

*We acknowledge that the land upon which we live, work and play is located within the unceded traditional lands of the Secwépemc Nation.*



# GOAL, VISION, MISSION

## Our Goal:

To answer the call to action, pursuing creative ways of developing practice opportunities for longitudinal care with family practitioners and our partners.

## Our Vision:

To be a community of family physicians, nurse practitioners, and other primary care providers working collaboratively to develop and support the implementation of primary care, focusing on wellness, satisfaction, and sustainability for both patients and providers.

## Our Values:

We value quality, collaboration, inspiration, innovation, and resilience.

## Our Mission:

The Thompson Region Division of Family Practice (“the Division”) is the:

- Support for the Thompson Region community of primary care providers in their pursuit of excellence and innovation in family medicine and patient care.
- Place where primary care providers go to identify their needs, engage in learning, and participate in collaborative community-based solutions.
- Provider of primary care leadership in systems and clinical improvements and participates in collaborative quality improvement in family medicine and primary care.
- Support for primary care provider wellness and collegiality.
- Advocate for the essential role of primary care providers in the delivery of health care.
- Source for structural primary care advice to Interior Health, specialist care providers, Ministry of Health, community partners, and interested parties.

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Cover photo: Moccasin Trails, by Mary Putnam/courtesy of Tourism Kamloops



## APRIL 2020

- The Maternity Care Respiratory Assessment clinic process is established.
- A single-site Long-term Care provider model is developed in response to the COVID-19 pandemic.
- RIHPA, specialists and the Division support public communication campaigns during COVID.
- **The Division distributes personal protective equipment to help members and clinics.**



- Partnership work with Interior Health solidifies a role for the Division (Staff/Physician Lead dyad Liaison position) in IH West formal emergency response structure.
- Community meetings with local health tables and community allied health see Division updates and discussions about how the pandemic affects community wellness.

## MAY 2020

- RIHPA and the Division participate in a joint mental wellness for care providers project.
- Emergency Management develops a network to support Division members and community specialists during an emergency.
- Members are engaged to further develop networks that exist in the community.
- In partnership with MOH and IH, Interior Physician Recruitment and Retention (IPRR) Network develops a consistent recruiting process for University of British Columbia International Medical Graduate (IMG) return of service candidates.
- The Division begins community and member mapping with ArcGIS, a geographical information system to capture, store, analyze, and display membership and other data. The mapping tool supports the Division by mapping clinics, the membership, community partner resources, and allied health services.
- The Division successfully submits a proposal to the RIH Foundation for Advancing Family Medicine to support increased access to psychiatry and other mental health and substance use services for marginalized and Indigenous populations in the Kamloops region.
- The Coordinating Complex Care project supports further development of the Kamloops Cardiology Associates administration team.



- **COVID Kudos go out to the members who lead the way in responding to the COVID crisis, from media interviews and committee assignments to long-term care and community support.**
- The Division uses an existing MOA network to better support practices during the pandemic by providing them with pertinent information and assisting with developing practice safety plans.
- Partnership work grows with the Interior Division Network (IDN), and a role is established for the IDN in the regional Interior Health COVID emergency response structure.
- Updates to the Practice Development Framework refine the supports and identify priorities for 2020 through the pandemic and a rapidly changing practice environment.



- **“Call Your Doctor,” a public communications campaign urging residents to continue seeing their family physicians during COVID-19, receives more than seven times worth of added-value coverage from local media.**



## JUNE 2020



- The Division participates in a COVID response Interdivisional Strategic Council Working Group that leads a regional approach to emergency response in virtual care services, respiratory services, primary care needs, First Nations, Rural and Remote Framework.
- The Collaborative Services Committee develops the Clinical Working Group which leads the local approach to COVID response and supports the Respiratory Assessment Clinic launch.

- **In partnership with RIHPA, a media campaign features Dr. Chip Bantock and Dr. Elizabeth Parfitt thanking the public for following COVID-19 health protocols, while reminding people not to put their health concerns on hold. The video receives some of the year's highest social media reach.**



- A foundational map is created to better understand linkages between member and allied health physical practice locations.
- A plan launches in support of members with their COVID-19 Safety Plans, including webinars hosted by the Division and facilitation cycles supported by PSP.
- The TRDFP recruitment page for LinkedIn goes live.
- Weekly posts launch on Facebook, Instagram and LinkedIn.

