



# Annual Report

2015-2016







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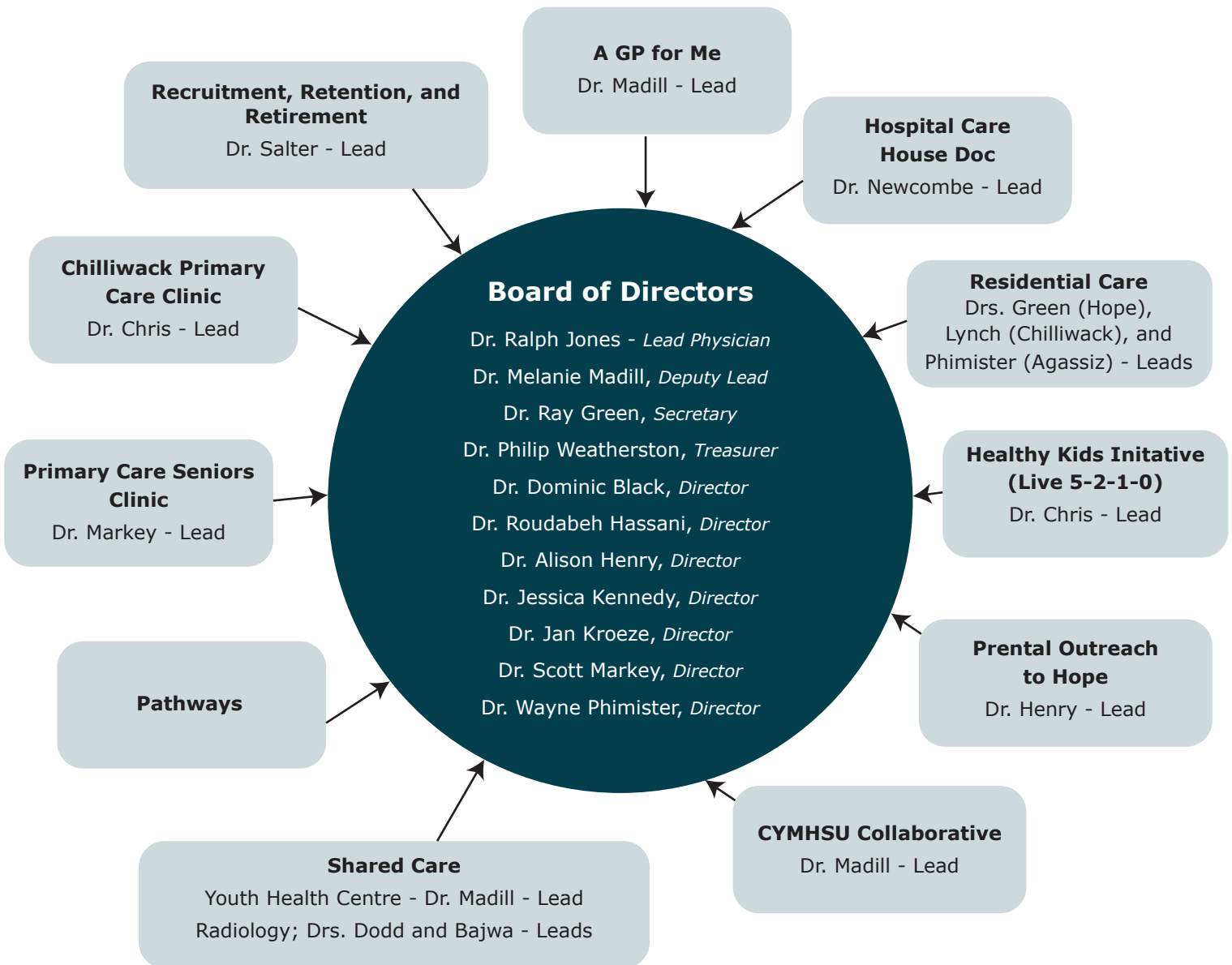
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# Background



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

The purpose is to improve patient care, increase family physicians' influence on health care delivery and policy, and provide professional satisfaction for physicians.



