

Annual Report 2013-2014

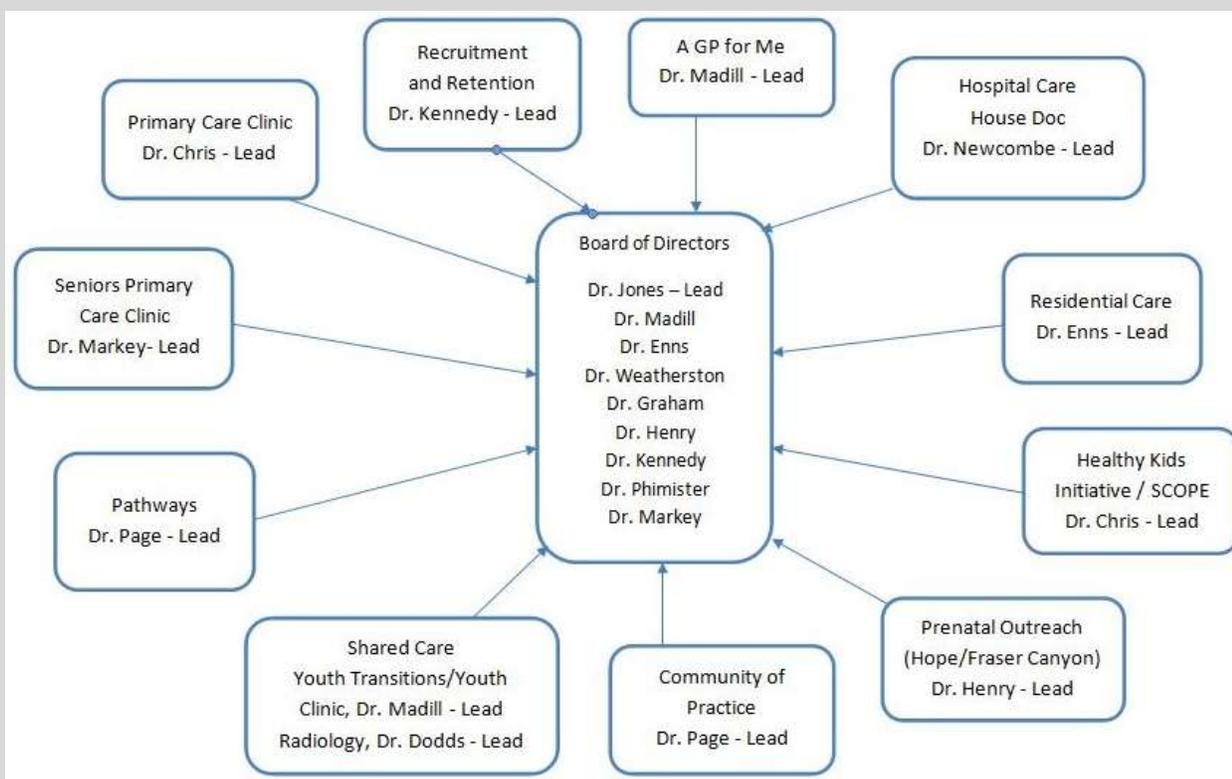


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Background

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.



Chilliwack Division of Family Practice Board of Directors and Program Chart

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.

Membership

The Chilliwack Division's membership for 2013-2014 stands at 101 family physicians. The Chilliwack Division's geographic area includes Chilliwack, Agassiz-Harrison, Seabird Island and Hope and the Fraser Canyon.

Board of Directors

The following members served on the Chilliwack Division's Board of Directors during 2013-2014.

Dr. Ralph Jones	Lead Physician
Dr. Melanie Madill	Deputy Lead
Dr. Gord Enns	Secretary
Dr. Philip Weatherston	Treasurer
Dr. Scott Markey	Director
Dr. Paul Graham	Director
Dr. Jessica Kennedy	Director
Dr. Alison Henry	Director
Dr. Wayne Phimister	Director

Message from the Lead Physician

Dr. Jones



There is an old curse that goes, “May you live in ‘interesting’ times”. Here at the Chilliwack Division, times are thankfully not that “interesting”; meaning we are a mature, stable and cohesively managed team. Looking forward to, and planning for innovative and constructive system transformation, allows us to bypass lurching from crisis to crisis. As you read through this report, the many ways in which we are growing and adapting with the times will become evident.

The work that we do is complex and needs many willing

“The work that we do is complex and needs many willing hands working together”

hands working together. It's gratifying to see so many non-board members involved in, or leading, projects in various capacities. As always, we owe our continued success and sincere gratitude to our hard working and able staff, both permanent (Executive Director, Ken Becotte and Operations Lead, Elly Meyerink) as well as contracted. In the following pages, you will be able to recognize their valuable contributions to the many projects the Chilliwack Division leads.