## JULY 2020



- **“Practice Here,” a Facebook ad campaign, targets physicians in small and mid-sized communities in Alberta and builds followers on the Division's recruitment Facebook page.**
- The partnership with RIHPA produces ongoing sessions about the government supports from MNP, financial literacy from Dr. Maung, and regular opportunities for members of both organizations to discuss their return-to-practice questions around reopening.
- A Division white paper, “The Fog of Crisis: Engaging Primary Care to Navigate Health Emergencies,” sees its first draft.
- The summer Perinatal Education and Group Support Virtual series is launched.
- **Hootsuite becomes the central social media platform to organize, draft, and schedule all social media recruitment posts for the Division.**





## AUGUST 2020



- **\$41,000 in funding is secured for the community through the GPSC Maternity Care Initiative.**

- 16 International Medical Graduates are interviewed for placement in the Thompson Region, and the Division supports three clinics to host virtual interviews and information sessions.

- The Collaborative Services Committee (CSC) delivers two successful proposals for COVID funding: Mental Health Navigator and Sun Peaks Testing Centre funding.

- Emergency Management implements a TRDFP emergency response plan for the organization, including the development of a formal incident command structure.

- The Division works with family physicians and specialist outpatient clinics during COVID to discuss challenges, PPE, return to work policies, and more.

- The Mental Health and Substance Use Navigator role is launched.

## SEPTEMBER 2020

- The Division holds its first virtual Annual General Meeting following COVID-19 restrictions.
- An attachment process is announced for new Division members and specialists.

- Member wellness with a COVID lens emerges as a key theme in many meetings and engagement sessions throughout 2020-21.

- The Integration team supports the transition of RIHPA program directors.

- A general recruitment ad runs in the Alberta Medical Association's digital publication.

- The Division's Occupational Health and Safety implements a COVID-19 Safety Plan, as per Public Health and WorkSafeBC recommendation, keeping staff safe while working in-office.



- **Operations implements processes by which staff could function at home and in-office while instigating a hybrid operational model to allow for minimal exposure.**

## OCTOBER 2020



- **Community Health Action Committee launches public health campaign with new wave of COVID-19.**

- The Division hosts a Pathways educational webinar for MOAs.

- The Shared Care project for the access and continuity of care for older adults closes and the final report is submitted.

- The CSC's Expression of Interest for Primary Care Network is completed and submitted to the Ministry of Health.

- 30 members and partners attend the "Your Voice & Your Vision" virtual planning event to help shape the Division's five-year strategic plan.

- An online map of attachment needs by neighbourhoods is produced using Health Connect Registry information.

- Women's Health Clinic team meets the new Director of Clinical Operations at RIH to review the project and discuss accommodations for a new model of care for gynecology patients. Conversations discussing space and future allocations for services are suspended for most of the year due to COVID resource allocation.

- The Family Practice Development Fund receives four applications.

## NOVEMBER 2020



- **The Perinatal Education and Group Support Virtual Series resume. Following a communications campaign that includes local radio, digital news sites and media interviews, enrolment reaches a milestone of some 40 registrants.**

- Family Practice Development Fund grants awarded to two members, Dr. Steven Broadbent, on behalf of Bee Well Kamloops Medical Clinic, and Dr. Jenn Olsen, on behalf of Thompson Region Family Obstetrics Clinic.

- The International Medical Graduate process secures three successful applicants with positions in three regional clinics.

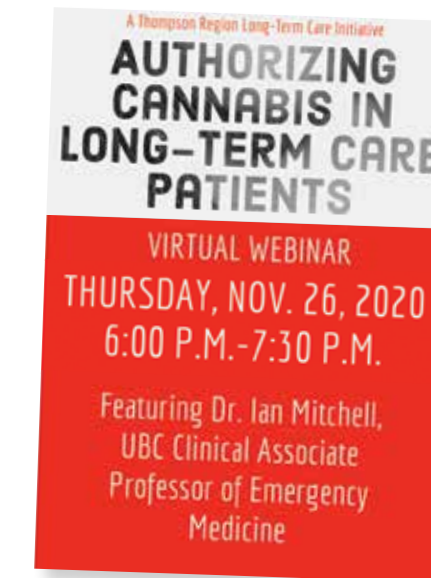
- Piloting of the Specialized Community Services Program begins. The Division engages physicians to provide input into IH's proposed home health redesign, with three physicians agreeing to pilot the Interdisciplinary Teams in the first phase of the redesign.

- The Board reviews data from previous member engagement events to develop the new five-year Strategic Plan.

- Community and member mapping services produce a map of available flu vaccine locations during flu season.

- TRDFP and RIHPA (upon approval from the RIHPA working group) agree to pursue areas for collaboration, including physician wellness, continuing medical education, and recruitment alongside Shared Care initiatives.

- **Long-term Care Initiative hosts a Cannabis in Long-term Care webinar for LTC providers with 12 attendees.**



## DECEMBER 2020



- **Members and MOAs receive mail-out thank-you's to recognize their dedication throughout a difficult year.**



- **Elaine Barnes is the first Registered Midwife to become a member of the Division.**

- The Division engages with 15 physician candidates outside of the Thompson Region during the year. COVID-19 is identified as a deterrent to relocate as many physicians did not want to leave their current patient panel during a time of crisis.

