# ANNUAL REPORT 2013-14











Patients as Partners Patient Voices Network





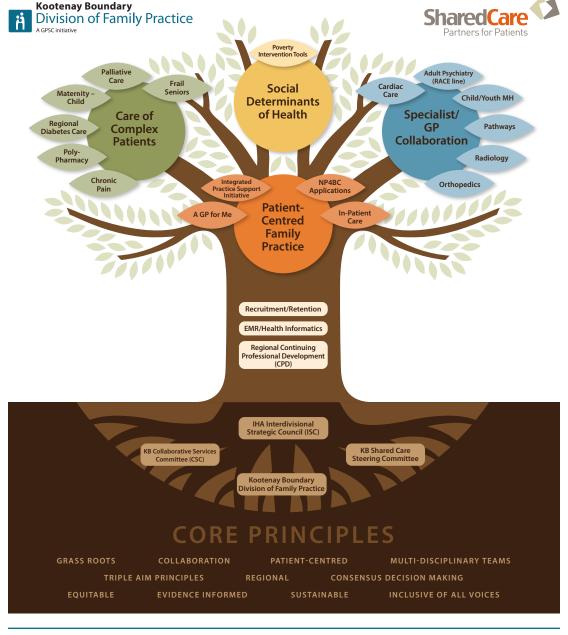


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# STRATEGIC INITIATIVES: 2013-2014



# A CONVERSATION WITH KOOTENAY BOUNDARY DIVISION LEADERSHIP

Kootenay Boundary Division Physician Lead, Dr. Martha Wilson, Board Chair Dr. Lee MacKay and Executive Director Andrew Earnshaw discuss the strategic overview and on the ground success of 2013/14 as well as the importance of member engagement in driving the Division's mission now and in the future.

#### THE OVERVIEW OF 2013/14

**MARTHA:** The Division's overall goal is to deliver primary care in a sustainable, meaningful way for our populations as well as our providers. In achieving this goal, it's fundamental that doctors have a voice in the system transformation as it happens; and that is what the Kootenay Boundary (KB) Division is focused on.

Through 2013/14, we've listened to our members identify issues they want to change/improve on, and we've worked on building relationships and partnerships to address these issues.

**LEE:** It feels like a year of solidification as an organization. At the tail end of 2013 we had our governance model in place, and this year we have felt experience of that model at the board level. In terms of projects the same applies — we're seeing consistent robust advisory meetings and progress happening on so many fronts.

This year, through a lot of professional development, we worked on the critical pieces needed to drive sustainable change – understanding change management, project management, leadership, and quality improvement. By engaging in those higher level conversations and getting systems in place we secured the "on the ground" improvements we're seeing in the more than 20 projects we're currently driving.

**ANDREW:** From the end of last year, we've been focusing on communications. We know that peer-to-peer word of mouth is a key driver, and we've got a strong list of physician leaders who are acting as ambassadors for the Division. We have a consistent Division Dispatch newsletter going out with timely, relevant, and succinct messaging. We've had good early

success with press engagement around Division projects/events like Walk with your Doc, the Poverty Intervention Tool, and recruitment efforts. The result is that we have built our voice to the point where people

- from community groups to the Health Authority
- are coming to us to partner and get involved in making change happen.

This year coming up is the year of community engagement. Our focus is on how the Division can work with communities to develop a good preventative strategy around primary health care. We've got a great team, we're building our voice and the time is here to build relationships across other non-profit and volunteer organizations as well as our municipalities and regional districts.

**LEE:** Andrew is describing the evolutionary process the Division has been going through. We started with addressing the challenges facing our members today. And while maintaining this focus, the Board is now exploring how to shift these issues at a systemic level.

It's a sign of the maturity of the organization that these visionary, strategic conversations are happening at the same time as directly influencing on the ground action that is shifting the primary care landscape now.

#### OUR 'ON THE GROUND' SUCCESS

**LEE:** With over 20 projects, it's not easy to pick out highlights but I would start with Continuing Professional Development (CPD). Working with our medical staffs, 2013/14 again saw over 100 CPD events delivered as well as a building online resource of webinar recordings. If I look back to when I came into the region several years ago versus today, you can now get almost all the CPD you need to stay current right here in Kootenay Boundary.

# A CONVERSATION WITH KOOTENAY BOUNDARY DIVISION LEADERSHIP CONT'D

The A GP for Me work that we're doing is also important to recognize. Late 2013 through to June 2014 we engaged members and the public through surveys and focus groups to develop a deep understanding of the un-attachment issue and the capacity of our primary care system at both a public and member level. This has given us a good sense of what we need to do on the ground in the short term and also a view into what we'll need to focus on to help with attachment over the next 5–10 years. We've developed a strong plan of action and have received the funding required to make it a reality for members through 2014/15.

I'm also excited about the launch of the Poverty Intervention Tool and further efforts the Division is making to address the social determinants of health. This project has the potential to make a really big difference, giving our physicians practical strategies to employ with their patients who are dealing with poverty. Making sure that patients know what options they have based on their personal situations will help them afford the medication they need and prevent other health risk factors that are directly attributable to living in poverty.

**MARTHA:** You see in the project examples that Lee is giving, that the core principles in our strategic tree rise to the surface. For CPD it is about the physician's immediate need and we're able to deliver on it. In the attachment work it's about doing our work from an evidence basis. So the survey of our physicians has given us an incredibly robust database, explaining exactly where they are at in their practice. And it's already percolating into the rest of our work, in recruitment, practice support, etc.

I would also draw attention to the Child and Youth Mental Health Committee as a really interesting example of the collaborative approach the Division and Shared Care strive to promote. The project was initiated by all seven IH Divisions through the Interdivisional Strategic Council (ISC). The KB committee includes MCFD, IHA, School District, GPs, SPs, community services, parents/youth, Freedom Quest, F.O.R.C.E, Strongest Families, and Impact BC.

This year we also had two youth on that committee

who have dealt with mental illness and they worked with the Project Manager to develop a video about their experience living with mental illness and what they hope to bring as committee members. This has had a profound effect on all the parties involved in the work inside the KB Division and at a provincial level.

I also look at the Palliative Care CPD event, when we brought in Dr. David Kuhl from the Centre for Practitioner Renewal, who is one of the leading figures in Canada around what team-based care looks like. This is a concept that permeates all the work we're doing, like Frail Seniors where our work is piloting team-based care, and A GP for Me/Attachment where we are optimizing IPCC engagement in clinicians' offices.

