after patients and ourselves in a cost-effective manner, this is the sort of collegial support and consultation we really should be giving each other."

Dr. Carole Williams, FP.

"I've been watching RACE for a long time. I knew we were working on it and I was waiting for it to come. I signed up right away. For family physicians, it's an excellent program. It's great for specialists too. It can help clear up a backlog."

Dr. Don Milliken, Psychiatrist, Victoria

"We don't see family docs as much as before. These days the relationship is anonymous. Working together on this project we are learning about each other's challenges."

SP

"Collaboration has given us power we wouldn't have otherwise. We can put issues on the table and discuss them with each other."

FP

"The spinoff of these projects is that we are reducing the burnout of GPs – we are not getting screamed at by a patient when I say they can't see a specialist for a year. I don't feel as isolated as a GP – we can now pick up the phone and call for information, which translates into GPs being happier, compared to the huge sense of burnout about 5 years ago."

FP, Working Group member

Transitions in Care Update

The Transitions in Care (TiC) initiative originated in 2013 to address community physicians' inability to get timely notification of hospital admissions, deaths, or discharges. In collaboration with Island Health, TiC developed the eNotification system, which provides automated notifications via physicians' office EMRs.

The ongoing work of TiC is aimed at improving care continuity across acute-to-community transitions and includes strengthening relationships with emergency department physicians, hospitalists, and specialists as well as continuing to strengthen the foundation with Island Health in order to develop new tools and systems enabling providers to communicate more easily about patient care. This work has included piloting methods of transferring information to and from the hospital on admission, and prior to discharge, so community GPs can contribute to planning and patient follow-through instead of reacting after discharge occurs. TiC has also leveraged relationships with the health authority to ensure the community GP voice is heard and participates during the implementation of strategic priorities such as iHealth.

Phase 2 (December 2014 to July 2016):

- Improve the flow of information about patient baselines into the hospital (ER and admissions)
- Improve two-way information flow during a hospital stay
- Support collaborative planning prior to discharge
- Improve the timeliness and efficiency of discharge summaries (ER and admissions)
- Ensure that essential discharge information, such as medication changes and follow-up recommendations, is provided

Specific Projects – Three main areas of focus

- **Information transfer and discharge planning**
 - Pre-discharge alert
 - Patient summaries on admission pilot
 - Feedback on iHealth discharge summaries
- **Collaboration with the ER**
 - ER tips and tricks
 - ER referral form revisions
 - Pro-active planning for Walk-in Clinic holiday closures
- **Communications Systems**
 - eNotification roll-out
 - Better FP information in Power Chart
 - Addressing Information gaps in Cerner

Phase 3 (April 2016)

- **Secure messaging system pilot**
 - Collaborate with Island Health to provide input on potential vendors
- **Spread of patient summaries projects (additional GPs and facilities)**
 - Step 1. Revise registration and remuneration process
- **Improve quality of ER encounter summaries**
 - Step 1. Assess current standard of encounters

The Transitions in Care project is funded by the Shared Care Committee, and is a joint initiative of the Victoria and South Island Divisions of Family Practice. Our sister committee, Partners in Care, complements the work by improving relationships between GPs and specialists. Partners in Care is operationally led by the South Island Division of Family Practice.

CYMHSU Collaborative Update

Child and Youth Mental Health and Substance Use Collaborative

The CYMHSU Collaborative was launched in 2013 with funding provided by the Shared Care Committee, in partnership with the General Practice Services Committee, Specialist Services Committee and Joint Standing Committee on Rural Issues. The purpose of the Collaborative Charter is to engage children, youth and their families, Aboriginal peoples, physicians, clinicians, provincial ministries, health authorities, schools, and communities to:

- increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports throughout the province, and
- document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development, which manifest the 'family-first, people-centered' goals of Healthy Minds, Healthy People.