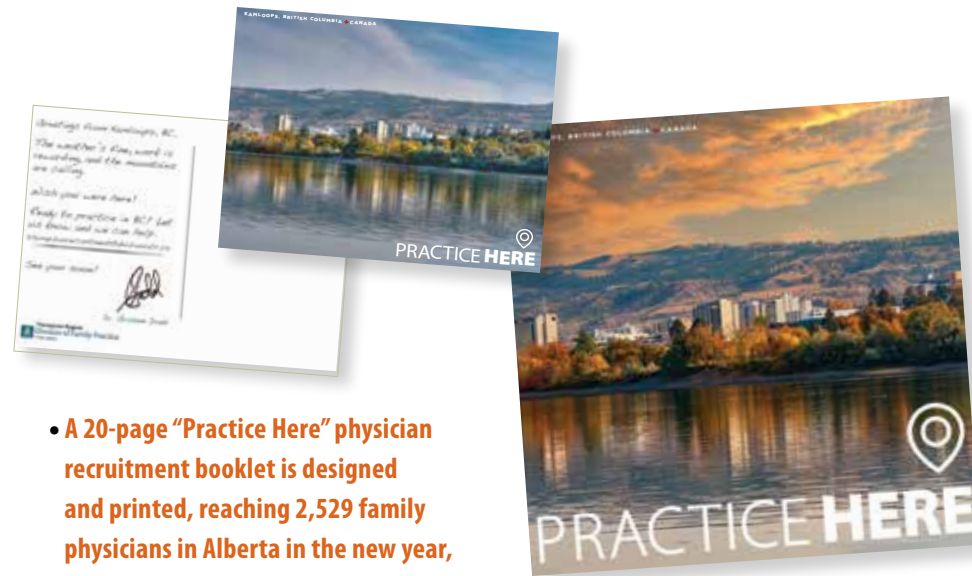


- **Posters and social media announce the opening of the Sun Peaks COVID-19 Test Site.**

- The e-newsletter to members closes out 2020 as a high-performing communications asset. The open rate for Division emails averages 65 per cent (compared to government-related emails that see an industry-leading open rate of 29 per cent). The e-newsletter reaches out to 215 subscribers.



## JANUARY 2021



- A 20-page “Practice Here” physician recruitment booklet is designed and printed, reaching 2,529 family physicians in Alberta in the new year, with a follow-up “Wish you were here” postcard in February.

- As a non-profit health care society, the Division is approved for no-charge Canva graphic design accounts to help improve member and public communications tools and collateral.
- The Health Leadership Committee (HLC) continues to provide strong guidance and act as a reference group for the programmatic work of the Division, and begins to highlight sub-specialty work at monthly meetings.
- The winter Perinatal Education and Group Support Virtual Series continue.

- Planning begins to support the vaccination of TRDFP membership and mass vaccination clinic assistance from physicians.
- The Collaborative Services Committee (CSC) launches transformation committees to build relationships and ongoing information for primary care development. These new networks include the Integrated Network of Primary and Community Care, Data and Evaluation Working Group, First Nations Health Directors, and Enabling Healthy Communities.

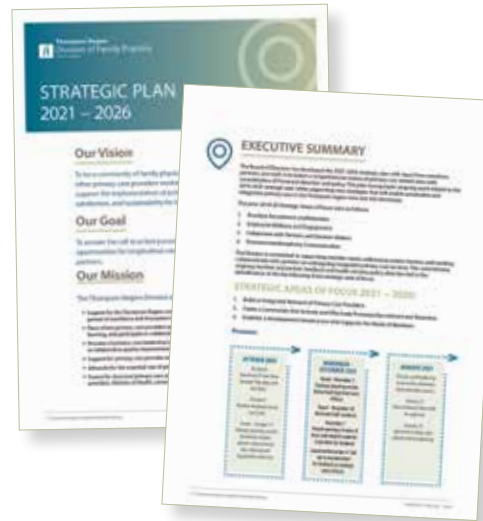
- Member wellness is identified as a key theme in Shared Care Steering Committee planning for 2021–22.
- The Shared Care Steering Committee reviews opportunities for shared care in the region moving forward, and the highlights are presented at Grand Rounds. Key themes emerge: further development of the physician wellness program; integrating cultural safety into daily practice; continued collaboration to support well-rounded topics and presentations at Grand Rounds; increased SCSC meetings and information-sharing opportunities; increased opportunities for socializing; highlighting medical community collegiality in areas of recruitment.