Finally, a special thanks to Dr. Paul Graham, who is leaving the board this year. Paul saw us through some “interesting” times with the hospital program. After some rest and rejuvenation, we hope to see Paul back in the future. In the same vein, we would also like to extend a warm welcome to returning board member, Dr. Theresa Szepaniak.

Dr. Ralph Jones
Lead Physician

Message from the Executive Director

Ken Becotte



An Annual Report is often a look back over the past year on the activities of an organization. It has been an incredibly busy year with new programs starting and the refinement of those we've been working with for several years. You will find all of that in this year's report.

I want to recognize the amazingly talented people we've been working with over the past year. As you all know, Elly Meyerink has been with the Division from almost the beginning and is really the heart and soul of the Division, keeping us organized and on track with meetings, rosters, recruitment, bookkeeping and a multitude of other tasks. I hope you will take the opportunity to let Elly know how much you appreciate her work.

Last April we were joined by Katrina Bepple as A GP for Me Project Manager. Katrina has done a fantastic job in managing the Assessment and Planning phase of the project and I'm pleased to say that Katrina will be continuing with us for the Implementation phase of A GP for Me. In addition, Katrina has taken on the duties of Program Lead for the Division. We have also had the support of Maggie Aronoff, Judy Hamel and Randy Fauteux who were instrumental in gathering survey data from our communities and in analyzing the data into meaningful results. Asma Farooq joined our team in January to provide communications and media support. The Annual Report is just one sample of the work Asma is doing as our Communications Coordinator.

We were very pleased to hire Jennica Grenier as the Primary Care Clinic MOA in March. Jennica has proven to be a tremendous resource in supporting the clinic and the GPs working in the Primary Care Clinic. Finally I want to thank Donna Dixson for helping us organize community forums and the Walk With Your Doc event. We wish Donna all the best in her future plans.

Ken Becotte
Executive Director

Operations Lead

Elly Meyerink

Elly provides the Division with invaluable service and commitment. Whether it's scheduling shifts for the "house doc" and residential care programs, circulating agendas and minutes, coordinating catering, or keeping the books up-to-date, Elly is always on top of the task. Elly's knowledge of the programs and services provided by both the Division and Fraser Health Authority is unmatched and she can always be counted on for insightful contributions. Her role with the Chilliwack Division has changed to 'Operations Lead' with administration responsibilities for the Primary Care Clinic, Hospital Care Program, Residential Care Program, and Recruitment and Retention.



Elly Meyerink
Operations Lead

Programs Lead

Katrina Bepple

Katrina started working with the Chilliwack Division on the Live 5-2-1-0 Pediatric Health Promotion Pilot after successfully obtaining a grant from the Provincial Divisions Innovation Fund. With a strong background in the academic research process, community engagement, and her ability to bring local and provincial partners together, a toolkit was developed that is currently being piloted with six clinics.

After approval of the A GP for Me Assessment and Planning proposal, Katrina came on board as the Program Manager. Facilitating meetings, community engagement, data collection and analysis, and giving presentations to partners and stakeholders, Katrina has proven to be an asset to the Chilliwack Division.





Now the Programs Lead for the Chilliwack Division, Katrina will provide support to the Physician Leads for A GP for Me, Pathways, Practice Support Program, and Shared Care.

Katrina Bepple
Programs Lead

Communications Coordinator

Asma Farooq

Communications at the Chilliwack Division with members, staff, and external partner organizations is underway through a variety of mechanisms. Engaging the public and raising awareness about the many initiatives that the Chilliwack Division has undertaken is integral to maximizing the impact of these initiatives. Reaching out to various audiences necessitates the use of social media along with traditional media, such as newspaper ads, press releases, and radio. Our monthly e-newsletter, Doc Talk, and blog share the latest news, events, and other updates for members. Communication planning and assessment tools are in place to evaluate the effectiveness of these mechanisms. Currently, the Chilliwack Division website is being re-vamped to make it more comprehensive and user-friendly.



Asma Farooq
Communications Coordinator



A GP for Me

Dr. Madill - Lead

Shortly after our last annual meeting, the Board met for the assignment of roles for the year. I had already volunteered to be the Lead of the Community Attachment piece for A GP for Me, and somehow thought that being Deputy to Ralph's Lead Physician role fit in with that commitment. When I woke up (and no, this was a morning meeting so no wine was involved) I tried to protest that I didn't understand what I had put my hand up for, but it was too late. So I struck a deal. I would work hard and attend virtually anything I could without highway driving, but no out of town meetings. This deal was honored. Other than the June Division meeting where the GP for Me Assessment and Planning strategies were highlighted, I have not needed to leave the comfort of my home town except for small journeys to Agassiz and Hope, our neighbours.