The Collaborative functions at multiple levels, and includes leaders from the Ministries of Children and Family Development, Health and Education, local health authorities, and clinical faculty. At the community level, the collaborative works through Local Action Teams (LATs) that bring family physicians, specialists, mental health and substance use service providers, youth and parents, and other stakeholders together to address local priorities. The CYMHSU Collaborative initially started with eight LATs supported by Interior Health, and has now increased to 50 plus LATs located across the province. The SIDFP has established one LAT in Sooke/West Shore and a second on the Saanich Peninsula. The goal of both LATs is to strengthen the local and broader system of care for children and youth with mental health and substance use issues. The LATs will use the Collaborative Charter as a foundation to drive innovative change, benefitting children, youth and families in their communities and developing local solutions to local problems.

Sooke/West Shore LAT Update

The SIDFP established a Sooke/West Shore LAT in spring 2015. The current co-chairs are Dr. Ellen Anderson and Mitzi Dean and the LAT now has more than 60 members, including two family physicians, a psychiatrist, and a paediatrician. The Sooke/West Shore LAT used a collaborative process involving all members to establish the following aims:

- Identify and communicate how to access local and provincial mental health and substance use services and supports for children, youth and their families in their local communities;
- Establish or link to existing initiatives to provide multi-sector wraparound care to children, youth and their families; and
- Work with schools to provide mental health literacy for teachers, students and parents.

Two multi-disciplinary, multi-sector Working Groups (Prevention and Mental Health Literacy; and Waitlist and Service Integration) have been formed to address the above aims.

Sooke/West Shore LAT Highlights

- Journey mapping and waitlist data collection has been completed. This information will be used to support the Sooke/West Shore collaborative service planning table.
- Parent Education and Support Group sessions are being held in Sooke on a monthly basis. Work is underway to develop a similar support and education group in the West Shore.
- Family physicians will provide primary care to complement services available in the Belmont Wellness Centre at Belmont Secondary School. They will also begin to provide regular services at Royal Bay Secondary School and at Edward Milne Secondary School in September 2016.
- Members of the Prevention and Mental Health Literacy working group will present material on childhood anxiety to both elementary and middle/high school teachers at a Professional Development day in November. The curriculum for these presentations are being developed in conjunction with the Sooke Teachers Association.

CYMHSU Collaborative Update

Child and Youth Mental Health and Substance Use Collaborative

Saanich Peninsula LAT Update

The Saanich Peninsula LAT was launched in August 2015 under the leadership of Dr. Kate Evans and Monica Braniff. The introductory meeting was held on September 24, 2015, and to date there are over 60 members including two family physicians, a psychiatrist, and a paediatrician.

The Saanich Peninsula LAT used a collaborative process involving all members to establish the following aims:

- Identify and communicate how to access local and provincial mental health and substance use services and supports for children, youth and their families in their local communities.
- Work with schools to provide mental health literacy for teachers, students and parents.
- In conjunction with PSP Regional Support Teams, engage physicians and other service providers to inform them of LAT priorities and plans.
- Promote culturally competent care through education and practices to address cultural safety.

Three multi-disciplinary, multi-sector Working Groups (School Integration, Cultural Safety, and Community Information Sharing and Access) have been formed to address the above aims.

Saanich Peninsula LAT Highlights

- Survey of school counselors identified anxiety as a priority area for education. An Anxiety Night session was offered in late May and was well received. An ongoing series of monthly education sessions for parents will be established in Fall 2016.
- A drop-in youth health clinic is being considered for the Saanich Peninsula. Primary care services would be available on select evenings.
- The SIDFP's recently launched FETCH directory is being developed as the primary source for mental health and substance use resources in the South Island.
- Cultural safety training will be delivered through six Blanket exercises held throughout the South Island region followed by access to "Advanced Conversations" and PHSA's "Indigenous Cultural Competency" training.

Residential Care Initiative Project Update

Overview

Over the past 10 years in BC, community-based family physicians increased by about 10%, while physicians delivering residential care services dropped by about 13%. Additionally, over the next 20 years in BC, there will be a 120% growth of the residential care population. In response to these trends, in the Spring of 2015, the GPSC launched a province-wide Residential Care Initiative (RCI) to improve care for patients in residential care.

Locally, the South Island and Victoria Divisions of Family Practice elected to take a collaborative regional approach to implementing the RCI, given the overlap in geography and physicians between the two divisions. The South Island and Victoria regional RCI launched in August 2015, with an emphasis on improving patient care, engaging and supporting physicians, and facilitating collaborative system change with residential care sites and Island Health.