- A sub-committee looks at the Practice Ready Assessment (PRA) process and procedures to ensure a successful match to communities based on regional needs (i.e. ER training for rural sites) and a fulsome candidate welcome.



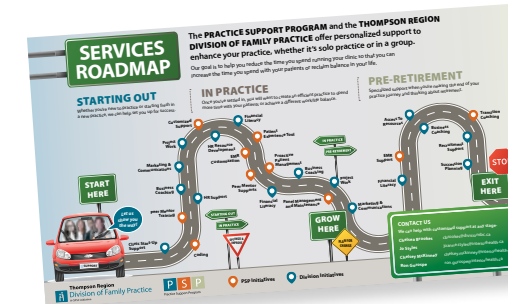
- Initial designs, branding, stories, and layout begin for the newly named Connexion newsletter.

- Board approves new five-year Strategic Plan 2021–2026.



- A summary report for the collaborative complex care trial for older adults is completed to address communication challenges between Internal Medicine specialists and family physicians. Although COVID-19 sidelines the project, the trial receives positive feedback with two recommendations:
  - Create billing codes to incentivize collaborative care
  - Develop a robust interoperable electronic medical system

## FEBRUARY 2021



- The Practice Development Roadmap outlining PSP and Division supports is distributed to 150 members by mail.

- Presentations at Quality Forum a 10-minute video that showcases the Thompson Medical Alliance, the Practice Development Roadmap, the Perinatal Education and Group Support poster, the Interior Division Network, and the Mental Health and Substance Use Navigator role.

- The Division supports the physician leadership group who ran the Kamloops Urgent Care Clinic in the transition to its permanent closure. Three meetings facilitate IH leadership to strategize short-, medium- and long-term plans for urgent care physicians, as well as community planning to best transition and care for unattached patients who need and seek urgent care.

- Annual Plan 2021–22 is approved.
- Three TRU Nursing Students are mentored to develop a volunteer resource for long-term care homes.

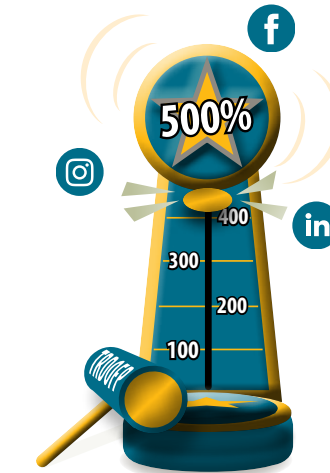
- The social media post of Dr. Paul Mackey receiving his COVID-19 vaccination generates the most online engagement of clicks, reactions, comments, and shares than any other post during the year. That’s about ten times the amount of activity as typical posts.



- Long-term Care Initiative hosts the first LTC Provider Journal club with 13 attendees.
- Comedian Susan Stewart entertains members at a virtual appreciation night.



## MARCH 2021



- Followers of the Division’s social media recruitment pages grow by more than 500% over the course of 12 months.

- Information Technology implements Microsoft Teams as the Division’s new communication and collaboration tool.



- \$8,000 of maternity care equipment is purchased to support an equipment loaning program.

- The Division welcomes and supports 19 new members over the course of the year, including 13 new family physicians to the Thompson Region.
- Two well-attended Pathways education events for the membership and MOAs instigate a spike in Pathways activity with the Division’s highest page views/sessions ever recorded in the Thompson Region.



- Website quotes and planning begin for a multi-site web interface to host new websites planned for Recruitment and Emergency Management.
- The MOA Network Working Group restarts, with support from the Division and PSP, identifying priorities including MOA coverage and locums.
- PSP hosts a group learning session on the topic of vulnerable patient population reporting in the EMR.



## CHAIR'S REPORT

As the COVID-19 pandemic dominated much of our 2020-2021 work, I think it is safe to say that this was the year of adaptation, while remaining true to our values of quality, collaboration, inspiration, innovation, and resilience... especially resilience. In looking at the Annual Report 2020-21, I am once again taken aback at what we have been able to accomplish. While the pandemic was at the forefront of the Division's work, we also tackled other significant initiatives, including updating the Division's five-year strategic plan and submitting our Primary Care Network expression of interest. Perhaps more than any other year, this past year has reiterated to me the importance of teamwork, networks, partnerships, and communication.

**TEAMWORK** Nothing like a global pandemic to take the definition of teamwork to a whole new level — from our staff to our physician leadership, everyone stepped up to respond to the ever-changing landscape of primary care during the pandemic while continuing to deliver on planning and strategic work to lay the foundation for years to come.

**NETWORKS** Two key pieces of work from this past year come to mind. First, the member network successfully mobilized at the onset of the pandemic. We separated the region into sub-sectors and assigned a Division staff member and physician lead to each for regular outreach.

