

# ANNUAL REPORT 2015–16



## MISSION:

*To meet the health and care needs  
of our population and communities*

## VISION:

*Through collaboration and innovation  
we promote dynamic and  
empowered communities of care*

# EK Division Year Five: Year of Change

What a journey it has been! It seems this past year has culminated in a number of big changes... Our AGM was held at the Royal Alexandria Hall. The last two founding board members, Greg Andreas and Ron Nash, completed their terms. Our first requested bylaw change was voted on and passed by membership at this AGM, which now allows for up to eight Directors on our Board. Three new members joined the Board: Sheri Bentley, Sparwood; Gareth Mannheimer, Invermere; and Cecile Andreas, Cranbrook.



Throughout the year our Division was busy with supporting a number of initiatives for members.

Our Division was also involved in supporting our members to participate in a **provincial Visioning exercise** led by the General Practice Services Committee (GPSC). This participation and input will help shape how the future of family practice evolves regionally and provincially. Our work within the provincial A GP for Me initiative continued to provide key support services to our members in areas of practice facilitation, social and life skills workers, the Healthy Kimberley project and region-wide Recruitment and Retention support.

The EK Division also led members in the **Residential Care Initiative** process in determining a community-by-community response to managing residential care coverage, quality improvement and funding allocations.

Our **Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative** grew to include Golden, for a total of four communities under three local action teams. Two of our local action teams presented at the Vancouver learning session, and the Eating Disorder videos have been recognized and celebrated at a provincial level.

**Shared Care – Partners in Care** wrapped up work in ER and maternity and launched the Rural Relationships Collaborative. Phase 1 is Orthopedics with a goal of standardizing orthopedic treatment and care.

Our Board held a strategic planning session in October and out of that, **defined a new organizational vision and mission** and began to identify priorities for the coming one to three years. With the A GP for Me initiative winding down, Project Lead Jo Ann Lamb took the opportunity to retire from her work with our Division, after securing continued funding for the social worker support to physicians and completing the Residential Care Initiative work.

Board member **Todd Loewen took on role of Physician lead**, including co-chair of our Collaborative Services Committee (CSC) and EK Division representative at the regional table, the Interdivisional Strategic Council (ISC). At the CSC we have forged good working relationships with our Interior Health (IH) partners through the development of our

IPCC (integrated primary care) nurses and supports. This will put us in a solid position to take on the push to evolve primary care in a way that both works for patients and the family doctors of the East Kootenay, and meets the Interior Health/Ministry objectives of what is called the Primary Care Home (PCH). This is a great opportunity to be involved with shaping change. At the ISC the various divisions throughout IH, together with some senior IH staff, are learning from and supporting each other in efforts to improve primary care. Here too the Primary Care Home now dominates all discussion. Despite the focus on the PCH, Todd is committed to ensuring the Division doesn't forget about other current problems such as our rural nursing concerns jeopardizing the service in rural obstetrics/OR/ER.

**Mike Walsh stepped up as EK Division Chair** in our young Division, which is growing up fast. Many new learnings and ideas were acquired at Provincial Roundtable and JCC

Showcase. Positioning Divisions at the center of change in health care in the near future is our priority. Underlying those priorities are the new vision and mission:

**Mission: To meet the health and care needs of our population and communities**

**Vision: Through collaboration and innovation we promote dynamic and empowered communities of care**

**Evaluator Megan Purcell was welcomed into her new role as Executive Director, while Patti Phillips transitioned to Operations Coordinator.** Going into 2016–2017, this reorganization of the senior executive team was accomplished to better manage the complexity of our Division's operations and also lead us in new strategic directions.

Mike, Todd, Patti, Jo Ann and Jill

**EK Division of Family Practice**

**8**

**Physician Board Members**

**113**

**Members**

**7**

**Division staff**

**8**

**Communities**



# Financial Statement

## \* UNAUDITED INCOME AND EXPENSE STATEMENT

Year Ending March 31, 2016

### REVENUE

<b>Project Funding Forward from 2014–2015</b>	\$ 413,973.08
Division Infrastructure Funding	\$ 394,222.00
CYMHSU Collaborative	40,000.00
Columbia Basin Trust (Healthy Kimberley)	2,000.00
A GP for Me	353,772.14
Residential Care Initiative Golden	5,615.33
Interior Health IPC Contract	34,068.70
Shared Care Partners in Care	115,612.00
Unassigned In-Patient Program	428,875.00
Regional District of East Kootenay (Recruitment and Ret.)	20,000.00
Residential Care Set-up Funds	42,000.00
Interest on Short-term Investment	1,356.76
<b>TOTAL REVENUE</b>	<b>\$ 1,851,495.01</b>

### EXPENSE

Physicians	\$ 529,671.00
Human Resources	757,633.00
General Administration	22,144.00
Facilities, Supplies, Equipment	40,064.00
Meeting Costs	16,079.00
Travel	84,095.00
<b>TOTAL EXPENSE</b>	<b>\$ 1,449,686.00</b>
<b>Funds Remaining</b>	<b>\$ 401,809.01</b>

\*Fully audited detailed financials to be circulated to membership once completed.