A GP for Me Assessment and Planning: remember the surveys. I was blessed to have a crack team of knowledgeable experts under the guidance of Ken Becotte. Katrina Beppele as Program Lead, Research Assistants Maggie Aronoff and Judy Hamel, Patients Voices Network representative Randy Fauteux, Fraser Health PSP Coordinator Ron Plowright and Aboriginal Health Director Leslie Bonshor, Seabird Island Health Director Carolyne Neufeld, and physicians representing Chilliwack (Drs. Chris and Kennedy), Agassiz (Dr. Phimister) and Hope (Dr. Greggain). This amazing team pounded the pavement to make sure the community survey would represent not only those who are computer literate or already engaged in care, but the elderly at flu clinics, the youth at hockey games and health fairs, and the vulnerable at soup kitchens. This meant paper surveys, which were manually entered, one by one. The result was that of all the Divisions in the province, we had one of the highest community engagement rates, giving us robust and statistically sound data.

For my part, with Elly's assistance, I visited as many of the physicians in our community as I could to personally engage them in discussion around the Division, supports they might like for practice, and whether they had room to take patients if referred from the Primary Care Clinic. This was rewarding and very telling. These are hardworking physicians who want to play a part in both the giving and receiving of assistance through our Division.

Jessica Kennedy from Southgate Medical agreed to take on Recruitment and Retention, and built a great team around her with the result of successfully inviting 5 new doctors to join us to fill vacancies, which would otherwise have added to the orphan patients of our community. As a result we have a solid plan for the future, targeting both internationally trained physicians and Canadian graduates with individual approaches and supports specific to their needs.

Once the surveys were entered, the data was analyzed both externally by an individual recommended by another Division, and internally by our research team. In response, a number of implementation strategies have been put forward: (1) Patient Attachment Mechanism, (2) Chilliwack Primary Care Clinic, (3) Hope Clinic Expansion and Fraser

Canyon Outreach, (4) Physician Recruitment and Retention, (5) Physician Practice Support and Coaching, and (6) Community Education.

One strategy that deserves particular mention is the new and improved Chilliwack Primary Care Clinic. Staff were hired to improve registration and patient flow, and physicians were recruited to work shifts. Chantal Chris took the helm as the Lead and Clinic Supervisor, and as a result the time from registration to appointment decreased from 4 months to 1.5 and the number of patients attached to family doctors increased by 10 fold. This is the tip of the iceberg and the effort will be increased further during the A GP for Me implementation phase, with new doctors encouraged to use shifts to build a new practice.

The other project that deserves attention, but is not part of A GP for Me, is the formulation of an After Hours Working Group to engage all Division members who are interested in providing care to patients out of usual office hours. We met for a casual dinner in April, and agreed to collaborate with a hope that patients will be able to see a doctor for urgent but low acuity needs on any weeknight or weekend when their own doctor is unavailable. The first step is to publish a weekly schedule of who is open for what hours and the hope is that over time the gaps will fill and more consistent coverage will be achieved.

Meetings beget meetings, and ideas generate other ideas and partnerships so there is more. We have been meeting with Rob Lees and Dan Bibby from Child and Youth Mental Health to partner in a drop in Youth Clinic to open in Fall 2014 with the first site to be Chilliwack Senior in the Neighbour Learning Centre, followed by a second site in Sardis by Spring 2015. We were honored to be the only Division invited to present at the Fraser Salish Regional Caucus in April and the First Nations Health Authority & Fraser Health Year in Review Celebration in June, both hosted at Squiala. We have had the great pleasure to form partnerships and relationships with Leslie Bonshor, Director of Aboriginal Health Fraser Health, and Carolyne Neufeld, Health Director for Seabird Island. They in turn have introduced us to the new First Nations Health Authority leaders for our area to continue our discussions around attachment and health issues for aboriginals.

We formed partnerships with organizations that will work with the Division to accomplish the strategies outlined in our A GP for Me implementation proposal. We are pleased that we have many partners in our community that have common goals, as well as programs that align with, or support, our priorities of improving access to primary health care. We reported back to partners and the community at the Partners in Health Care Community Forums held in Chilliwack, Agassiz, Hope and Boston Bar. We wanted to ensure what we had heard was consistent with their lived knowledge, as well as addressing the challenges that the physicians encounter when trying provide the best possible care for their patients.

Once in a while when Ralph was away he asked me to chair a Board meeting or to attend a Collaborative Services Meeting (which I needed to do for GP for Me anyway). That was the Deputy Lead part of my job. And so, there were many dinner meetings. Many sandwiches were served. And it was observed that sandwiches for lunch are fine, but sandwiches for dinner are a different matter entirely.