We carried member survey input into meetings with Interior Health and the Inter-Divisional Network and shared your needs, questions, and concerns to get results. We led the Interior in this work and should be proud of the strong networks we have here in our region.

Second, separate from the pandemic, we created a new structure to support health service planning and primary care transformation in the region through the CSC. These networks bring together the voices of First Nations, community services, community health tables, and community allied health, and connect them to our shared work.

This year also marked the first Registered Midwife joining the Division membership, which is exciting. We continued to network across other focused practices for our membership, including interdisciplinary prenatal virtual care sessions, and providing leadership across our long-term care homes during the pandemic.

**PARTNERSHIPS** Over the last year, I am especially proud of the emergency response we have led with our health authority partners. Everything from establishing acute respiratory clinics and COVID-19 clinical working groups, to obtaining funding to support a Mental Health and Substance Use navigator and a COVID-19 testing site at Sun Peaks, and vaccination planning. Outside of COVID, we worked with IH on the redesign of their Specialized Community Services Program and currently have three physicians piloting phase one, focusing on providing an interdisciplinary team approach to working with complex and medically frail patients. We reached a significant milestone by submitting our Primary Care Network expression of interest (PCN EOI).

We made meaningful strides with our First Nations partners by building strong connections with the nation and the health directors in communities throughout our region. Our partnership with RIHPA remains strong, and together we agreed to pursue areas for collaboration including physician wellness, continuing medical education, and recruitment.

Our work in the fall around flu immunizations really prepared us for COVID immunizations, where the Division played a key role in scheduling and advocating for physicians. This was not without its challenges, and we thank all members who engaged in this work. It is amazing to see patients so happy to see family physicians out providing vaccinations.

“A primary focus of this upcoming year will be on meaningful member engagement.”

**COMMUNICATION** Communication has also been a huge contributor to our success this past year. Throughout the early stages of COVID we launched several communications campaigns, both with our RIHPA and community partners, urging people to continue contacting their family practitioners and thanking the public for following COVID-19 health protocols. We also focused on increasing our visibility for recruitment, including developing and sending 2,529 recruitment booklets out to Alberta, and growing the followers of the Division's social media. As primary care providers we abruptly shifted the way we communicate to patients, transitioning to virtual care models that complement in-person visits, with supports from our Division team and PSP partners.

## CHAIR'S REPORT

**DIVISION IN THE NEWS** Our work continues to be featured throughout the province. Our community development and health care transformation initiatives, practice development roadmap and services, perinatal education and group support virtual sessions, MHSU navigator, and Thompson Medical Alliance were all highlighted at the virtual BC Patient Safety Quality Forum in February 2021. We were recognized for our COVID response, conducting provincial webinars, and published in the British Columbia Medical Journal.

**OUR LOOK FORWARD** While time will tell what COVID will bring for us this year, we know that our collective involvement in emergency response in 2020-21 will have a lasting effect on our work and personal lives.

With the recent approval of our 2021-26 Strategic Plan and our PCN EOI, a primary focus of this upcoming year will be on meaningful member engagement that finds ways to implement these plans to support your practice and continue to shape a future for care in the Thompson Region.

I want to take this opportunity to thank you, our members — and physician, nurse practitioner, and registered midwife leads — for your dedication to the Division's work, but also to your patients and the community. This year has not been easy. Our staff have also stepped up to support this response as we learn and adapt together. I know I have a strange affinity for disaster management, but I look forward to a year with maybe a little less emergency response and a little more focus on our goal to “pursue creative ways of developing practice opportunities with family practitioners and our partners for longitudinal care.”

**Dr. Graham Dodd, Chair**





## TREASURER'S REPORT

As Treasurer, I lead the Finance and Audit Committee as one of my functions of the Division Executive. The Committee is responsible for developing, overseeing, and implementing sound fiscal policies and systems to ensure our Division is accountable for the funds we manage on behalf of our members and funders. The Committee, through the Chief Financial Officer and Executive Director, monitors spending and advises the Board on our financial position and our ability to undertake new projects and plan.

I am pleased to present, in summary form, the Statement of Financial Position and Statement of Operations. Both statements have been extracted from our audited financial statements; please note the disclaimer with the statements. We have again received an unqualified clean audit opinion, and the statements present fairly, in all material respects, the financial position of the Thompson Region Division of Family Practice Society as of March 31, 2021.