# ABOUT THE CHILLIWACK DIVISION

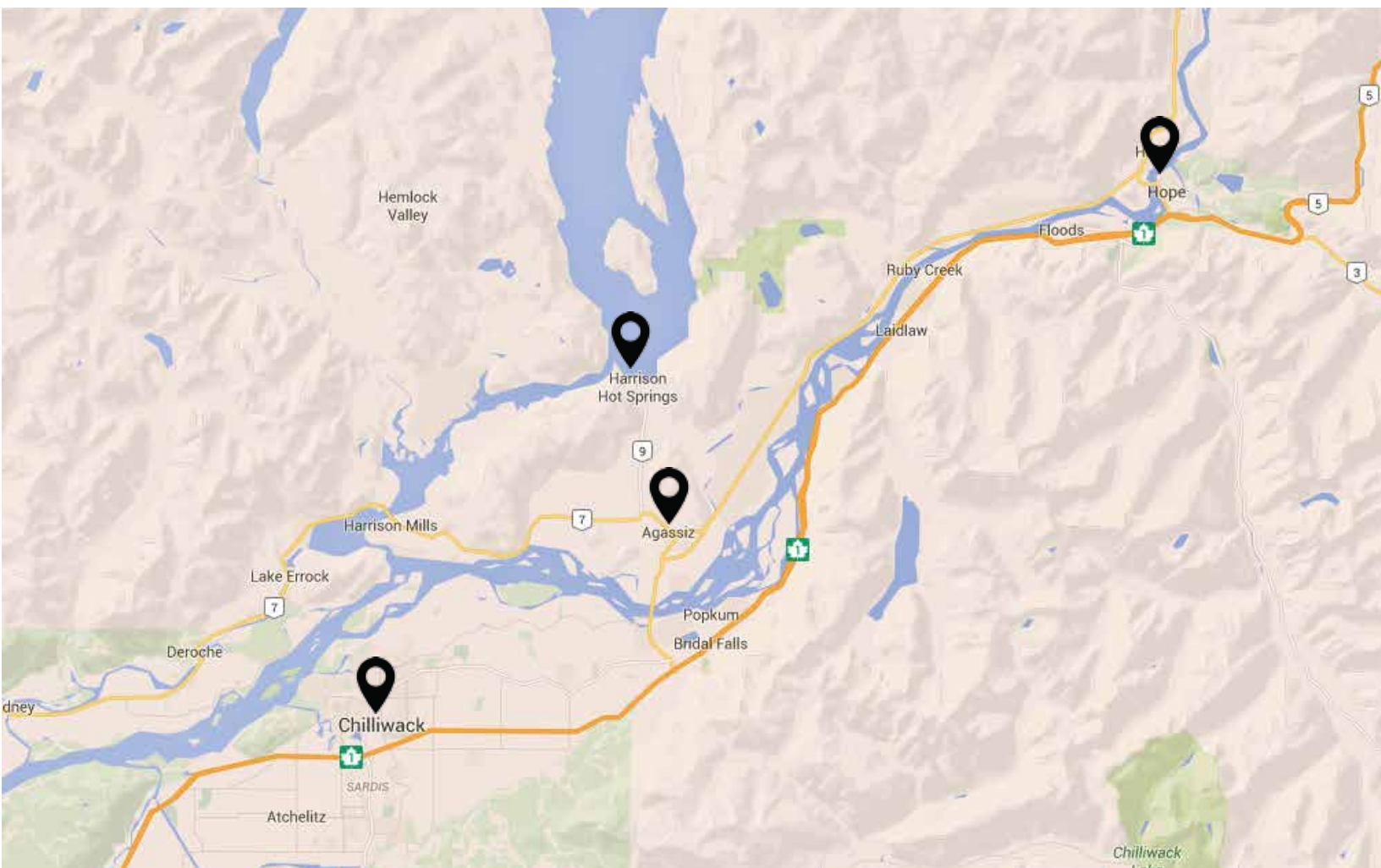
## VISION STATEMENT

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

## MEMBERSHIP

**107 family physician members** and **8 nurse practitioner associate members** representing primary care providers in **4 communities** within the local areas of Chilliwack, Agassiz-Harrison, and Hope.

The population served is over 107,000.



# A message from the Lead Physician



## **Dr. Ralph Jones, MD**

*Physician Lead*

*Chilliwack Division of Family Practice*

Sadly this year we lose our first and longtime Executive Director Ken Becotte to retirement. Ken has led us almost from the inception of our division. We all owe him our profound gratitude. Katrina Bepple, who ably slips into his shoes, is no stranger and has headed up many of our successful programs.

Projects continue galore. Amongst our latest is the start of a partnership between the division and mental health to provide a comprehensive and integrated system for the hardest to serve mental health clients. We hope that this will be a gateway into a revision of adult mental health services. Hopefully along the lines of the recent revolution in child and youth mental health services and access. Work is accelerating in the development of the patient medical home and primary care home initiative. We have hired Tabitha McLaughlin as the project coordinator. Make no mistake, the government and the Ministry is insisting that our already excellent primary care system becomes even more efficient and integrated.

At the highest level our representative organizations such as the Doctors of BC, and the Society of General Practice are working with the Ministry of Health. These changes will be the most profound to the health care system since the inception of Medicare. The changes should satisfy the "triple aim". Changes up to now have been "voluntary but irresistible". We will be negotiating a new physician master agreement in 2019 and if profound changes have not occurred by that point, subsequent changes will not be so voluntary. You really do need to pay attention and get involved with your representative organizations over the next three years.

We are running out of physician resources as, despite our best efforts, the perennial shortage of family physicians in Chilliwack continues. It's a challenge to find physicians willing to devote time to our Chilliwack Primary Care Clinic, where many of the GP for Me patients are processed. If anyone is interested in this well supported work please let us know. We always suspected that the Chilliwack Primary Care Clinic was "doing good", in the most general sense of the word. A new robust study confirms that we are keeping many of the most difficult and hard to serve patients out of the emergency and more particularly out of the hospital. On average, during the first 280 days following their first appointment, a group of vulnerable patients are estimated to have avoided 1.3 ER visits, and approximately 19 acute care bed days each!

A significant challenge for us will be satisfying the requirements of the new Societies Act that comes fully into force in 2018. Under this act less than half of the directors of a society can be paid for any work under the auspices of the society. As just about every primary care physician in Chilliwack receives some funds from the division, our current board structure does not satisfy the new act. This act was not created to cause trouble for the divisions, it was designed to eliminate some of the chicanery that has gone on among some who abuse the societies act. We have some ideas on changes to our structure that will satisfy the new act, whilst maintaining a highly efficient administrative, managerial and representative structure.

Lastly, thanks to all who work so hard for and are dedicated to our division including our board new and old, our physician project leaders, our administrative and managerial staff & our employees. A special and personal thanks from me to Pauline and Jennifer, our medical office assistants at the Chilliwack Primary Care Clinic, who put up with some very difficult "customers" and handle them so well.

- Ralph Jones

# A message from the Executive Director



## **Ken Becotte**

*Executive Director*

*Chilliwack Division of Family Practice*

This Annual Report is a special one for me as it marks the fifth and final year of my work with the Chilliwack Division of Family Practice. The past five years have been an amazing and rewarding experience working with our members, board, staff and partners.

Over the past 30 years I have worked with many boards of directors and I can say without hesitation, that the CDoFP board has been the best of them. Both past and present directors have demonstrated strong commitment to the work of the Division. In particular, Dr. Jones, Dr. Madill and Dr. Markey, have been exceptional in their level of engagement and support.

Division programs have expanded from one five years ago to more than ten currently. Hospital Care continues to be the focus of our work along with A GP for Me, Recruitment & Retention, Primary Care Clinic, Youth Health Centre, Shared Care Medical Imaging, Child Youth Mental Health Substance Use Collaborative, Prenatal Outreach, Healthy Kids (Live 5-2-1-0), and Residential Care in Agassiz, Hope and Chilliwack.

Along with the increase in programs there has been a substantial increase in funding, staff support and member engagement. In 2015-16 the Division received \$2,210,000 to support programs and operations. Programs are managed by an exceptional team of staff who support the work of our members. My thanks to Elly Meyerink (Operations Lead), Katrina Bepple (Programs Lead), Jennica Grenier (PAM), Pauline Walton (MOA), Jennifer Thornton (MOA), Becky Staetter (MOA), Asma Farooq (Communications Coordinator), and Danielle Edwards (Evaluation Lead). Becky, Asma and Danielle have moved to pursue new opportunities and we welcome Emily Sayward (Programs Coordinator) and Tabitha McLaughlin (Patient Medical Home Coordinator).

As Dr. Jones mentioned in his report, I am making the move to retirement in September and I leave the Chilliwack Division of Family Practice knowing the work we have done has made a difference for our community and our members. I am most pleased that Katrina Bepple has been given the opportunity to succeed me as Executive Director and I know she will not only succeed but will exceed all expectations.

Thank you for the wonderful journey and experience!

- Ken Becotte

# A message from the Deputy Lead Physician



## **Dr. Melanie Madill, MD**

*Deputy Lead Physician  
Chilliwack Division of Family Practice*

### **GP FOR ME WINDUP**

The two years passed quickly and we have submitted our final report and requested some transitional funding to support our Patient Attachment Mechanism (PAM) and Chilliwack Primary Care Clinic through the next year while the Patient Medical Home / Primary Care Home takes flight.