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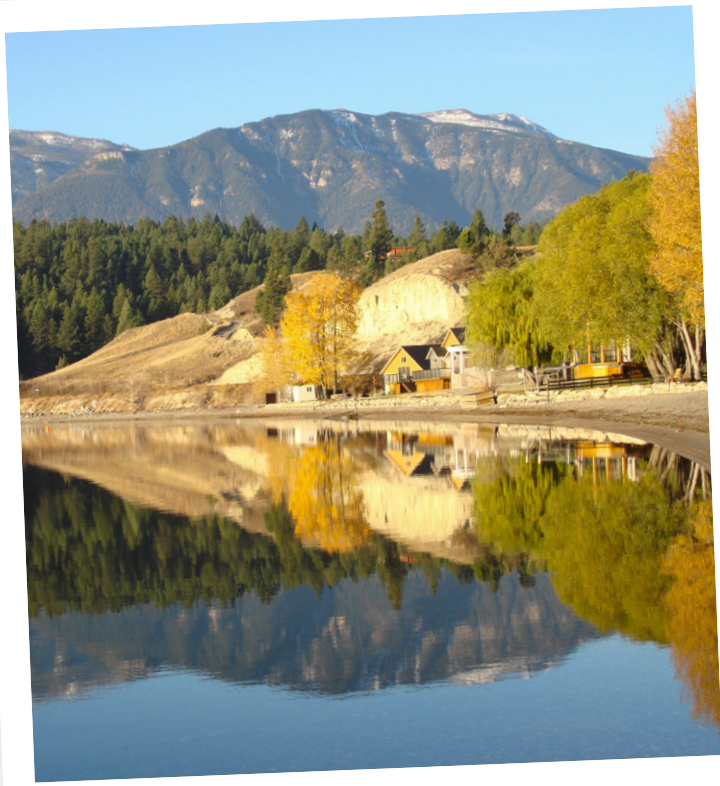
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Photo credits: East Kootenay Division of Family Practice

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

[www.divisionsbc.ca/east-kootenay](http://www.divisionsbc.ca/east-kootenay)

# 2015–16 Annual Report Highlights



## Health Promotion: Healthy Kimberley

- This strategy supports residents in making healthy lifestyle choices by providing incentives, creative education programs and by reducing barriers to healthy change.
- Healthy Kimberley touched **over 1000 residents**, mostly children, in the community of Kimberley with the Live 5–2–1–0 messaging, fun community activities, education in schools and community events.
- The Kimberley Medical Clinic physicians provide a health survey to families as a point of discussion on healthy lifestyles.

## Residential Care Initiative

- The GPSC's residential care initiative is designed to enable physicians to develop local solutions to improve care of patients in residential care. Participants will also establish best practice expectations and system-level outcomes to guide changes in the culture and systems of care.
- In the EK, all communities are involved in planning their local solutions. There has been one approved Memorandum of Understanding thus far, with several more on the horizon to be completed by summer 2016.

**Residential Care Initiative (RCI)**

**10**  
Physicians

**2**  
Division staff

**6**  
Communities

## Practice Facilitation

- **Over 100 physicians** in the East Kootenay were supported by our practice facilitators to make changes to their office processes, better use their EMRs and improve workflow processes.
- The practice facilitation strategy ended on March 31, 2016. The Practice Support Program coordinators will now support physicians' needs.



## Team-Based Care

- This strategy built upon the existing teams supporting family physicians and their patients with the addition of social work to support patients with multiple needs.
- **3 social workers and 1 life skills worker** were added to the primary care teams in Cranbrook, Creston and the Elk Valley.
- **626 patients** were assisted with counseling, social and financial needs as well as navigation through the health system, allowing family physicians to focus on their medical needs.
- **3 social workers** will continue until November, 2016 with extended funding from the General Practice Services Committee (GPSC).