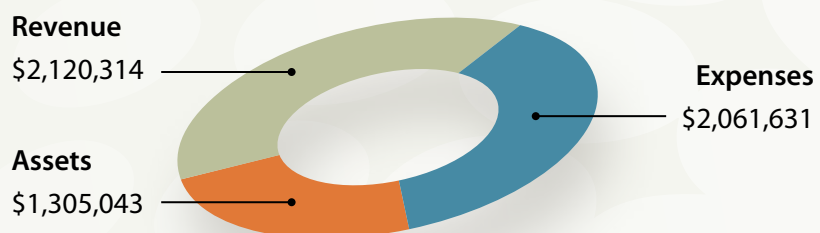
Thank you,

**Dr. Lennard Pretorius, Treasurer**

Thompson Region Division of Family Practice Society

### Statement of Financial Position\*

Year end March 31	2021	2020
<b>Assets</b>		
Current		
Cash	\$ 1,209,263	\$ 1,053,835
Accounts receivable	39,083	34,573
Prepaid expenses	9,755	7,730
	<u>1,258,101</u>	<u>1,096,138</u>
Capital Assets	46,942	54,526
	<u>\$ 1,305,043</u>	<u>\$ 1,150,664</u>
<b>Liabilities and Net Assets</b>		
Current		
Accounts payable and accrued liabilities	\$ 112,212	\$ 113,267
Deferred revenue	850,324	753,573
	<u>962,536</u>	<u>866,840</u>
Net Assets		
Invested in Capital Assets	46,942	54,526
Internally Restricted	295,565	229,298
	<u>342,507</u>	<u>283,824</u>
	<u>\$ 1,305,043</u>	<u>\$ 1,150,664</u>



### Statement of Operations\*

Year end March 31	2021	2020	2021	2020
<b>Revenue</b>			<b>Expenses</b>	
Access and Continuity of Care for Older Adults	\$ 3,532	\$ 146,468	Program Services:	
Adult and Mental Health	-	11,782	Communications	\$ 27,124
Adult Mental Health and Substance Use	24,505	-	Meetings and Events	14,831
COVID-19 Response	96,400	-	Physician	616,565
Chronic Pain	26,043	11,957	Professional Support (Note 10)	1,261,800
Collaborative Networks	-	157,952	Travel expenses	108
Community Engagement	5,000	20,000		<u>1,920,428</u>
Coordinating Care for Older Adults	28,483	101,517	Administration:	
Electronic Access to Specialist Expertise	-	37,400	Professional Fees	16,885
Emergency Preparedness	70,414	48,086	Insurance	1,742
Family Practice Development Fund	20,000	144	Memberships and Licences	175
GPSC Interior Physician Recruitment and Retention	122,816	39,907	Office Expenses	18,211
GPSC COVID-19	122,010	-	Rental	63,324
GPSC Maternity Incentive Program	41,000	-	Amortization	10,841
GPSC Physician Engagement Change Management	252,569	13,671	Small Equipment Purchases	30,025
Infrastructure	652,401	568,700		<u>141,203</u>
Long-term Care Initiative	428,236	489,142		<u>2,061,631</u>
Maternity Care	-	56,309	<b>Excess of revenues over expenses</b>	<b>\$ 58,683</b>
Patient Medical Home	-	44,057		<b>\$ 96,736</b>
RccBC	79,358	-		
Shared Care Steering Committee	8,590	24,910		
TRDFP	128,309	42,969		
Women's Health Clinic	10,648	38,55		
	<u>2,120,314</u>	<u>1,853,523</u>		

\*These summarized financial statements do not contain the accompanying notes which are an integral part of these financial statements, as required by Canadian generally accepted accounting principles for not-for-profit enterprises. Readers are cautioned that these summarized statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete audited financial statements which are available from the society upon request.

GOVERNANCE

The Board of Directors developed the 2021-2026 strategic plan with input from members, partners, and staff. It included a comprehensive review of primary care-related data with consideration of provincial direction and policy. This plan supports new strategies that will enable sustainable and integrated primary care in the Thompson Region now and into the future. The Division’s commitment to facilitating member needs, addressing system barriers, and working collaboratively with partners on redesigning integrated primary care services led to the identification of three strategic areas of focus for 2021-2026:

- 1. Build an integrated network of primary care providers.
- 2. Create a community that actively and effectively promotes recruitment and retention.
- 3. Establish a development infrastructure that supports the needs of members.



PUBLIC AND MEMBER COMMUNICATIONS

The Division’s interactions with the public help illustrate the ways that primary health care providers make a difference for patients and the health care system. Public-facing communications build relationships with the media, community stakeholders, and external partners. By supporting public communications efforts, the Division moves towards greater community awareness for members’ work and helps empower the public to be a part of better health care transformation and outcomes. Within the membership, communications seek to keep family physicians, nurse practitioners, and midwives updated and informed about the Division’s work and relevant information. Developing and maintaining relevant information channels improves communications between Division members, the community, and our partners.