Chilliwack Primary Care Clinic

Dr. Chris - Lead

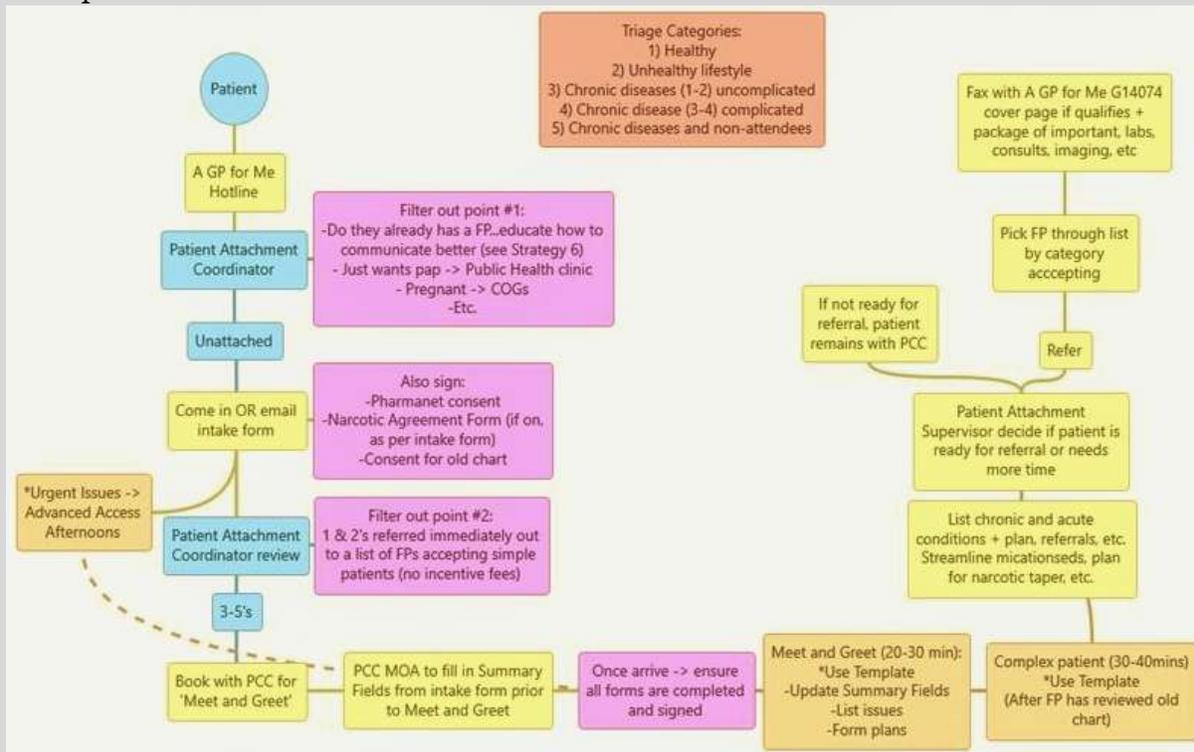


When the Chilliwack Primary Care Clinic (PCC) first opened in January 2012 it was intended to serve patients who had been recently discharged from the hospital and didn't have a family physician. Staffed primarily by two NPs, one MOA and one GP helping out, the clinic served its original purpose very well. And then the A GP For Me initiative came along!

As you know, A GP for Me is a province-wide initiative to ensure that every British Columbian who wants a family physician is able to access one. The Chilliwack PCC is the perfect place to be the first point of contact and organizational system to accomplish this lofty goal in our community. To do so, the clinic has undergone a total re-vamp and an expansion to our team, which is now comprised of two NPs, two MOAs and four GPs.

Patients access the Chilliwack PCC in one of two ways:

- Self-referred - They can call in or show up and will be directed to fill out our detailed 3-page intake form.
- Community-referred - If you see a patient without a GP (in the walk-in, hospital, office, or even a friend) please give them our referral card or phone number and have them contact us. If you have a patient who needs to be seen in the Chilliwack PCC urgently, or who has more urgent investigations to be followed up on, please fill out and fax a "PCC Patient Referral Form" located on all units in the hospital. Please also encourage the patient to fill out a "Patient Intake Form."



Once the patient has filled out the intake form they are now a patient of the Chilliwack PCC and are seen for a 'Meet and Greet' with a GP or NP within a month. They can show up with any urgent issues during our afternoon Open Access Clinic.

At the Meet and Greet we assess how complex a patient is and what their needs are. The same GP or NP will follow-up over several visits if required. If needed, a full physical will be done, the old chart will be reviewed and summarized, medications will be stabilized, and all necessary referrals will be requested.

Once a complex patient is "organized" they will be transferred out to one of the wonderful GPs in the community that have indicated they are accepting complex patients. The physician will get a cover letter and an information package faxed to them, and should then contact that patient for a Meet and Greet in their office. Once seen, the accepting physician can bill the 14074 incentive fee if the patient qualifies (see <http://www.gpsc.bc.ca> for list of criteria and billing information). The complex patients will get referred out in a slow trickle, so GPs don't need to worry getting bombarded!