## Integrated Primary & Community Care (IPCC)

- Division co-chaired this committee of the Collaborative Services Committee (CSC) to transition the Integrated Health Network (IHN) to the IPCC funding. The Working Group had four FPs as members.
- Interior Health contracted the Division to contract an RN in 2014 to support the physicians in Fernie in their practices with patients with chronic complex conditions. In November 2015, this RN was transitioned to employment with Interior Health and now supports all physicians in the Elk Valley.
- The IPCC model that has been developed and supported in the EK sets up the region very well for the expansion of team-based care into the Primary Care Home.



**Child & Youth Mental Health Substance Use (CYMHSU)**

**26**  
Physicians

**3**  
Specialists

**28**  
Community Stakeholders

**2**  
Parents

**8**  
Youth

**4**  
Communities

## Rural Nursing

- This project developed from concerns regarding the inadequate number of qualified registered nurses in rural communities in the specialty areas of maternity, emergency and surgical services. The shortage of nurses impacts the ability to provide good patient care and threatens the maintenance of services in these communities.
- The East Kootenay Division brought this critical issue forward to the Interior Health Authority Interdivisional Strategic Council, the Rural Coordination Centre and the GPSC to explore ways to increase recruitment and specialty educational opportunities for registered nurses in rural areas.

## Shared Care

- The Partners in Care work wrapped up the ER and Maternity projects.
- Scoped, developed and secured project funding for EK Rural Relationship Collaborative Project: Phase 1 Orthopedic.

## Maternity

- Patient tool produced for expectant moms in the rural communities "What to Expect... When you're expecting."
- Pamphlets include an algorithm for care, community and on-line provincial resources, and are currently being distributed to rural community clinics, midwives and Interior Health partners.

## EK Rural Relationships Collaborative Project

- Engage **5 orthopedic surgeons** for a rapid-cycle quality improvement test.
- Formalize the communication and knowledge transfer between orthopedic surgeons in the EK and FPs working in rural primary care.
- Evaluate the impact to patients with orthopedic conditions.

**Shared Care**

**10**  
Physicians

**4**  
Specialists

**5**  
IH Partners

**8**  
Communities



## CYMHSU Collaborative

- **3 Local Action Teams** established and evolving.
- **2 resource directories** created.
- One resource directory launch event held — **9 of 16 community FPs** attended.
- Cross Cultural Awareness Event — **5 of 16 community FPs** attended. Held on First Nation land.
- Partnered with Practice Support Program (PSP) CYMH module rollout — **2/Golden, 1/Cranbrook** to invite community stakeholders for FP education/awareness of community resources.
- Co-hosted RCMP Community Youth Awareness Day — **1 FP**.
- Ongoing support of interdisciplinary team-based care for entering disorder patients.
- "Shared Rounds" between Cranbrook Green Clinic and Ministry of Child and Family Development (MCFD) — CYMHSU team pilot.
- Development of Youth Working Group; planning speaker series through schools, youth event in Golden.
- Launch online Eating Disorder Educational modules on Shared Care website. More than **670 hits** to date.
- Emergency Room CYMH Protocol — EK Working Group to assist rollout in two EK sites — **4 FPs**.
- Ongoing support of telehealth child psychiatrist pilot for EK.
- Hosted a meet and greet for telehealth psychiatrist and MCFD — **11 FPs**.
- Supported three FPs to attend CYMHSU Collaborative Learning Session in Vancouver.

## Walk with your Doc

- In early May we supported **7 communities** with Walk with your Doc in our region.
- **62 physicians** and over **340 members** of the public participated.

## Unassigned In-patient Networks

- Distributed quarterly fees to **32 physicians** in **3 communities**.
- Supported the registration of new physicians and changes within individual networks.

## A GP for Me

- Between October 1, 2014 and March 31, 2016, the East Kootenay Division's work within this provincial initiative impacted over **5000 patients** and **100 physicians** through the four strategies of recruitment and retention, practice facilitation, team-based care and health promotion.
- The strategies facilitated the attachment of **at least 3500 patients**, who previously did not have a family doctor, or whose physicians retired or left the community.
- Many partnerships were created with the Division through the A GP for Me Initiative: municipal government and regional government, the community, SCOPE BC and Columbia Basin Trust.
- Steering Committee physician members: Drs. Case, Hopkins, Hale and Davis.

**A GP for Me**

**9**  
Physician Champions

**12**  
Division staff/contractors

**1**  
IH Practice Facilitator

**8**  
Community Partners

**8**  
Communities

## Recruitment and Retention

- Since the start of the initiative there have been **7 new family physicians** recruited to the EK along with many more locums.
- Recruitment Coordinator, Deb Mandryk, will continue this work to January 2017, funded by our partner, the Regional District of East Kootenay.