Pictured L-R: Rhona Eden, Thompson Division Network Lead, Graham Dodd, Thompson Division Chair, and Colin Swan, Interior Health Emergency Management Coordinator



Photo: Bonnie Pryce



## ENGAGEMENT AND WELLNESS

The Division hosted different virtual events that engaged, informed, and created conversation with the membership around matters of community, regional, and provincial relevance. The engagement created a social environment for attendees to get to know their colleagues, families, specialized service providers, and community members — all during the challenges that came with the COVID-19 pandemic response. The member wellness opportunities strived to support members personally and professionally, working to establish a healthy, connected, and resilient community of family physicians, nurse practitioners, and specialist physicians. Creating networks and working groups — formal or informal — and enabling effective communication between physicians, specialists, allied health providers, and other members of the medical community sees better patient care and encourages physician wellness.

Pictured:  
Dr. Johan van Heerden



## EMERGENCY RESPONSE AND COVID-19

The Division obtained funds through Shared Care to create an emergency preparedness program for physicians, including a clinic preparedness/response program for members, a Division plan to create networks that enables a coordinated organizational response to a disaster, and to work with Interior Health to address the current gaps and opportunities regarding the inclusion of community primary care providers in health authority emergency preparedness and response plans/structures. The COVID-19 crisis seeped into all aspects of the Division's work, which produced numerous pandemic responses, including; ongoing attendance at the IH West Incident Command and IH West Pandemic Response Planning Committee; surveys to assess member needs, provide timely resources, gather information, and respond to challenges; establishing maternity and acute respiratory care clinics; and participating in mass vaccination clinics.

Pictured L-R: Sun Peaks Community Health Centre's Laura Bantock, Executive Director, and Dr. Shane Barclay, Medical Director



Photo: Bonnie Pryce



## PHYSICIAN RECRUITMENT

Although COVID-19 restricted site visits for potential recruits, and put a hold on many plans for physicians looking to transition to practice in the region, the recruitment team continued to increase awareness of practice opportunities, and the benefits of lifestyle in the Thompson Region through marketing and active social media practices. Despite the pandemic, the team supported the move for several new physicians into our community. Check out our social media pages on Facebook, LinkedIn and Instagram.

The Division continued to participate in the Interior Physician Recruitment and Retention network, whose work focused on developing an equal recruitment process for International Medical Graduates (IMGs) and Practice Ready Assessment (PRA) candidates. This network also came together to support physician practice needs during the first and second waves of COVID by sharing locum resources, and communicating the emergent needs in other communities to our members.

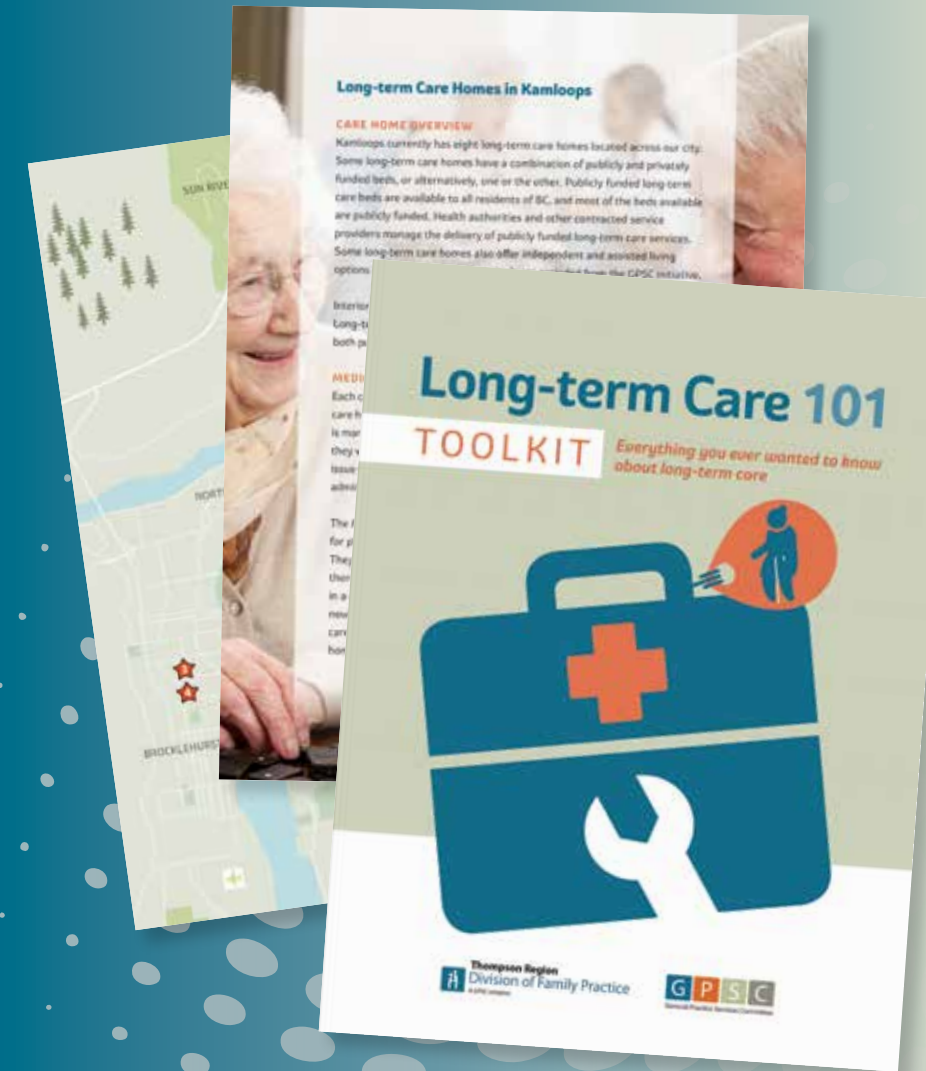
Check us out at:   