We realize that not all patients will not be able to be transferred out for various reasons; they may have already been fired by multiple physicians, are frequent no-shows and/or unreliable, etc. These will be labeled as Permanent Chilliwack PCC patients and we will continue to be their primary care provider.

We also get generally simple and healthy patients registered at the Chilliwack PCC. In order to continue to accept new patients and take care of the complex permanent Chilliwack PCC patients, we need to transfer them to community GPs. These patients do not qualify for incentive billing, but they are very low maintenance. If you are able to accept simple and healthy patients, please let us know, even if it is just one a year!

"Thank you to the A GP For Me Working Group and Dr. Madill for leading the way with the first huge steps to change the CPCC into what it is now: the Triage and Referral Centre for all patients without a family doctor in Chilliwack, whether they are in hospital, in the community or in another province about to move here!"



From left to right: Angie Fast, NP; Navneet Bhogal, NP; Becky Staetter, MOA and Jennica Grenier, MOA

Chilliwack Primary Care Seniors Clinic

Dr. Markey - Lead

The Primary Care Senior's Clinic is now into its third year of service for Chilliwack. Our team is comprised of Drs. Tammy Wojcik and Scott Markey, NP Navneet Bhogal, and specialist support from Drs. Ritesh Parekh (Geriatrics) and Navid Almas (Geriatric Psychiatry). Together we work with our very skilled clinic RN Lisa Hendry and receive excellent administrative support from Marti Rogers at the front desk. Unfortunately we are in the process of hiring a new clinic RN; as Lisa is moving on to pursue her NP training. So far there has been no funding available to expand our team.



Although we are supposed to function to enhance the Integrated Health Network between GPs, Home Health and Geriatric Psychiatry, there is very little tangible evidence of functional collaboration on a day to day and patient by patient basis. The programs are still very much functioning independently in the ways that they always have in the past.

We tend to see many patients in the early stages of their dementia process and also provide follow-up for more medically complex geriatric clients, many of whom have had a recent acute medical stay. We very much appreciate your referrals and welcome your feedback or suggestions.

The clinic's evaluation findings include high level of satisfaction with experience at the clinic among patients and their caregivers, improved access to geriatric expertise in Chilliwack, reduction in acute care utilization, and enhanced integration between primary care, the Division and Fraser Health services.



Lisa Hendry, RN



Marti Rogers, MOA

Community of Practice

Dr. Page - Lead

This has been a busy year for Community of Practice, complete with success stories on many fronts. First and foremost, development and distribution of eForms has been ongoing; since the beginning of 2013, over 100 new or updated eForms have been added to our servers. Secondly, we have held three User Group meetings on various topics to help support/teach individual physicians.

CVM Assessments continue to be promoted to clinics with the future goal being to use this information to leverage peer mentoring support by targeting the deficiencies that get picked up in the process. Additionally, Southgate Medical has been tasked to work on finding an integrated eFaxing Model that can be rolled out to all interested clinics. Both these initiatives are currently underway.

MyOSCAR Patient Health Record Project

Crossroads Family Practice was involved in the MyOSCAR Patient Health Record Project. Some of the project's findings are as follows:

- No. of patients enrolled: 1795
- No. of patients with data transfer (complete medical summary, useful documents, useful lab results, medication profile and allergy profile): 1176
- No. of patients that turned down the offer: 126
- No. of patients unable to enroll (no internet): 58
- Total number of online bookings: 571
- Current average per day online bookings: 5

The project was deemed a success in that it has exceeded its goals and demonstrated the desire of patients to be involved and general positive feedback from the patients. It has also worked out the process of enrollment that can easily be adapted by other clinics.

However, the future of MyOSCAR in Chilliwack is uncertain as we are currently unclear of the continuing costs and the source for this funding (the project cost was \$25/patient per year). The physicians also found the data transfer onerous despite project funding for this time. The underutilization of the online booking module is surprising, although there are several correctable reasons that could be contributing to this. We will continue exploring options to continue MyOSCAR and potentially to help roll it out to interested clinics.

Unfortunately as of March 31, 2014, the COP has ceased operations as PITO has withdrawn funding. We did have a significant amount of funding left over from our 2013 budget; we have requested this to be available for use for our ongoing projects, as listed above, and are awaiting response. PITO funding for Post Implementation Support remains available; this may fund User Group Meetings and Peer Mentoring, so we will continue working on these aspects.

Healthy Kids Initiative

Dr. Chris - Lead

The Healthy Kids Initiative has had a busy year. In March 2014 it transitioned from the Chilliwack Hospital & Health Care Foundation to our Division, and I stepped forward as Physician Lead. We've received funding from community partners, the Provincial Divisions Innovation Fund, and our founding partner SCOPE, a childhood obesity prevention program out of BC Children's Hospital. SCOPE currently funds our Community Coordinator (Katrina Bepple), and Community Research Assistant (Danielle Edwards).