**LEE:** And then there is our NP4BC application's success. Nurse Practitioner (NP) Grace Nakano is now seeing patients on a daily basis in both Nelson and Trail, dealing with a challenging patient population – those that are unattached and dealing with mental health and addiction issues. Working with IHA, we've had a second successful application to bring a Nurse Practitioner into New Denver and the Slocan Valley. Hiring will start soon and we'll see that new NP hopefully start later this year.

This is a great use of resources because the way NPs are remunerated makes them better suited to address areas of care that are not suited to the traditional ways GPs see patients and are remunerated by the province. This recognizes that by using the strengths of each system, you can deliver really good, broad-spectrum primary care. And I think that is what you are seeing coming from the Division.

**ANDREW:** Another major area of effort that I think our members as well as the public will appreciate is our work in the area of recruitment. Deryn Collier coming on as our recruitment manager after her great success in the same position for the community of Creston is already really starting to engage communities in supporting recruitment efforts, recognizing that this is a broad issue which includes the Division, physicians on the ground, the Health Authority, and our

communities. We need to work together to ensure we have enough doctors coming in to deliver care to our aging patient population, as well as providing replacements for our retiring doctor population. I believe our work in this area will give us a good foundation to deal with attachment issues affecting the region.

**MARTHA:** I think all of these stories underline the importance of how we are doing this work. All of the Division work is happening in the context of a staged approach: first identifying who the stakeholders are, second getting them to discuss strategic solutions, third giving everyone an equal voice in order to develop solutions that everyone in the room stands behind. Andrew's last example is a classic illustration of the importance of the collaborative approach. Successful recruitment happens when everyone in the community takes responsibility for it – and works together to find solutions.

**LEE:** There are a couple of products that come from approaching the challenges we face collaboratively. The first is that people are motivated to come to the table and solve problems together and the second is that relationships are built that make the solving of future challenges possible. So it's the forging of these relationships that is one of the fundamental roles the Division is playing in positively influencing the landscape of primary care both now and in the future.

**MARTHA:** And of course, a big part of this future is the region's specialists. At a provincial level the impact the Divisions are having is being recognized and I'm excited to see that the province is exploring what can be done to better support specialists.

#### ON MEMBER ENGAGEMENT

**ANDREW:** We now have 126 physician members and five nurse practitioner members — that's 100% membership.

Looking at active engagement on committees, about 20–25% of members are regularly involved in Division work. And then there is a whole subset of the membership who have participated in some way, whether it be providing advice on a specific issue or coming to a Division engagement event, etc. So if you look at an adoption curve, we've gotten through the early adopters and we're now moving into the core membership understanding the value of this work and getting involved. It's an exciting time in a member-driven organization like ours.

**LEE:** At the board level, in its first two years there was a core group driving the Division's development. At this early stage it was very time consuming for that group. The infrastructure needed to be developed. Today we have project managers, established committees, and an efficient core administrative team in place to take on the day-to-day work. The result is that we're shifting more and more to a governance board where we focus on high-level issues and our strategic direction. And this is also reflected directly in the project work. The bottom line is that it is now easier than ever for members to get involved because members are not having to do the ground work, but instead can focus on providing ideas and advice.

**MARTHA:** With so many projects running there is ample opportunity for members to get involved. My advice would be to have a read through our annual report or look through our strategic initiatives and see where you'd like to participate. You can start out at any level, act as a strategic advisor, or if you're really passionate, get more involved by becoming a physician lead.

**LEE:** I think, increasingly, there is the realization that with the Division and Shared Care work, physicians have a voice to effect change. And by getting involved, members can influence the present and future of primary health care delivery in the Kootenay Boundary.

It's my belief that in 5–10 years' time we'll look back and say "how was there ever a time without a Division?"

# OUR MISSION, VISION AND GUIDING PRINCIPLES



Left to right: Dr. Lee MacKay, Dr. David Merry, Dr. Janet Fisher, NP Zak Matieschyn, Dr. Derek Lum, Dr. Lilli Kerby, Dr. Libby McCoid (Absent: Dr. Chuck Burkholder, Dr. Trevor Janz, Dr. Ellen Smart, Dr. Martha Wilson)

### **OUR MISSION**

The Kootenay Boundary Division of Family Practice works in partnership with the General Practices Services Committee (GPSC), Interior Health, Ministry of Health and local community partners to:

- 1. Improve patient care and community health
- 2. Increase the voice and influence of KB Division members in health care delivery and policy
- 3. Improve professional satisfaction of primary health care providers
- 4. Strengthen the sustainability of health services

### **OUR VISION**

The Kootenay Boundary Division of Family Practice envisions the development and sustainability of healthy communities and health care providers within a healthy region.

## **OUR GUIDING PRINCIPLES**

- · Patient-centred
- Regionally focused
- Grassroots participation
- Inclusive of all voices (patients' and all primary health care providers')
- Collaborative
- Consensus decision making
- Equitable
- Promoting broad determinants of health
- Evidence informed
- Sustainable for health care providers, patients and the environment
- Triple Aim Principles: population health, patient and provider experience of care, and sustainability of health services

## **OUR IMPACT**



# KOOTENAY BOUNDARY DIVISION OF FAMILY PRACTICE PROJECTS

Regional Continuing Professional Development (CPD)

#### DR. JANET FISHER

In 2013, Kootenay Boundary CPD evolved into much more than I could have imagined when I started as the physician lead back in 2011. Last year the program supported more than 100 learning sessions for physicians throughout the Kootenay Boundary region. It has also become more integrated with our Division of Family Practice and CPD events have been instrumental in supporting goals in many of our strategic focus areas, increasing professional satisfaction, and ultimately improving patient care and community health.

Recent data shows that our CPD program is meeting doctors' needs, with almost 90 per cent of Division members surveyed saying they are satisfied or very satisfied with the CME opportunities in their primary practice community.

Programming highlights from 2013 include the innovative, multidisciplinary Regional Chronic Pain Conference, Motivational Interviewing workshops, and CASTED Courses, as well as the always popular Dine & Learns — collegial, often case-based conversations with specialist colleagues over dinner.