Many physicians already meet most of the best practice expectations of the RCI; however, the RCI program team will support physicians to achieve the following best practice expectations:

- 24/7 availability and on-site attendance, when required;
- Proactive visits to residents;
- Meaningful medication reviews;
- Completed documentation;
- Attendance at case conferences; and
- Participation in a regular quality improvement process.

The RCI program team has been working with South Island physicians and residential care facility teams, in order to positively impact desired system-level outcomes:

- Reduced unnecessary or inappropriate hospital transfers;
- Improved patient-provider experience; and
- Reduced cost/patient as a result of a higher quality of care.



RCI Steering Committee

For more information about the RCI or to opt in to the program, please contact:

VictoriaSouthIsland.RCI@divisionsbc.ca

RCI Program Status

As of July 2016, 75 South Island and Victoria physicians have opted-in to the RCI, providing medical care for approximately 75% of patients in all 37 residential care sites in the South Island and Victoria regions. Over one third of those physicians (28) are South Island members, who attend residential care patients at nine South Island sites.

- 100% of residents in Sooke are attended by RCI physicians.
- 92% of residents on the West Shore are attended by RCI physicians.
- 66% of residents on the Saanich Peninsula are attended by RCI physicians.

Physicians who have opted-in to the RCI and expressed their intention to meet the Best Practice Expectations receive annually-renewable payments of \$300 for each patient they care for, paid in quarterly instalments. As of July 2016, 80% of all RCI program expenditures have been on direct physician compensation. The remainder of expenditures have been on indirect physician compensation, facility supports, and administrative costs.

2015-16 Year in Review

April 2015

- PiC mid-term program evaluation completed
- Gastroenterology World Café (PiC)
- SIDFP members attended the Shared Care Polypharmacy risk reduction session
- A GP for Me team attended the First Nations Community Health Forum in Nanaimo
- Held the second Partners for Better Health (CSC) planning retreat at Royal Colwood Golf Club
- Attended Divisions of Family Practice Provincial Roundtable in Vancouver
- Participated in the CYMHSU Provincial Learning session 5

May 2015

- 4th Annual PiC Fishing for Pearls event: Dunking for DoNUTTs: Do No Unnecessary Testing and Treatments
- PiC Plastic Surgery working group developed and distributed standardized “Plastic Surgery Profiles and Urgent Access Referral Form” to family physician offices
- The MOA Network launched with kick-off event, a partnership between the VDFP, the PSP and the SIDFP

June 2015

- A GP for Me First Nations “Building Practice, Building Relationships” event was held at the Tsartlip First Nation
- A GP for Me PHCI held an information session with Saanich Peninsula physicians
- CYMHSU launched in Sooke/West Shore
- Partnered with Island Health to organize a Community-Based Health Care Forum for Sooke and West Shore physicians at the Royal Colwood Golf Club

July 2015

- SIDFP and VDFP co-hosted RCI engagement events at Windsor Park, the Cedar Hill Golf Club, and Sidney Pier
- Organized a “Meet your Mentor” bocce ball social for family practice residents

August 2015

- Launched the provincial RCI in the South Island, in partnership with the VDFP
- CYMHSU launched on the Saanich Peninsula

September 2015

- Neurology World Café (PiC)
- Co-organized with VDFP the GPSC Visioning event

2015-16 Year in Review

October 2015

- Orthopaedics World Café (PiC)
- First Saanich Peninsula Local Action Team (LAT) meeting
- Map the Journey of Youth and Families event (CYMHSU LAT Sooke and West Shore)
- SIDFP and VDFP partner with Shared Care to offer an eight-week Cognitive Behavioural Therapy Skills Group for those suffering with depression and anxiety
- Executive staff and physicians attend Provincial Division and A GP for Me Roundtable in Vancouver
- Two working groups established – Waitlist and Service Integration & Prevention and Mental Health Literacy (CYMHSU LAT Sooke and West Shore)
- EMR Bootcamp held with 30 attendees learning the use of three EMRs and PowerChart (A GP for Me)
- MOA training videos completed and posted online – MOA Corner (A GP for Me)
- MOA Network collaborative committee established. MOA brochure developed with VDFP, SIDFP, Island Health; supported by PiC
- SIDFP attachment fee code reviewed (A GP for Me)
- First printed newsletter “SIDFP Monitor” sent to SIDFP members