The Live 5-2-1-0 Pediatric Health Promotion Pilot, which is supported by the Innovation Fund and SCOPE, has been engaged with six clinics within the Chilliwack Division. The first half of the project saw the development of a Live 5-2-1-0 Family Physician Toolkit and family resources in collaboration with SCOPE. We were also able to leverage the expertise of members of the SCOPE advisory team including Child Health BC, the Childhood Obesity Foundation, and the 60 Minute Kids' Club in the creation of some of the tools.

The pilot was launched in February 2014 with an evening training session for Physicians and MOAs. Experts from BC Children's Hospital, Dr. Shazhan Amed, SCOPE Lead and Pediatric Endocrinologist, Louanna Atkinson, Social Worker, and Penny Sneddon, Psychologist, facilitated sessions on Live 5-2-1-0, BMI measurements, motivational interviewing, and how to speak with families.

The first month saw practices handing out two surveys, one of which stayed with physicians to help begin the conversation with families, and another that was anonymous which came back to us (Chilliwack Division and SCOPE) for evaluation. Physicians are currently working with patients using motivational interviewing techniques, focusing on the Live 5-2-1-0 health promotion message. Thanks to John Robertson, who created an eForm, height and weight measurements for children 5+ (you can use Rourke 2009 for children 0-5 years) are now pushed to the WHO growth charts with the click of a button.

Another focus of the Healthy Kids Initiative has been community partnerships. In collaboration with Early Years Sub-Committee of the Chilliwack Child & Youth Committee, the Chilliwack Division led the publication of the 2nd revision of the Chilliwack Child Development Guide. This guide was completely funded by community partners.

The coming year will see: (1) the wrap-up and evaluation of the Live 5-2-1-0 Pediatric Health Promotion Pilot in Fall 2014; (2) the development of a Service Provider Toolkit (funded by SCOPE); and (3) Live 5-2-1-0 presentations and events hosted by community partners.

If you are interested in any of the resources mentioned above, please contact Katrina at kbepple@divisionsbc.ca.

Hospital Care Program

Dr. Graham - Lead



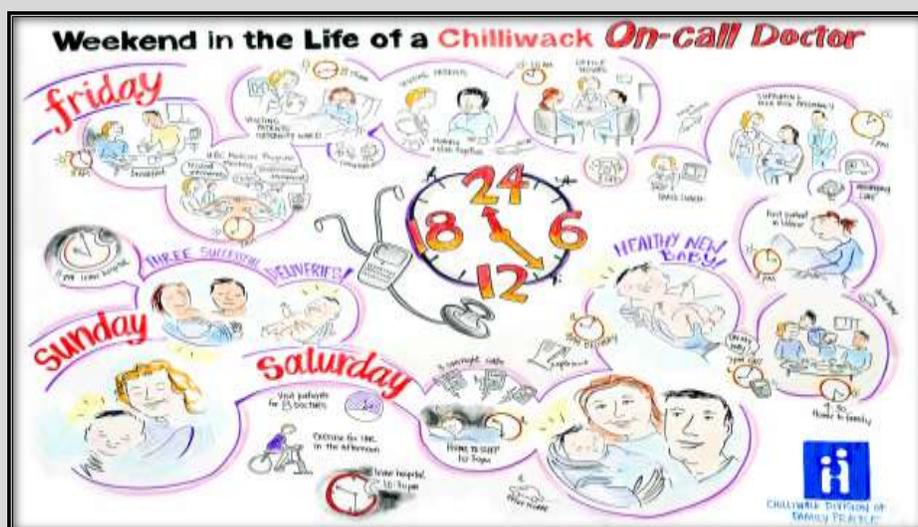
This past year our Hospital Care Program experienced general stability in our overall orphaned patient capacity and number of clinicians continuing with hospital rounds. We have continued with a rota system that operates on a volunteer basis to individually care for up to three orphaned patients at a time. We were fortunate to attract clinicians to commit to surge periods through the year to avert overcapacity crisis.

The GPSC incentives now reasonably compensate both hospital and orphaned patient workload. The

Chilliwack Division has used the funding to remunerate physicians directly through monthly stipends whilst also supporting the House Doc program.

Looking forward, there is opportunity to strengthen the House Doc system. Currently, there are coverage gaps on some weekends and other times where inefficiencies exist in workload. There is also the question of the House Doc role changing to accommodate upcoming Primary Care Clinic changes.

The Hospital Care Program has a mandate to bolster the work of full service physicians. Our vocation is challenging with increasing patient complexity, paperwork, and time constraints as we juggle our office and hospital practices. The Chilliwack Division is a great platform for ideas like troubleshooting rounding & locum coverage, buying bulk office supplies, running our own efficient CME, etc. Physician input is always welcome to help best support your work!