In 2014, the program is pursuing further creative approaches to physician education and health, with sessions on palliative care with Dr. David Kuhl from the Centre for Practitioner Renewal, an Effective Conversations Workshop from the Physician Health Program and, most notably, an eight-week intensive program in Mindfulness-Based Stress Reduction (MBSR) with Dr. Rahul Gupta. In addition, the regional CME steering committee recently adopted the CANMEDS-FM framework for CPD in family medicine.

We believe our Kootenay Boundary CPD has evolved into one of the most forward looking in the province and we are eager to work with you to meet your CME needs as we develop our future programming.

Dr. Janet Fisher

On behalf of the regional CPD steering committee members: Dr. Lilli Kerby, Dr. Dharma McBride, Dr. Marisa Van Der Vyver, Dr. Martha Wilson, and Jaime Frederick, Regional CPD Coordinator.

Special thanks to other community physician leads in CPD, including: Dr. Chuck Burkholder, Dr. Annemarie De Koker, Dr. Cheryl Hume, Dr. Lilli Kerby, Dr. Norm Lea, Dr. Josee Lesperance, Dr. Morgan Lindsay, Dr. Dharma McBride, Dr. Robb Sebastian, and Dr. Marisa Van Der Vyver.

For further information on KB Regional CME, please contact Jaime Frederick, Regional CPD Coordinator.

The CPD calendar and latest news can be found at www.kbdivision.org/cpd

#### **EMR/Health Informatics**

#### DR. JEANETTE BOYD

In early 2014, at the grassroots level, the Division piloted the use of the EMR "Objective Data Dashboard" with four GPs in the Kootenay Boundary. The Dashboard uses data inputted into the EMR to display meaningful percentages to evaluate how well key EMR functionalities are being used.

The focus group then discussed the status of EMR data, agreeing that changing patient registration workflows would have the greatest impact on improving the quality of EMR data, and therefore patient care. Recommendations from the pilot included:

- Increase the number of physicians in the region using the EMR Dashboard.
- Continue EMR data quality coaching and training.
- Review the previously developed diagnostic codes summary list and apply and validate the newly drafted list of procedural codes.
- Establish a regional EMR standards group.
- Develop an EMR report with relevant indicators focused on a specific clinical domain, e.g., polypharmacy.

We are currently advancing plans to initiate Project 2 of this Data Quality work, integrating multi-clinic data comparison using the Provincial Physician Data Collaborative Data Collaborative resource, with an initial focus on polypharmacy targets.

The Kootenay Boundary Division also has representation on the ISC Information Management/Information Technology (IMIT) Committee with the aim of driving systemic change in health informatics in IH.

Dr. Jeanette Boyd

On behalf of the Health Informatics Steering Committee: Dr. Cheryl Anderson, Dr. Erin Ewing, Dr. Bob Lewis, Dr. Andrew Murray, Dr. Samantha Segal, and Selena Davis, Health Informatics Project Manager.

With special thanks to project participants: Dr. Jeanette Boyd, Dr. Andrew Murray, Dr. CJ Reinecke, and Dr. Lisa Sawyer.

For further information on KB Health Informatics, please contact Selena Davis, Health Informatics Project Manager.

Latest news on the KB Health Informatics project can be found at www.kbdivision.org/healthinformatics



#### Recruitment/Retention

#### DR. DAVID MERRY

The physician shortage not only impacts timely access to care for patients, but the well-being of providers. Aiming to boost recruitment of family physicians throughout the region, the recruitment project got off to a strong start in its inaugural year, with Deryn Collier (Physician Recruiter) hired, the framework and goals of the project set into place, and advice and consultation provided to GP clinics and community stakeholders throughout the region.

The Kootenay Boundary Division has a strong voice on Interdivisional Strategic Council (ISC) and provincial recruitment committees, and is building connections with IHA and HealthMatchBC recruiters. The project manager acts as an information hub for candidates interested in the region, and provides recruitment best practices support to clinics and community groups. Fostering best practice in all of our region's communities, in order to build recruitment success region-wide, is at the core of this work.

The focus for the upcoming year is developing region-wide recruitment materials to promote the region to potential candidates. The project will also begin to engage strategically with residents and students during their rotations in the region, collaborating with the new UBC Family Residency program and Selkirk College pre-med program.

Dr. David Merry

On behalf of the regional KB Recruitment advisory committee: Dr. Ralph Behrens, Dr. Norm Lea, Dr. Kevin McKechnie, Dr. Jonas Sandstrom, Dr. Lisa Vasil, and Deryn Collier, Recruitment Project Manager.

For further information on KB Recruitment, please contact Deryn Collier, Recruitment Project Manager.

Latest news on the KB Recruitment Project can be found at www.kbdivision.org/recruitment



# SOCIAL DETERMINANTS OF HEALTH

Poverty Intervention Tools

#### DR. LEE MACKAY

This year we added Social Determinants of Health to our areas of focus within the Division. It is a subject that I am particularly passionate about and our first project was the production of The Poverty Intervention Tool which launched on May 27, 2014.

Using the successful version created by Ontario's Dr. Gary Bloch as our template, we produced both a local Kootenay Boundary as well as BC-wide version of the tool. The Poverty Intervention Tool guides doctors with a list of questions to help address the impact of poverty on their patients' health and puts the resources they need to connect patients with the appropriate community supports and services at their fingertips.

Poverty is a critical social determinant of health that affects 15% of BC residents\* (source: Statistics Canada). We believe strongly that

using practical tools such as these will help doctors across BC have a positive impact on the lives of patients living in poverty.

The multi-discipline editorial team was supported by Nelson's Advocacy Centre; the Centre for Collaboration, Motivation and Innovation; and input from about 100 supporters. Both the Kootenay and BC versions are available on our website's dedicated page. Media and supporters have been sharing the documents and spreading the word via social media.

Future plans include a fall release of a poster to promote poverty intervention awareness, and tools targeting patients, seniors, children, and First Nations.

Dr. Lee MacKay

On behalf of the regional KB Poverty Intervention Tool advisory committee: Connie Davis (Centre for Collaboration, Motivation and Innovation), Andrew Earnshaw, Janet Sawyer (Nelson CARES Society), Danielle Wilson and Dr. Martha Wilson.