November 2015

- South Island Division AGM and Doctor's Den event held
- Plastic Surgery World Café (PiC)
- SIDFP Members accessed RCI funding
- New patient attachment numbers and panel size determinations for SIDFP practices (A GP for Me)

December 2015

- SIDFP partners with Victoria Immigrant and Refugee Centre Society on BC Refugee Readiness Fund
- Phase 3 funding approved by Shared Care Committee (PiC)
- Pilot and roll-out of small Group Learning Session to South Island Practice (A GP for Me)
- Pilot project initiated at a West Shore elementary school to address anxiety and distress in the classroom (CYMHSU LAT Sooke and West Shore)
- RACE launched. Initial disciplines covered include Plastic Surgery, Adult Psychiatry, General Geriatrics (PiC)
- Interim Evaluation report completed (A GP for Me)



January 2016

- SIDFP physicians and Family Practice Residents attended SIDFP mentorship event (A GP for Me)
- Community gathering with local physicians and MOAs at the Tsartlip Reserve. First Nations - Building Relationships, Building Practices, Continuing the Conversation event held (A GP for Me)
- Mentorship toolkits completed and distributed to mentors (A GP For Me)

2015-16 Year in Review



February 2016

- Four First Nations communities welcomed new physician Dr. Krista Stogryn who joined two NPs to provide health care to 2,300 patients on Tsartlip, Tsawout, Pauquachin and Tseycum First Nations (A GP for Me)
- Physician Health and Wellness Fair. Participation by PiC, RACE, FETCH, Practice Support (A GP for Me)
- MOA First Nations Cultural Awareness event - Blanket Ceremony (A GP for Me)
- Syrian Refugee Planning Group meeting
- Advanced Billing Roundtable for MOAs (A GP for Me)
- Western Communities engagement event - Part One (A GP For Me)
- Established partnership with BCCA Survivorship Initiative (PiC)
- Co-hosted Survivorship and Primary Care: Developing a Shared Care Action Plan event (PiC)
- Cardiology provides RACE coverage (PiC)
- Presentation to the School District 62 Board of Education (CYMHSU LAT Sooke/West Shore)
- Mental Health literacy pilot initiated at a West Shore elementary school (CYMHSU LAT Sooke/West Shore)
- Parent education and support group implemented in Sooke (CYMHSU LAT Sooke/West Shore)
- Second edition of the printed newsletter "SIDFP Monitor" sent to SIDFP members

March 2016

- Physician and MOAs attended Building Bridges Through Understanding the Village event aimed at enhancing delivery of First Nations patient care (A GP for Me)
- Comprehensive framework for Physician Health and Wellness initiated (A GP for Me)
- Professional Development workshop on anxiety delivered at a West Shore elementary school (CYMHSU LAT Sooke/West Shore)
- Second Session of the Parent Education and Support Group on Eating Disorders offered to Sooke parents (CYMHSU LAT Sooke/West Shore)
- SIDFP took the lead on finding physician care for Syrian refugees arriving to the South Island
- Shared Care approved expansion of RACE to include all island FP/SP (PiC)
- Development of FETCH completed (For Everything That's Community Health) (A GP for Me)

Our Communities

The South Island Division represents 180 physicians working in the Sooke, West Shore and Saanich Peninsula Areas. This includes Local Health Areas (LHA) 62 and 63.

The Division works closely with the Victoria Division, which serves physicians in the Greater Victoria LHA. It also has collaborative partnerships with the other six Divisions on Vancouver Island and other key regional and provincial health agencies and organizations.

The Saanich Peninsula

- Includes the Districts of North Saanich and Central Saanich, the Town of Sidney, and the First Nations of Tseycum, Tsawout, Tsartlip and Pauquachin.
- Served by the Saanich Peninsula Hospital
- Population of 64,000 with an average age of 48.4 yrs.
- Hypertension and depression/anxiety are the most prevalent chronic diseases reported.