Thank you again to all of you who worked in the Clinic, who took patients through PAM and who continue to make yourselves available to new patients in our community. We have excellent data through Fraser Health that demonstrates the huge impact on medication use and the Emergency and Hospital use for the patients you have taken on and cared for.

The Recruitment, Retention, and Retirement Committee has been very active and you will have noticed that this year we almost all got summer holidays with locum coverage and that as our colleagues retire or move we are seeing new faces take their place caring for their patients. Thank you for making our community so welcoming and supportive. We see opportunities to extend this by offering a more formal introduction and transition time by encouraging our new colleagues to work in Division programs that provide sessional time such as our Hospital Care Program, Chilliwack Primary Care Clinic, Youth Health Centre, and Residential Care. This helps to familiarize new physicians with the resources and community before making a final commitment to a particular style of practise. Especially for international graduates, this should give more opportunity to support them in preparing for Canadian licensing exams.

### **CHILLIWACK YOUTH HEALTH CENTRE**

This year we have expanded to two multidisciplinary sites. The CYHC functions through a dedicated team of counsellors, physicians, and youth advocacy workers dedicated to wellness for youth and young adults ages 12-26 years. No referral is needed, it's free, confidential, and drop-in. The CYHC team can address a clients medical and mental health needs from acne to sexual health to counselling for issues related to anxiety, depression, substance use, gender identity, family conflict, peer conflict, and school and life planning.

Both sites run Tuesday afternoons with counselors and a family doctor on site, with the NLC (Chilliwack Secondary School) running 1-7pm, and Stó:lō Wellness Centre running 2-5pm.

Additionally, we have access to two specialists, one at each site.

- Neighbourhood Learning Centre: A Pediatrician that specializes in behavioral intervention, school integration, anxiety and depression, and coping skills.
- Stó:lō Wellness Centre: A Psychiatrist, who will see patients up to age 26, that specializes in complex youth and young adults which could include those who are bipolar, schizophrenic, and/or have severe OCD, and likely require medication.



## MENTAL HEALTH PARTNERSHIPS:

Yes you read correctly. Starting with Dr. Sodipo at Stó:lō for the Chilliwack Youth Health Centre we are exploring having an adult psychiatrist work alongside family doctors in the Chilliwack Primary Care Clinic. In addition an virtual ICM (integrated care management) Team is being started to address the difficult to serve dual diagnosis patients who are often returning to Emergency or falling between the cracks. This team will look at sharing case management strategies. If you have a patient who has been identified for this ICM team, watch for a letter inviting you to participate in the way that works best for you in comanagement for your patient. In addition we are exploring different ways for mental health to communicate to you and vice versa. Check out the OSCAR Integrator →

## PATIENT MEDICAL HOME / NURSE DEBBIE:

What happens after GP for Me? This. Doctors of BC with Ministry of Health have agreed to work towards a future of integrated care with family doctors and the patient at the centre. Like GP for Me the template is not scripted yet, but we are encouraged to explore ways to share care for our patients with the others who look after them. Think HOME HEALTH (Nurse Debbie), PUBLIC HEALTH (vaccinations and infectious disease management), MENTAL HEALTH, physio, dieticians, you name it.

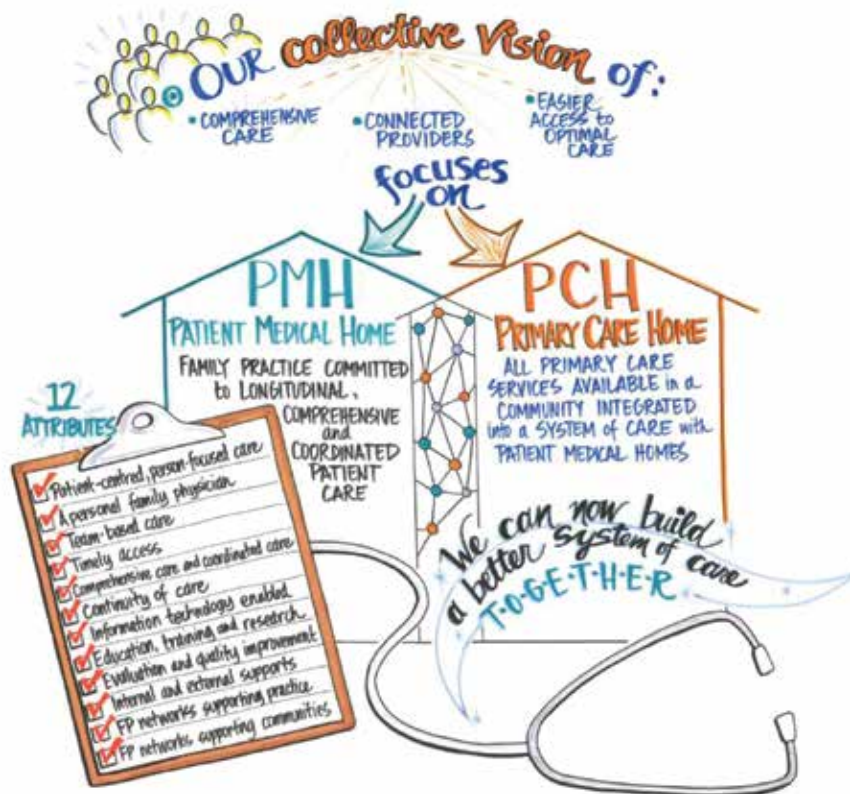
Our colleagues in the Fraser Northwest Division have piloted a successful and exciting project using a nurse (Debbie) who sees and case manages with family doctors on a weekly basis to manage the frail elderly. She does home visits (up to eight a day!), complete the RAI assessment, and in the future will be able to coordinate

and supervise home health resources for those patients. This has the potential to circumvent the countless forms and 69 steps it was taking to access home support once a referral was made by a family doctor to Home Health. They are also piloting an OSCAR 'integrator' that will allow for the push and pull of information from the instance of OSCAR that the nurse is using to the doctors EMR. Could we replicate in Mental Health as well? This is something we will explore over the next year, using the Chilliwack Youth Health Centre and Chilliwack Primary Care Clinic as pilot sites.

Never a dull moment. Until next year,

- Melanie Madill

*If any of the programs mentioned above interest you, or you'd like more information, connect with our Division team.*



## EMPLOYEE PROFILES



### **ELLY MEYERINK**

*Operations Lead*

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



### **KATRINA BEPPLE**

*Programs Lead*

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

## EMPLOYEE PROFILES



### **DANIELLE EDWARDS**

*Evaluations Lead*

Danielle's work focuses on evaluation, quality improvement, and the Healthy Kids Initiative Live 5-2-1-0. She enjoys community development through her work. She has a Master of Arts Degree and a Professional Specialization Certificate in Voluntary and Non-profit Sector Management.