Pictured:  
Dr. Alina Cribb



## LONG-TERM CARE INITIATIVE

This initiative is designed to enable physicians to achieve the five best practices and develop local solutions, in collaboration with partners, to improve care of patients in long-term care homes. Throughout the COVID-19 pandemic, the initiative was instrumental in leveraging existing partnerships and networks to facilitate information-sharing and networking between LTC providers, care home leadership, and Interior Health around public health orders and single-site in-person physician delegate planning and implementation, in order to best support COVID-19 protocols in a collaborative approach for our region.





## MATERNITY CARE

In early 2020, the leadership group was set to trial the delivery of group prenatal care — combining teams of physicians and midwives — as an effective prenatal care option for low-risk maternity patients. Due to the COVID-19 pandemic, implementation of the trial was deferred. However, the leadership group adapted to support the pressing maternity care-related needs that emerged due to COVID-19. The perinatal group education and support program was conceptualized at the beginning of the pandemic as some maternity care providers in Kamloops were concerned about the negative impact changes to the delivery of maternity care services may have on postpartum mental health and breastfeeding support. The interprofessional team sought to build a program that enhanced personal skills and social connections in a safe, accessible manner to help families thrive during the pandemic. Since July 2020, the team has delivered 20 sessions, with fall/winter sessions averaging 24 participants. Feedback from participants through post-session evaluations is encouraging, with 100% indicating the program made a positive difference in their life. The interprofessional team is engaged and motivated to continue offering this program indefinitely.



## MENTAL HEALTH AND SUBSTANCE USE (MHSU)

Through collaboration, communication, and community, the goal of this project is to develop the building blocks for a framework, which will provide sustainable, supportive, accessible, and comprehensive mental health care in the Thompson Region.

The Mental Health and Substance Use (MHSU) steering committee came together and identified the immediate needs to be supported during wave one of COVID-19.

Division members were also surveyed to identify emerging needs of patients in family practice who required additional MHSU supports. Armed with these statistics, funding was accessed, and a partnership was formed between Interior Health and the Division to develop and launch the MHSU Navigator role, which supported 125 referrals from family practitioners between August 31, 2020, to March 31, 2021. This effort assists patients in finding their way to access appropriate mental health services in our region, and defer unnecessary referrals to Interior Health's MHSU Intake system.

To support the creation of a rapid access to psychiatry stream, the Division met weekly with a working group of psychiatrists, IH MHSU administration, family practice and nurse practitioner members to develop this new model. The work included a survey to Emergency Department Physicians with respect to MHSU patient discharge and completed a process mapping exercise with MHSU Intake to ensure the model is both efficient and effective.



INTEGRATION

The Division works in partnership with the Royal Inland and Hillside Physician Association to develop an integrated system of providers in our community where strategic planning, advocacy, networking, and relationship-building occurs in the medical community across the acute and community portfolios. Work with the Shared Care Steering Committee (SCSC) provides strategic leadership for Shared Care-funded projects, bringing the Specialist and Family Physician communities together on matters of shared interest. The SCSC leverages and aligns shared care projects with other strategic initiatives. The Thompson Medical Alliance (TMA) further synchronizes the resources of the Division, RIHPA, PSP, IH Research, IH QI, and IH PQI for physician and medical partners. The TMA builds off successful initiatives to plan, communicate, and participate in ongoing discussions to better align and strengthen the quality improvement initiatives that touch all these entities. Success will maximize clarity for our physicians and other medical partners who we work to support through these initiatives.



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**Thompson Region**  
**Division of Family Practice**  
A GPSC initiative