D. Gosse, 2016

The West Shore

- Includes the communities of Langford, Colwood, Metchosin and the Highlands, in addition to the Scia'new First Nation.
- Served by Victoria General Hospital
- Population of 60,000 with an average age of 39.4 years
- One of Canada's fastest growing regions, with many families actively seeking a family physician
- Hypertension and depression/anxiety are the most prevalent chronic diseases reported.



D. Gosse, 2016

Sooke Region

- The heart of this West Coast community of 12,700 lies 40 km from downtown Victoria and 30 km from the nearest hospital. The surrounding area is home to more than 5,000 residents.
- T'Sou-ke and Pacheedaht First Nations are located within this broad geography.
- The eight FPs at the West Coast Family Medical Clinic, which is co-located with Island Health's Integrated Health Network, provide health care services to all Sooke residents through regular appointments and their newly remodeled walk-in service.



D. Gosse, 2016

Our Partners

The work of the SIDFP could not be fully leveraged without the key strategic partnerships we maintain. Our partners consist of regional and provincial groups that provide funding, supporting staff, strategic alignment and shared purpose.

Our closest partners include:

Doctors of BC
(General Practice Services Committee
and Shared Care Committee)

BC Ministry of Health
(General Practice Services Committee
and Shared Care Committee)

Island Health

Saanich Peninsula Hospital Foundation

**Tseycum, Tsawout, Tsartlip,
Pauquachin, T'Sou-ke,
Pacheedaht, Scia'new
and the First Nations
Health Authority**

**Sooke, Langford, Colwood,
Metchosin, Sidney, North
Saanich, Central Saanich,
Highlands, Saanichton
and Brentwood Bay**

**Victoria Division
of Family Practice**

**Other Island Divisions
of Family Practice**



Committees and Working Group Members

Partners for Better Health (South Island CSC)

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Dr. David Robertson, Co-Chair (VIHA)
Dr. Elizabeth Rhoades (SIDFP)
Dr. Vanessa Young (SIDFP)
Clay Barber (SIDFP)
Dr. Nick Rainer-Pope (VIHA)
Dr. Ambrose Marsh (VIHA)
Cheryl Damstetter (VIHA)
Sia Zabaraz (VIHA)
Lois Cosgrave (VIHA)
Sheila Leadbetter (VIHA)
Kelly Smith (VIHA)
Karen Morgan (SPHF/Community)
Rick Robinson (CHN)
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Alana Godin (GPSC)
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A GP for Me Steering Committee

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PiC Cardiology Working Group

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Committees and Working Group Members

CYMHSU West Shore and Sooke Local Action Team (continued)

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Kelly Drabit, Island Health, Public Health
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Susan Gmitroski, Island Health, Coordinator
Scott Hilderley, RCMP, RCMP Drugs and Organized Crime Awareness
Margot Swinburnson, SD62, Trustee

Dianna Seaton, SD62, Trustee
Roberta Kubik, SD62, Assistant Superintendent
Christine McGregor, SD62, District VP, Student Support Services
Patrick Swinburnson, SD62, Principal, Edward Milne Community School
Janine Brooks, SD62, Vice Principal, Edward Milne Community School
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Margi Bhalla, SIDFP, CYMHSU Program Lead and six Youth participants

Committees and Working Group Members

CYMHSU Saanich Peninsula

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Chris De Boer, Tsawout Health Department, Clinical Supervisor and Counsellor
Kelly de Klerk, School District 63, School Counselor

Wendy Desjarlais, Family
Dalyce Dixon, Boys and Girls Club, ED
Jennifer Donison (Churky), Surrounded By Cedar Child and Family Services
Theresa Dubas, Pauquachin First Nation
Reg Fleming, Discovery Youth and Family Substance Use Services, Island Health, Coordinator
Brett Fryer, Saanich Police Service
Alana Goddard, Municipality of Saanich, Youth Programmer
Elaine Halsall, CYFMH, Island Health, Manager
Heather Hastings, Tsartlip Health Centre, Manager
Janelle Hatch, Healthy Schools, CYFH, Island Health, Coordinator
Mary Hayes, Tsartlip Head Start
Colleen Hobson, Saanich Neighbourhood Place, ED
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Tara Jefferson, Saanich Police Service, Youth Officer
Terri Kalaski, CMHA, Collaborative Coach
Keely Kastrukoff, VIHA, Public Health Nurse
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Beth Masselink, MoCFD, Aboriginal Child and Youth Mental Health
Wade Maybie, MoCFD, Team Leader
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Glenda Mercer, Tsawout First Nation
Madeline Montgomery, VIHA
Colin Montgomery, Stelly's Sd63, Youth Counsellor
Debbie Moore
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Lee O'Neill, MoCFD, Youth probation Officer