### **ASMA FAROOQ**

*Communications Coordinator*

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



### **JENNICA GRENIER**

*Patient Attachment Administrator, A GP for Me; Medical Office Assistant, Chilliwack Youth Health Centre*

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

## EMPLOYEE PROFILES



### **BECKY STAETTER**

*Patient Attachment Coordinator, A GP for Me*

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



### **PAULINE WALTON**

*Medical Office Assistant, Chilliwack Primary Care Clinic*

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



### **JENNIFER THORNTON**

*Medical Office Assistant, Chilliwack Primary Care Clinic*

Jennifer started with the Division in April 2015 as part of the A GP for Me Program. In July 2015 she stepped into the role of MOA for the Chilliwack Primary Care Clinic. Always quick with a smile, she is one of the first faces patients see as they enter the clinic. From scheduling specialist referrals, booking patient appointments and answering phone calls, she provides critical support to the Nurse Practitioners and Physicians at the Clinic. Outside of work, she enjoys spending time with her family and operates a small home-based business creating baby clothing.



# Hospital Care Program

Update by Dr. Meghan Newcombe



*Dr. Newcombe*

The Hospital Care Program (HCP) continues! Such a sweeping statement might seem overly dramatic but in the face of major changes in Abbotsford and Langley with regards to inpatient care, Chilliwack's ability to retain the HCP program is a testament to the commitment and drive of its family practice providers. Our HCP program would never be possible without the hard work of the community family physicians and the team under the Chilliwack Division of Family Practice.

The HCP steering committee has been meeting regularly to review the HCP program and its direction. There have been no major changes; the structure and job description of the HCP is essentially unchanged. What we need to focus on is increasing the visibility of the HCP within the hospital. We still routinely find surgical patients who should have been admitted under HCP being left off the list, resulting in the specialists being forced to manage medical issues with which they may not feel comfortable. Over the past year, we've produced an algorithm for the unit clerks on which patients should be admitted under the HCP. So far, it seems to be working well.

The past year has seen the HCP program scrutinize its coverage, both with regards to hours worked and inpatient load. We continue to cover orphaned surgical and psychiatric patients, in addition to ALC medical patients who are stable enough for the F-call family physician to sign off.

Furthermore, our presence is routinely required for reassessment of patients on outpatient IV antibiotic therapy. Our coverage has expanded to encompass weekend care. To this end, physicians signing up for Residential Care Physician (RCP) shifts have undertaken to round on HCP patients as well, primarily the ALC medical patients.

It turns out, we frequently assume the remainder of the HCP duties over the weekend as well!

Ultimately, our goal is to provide broad, comprehensive care to the patients admitted under the HCP program and as evidenced by the program's continued existence, we are a functional part of the hospital structure.



# Residential Care Program

Update by Dr. Erin Lynch



*Dr. Lynch*

The Residential Care Program (RCP) has continued the efforts of its founders over the last year and implemented the new GPSC funding program. This has meant ongoing coverage of a Residential Care Physician on weekends with the added coverage of Hospital based orphaned patients. The incentive fees for 'Proactive' visits in residential care continue to be utilized at once per quarter and similar fees for attendance at care conferences continue.

The primary goal for this year has been to implement 'Clustering' of family physicians interested in residential care. This process had been accomplished at both Cascades and Eden carehomes already with the goal to complete clustering within the remaining four facilities in Chilliwack. With six facilities spread around Chilliwack it is often difficult for physicians to attend regularly at all these facilities.

The Clustering program aims to consolidate physician movement and make regular rounds on residential patients more efficient. It also serves to enhance the relationship between facility and physician to improve response times, communication and a physician's familiarity with facility policy.

Other aims were to increase physician attendance at care conferences and facilitate the always difficult process of finding a physician for patients that do not have one in the community that will follow them in residential care. Despite some hiccups in implementation, we have had some positive feedback already. An additional bonus has been the ability to promptly reassign patients to a 'Cluster Doc' when physicians have retired or ended their practice, an event that could have potentially been disastrous this year if not for the clustering program. The completion of admitting paperwork and admission prescriptions continues to be a challenge for patients that are coming to a Chilliwack facility from out of our community.

I would also like to thank the physicians that have dedicated their expertise and time to these recent clustering programs and Valleyhaven, Bradley Centre and Heritage Village; Dr. Henry, Dr. Madill, Dr. Kishi, Dr. Black, Dr. Gupta, Dr. Hassani, Dr. Dutoit, Dr. Graham, Dr. Wojck, Dr. Bartel, Dr. Dueck, Dr. Hamilton and especially Dr. Jones for his guidance and experience. My ongoing gratitude to the fantastic physicians that have been focused on clustered residential care at Eden and Cascades.



# A GP for Me Overview

Update by Katrina Bepple, Programs Lead

The CDoFP represents 107 physicians in the Chilliwack, Agassiz-Harrison, and Hope local health areas. It serves a population of 107,750 and includes 8 Nurse Practitioners (NPs). The majority of Chilliwack and Agassiz Family Physicians (FPs) provide inpatient care at the Chilliwack General Hospital. Hope and the surrounding community is served by a single practice of FPs who provide emergency department coverage and inpatient care at the Fraser Canyon Hospital 24/7/365. Agassiz-Harrison is also served by a single practice, and like Hope and the Chilliwack Primary Care Clinic, includes NPs that work as part of an interdisciplinary team with FPs.

Due to the community challenges revealed in the Assessment and Planning Phase through extensive physician and community engagement, the CDoFP identified six integrated strategies leveraging existing resources to address the following needs:

- Help patients find the appropriate primary care provider or team
- Stem the increase in unattached patients due to population growth and FP attrition
- Improve access to primary care services

As a result of our strategies, we were successful in attaching over 8218 patients, and preventing the unattachment of over 5000 patients from August 2014 to March 2016 as outlined in the following pages.

A GP for Me has positioned the CDoFP exceptionally well as we move toward achieving the attributes of the Patient Medical Home (PMH) model and Primary Care Home (PCH) network in a local context. We look forward to continuing to build on the momentum generated through A GP for Me as we engage with our Members and partners and, as we did with A GP for Me, look to leverage existing resources and established infrastructure.