With special thanks to all those who contributed: Marisa Adair, Dr. Nelson Ames, Lex Baas, Dr. Vanessa Brcic, Ted Bruce, Dr. Chuck Burkholder, Sam Burnett, Dr. Trevor Corneil, Diana Daghofer, Sue Davis, Dr. Janet Fisher, Trish Garner, Dr. Lilli Kerby, (Martha) Jane Lewis, Dr. Derek Lum, Lynn McBride, Dr. David Merry, John Millar, Adrienne Montani, Clare OCallaghan, Becky Quirk, Mylo Riley, Dr. Ellen Smart, Dr. Helen Swinkels, Kris Taks, Danielle Wilson, Dr. Martha Wilson, and Kate Harrison Whiteside, Poverty Intervention Tool Project Manager.

For further information on KB Social Determinants of Health, please contact Kate Harrison Whiteside, Poverty Intervention Tool Project Manager.

Latest news on the Poverty Intervention Tool can be found at www.kbdivision.org/povertyintervention







# PATIENT-CENTRED FAMILY PRACTICE



#### DR. LEE MACKAY

The provincial goals of the A GP for Me initiative are strengthening the physician-patient relationship, improving access to family physicians, especially for vulnerable patients, and increasing the capacity of BC's primary health care system.

Recognizing that attachment is an important issue in many of our communities, the Division was one of the first to apply for and receive funding to assess KB primary care capacity and attachment-related issues through the provincial A GP for Me initiative.

Between September and December 2013, the Division undertook an intensive assessment phase that included GP community consultations, a comprehensive physician & MOA survey, a public phone poll, and focus groups with health service providers, seniors, and First Nations groups. Some of the main issues identified that need improvement included recruitment/retention, practice efficiency, team-based care, and identifying unattached patients.

From this assessment a comprehensive plan was developed to address these challenges. The GPSC approved the Kootenay Boundary implementation plan in July 2014; \$650,000 is committed to support KB family physicians and KB primary health care over the next 18 months to undertake the following strategies:

- 1. Recruitment support,
- 2. Improved practice efficiency,
- Integrated Primary Community Care (IPCC) optimization,
- 4. Team-based care support,
- 5. Development of an unattached patient registry.

We are excited to see how these strategies help increase the primary care capacity in Kootenay Boundary.

Dr. Lee MacKay

On behalf of the A GP for Me steering committee: Andrew Earnshaw (KB Division Executive Director), Zak Matieschyn (RNP), Dr. Libby McCoid, Cheryl Whittleton (IHA), Dr. Martha Wilson, and Julius Halaschek-Wiener, A GP for Me Project Lead.

Special thanks to Rachel Davidson, Jo-Ann Tisserand, Dawn Tomlin and Adam Wylie.

For further information on KB A GP for Me, please contact Julius Halaschek-Wiener, A GP for Me Project Lead.

Latest news on the KB A GP for Me initiative can be found at www.kbdivision.org/qpforme



#### DR. MARTHA WILSON

In-patient Care compensation: Working alongside the provincial In-patient Care team, the Division successfully created the new GPSC In-patient Care assigned and unassigned networks in Trail, Nelson, Grand Forks, and Nakusp. The Division now actively manages the

payments for physicians who participate in the Doctor of the Day and On-Call programs in Nelson and Grand Forks.

In-patient non-compensation issues: Working with Interior Health, the Division brought doctors together in Nelson and Trail to clearly identify non-compensation factors that affect In-patient Care (aka "hassle factors"). A "Hassle Factor List" was compiled for Kootenay Lake, KB Regional, and Boundary Hospital. Some simple solutions have been implemented with more complex issues in progress both at the local level and advocated for at the Interdivisional Strategic Council (ISC) with all seven IH Divisions.

Through 2014/15, the Division will continue to take steps to work with local acute care/hospital administrators and Interior Health senior acute care leaders, through both the Kootenay Boundary CSC and the ISC, to address systemic barriers to In-patient Care in Kootenay Boundary hospitals.

Dr. Martha Wilson

Special thanks to our Interior Health Partners for their support in advancing the Kootenay Boundary In-patient Care work.

For further information on KB In-patient Care please contact Julius Halaschek-Wiener, In-patient Care Project Manaaer.

Latest news on the KB In-patient Care Project can be found at www.kbdivision.org/in-patient-care



#### DR. MARTHA WILSON

The KB Division partnered and learned alongside PSP, PITO, Interior Heath, and the KB/ Creston Community of Practice to create a prototype practice coaching model. KB was one of eight provincial Integrated Practice Support Initiatives (IPSI).

This collaborative project was designed to aid and empower KB GPs to access appropriate and timely supports to enhance practice efficiency and ensure continuing quality care. Through IPSI, challenges around time limitations, chronic disease management, EMR utilization, and office efficiency, to name a few, were addressed by the cohort of five physicians participating in this initial practice support initiative.

The open coaching model enabled dedicated time for family doctors to focus on relevant concerns, resulting in deliberate action to advance the overall health and efficiency of their practices. Valuable progress has been achieved through professional coaching and utilization of a variety of available supports (i.e., PITO/PSP-TG, IPCC, peer mentoring.)

The implementation phase of the project ran January through July 2014 with evaluation and final report due in the fall. Building on IPSI's successes, practice efficiency using a coaching model is a main component to the Attachment/A GP for Me work developing in the Kootenay Boundary through 2014–15.

Dr Martha Wilson

On behalf of the IPSI Collaborative Service Committee (CSC) steering group: Dr. Ellen Smart, Dr. Jeanette Boyd, Andrew Earnshaw, Cheryl Whittleton, Julie Davenport, Racheal Davidson, Sean Jang, Monica Topliff, and Julius Halaschek-Wiener, IPSI Project Manager.

Special thanks to Dr. Keith Merritt, Dr. Lisa Sawyer, Dr. Mike Scully, Dr. Bob Lewis, and Dr. Miles Smith who participated in the Kootenay Boundary Division's initial IPSI pilot project.

For further information on KB IPSI Practice Improvement, please contact Julius Halaschek-Wiener, IPSI Project Manager.

Latest news on the KB IPSI Project can be found at www.kbdivision.org/IPSI



#### ZAK MATIESCHYN, NP

The Division and the IHA partnered through the KB Collaborative Services Committee (CSC) to successfully apply for two nurse practitioners through the NP4BC initiative this year.

Grace Nakano, NP, started in the fall of 2013 to provide primary care to unattached severe mental health and substance use patients in Nelson and Trail. Grace works out of the mental health services in Nelson and the Kiro Wellness Clinic in Trail.