Recruitment & Retention

Dr. Kennedy - Lead

This year we have formed a Recruitment and Retention Committee to address the existing and impending shortage of Family Practitioners (FP's) in Chilliwack, Hope and Agassiz. We hope that with a proactive approach we can avoid overburdening our current FPs who already provide essential out-of-office services such as hospital care, F-call, after hours clinics, open access clinics, primary care clinic, residential care shifts, house doc shifts, palliative care, geriatrics clinic, outreach programs and much more.



If we stretch our current work force too thinly, we risk endangering these services and the overall quality of health care will suffer. We will also have decreased workplace satisfaction and worsened work-life balance. Thus, we need to increase the number of FPs in the Chilliwack region, as well as increase access to locum coverage, in order to ensure the ongoing health of our physician population.

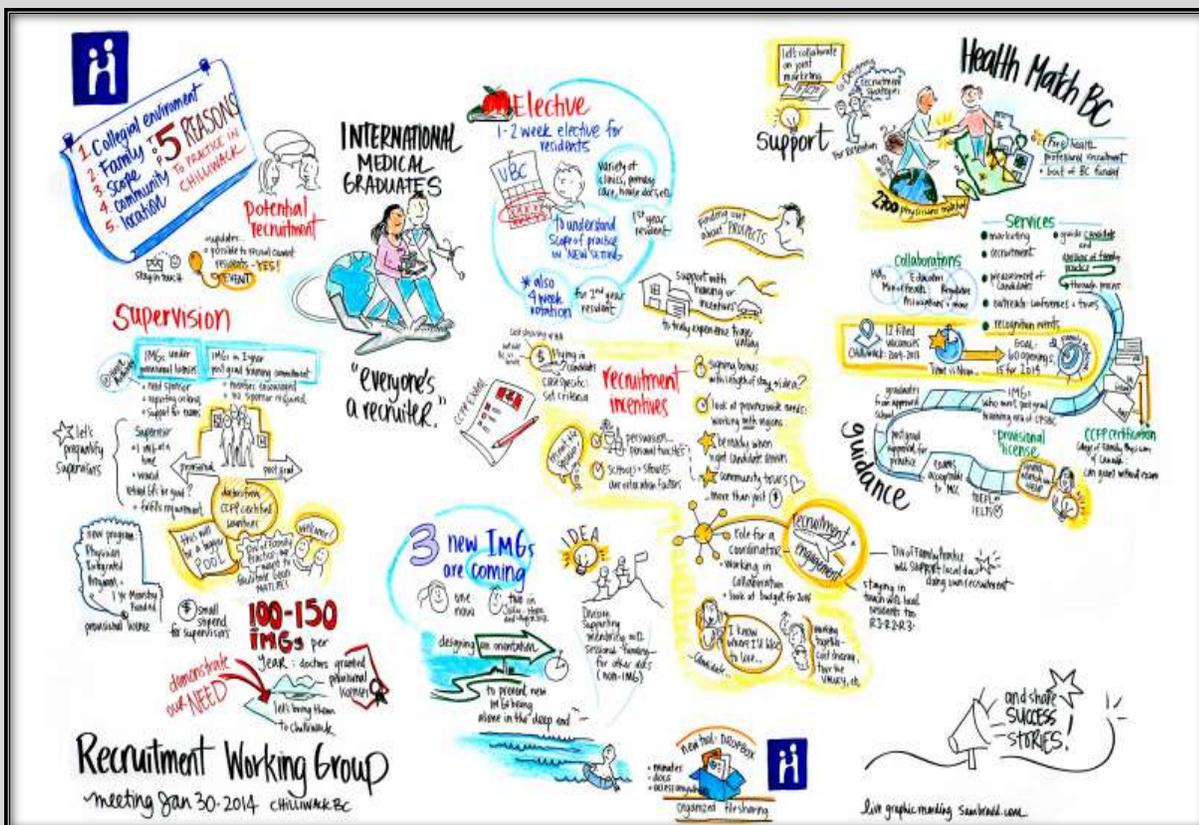
We have estimated that we will need to recruit approximately 2.5 physicians per year to keep up with population growth, upcoming retirements (10 docs in the next 9 years- thank you for your years of service, you will be missed!), and to address the existing unattached population who wishes to have a family doctor (approximately 6000 individuals). We are casting a broad net aimed at recruiting Canadian and International Medical Graduates (IMGs), and are approaching medical residents and medical students as well. Recently we have created an IMG residency elective that would highlight the variety of work in the Chilliwack area, in order to increase our appeal during site selection.

Our focus is on recruitment of full service FPs to our community using an organized approach that focuses on marketing our communities as excellent places to live and work. We have strengthened our relationship with Health Match BC and have developed a systematic way of responding to inquiries made by incoming doctors so that they get a timely and informed response. We are engaging with the potential recruits, finding out their interests, and tailoring a hospital and community tour to their needs.