## OVERVIEW

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

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

The infographic is divided into four horizontal panels. The top panel shows a map of the region with locations Mission, Hope, Chilliwack, and Boston Bar. A house icon represents Jane's home in Boston Bar. Text: "Jane is in her 50s, lives in Boston Bar, and has complex health conditions like gout, arthritis and high blood pressure." The second panel shows a car on a road with a clock icon. Text: "Jane values receiving continuous care from a primary health care provider. When her physician moved to Chilliwack she made a 3-hour round trip to see her. This became difficult in the winter weather and because of her health conditions." The third panel shows Jane being attended to by a doctor and a nurse. Text: "Jane meets Dr. Greggain, Anderson Creek Rural Satellite Clinic physician, when he provides palliative care to Jane's husband who had cancer." The bottom panel shows Jane at a pharmacy counter. Text: "Jane becomes a patient of the Anderson Creek Clinic, which provides accessible, full-spectrum care by physicians and nurse practitioners. Jane receives high-quality care for her health conditions. This includes Dr. Greggain working with Jane's pharmacist to find a medication to treat her gout that she is not allergic to." The final panel shows Jane smiling with a green checkmark and a box of medication. Text: "The medication for her gout works and Jane is no longer crippled and bed-ridden. Jane's health conditions are managed and she has an improved quality of life." The logo for Chilliwack Division of Family Practice is at the bottom left.

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

By establishing a single point of contact for unattached patients looking for a primary care provider, our intention is to make it easier for people to find a primary care provider, while at the same time decreasing the burden to community practices and building connections to community FPs to improve attachment rates.

By enabling physicians, nurse practitioners, and front line staff to let community members know that there is one line for them to call if they are looking for a provider, it helps to alleviate the burden of having to say "No we are not accepting patients" by replacing it with, "There is a system in place which helps to prioritize all of the unattached patients in our community and attach them to a provider that best meets their needs. Call PAM".

**Looking to take on new patients but don't want to be overwhelmed with new patient requests? Contact our team to find out how we can help you pace and build up a balanced patient population that meets the capacity of your practice.**

As of March 2016, with the help of over 37 physicians since April 2014, we have been successful in attaching 2,023 patients in to community practices through PAM alone. This is in addition to the 249 patients that have contacted PAM, but ended up finding a provider independently, and the 5000+ patients that you are accepting in your practice.

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

## PAM HIGHLIGHTS

April 2014 - March 2016

- **1582 calls to PAM**
- **1359 intake forms** filled out and returned
- **115 patients contacted PAM**, but found a provider independently
- **2023 patients referred by PAM to community practices** in Chilliwack, Agassiz, Seabird Island, and Hope

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

**CALL PAM**  
(Patient Attachment Mechanism)

**604-795-0034**  
Chilliwack, Agassiz & Harrison

**1-844-795-0034**  
Hope & the Fraser Canyon

Monday to Friday  
9am to 3pm



## How does PAM work?

(Patient Attachment Mechanism)

You call and speak to our Patient Attachment Coordinator.

You fill out a Patient Intake Form. We may call you for more info once the form is submitted.

If needed, our team of family doctors and nurse practitioners will care for you until you are transitioned to a community practice.

For more information, visit [www.divisionsbc.ca/chilliwack](http://www.divisionsbc.ca/chilliwack)

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







Dr. Chris

The Chilliwack Primary Care Clinic (CPCC) has had another successful year. The CPCC and our Division continue to be recognized and praised province-wide as an innovative leader in creating a local solution to attaching unattached patients discharged from hospital, providing interdisciplinary team-based care to complex patients, and acting as a transition point in Chilliwack for our patient attachment mechanism (PAM).

The clinic is currently staffed by 1.6 NPs, 4 (very part-time) GPs, and 2 Clinic MOAs. It serves as the filter for patients without a GP in Chilliwack to access primary care and have their health care stabilized to ultimately be transferred out to accepting family

doctors in our community. Patients are booked a Meet and Greet with one of our providers after calling the PAM phone line and being triaged by the PAM Administrator.

We know it can be difficult and time consuming to take on patients from scratch, especially complex ones. The CPCC makes this task easier by organizing the patient, stabilizing their healthcare and then transferring them with a comprehensive summary of their medical issues and a plan. GPs accepting complex patients can bill the complex patient attachment fee. Patients that are not suitable for a FFS practice will not be transferred out of the CPCC.

**So, if you find you have room for a patient or two, perhaps you have one that passed on, or a family that moved away, please let us know, it is a big help!**



**In total, the Division calculates that attachment to a family doctor (through the CPCC) just for this small group of our patients has resulted in 150 fewer ER visits and 1,634 fewer acute care bed days between August 2014 and June 2016.**





We are currently in great need of physicians to work in the CPCC helping to see and stabilize these patients for eventual transfer out to community practices. Anecdotally, we've heard from our colleagues the immense benefits of the CPCC in being a transition point for unattached patients in Chilliwack who call PAM, and as a home for those patients better suited to an interdisciplinary team-based approach.

Through PAM, we have attached over 2180 unattached patients to primary care providers since August 2014, over 1000 of those being seen and stabilized in the CPCC!

We are also showing that after stabilizing some vulnerable patients through the CPCC, we are able to transition them to family doctors in the community which is changing the frequency of ER visits and hospital stays. A recent trend analysis showed that on average, during the first 280 days following their first appointment at the CPCC, a group of vulnerable patients are estimated to have avoided, per patient, 1.3 ER visits and approximately 19 acute care bed days.

Thank you so much to all who continue to make this possible, from the GPs and NPs who work in the CPCC, to GPs who accept our "all-packaged-up" patients, to GPs who see CPCC patients on F-call. Any help our GP colleagues in the community can provide will help us to continue to stabilize and attach patients.

We look forward to continuing to partner with you through the CPCC and PAM to work together to improve the overall health of our community.



## CHILLIWACK PRIMARY CARE CLINIC HIGHLIGHTS

April 2014 – March 2016.

- **1195 patients attached into the CPCC** (stronger attachments)
- **187 Permanent CPCC patients** (all are complex, many of which have mental health and/or substance use challenges)
- The CPCC triages and provides wrap-around team-based care to patients, decreases ER visits and acute care bed days for complex patients, and stabilizes patients for referral to community FPs.

Through impact funding we will continue to increase support for vulnerable/complex patients by working with partners to add additional services (i.e. mental health) in to the CPCC.

*The team: Drs. Chantal Chris, Dominic Black, Andrew Enyvari, David Esau, Ralph Jones, Harald Schriefers, Arden Barry, Paul Graham; Nurse Practitioners, Angie Fast Navneet Bhogal, and Michelle Ambrose; and Medical Office Assistants Jennica Grenier, Becky Staetter, Pauline Walton, and Jennifer Thornton.*





*Dr. Greggain*

Hope has seen a tremendous success in recruitment of physicians to the area. The small town boasts a collaborative approach, with family physicians, nurse practitioners, emergency department physicians, and visiting specialists providing comprehensive, local care to patients in Hope and the Fraser Canyon. Hope offers physicians the ability to practice a full-spectrum of family practice from seeing their patients in the office, working in the ER, and providing residential and palliative care. Outreach to the Fraser Canyon every Wednesday, as well as the potential half day of access to care of the telehealth program, is another reason why physicians - new and established - are drawn to practice in Hope.