A second successful NP4BC nurse practitioner application was confirmed in May 2014. Based out of New Denver, this NP is anticipated to increase access to primary care for both Slocan Valley and New Denver residents. Both new KB NPs fill critical gaps in KB primary care provision; serving a vulnerable unattached population and an underserved geographic region.

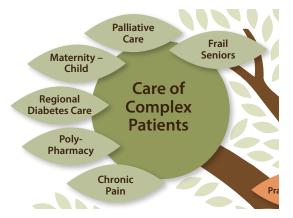
Through 2014/15 we will realize the full utilization of both NPs and organize an effective outreach plan into the Slocan Valley. Consideration will also be given to applying in a potential round four of the provincial NP4BC initiative.

Zak Matieschyn, NP (KB Division Board and CSC member)

On behalf of the NP4BC CSC steering committee: Dr. Lee MacKay, Jo-Ann Tisserand (IHA), Lori Verigin, NP, Cheryl Whittleton (IHA), and Julius Halaschek-Wiener, NP4BC Project Manager.

For further information on KB NP4BC, please contact Julius Halaschek-Wiener, NP4BC Project Manager.

Latest news on the KB NP4BC Project can be found at www.kbdivision.org/NP4BC



#### CARE OF COMPLEX PATIENTS



# DR. KEITH MERRITT AND CYDNEY HIGGINS

Collaborative work focused on frail seniors got underway in 2013 led by the Collaborative Services Committee. Initial engagement meetings with IH key staff, family physicians, and specialists quickly led to their first goal of improving communications between the community services, including Home Health, Allied Health, and family physicians.

A new service algorithm for community Home Health services in the Kootenay Boundary, collaboratively developed with physician input, was created by the Frail Seniors Working Group. This updated referral support tool for Home Health is now available to assist in contacting the right people for the right services when you are supporting complex care elderly patients.

A new communications model is being tested over a six-month period in Castlegar and Trail areas, to build on the continuum of care for frail seniors between community health services, family physicians, and specialists. The model is based on the existing work of the Nelson Home Health team.

Integrated case conferencing meetings are being scheduled every two weeks, coordinated by Home Health. This one-stop case consultation model allows for a complex care patient's health care team to proactively dialogue about changing conditions to minimize crises. The Committee will monitor and evaluate the success of this integrated model and explore expansion to other parts of the region as needed.

The next phase of work for the committee is to look at communications between community and acute teams starting in the fall of 2014.

Dr. Keith Merritt and Cydney Higgins

On behalf of the Frail Seniors CSC steering committee: Cindy Crane, Jane Cusden, Denise Gamble, Trish Hallstrom, Sarah James, Shannon Jennings, Cindy Kozak-Campbell, Linda Krantz, Dr. Bob Lewis, Dr. Libby McCoid, Barb Nielsen (NP), Dr. Jim Noiles, Dr. Leslie Paul, Dorothy Stratton, Jo-Ann Tisserand, and Mona Mattei, Frail Seniors Project Manager.

Special thanks to our advisors: Dr. Bruce Fawcett, Dr. Trevor Janz, Dr. Richard Magee, Dr. Cletus Okonkwo, Dr. Sam Segal, and Dr. Brendon Tuvel.

For further information on KB Frail Seniors, please contact Mona Mattei, Frail Seniors Project Manager.

Latest news on the KB Frail Seniors Project can be found at www.kbdivision.org/frailseniors



#### Palliative Care

#### DR. LILLI KERBY

In May 2014, Kootenay Boundary Division hosted its second Palliative Care CME event, building on the success of the multidisciplinary CMF session held in Rossland in 2012.

The workshop, Enhancing Compassionate Care, offered participants the opportunity to engage with Dr. David Kuhl, founder and director of the Centre for Practitioner Renewal and author of the books What Dying People Want: Practical Wisdom for the End-of-Life and Facing Death Embracing Life, Understanding What Dying People Want.

Working on their own, in pairs and in groups, Division members and allied health care providers were asked questions including:

What is the daily experience of living with a terminal illness?

How does that experience affect your sense of self, your relationship with others, and your understanding of the spiritual?

Working from the principle that it is of value for practitioners in end-of-life care, and perhaps all health care providers, to confront their own mortality, Dr. Kuhl used the lessons he has learned from his research subjects to usher participants through a process that encouraged them to look at features of their lives that would likely come to the fore if they were told they had a terminal illness.

Participants were also asked to reflect on their lives to examine some of the features that affect how they function in teams, in difficult situations, and what they bring from their personal experience to the bedside.

The Kootenay Boundary Division continues to pursue improved standard of care for palliative/end-of-life patients and recognizes the importance of strong relationships between

practitioners providing palliative/end-of-life care in the region.

Dr. Lilli Kerby

Special thanks to our advisors: Elisabeth Antifeau (IHA), Dr. Janet Fisher, Dr. Marnie Jacobsen, Dr. Trevor Janz, and Barb Nielsen (NP).

For further information on KB Palliative Care, please contact Jaime Frederick, Palliative Care Project Manager.

Latest news on the KB Palliative Care Project can be found at www.kbdivision.org



# DR. TRUDI TOEWS AND ANDREA MCKENZIE

The Regional Maternity/Child Shared Care Committee continued to meet regularly throughout the year, bringing forward issues, sharing key information, and creating a venue for joint planning for maternity services in the Kootenay Boundary.

In-clinic tele-maternity was launched initially with clinics in the Boundary as the pilot sites for patient consultations. Using Skype, patients are able to meet with birth providers without travelling, saving both risk and costs for patients while improving their health outcomes. Maternity service providers (midwives and family physicians) in Nelson and the Family Obstetrics Clinic in Trail are welcoming remote consults. The project is focused on expanding the patient awareness of this service option and working with area doctors to expand the number of sites in the service in the coming year.

E-referrals for sharing information between physicians on maternity patients are now available. Using physicians' EMR requests for referrals, Nelson physicians are able to share

patient information on request. EMR providers are working on new systems to provide this as a standard option for all patient-information sharing.

Arising from the increasing demands of complex care for maternity patients with elevated BMI, the committee formed a working group to develop interim care guidelines for family physicians. After consulting with the IH Perinatal Network, the KB committee will explore hosting a regional protocol development session in the coming year.

Through 2014/15 the committee will look at next-phase work related to post-partum care based on information collected during our patient journey mapping and through the West Kootenay Breast Feeding Taskforce. Expansion of the telehealth service to specialists will also be a next phase for the project.