Committees and Working Group Members

CYMHSU Saanich Peninsula Local Action Team (continued)

Katharina Patterson, NIL/TU,O Child and Family Services Society, ED

Kathryn Purdon, Family

Jon Rabeneck, First Nations Health Authority, Coast Salish Community Engagement Coordinator

Jasmine Rakhra, University of Victoria, Youth Researcher

Vanessa Ramsdale, South Island Wellness Society, Restorative Justice

Dr. Laura Ritonja, Family Physician

Maureen Rowan, Public Health Association of BC, Executive Lead

Dillon Sahota, Central Saanich Police Service, Sergeant

Carol Sawyer, MoCFD, Child Safety Services, Team Leader

Jana Sawyer, Saanich Police Service, Youth Officer

Scott Stinson, SD63, Assistant Superintendent of Schools

Lisa Tate, FORCE Society, Parent in Residence

Jim Taylor, Spectrum

Justine Thompson, NEED2, All star

Lila Underwood, South Island Wellness Society, Director

Grace Van Horn, Eating Disorders, MoCFD

Elaine Venables, Beacon Community Services, Director, Children's Programs

Dr. Lori Vogt, CYMHSU, MoCFD, General, Child & Adolescent Psychiatrist

Mua Va'a, Tsartlip Youth Program, Youth Coordinator

Wendy Wilkins, Family

Dr. Claudia Zuin, Paediatrician, Island Health

Jennifer Jones, Tseycum First Nation, Health Manager

Ronato Pama, SD63, School Counselor

Board Members

Dr. Robin Saunders – Chair
Dr. Vanessa Young – Vice Chair and Secretary
Dr. Elizabeth Rhoades – Treasurer
Dr. Allie Ferg – Member at Large
Dr. Michele Fretz – Member at Large
Dr. Shana Johnston – Member at Large (started November 2015)
Dr. Jenn Tranmer – Member at Large
Dr. Katelyn Salmon – Resident Ex-Officio (ended March 2016)

Support Staff

Clay Barber – Executive Director
Jay Boulet – Office Administration (ended August 2016)
Jen Roberts – Office Administration (ended February 2016)
May Woodburn – Executive Assistant (started April 2016)
Jo-Anne Hellwig – Project Administrator (started August 2016)

Contracted Program & Project Management Support

Margi Bhalla – Program Lead, A GP for Me and Child Youth Mental Health
Kathy Ilott – Program Lead, Partners in Care
Debbie Kendz – Event Coordinator
Erica Kjekstad – Practice Support Lead and Data Analyst; Residential Care Initiative Project Lead
MJ Cousins – Recruitment and Retention Coordinator
Terry Manzo – Working Group Coordinator, Physician Health and Wellness
Barbara Carver – Communications Strategist
Linda Nehra – Project Lead, Child Youth Mental Health and Substance Use Sooke, West Shore (ended March 2016)
Keith Donaghy – Project Lead, Child Youth Mental Health and Substance Use Saanich (ended March 2016)
Bert Boyd – Project Lead, Primary Health Care Initiative (ended December 2015)
Kathleen Yue – Working Group Coordinator, Primary Health Care Initiative (ended December 2015)
Jennifer Harrison – Youth and Family Engagement Coordinator (started April 2016)
Bill McElroy – Project Lead, Child Youth Mental Health and Substance Use, West Shore and Sooke (started May 2016)
David Trill – Project Lead, Child Youth Mental Health and Substance Use, Saanich Peninsula (started May 2016)
Michelle Ham – Program Lead, Transitions in Care (started July 2016)

Contact

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





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