Outreach to the Anderson Creek Rural Satellite Clinic has been successful in reaching vulnerable, sometimes marginalized, patients in the Fraser Canyon (with 1974 visits between August 2014 - March 2016). A multidisciplinary team of a family physician and nurse practitioner (weekly), in addition to Older Adult Mental Health, Riverstone (daytox), Public Health, Home Health, and Free Reign (computer training, resume building, and job search) provide local access to primary care, mental health, and social service supports. By partnering with Fraser Health and the First Nations Health Authority, the installation of telehealth terminals at the Anderson Creek Rural Satellite Clinic and Fraser Canyon Clinic (Hope), allow for an additional half-day of access. There is opportunity to increase the uptake of the telehealth component by working with the Boston Bar Band and local communities to increase awareness.

Partnering with the Division, the Patient Attachment Mechanism (PAM) has become instrumental in the streamlined attachment of patients to primary care providers Hope. Rather than providers accepting new patients through the side or back door, all referrals and matches now come through PAM. By having one point of contact to finding a primary care providers, it's allowed for the matching of patients to the appropriate physician or nurse practitioner. Between August 2014 and March 2016, 648 patients were attached to providers through PAM. That's almost 9% of the entire population!



What's next for Hope? Dr. Greggain is excited to leverage the momentum he and his team has been building through A GP for Me and other local initiatives as they move towards the Patient Medical Home / Primary Care Home vision. This, in addition to the \$500,000 Fraser Health has pledged to improving the health and wellness of the community promises some exciting opportunities in the coming year.



The Recruitment, Retention, and Retirement (RRR) Committee continues to meet on a regular basis and has served as a platform for members to share updates, identify avenues for collaboration and collectively address challenges.

Between August 2014 and March 2016, ten family physicians have been recruited to the communities that the Chilliwack Division represents in addition to ten locums.

The RRR Committee worked with incoming physicians to take on practices or retiring or relocating physicians. This supported continued attachment of those patients that would have otherwise become unattached. We are working to ensure that we have enough FPs to improve the FP to patient population ratio by initiating a proactive and streamlined process of recruitment and retention.

## SUCCESSSES

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

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

## HIGHLIGHTS

One of our retired physician's patients at various care facilities were distributed among the clustering physicians as part of the Residential Care Initiative. The RRR Committee is currently working on a retirement package to give to physicians who are considering retirement in the next five years.

The little **BIG** community that could be yours

Chilliwack Agassiz-Harrison Hope

**live**  
sense of community  
amenities for everyone  
close to major attractions  
local university

**work**  
work life balance  
practice the way you want  
collegial medical community  
UBC teaching site

**play**  
outdoor & indoor sports & recreation  
at nature's doorstep  
arts & culture abound

**AT YOUR DOORSTEP!**  
Hiking  
Biking  
Swimming  
Fishing  
Boating  
Golfing  
Shopping  
Camping  
Winter Activities  
Spas  
Kayaking  
River Rafting

**CLOSE TO:**  
Hot Springs  
30 km  
Wine Country  
30 km  
U.S. Border  
30 km  
International Airport  
40 km  
Siding  
60 km  
Vancouver  
100 km  
Gulf Islands  
140 km

Chilliwack  
Division of Family Practice  
AGPSC website  
www.dcofbc.ca/chilliwack | text:704.667.4411 | @GPHW  
doctors of BC  
GPBC

## MEMBERS OF RECRUITMENT & RETENTION WORKING GROUP

- 4 Family Physicians, *Drs. Salter (Lead), Henry, Kennedy, Esau, Low*
- RRR Coordinator, *Elly Meyerink*
- Division Executive Director, *Ken Becotte*
- Communications Coordinator, *Asma Farooq*
- Representative from the Chilliwack Economic Partners Corporation (CEPCO), *Netty Tam*

## 5 PHYSICIAN PRACTICE SUPPORT AND COACHING

## A GP for Me initiative

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

A local AA/OE FHA PSP module made positive impacts in areas of appointment management, team communication, work-life balance, and stress reduction. Pre- and post- module GP surveys indicated an average decrease in business days to see patients and for third next available appointments, and a greater understanding of what it takes to reduce backlog and restore flow to practices after an absence.

We strengthened capacity within physician practices and primary care clinics to improve office efficiencies as well as improve patient and provider experience. We supported physician work/life balance to bolster retention and strengthen existing patient access.

Through A GP for Me we were able to increase awareness of the need for FPs to take on new patients, which contributed to the new patients attached through PAM and directly to FP offices.

### PHYSICIAN PRACTICE SUPPORT AND COACHING HIGHLIGHTS, as of March 2016

- **14 providers and 17 office staff** are involved in the Advanced Access/Office Efficiency PSP Module that is currently ongoing (Spring – Fall 2015).
- Decrease in average of business days to see patients from **10.3 to 3.4**
- Implementation of **same day**, open access appointments
- Decrease in average of third next available appointment from **6.2 to 3.5** business days

## 6 COMMUNITY EDUCATION

## A GP for Me initiative

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

Working towards increasing recognition in the community, community-specific Division rack cards promoting our initiatives are being widely distributed through our partners. Highlighting achievements to date, patient journeys through PAM, the Primary Care Clinic, Hope Prenatal Outreach, and accessing care at the Anderson Creek Rural Satellite Clinic are illustrative reminders of the great work being supported through A GP for Me.

More broadly, regular press releases are being issued to share the various fronts on which primary care is improving in our community. Recent media coverage has focused on PAM as a central point of contact and on physician recruitment and retention efforts currently underway. Addressing the need for sustainability of community education resources, an extensive array of tools and information is being housed on the Division website, including FAQs around primary care, presentations and availability of local after-hours care options.

### COMMUNITY EDUCATION HIGHLIGHTS as of March 2016

- **213** facebook posts and **24,082** Facebook views
- **106** Tweets, **23** newspaper ads
- **143** online advertisements through the CDoFP website, e-newsletters, and Pathways.
- **16,000** PAM cards have been distributed to our Aboriginal partners, hospital departments, clinics, detox centers, community organizations, and at meetings and events
- **2,662** calls were made to PAM
- **6** community forums (2 Chilliwack, 2 Agassiz, 2 Hope)

# Community of Practice

Update by Ron Plowright

In 2015-2016 the CoP partnered with PSP to do a series of EMR- based Small Group Learning Sessions. Our Peer Mentors were again very busy helping to bring new tools, scripts and tricks to individual practices. For OSCAR users, new toolkits/smart forms were created, demonstrated and loaded for Fracture Risk Assessment/Osteoporosis Management and Chronic Non-Cancer Pain Management. For Telus Wolf EMR users in Hope, the vendor was brought in to do in-practice Learning Sessions for beginners and advanced users on optimizing use of the latest version.