Dr. Trudi Toews and Andrea McKenzie

On behalf of the Shared Care Maternity/Child Care steering committee: Jenifer Arnosti, Dr. Jeanette Boyd, Jane Cusden, Dr. Carrie Fitzsimmons, Dr. Kathryn Hale, Kim Irving, Dr. Corinne Knox, Kristi Kuromi, Dr. Cindy Loukras, Dr. David Merry, Tanya Momtazian, Dr. Shiraz Moola, Catherine Ruskin, Dr. Lisa Sawyer, Dr. Miles Smith, Dawn Tomlin, Trish Thomson, and Mona Mattei, Maternity & Child Care Project Manager.

Special thanks to Telehealth participants: J. Arnosti (Midwife), Dr. Boyd, Dr. Burkholder, Dr. Fontaine, Dr. Dalla Lana, Dr. Lewis, Dr. Magier, Dr. McKechnie, Dr. David Merry, Dr. Naude Midway, Dr. Milde, T. Momtazian (Midwife), Dr. Sawyer, Dr. Smith, and Dr. Toews.

For further information on KB Maternity/Child Care, please contact Mona Mattei, Maternity/Child Care Project Manager.

Latest news on the KB Maternity/Child Care Project can be found at www.kbdivision.org/maternity

Regional Diabetes Care

#### DR. LEE MACKAY AND DR. SAM SEGAL

In January 2014, the joint Doctors of BC/ Ministry of Health Shared Care Committee approved a Diabetes Project in Kootenay Boundary to improve health outcomes for patients. A Regional Diabetes Committee including SPs, GPs, and IH are working to address challenges of geography, improve relationships between members of multidisciplinary teams, and explore new approaches to care.

An enhanced multidisciplinary CME event is being planned in early 2015. It will engage a broad cross-section of stakeholders and provide top-level, "edge-of-scope" learning for all participants. Outcomes include: application of enhanced skills by primary health care practitioners, greater referrals and increased collaborative care between allied professionals, and more patients receiving skilled help locally.

Dr. Lee MacKay and Dr. Sam Segal

On behalf of the Regional Diabetes Shared Care steering committee: Dr. Trevor Aiken, Dr. Chuck Burkholder, Dr. Phillip Malpass, Dr. Keith Merritt, Dr. David Merry, Dr. Ellen Smart, Dr. Chi Zhang, and Rachel Schmidt, Regional Diabetes Care Project Manager.

For further information on KB Regional Diabetes Care, please contact Dr. Lee MacKay, Project Physician Lead, or Rachel Schmidt, Regional Diabetes Care Project Manager.

Latest news on the KB Regional Diabetes Care Project can be found at www.kbdivision.org/diabetes



#### DR. TREVOR JANZ

Our Shared Care Polypharmacy steering committee has seen great progress on our goal of improving care and the quality of life for the frail elderly. We have a well-established core of nursing staff and physicians in the Kootenay Boundary who are committed to reducing or eliminating pharmaceuticals wherever possible. Family physicians, care staff, and families across the region are eager and pleased to learn how it is safe to reduce unnecessary medications.

As we reduce medicines, we find that patients live better, staff find more satisfaction at work,

and the human and financial costs of burdensome drug cocktails start to decline.

In the coming months, I hope to continue building on the learning and acceptance of better ways to help our frail elderly complete their life's journey with dignity and respect.

Dr. Trevor Janz

On behalf of the Regional Polypharmacy Shared Care steering committee: Dr. Gwen Campbell, Dr. Elizabeth McCoid, Dr. Keith Merritt.

For further information on KB Polypharmacy, please contact Terry Miller, Polypharmacy Project Manager.

Latest news on the KB Polypharmacy Project can be found at www.kbdivision.org/polypharmacy





#### DR. IAIN RIFD

The medical community's understanding of chronic pain is changing.

We are beginning to better understand that chronic pain is a complex mix of physical, emotional, psychological, and social factors. We need to change the thinking that chronic pain can be dealt with via a single simple solution. Understanding a patient's emotional responses and attitudes to pain is often far more beneficial than the medications we prescribe. This is exciting stuff.

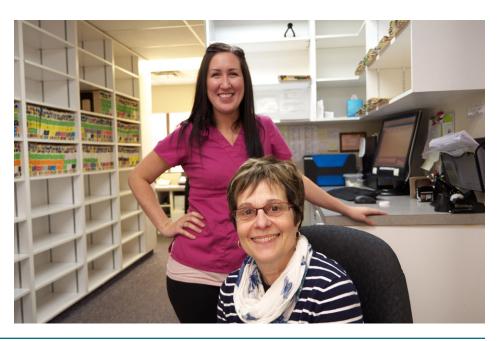
In the fall of 2014,, the Kootenay Boundary Division's chronic pain tool kit will be rolled out across the region. These tools promote a multidisciplinary approach aimed at integrating physical therapies, medical interventions, and cognitive and complementary therapies. The accompanying database will identify local, regional, and online resources, enabling care providers and those suffering from chronic pain to easily access the different options available.

Dr. lain Ried

On behalf of the regional Chronic Pain steering committee: Barb Bentley, Andrew Earnshaw (Division Executive Director), Dr. Joel Kalia, Dr. Janet Fisher, Dr. Ellen Smart, Jan Summersides, Sarah Taylor, Jo-Ann Tisserand, and Terry Miller, Chronic Pain Project Manager.

For further information on KB Chronic Pain, please contact Terry Miller, Chronic Pain Project Manager.

Latest news on the KB Chronic Pain Project can be found at www.kbdivision.org/chronicpain







#### SPECIALIST/GP COLLABORATION

Cardiac Care

#### DR. SCOT MOUNTAIN

The Shared Care project work to improve communications for the repatriation of patients from the Kelowna Cath lab to the Kootenay Boundary, in particular KBRH patients, has been underway since 2012. During that time we have held joint meetings four times between KBRH hospitalists and intensivists, and the Cardiac Network staff, medical director, and cardiologists in Kelowna; created process maps at the two hospital locations; and completed interviews with nine patients on their experience to map the patient's journey. KBRH department heads also implemented communications changes requested by Kelowna cardiologists. After further discussions between the Cardiac team and KBRH representatives, there was an agreement to review the CATH referral form. Revisions to the form were presented to the Cardiac Network in early 2014.