To date, we have done 3 tours and have another 3 planned in the near future. We have also helped several incoming IMGs to obtain their Canadian licensure. There has been an influx of 5 physicians and two locums to Chilliwack who have recently started or are soon to start work in the next couple of months (although the recruitment committee cannot take credit for all of these!).

Looking forward, the Recruitment and Retention committee will need help from all of the FPs in the Chilliwack area in order to ensure that our endeavors are successful.

1. We are requesting the names of potential recruits so that we can contact them and woo them to Chilliwack, Agassiz-Harrison, and Hope. These may be former medical students or residents, friends or family members. There is a trend to having more success recruiting physicians with an attachment to the area, and we would like to capitalize on this.
2. We would like the names of locum physicians that we can contact in order to create a locum database. The vision is to have a web-based service provided by the Chilliwack Division that would allow physicians to post what days they would like locum coverage and would allow locums to post their availability.
3. We will require some FPs to act as supervisors for IMGs. We already have one FP who has completed the day-long course and this was sponsored by the Chilliwack Division. In the recent A GP for Me survey, 16 FP's indicated that they would be willing to supervise IMGs.
4. We are seeking accommodations for locum physicians or for the IMG residents doing the new Chilliwack elective. If there are physicians who have an available guest suite that they are willing to rent out (or know of someone who does), this could make it easier and more appealing for locums to work in Chilliwack who are from out of town.



Residential Care Program

Dr. Enns - Lead

The Residential Care Program has undergone significant changes over the past year. The budget for current activities is essentially a bridge until the provincial wide plan is released and implemented by October 1, 2014. The report for this plan, authored by the same Darcy Eyres who addressed the unattached patient crisis about one year ago, is highly comprehensive and designed to address the difficulties and inequities faced by those providing residential care services. Drafts of the new report are being circulated for opinion at administrative levels; early indications are that there will be more money in the system designated for residential care patients. The Chilliwack Division has funded several projects/programs to facilitate the provision of residential care in our communities.

The first, and most expensive, is an incentive fee for all family doctors to attend each of their residential care patients every three months. This is a \$100 fee per patient per quarter (above and beyond MSP fees) for elective nursing home visits which document a patient encounter, review of the medications and advance directives, and a discussion with nursing staff and/or family.

The second major project has been the ongoing funding of the Residential Care Physician. As most of you know, this physician is available for three hours per day on Mondays and Thursdays each week and physically attends each facility once a week. There are two 24 hour shifts on the weekend which are meant to prevent ALL nursing home calls to the group call system and encourage more physician attendance to the facilities on the weekends. These shifts have been well received by the facilities and I hope have lessened the burden of responsibility of the MRPs by either reducing the need for nursing home visits during office days, or while on-call for the hospital on weekends.

Other projects continue, albeit at a slower pace and with less public knowledge. We are working on a clustering project at Cascade and are gradually transferring MRP to a group of nine interested physicians. An education program led by Dr. Macintosh has been initiated and has been well received in two nursing homes so far. It is hoped that an evening dinner for all family doctors performing residential care services can be held in September to unveil the new program set for October 1, 2014. Some monies have been set aside to train new physicians who are interested in more residential care work in the future.

Residential care remains an important part of full service family practice and the Chilliwack Division remains committed to assisting in the provision of that care. Please feel free to bring forward any questions about any part of this program to myself or other Chilliwack Division Board members.

Community Engagement



During the A GP for Me Planning and Assessment Phase, community members and partner organizations were engaged through community surveys as well as forums in Chilliwack, Agassiz-Harrison, Hope and Boston Bar. The Partners in Health Care community forums introduced attendees to the

Division and reported back on findings from the community surveys. Eliciting a range of diverse opinions, the forums were successful in obtaining feedback regarding proposed implementation activities.

Engaging with First Nations has also been a focus, with representatives attending the Fraser Salish Regional Caucus in April and the First Nations Health Authority & Fraser Health Year in Review Celebration in June. We have also connected with local government and non-government bodies; the highlight being a presentation to the Fraser Valley Regional District where the Division and A GP for Me were key points for discussion.



This year's Walk with Your Doc was bigger and better, with four walks being hosted across the Chilliwack Division's catchment area. Around 100 people participated at the two walks in Chilliwack, with another 100 in Agassiz and Hope, where we partnered with the BCRPA's Move for Health Day and the Hike for Hospice Palliative Care respectively.

Ongoing community engagement is a central component of Division initiatives, with consistent representation at the Chilliwack Healthier Community, Chilliwack Child & Youth Committee, Agassiz-Harrison Healthy Communities, and Hope and Area Health Communities as well as annual Mini Med School sessions. Participation in such committees and community outreach activities allows us to develop and leverage partnerships with key organizations including, but not limited to, the City, Fraser Health, and School District.

Katrina Bepple
Programs Lead