Thanks to David, John, Cam, Quentin and Marty for all your work this last year!



## Child and Youth Mental Health Substance Use Collaborative (CYMHSU) - Shared Care

Update by Maggie Aronoff, Coordinator of the Chilliwack and Fraser Cascades Local Action Teams

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative is funded by the Shared Care Committee, a joint collaborative committee of Doctors of BC and the Ministry of Health, to increase timely access to integrated child and youth mental health and substance use services and supports throughout the province. Family and specialist physicians provide the majority of mental health (MH) and substance use (SU) services to young people and their families, so it is critical that they have voice and influence on the design and effectiveness of services. This partnership provides local physicians with many opportunities to engage and build trusted relationships with other care providers and increase awareness and understanding of available resources – with the goal of improving integrated care for children, youth and their families. The CYMHSU Collaborative is a committed partnership to March 2017.



This year the Chilliwack Division formed two Local Action Teams or LATs to become 2 of 64 LATs across the province. The Chilliwack LAT formed in April 2015, including all surrounding areas within SD 33. The Fraser Cascades LAT formed by June 2015, encompassing, Agassiz, Hope, Boston Bar and surrounding areas within SD 78. These LATs are co-chaired with representatives of the Division of Family Practice, the MCFD and the school district.

Chilliwack LAT Primary Care Lead:

Melanie Madill, GP

Fraser Cascades LAT Primary Care Leads:

Wayne Phimister, GP & Sue Lawrence, NP

Special thanks to our members and colleagues leading this initiative. Examples of improvements resulting from the CYMHSU Collaborative are:

	Chilliwack	Fraser Cascades
<b>Increased Awareness</b>	<ul style="list-style-type: none"> <li>• Facing Off with MH Awareness Game Night - a partnership with the Chilliwack Chiefs (BCHL) and the Canadian Mental Health association reached 2,792 members of the public with 350 unique visits to service and PSA tables</li> <li>• At the game we showed the youth produced "It's Time To Talk", which has over 1,200 views on Youtube. <a href="https://www.youtube.com/watch?v=4CxQZmXM25Y">https://www.youtube.com/watch?v=4CxQZmXM25Y</a></li> <li>• Depression Sucks poster created by Youth as Gatekeepers group as a PSA to direct youth to the Youth Health Centre</li> <li>• Beneath the Surface partnered with Fraser Health Aboriginal Health, First Nations Health Authority, PHSA, Chilliwack School District and Aboriginal partners to bring this powerful suicide prevention message to over 150 youth and 125 members of the public through workshops and a play.</li> </ul>	<ul style="list-style-type: none"> <li>• START, suicide crisis program provides Suicide Assessment Training Sessions in Hope and Agassiz to over 20 service providers working with youth.</li> <li>• Hosted "Photo-Journaling with High Risk Aboriginal Youth" Lunch &amp; Learn session with Dr. Jennifer Mervyn which has developed into an interesting cross-LAT photo-journaling project.</li> <li>• Created posters for Agassiz, Hope and the Fraser Canyon of frontline youth services.</li> </ul>
<b>Improved Integration of Services</b>	<p>Emphasis was placed on the Youth Health Centres at the NLC and Sto:lo Health. Successes include:</p> <ul style="list-style-type: none"> <li>• Expanded physician services to NLC. Family physicians in February, Pediatrician in March</li> <li>• MCFD now has CYMH intake at the NLC</li> <li>• FH to add child psychiatrist at the Sto:lo site twice a month beginning in May</li> <li>• <a href="http://www.chilliwackyhc.com">www.chilliwackyhc.com</a> website development</li> </ul>	<p>Opportunities for integration were sought across the region:</p> <ul style="list-style-type: none"> <li>• Agassiz – NP &amp; Public Health RN form weekly youth drop-in clinic at Agassiz Harrison Community Services Youth Centre</li> <li>• Boston Bar – NP and CYMH counselor attend the school; sustained space created for the CYMH counselor at the community school</li> <li>• Leadership Table developed to address connect local and regional providers to address integration issues</li> </ul>
<b>Improve Cultural Humility</b>	LAT sponsored 8 participants to complete the PHSA Indigenous Cultural Safety training	MCFD sponsored 20 participants to complete the PHSA Indigenous Cultural Safety training – all spots were filled; completion rate 83%
	ICS Debriefing – 4 participants	ICS Debriefing solidifying learning and identifying ways to incorporate new knowledge into daily practice – 10 participants
	Sto:lo Historical Impacts and Cultural Awareness Training – 13 participants (9 physicians)	Training next year!

# Chilliwack Youth Health Centre

Update by Katrina Beppe, Programs Lead

The Chilliwack Youth Health Centre (CYHC) successfully launched two sites in 2015, the Neighbourhood Learning Centre and Stó:lō Wellness Centre. The CYHC is a collaboration of over 10 organizations and with both sites dedicated to wellness for youth and young adults ages 12-26 years. Youth don't need a referral, it's free, confidential, and they can drop-in. Teams of service providers can address their medical and mental health needs. They can see us for anything from acne to sexual health to counselling for issues related to anxiety, depression, substance use, gender identity, family conflict, peer conflict, and school and life planning. Both sites run Tuesday afternoons with counselors and a family doctor on site.

We also have access to two specialists. With a family doctor on site, direct referrals can be made. That means youth might drop-in and see a specialist within a week or two!

- Neighbourhood Learning Centre: A Pediatrician is on site every Tuesday from 3-6pm. She specializes in school integration, anxiety and depression, and coping skills.
- Stó:lō Wellness Centre: A Psychiatrist, who will see patients up to age 26, is on site every two weeks from 2-5pm. He specializes in complex youth and young adults which could include those who are bipolar, schizophrenic, and/or have severe OCD.

Partner organizations include Chilliwack Community Services, Fraser Health, Fraser Valley Aboriginal Children and Family Services Society/Xyolhemelyh, Ministry of Children and Family Development, Pacific Community Resource Society, School District #33, Stó:lō Service Agency, and the University of the Fraser Valley.

In addition to the organizations that are involved in the coordination and provision of services, the Chilliwack Youth Health Centre has support from the City of Chilliwack, Chilliwack Local Action Team for the Child and Youth Mental Health and Substance Use Collaborative, the Chilliwack Child and Youth Committee, and the Chilliwack Healthier Community table.