In KBRH practice over the past year, improvements in the communications with the Kelowna teams have been reported, which was the intent of the work we initiated. Work in this focus area will conclude with a final report going to the provincial committee in late 2014. A proposal for using remaining project funds to create options for a Trailbased itinerate cardiac clinic, similar to the existing model in Nelson, is being explored.

Dr. Scot Mountain

On behalf of the Regional Cardiac Care Shared Care steering committee: Dr. Guy Fradet, Carol Laberge, Dr. John Peachell, Dr. Kevin Pistawka, Dr. Brenda Trenholme, and Mona Mattei, Cardiac Care Project Manager.

For further information on KB Cardiac Care, please contact Mona Mattei, Cardiac Care Project Manager.

Latest news on the KB Cardiac Care Project can be found at www.kbdivision.org/cardiaccare



#### DR. KEVIN MCKECHNIE

Shared Care Psychiatry project work in 2013 primed the region for a local "Rapid Access to Consultative Expertise" service (aka RACE). Throughout 2013, the project brought together stakeholders from across the region to determine whether RACE might be a viable way for FPs to gain more timely and direct access to psychiatric advice. As a result of family physicians' positive response to the project, and given the support of the region's psychiatrists, Kootenay Boundary RACE for psychiatry launched on July 2, 2014.

Collaborative care lunch sessions with Dr. Bassingthwaighte in Nelson started with the support of Shared Care funding. These sessions have been well attended and received. Results of a survey undertaken this spring determined that 88 per cent of attendees found that their practices were benefiting from this ongoing support.

The coming year will see the continuation of some ongoing projects, along with the unveiling of new initiatives. First, the RACE program will expand to include other specialist services. Second, plans are afoot to expand the mandate of collaborative care lunches to include a focus on child and youth mental health. Third, a new CME rounds program will be launched to focus on supportive management of geriatric patients with challenging behaviours. As part of a teambased professional development endeavour, this CPD will be open to physicians and IH staff in residential and community settings.

Dr. Kevin McKechnie

On behalf of the Adult Psychiatry Shared Care steering committee: Dr. Mary Bassingthwaighte, Dr. Michael Brownstein, Dr. Akin Iyiola, Dr. Richard Magee, Zak Matieschyn NP, Dr. Sharman Naicker, Dr. Cletus Okonkwo, and Mona Mattei, Adult Psychiatry Project Manager.

For further information on KB Adult Psychiatry, please contact Mona Mattei, Adult Psychiatry Project Manager.

Latest news on the KB Adult Psychiatry Project can be found at www.kbdivision.org/Psychiatry



#### Child/Youth MH

#### DR. LILLI KERBY AND DR. CINDY LOUKRAS

The Shared Care Child and Youth Mental Health Substance Use Collaborative focuses on increasing access to timely and integrated services for children, youth, and their families across the province. The KB CYMHSU local action team meets monthly, and has focused on three goals: developing an inventory of mental health and substance use services, increasing the number of family physicians who have completed the PSP CYMH Module, and increasing the number of children and youth who receive timely triage and assessment.

The inventory of mental health and substance use services is well underway and expected to launch in the fall of 2014. Nelson physicians were first to be targeted to complete the PSP CYMH module in early 2014, with roll out for Castlegar and Trail physicians scheduled for May 2014. Finally, a CYMH patient mapping session has been completed, the CYMH team contributed to an ER algorithm for CYMH presenting in ER, and we have initiated conversations with the KBRH in-patient adult psychiatry unit about changing protocols for youth admissions.

In addition, all local Collaboratives meet in Kelowna for a quarterly session to share ideas and progress on a larger scale. Through this information sharing, our understanding of the barriers to care in this area, such as privacy and information sharing between organizations, has begun to make considerable progress. The participation in the Collaborative by youth themselves has been a highlight of the work, including the development of a youth video to document their experiences in the system.

Dr. Lilli Kerby and Dr. Cindy Loukras

On behalf of the Regional CYMH Shared Care steering committee: Freedom Quest – Kim Bruce & Teresa Winter, GPs – Dr. Lilli Kerby and Dr. Tracey Clemans-Gibbon, IHA – Cheryl Whittleton, Sarah James and Karen Miller, Impact BC Collaborative Coach – Diane Goossens, Kootenay Family Place – Jim Fisher, MCFD – Javier Gonzalez and Lois Lien, Parent – Monique Lalonde, PSP Coordinator – Adam Wylie, School District #20 – Kim Williams, Specialists – Dr. lyiola, Dr. Berry, Dr. Loukras, Youth – Tyler Exner and Kootenay Boundary Division of Family Practice CYMH Project Manager – Rachel Schmidt.

For further information on KB CYMH, please contact Rachel Schmidt, CYMH Project Manager.

Latest news on the KB CYMH Project can be found at www.kbdivision.org/CYMH



#### **Pathways**

#### DR. MARTHA WILSON

Pathways is an amazing web-based resource that facilitates real-time, efficient, optimal patient referrals to specialists, clinics, and selected additional healthcare services. It is an incredibly robust library of best practice information/learning sorted for use by physicians and their patients.

Following the successful launch of the Pathways referral website in the Fraser Valley and after much effort and lobbying, the KB Division has been chosen as one of the pilot sites for the development of a local Pathways referral database, which is being developed in 2014/15.

Dr. Martha Wilson

On behalf of the Pathways steering committee: Dr. Melissa Faraguna, Dr. Janet Fisher, Dr. Kate Forman, Dr. David Larocque, Dr. Robert Lewis, Dr. Derek Lum, Dr. Kyle Merritt, Dr. Sharman Naicker, Dr. Samantha Segal, and Selena Davis, Pathways Project Manager.

Special thanks to Dr. Jeanette Boyd for technical support and Dr. Chuck Burkholder for his participation in the Pathways provincial working group.

For further information on KB Pathways, please contact Selena Davis, Pathways Project Manager.

Latest news on the KB Pathways project can be found at www.kbdivision.org

#### Radiology

#### DR. CHUCK BURKHOLDER

This year, the Radiology Shared Care project focused on optimizing patient referral through partnering with IH to update directories of interventional procedures and adopting diagnostic imaging referral guidelines.