January to December 2015 Data snapshot

	NLC Counsellors	Stó:lō Physicians*	Stó:lō Counsellors
<b>Afternoons operating</b>	49 (1-7pm)	33 (2-5pm)	26 (2-5pm)
<b>Total seen</b>	<b>461</b> (229 M, 226 F, 6 Other)	<b>231</b>	<b>79</b>
<b>Highest # visits/Tue</b>	14 (Apr 14, 2015)	14 (Sep 15, 2015)	8 (Nov 3, 2015)
<b>Average # visits/Tue</b>	9.4	6.1	3.1
	NLC Counsellors	Stó:lō Physicians*	Stó:lō Counsellors
<b>Unique males</b>	55	43	
<b>Unique females</b>	105	56	
<b>Unique other</b>	2	-	
<b>Total unique clients</b>	<b>162</b>	<b>99</b>	

January to August 2016 Data snapshot

	NLC Physicians*	NLC Counsellors	Stó:lō Physicians*	Stó:lō Counsellors
<b>Afternoons operating</b>	29 (3-6pm)	35 (1-7pm)	35 (2-5pm)	35 (2-5pm)
<b>Total seen</b>	<b>125</b>		<b>146</b>	<b>90</b>
<b>Highest # visits/Tue</b>	9 (Apr 12, 2016)		12 (Jan 12, 2016)	8 (Jan 26 and Feb 2, 2016)
<b>Average # visits/Tue</b>	4.3		4.17	2.6
	NLC Physicians*	NLC Counsellors	Stó:lō Physicians*	Stó:lō Counsellors
<b>Unique males</b>	21*		22*	
<b>Unique females</b>	32*		38*	
<b>Unique other</b>			-	
<b>Total unique clients</b>	<b>53*</b>		<b>60*</b>	



*\*In the case of physicians, unique indicates new to the CYHC. In total there have been 159 unique clients for physician services at Stó:lō.*



# Healthy Kids Initiative (Live 5-2-1-0)

Update by Katrina Bepple, Programs Lead

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

With all of the opportunities to grow and spread Live 5-2-1-0 locally, we have approached the Primary Prevention and Mental Health subcommittee of the Chilliwack Child and Youth and Chilliwack Healthier Community committees and proposed that Live 5-2-1-0 sit at the community table. The Division will continue to support Be Active Every Day and other provider focused Live 5-2-1-0 initiatives.

The Be Active Every Day Challenge is set to start the week of October with a follow up visit in the last week of October. Last year more than 4700 students in 33 schools were challenged by 40 doctors and resident doctors with the help of nurse practitioners, divisions, and athletes across the province!

When doctors lead students through the activity challenge, kids can learn about the importance of good health, nutrition, and fitness from a medical perspective. The goal is to make a lasting impact on children and help them turn healthy choices into healthy habits.

Healthy living has never been more fun and accessible for the whole family! There are three Live 5-2-1-0 Playboxes in Chilliwack that contain sports equipment and books that are free for community members to use and to return.

The Live 5-2-1-0 Playboxes are a project of the Chilliwack Division's Healthy Kids Initiative, City of Chilliwack, the Early Years table of the Chilliwack Child and Youth Committee, Chilliwack Sports Academy, Rotary Club of Chilliwack, and 89.5 The Drive. This project is supported by SCOPE, an initiative of BC Children's Hospital that is focused on the Live 5-2-1-0 health promotion message and works with communities to make the healthy choice the easy choice for children.

There have been challenges with theft and vandalism, and we are working with our community partners to look at opportunities to increase the monitoring of the Playboxes.

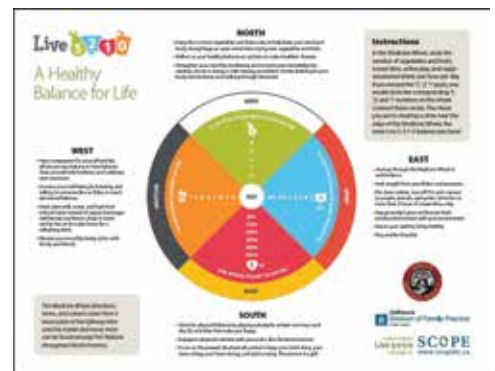
SCOPE provided funding for us to develop, in partnership with over 20 community partners, a Service Providers Toolkit that built on the Physicians Toolkit that was created last year. This Toolkit contains resources service providers can use to embed Live 5-2-1-0 into their existing environment and programs where appropriate. One of these resources aimed to make the message more culturally appropriate. In partnership with Sto:lo Service Agency, we adapted Live 5-2-1-0 to the medicine wheel. This resource very popular locally (some physicians have uploaded it into their EMR and we have laminated, re-usable medicine wheels that we give out to partners), and it has been gaining traction provincially. Huge thank you to Danielle Edwards for leading this work.



Live 5-2-1-0 Play boxes!



Dr. Chris presenting at an assembly for Be Active Every Day



The Sto:lo Nation Medicine Wheel

# Pathways

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

Pathways works because:

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

A total of **2983** specialists, **747** clinics, **52** hospitals and **1023** resources can now be found on Pathways.

There are a total of **43** specialists and 82 GPs practicing in Chilliwack who are featured on Pathways.

## Interesting facts:

... In Chilliwack, the total number of page views was **20,440**, in a total of **4698** sessions by **1,116** users.

... The highest number of sessions per week (a group of page views by the same user which are no more than **30** minutes apart) was at **3,698** for all Divisions in March. In Chilliwack, our peak was at **150** sessions per week in January, but averages around **90** per week.

# Medical Imaging - Shared Care

Update by Tracy Miyashita, Medical Imaging Coordinator

Physician Lead: Dr. Martin Dodds

Specialist Lead: Dr. Amarjit Bajwa

The Radiology Project is aiming to improve communication between GPs and the medical imaging department by enhancing the referral process, improving requisitions and reducing congestion and waitlists by focusing on appropriateness of referrals. A stakeholder conversation in January was attended by 40 participants to discuss challenges faced by radiologists, family physicians and MOA's. This was a great opportunity to hear all perspectives and develop solutions that will work for those that are directly impacted.

The three main focus areas that were identified were: 1) Requisitions, 2) Appropriateness, and 3) Improving Communication. Since January, there has been an MOA Tour and Talk of the medical imaging department, a GP Dine and Learn session to discuss appropriateness and red flags in imaging, and a new requisition "smart form" is being developed that will be launched in October 2016. Thank you to all those that have participated in this initiative. We look forward to continued conversations and improvements as a result of this initiative!





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