Continuing Medical Education (CME) in radiology also played an important role in increasing collaboration between GPs and SPs, and included: video rounds with Dr. Steenkamp reviewing CT colonography; webinar with Dr. Anders Merg on cumulative radiation load; radiology presentation at regional conference in Rossland; and rounds with Dr. Gonzalo Ansede on musculoskeletal ultrasound techniques.

Working in partnership with Interior Health, we strengthened ties between referring practitioners and specialists, acknowledging the essential part GP/SP relationships play in improving professional satisfaction of primary health care providers and providing better patient care.

Dr Chuck Burkholder

On behalf of the Radiology Shared Care steering committee: Dr. Gonzalo Ansede, Dr. Chris Cochrane, Dr. Kelly Siverthorn, Dr. Ellen Smart, Dr. Elsabee Steenkamp, Thalia Vesterback (IH), and Rachel Schmidt, Radiology Project Manager.

For further information on KB Radiology, please contact Rachel Schmidt, Radiology Project Manager.

Latest news on the KB Radiology Project can be found at www.kbdivision.org/radiology

### Orthopedics

#### DR. ELLEN SMART

This year, the Orthopedics Shared Care project continued to build upon previous work completed around referral processes (cast clinic and referral acknowledgement form) by developing an Orthopedics to GP Transfer Care Form for transfer of care between hospitals. The form was developed in partnership with orthopedic surgeons and IHA administration.

Improved referral processes play an important role in improving relationships between GPs and orthopedic surgeons. Dr. Brian Moulson commented, "I was recently at the Society of General Practitioners meeting in Vancouver, where we were talking about GP relationships with Orthopedic Surgeons. I told them about the Orthopedic Referral Acknowledgement

Form we are using in Kootenay Boundary. There wasn't a GP in the room who didn't wish they had it."

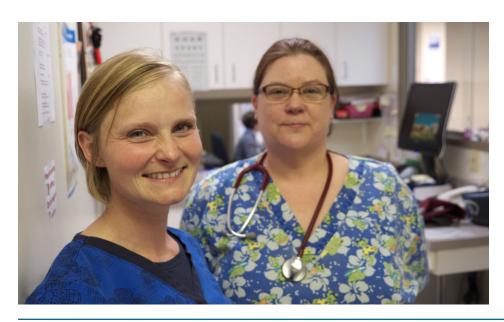
Duration of orthopedics wait times continues to be an issue, but we look forward to the development of the Pathways referral database, which will allow for increased efficiencies and patient empowerment in the referral process.

Dr. Ellen Smart

On behalf of the Orthopedics Shared Care steering committee: Dr. Seth Bitting, Ingrid Hampf (IH), Dr. Mike Hjelkram, Dr. Lee Anne Laverty, Dr. Steve McVicar, Dr. Martha Wilson, and Rachel Schmidt, Orthopedics Project Manager.

For further information on KB Orthopedics, please contact Rachel Schmidt, Orthopedics Project Manager.

Latest news on the KB Orthopedics Project can be found at www.kbdivision.org/orthopedics



## A YEAR IN REVIEW 2013-2014

2013

#### APRIL

- KB Virtual Maternity software launched.
   KB Virtual Maternity Clinic (VMC) software platform provides access to EMRs from any location: office, clinic or hospital.
- Frail Seniors working group meet, discuss developing Home Health Algorithm.
- Regional Chronic Pain Conference, Nelson.

### MAY

#### Following Round 1 success, Round 2 NP4BC proposal submitted for Slocan Valley Patients.

 BCCFP CME Roadshow, Castlegar.

#### **JUNE**

- Regional Perinatal Committee restructured.
   New co-lead model initiated with IH and FP leads.
- CARE Course, Castlegar.



#### NOV

#### A GP for Me stakeholder interviews and focus groups take place.

- Trail/Rossland In-patient Care "hassle factor" meeting identifies issues and potential quick wins.
- CYMHSU: 2 GPs, 2 SPs, and 2 youth and their parents recruited for Action Team, 18 service inventory interviews conducted.
- CASTED: Emergency & Fracture Clinic, Castlegar.

DEC

 Radiology: IH Directory of Interventional Procedures distributed to all GPs in KB and KB Radiologists endorse Canadian Association of Radiologists — Digital Imaging Referral Guidelines.

 Social Determinants: KB Poverty tool drafted and editorial cycles initiated. 2014

#### JAN

- Health Informatics: Doctors pilot beta test of obejctive data dashboard in profile EMR.
- 1:1 recruitment best practices coaching begins (ongoing through 2014).
- CYMHSU Action Team participates in patient process mapping session with Impact BC & ER physician to provide input on ER CYMHSU algorithm.
- IPSI starts practice impovement coaching with five 'pilot' physicians.
- NEW Ortho to GP Transfer Care Form introduced on surgical floor.
- Webinar Video rounds with Dr. Steenkamp re: CT Colonography live and recorded.



#### **JULY**

### specialists and Kelowna medical director, and cardiologist meet and agree to review Cardiac

**AUGUST** 

#### **SEPT**

### OCT

- Shared Care CYMHSU Collaborative announced.
- Psychiatry engagement meeting including family physicians, psychiatrists, IH representatives from community and acute portfolios. Workplan developed.
- · KBRH hospitalist, ICU Cardiac Network director, Care referral form.
- event, priorities identified with acute KLH management. Support for Nelson

Nelson — In-patient Care

Collaborative Care lunches initiated by Shared Care staff.

KB Division - A GP for Me

- A GP for Me launches physician, MOA and public survey.
- NP4BC Round 1 position commences work in Nelson and Trail serving MH/SU patients.
- CYMHSU Project featured in Shared Care Banner and displayed at Shared Care Showcase.
- Mat/Child: Interim guidelines for supporting high BMI patients completed for presentation to RMAC.



#### **FEB**

#### **MARCH**

- A GP for Me implementation plan developed. Submitted Spring 2014.
- CYMHSU youth video produced and promoted across BC highlighting the importance of involvement from all stakeholders and collaborative care.
- KB approved as pilot site for provincial Pathways specialist referral resource website expansion.
- Castlegar community engages with Division and physicians re: community recruitment program.
- Slocan Valley NP4BC position approved.
- Webinar Video rounds with Dr. Anders Merg re: Radiation in Medical Imaging live and recorded.
- 30th Annual Regional Family Medicine Conference (Ski-Med), Rossland.

- Health Informatics: Objective data dashboard outcomes published with recommendations.
- Revised Cardic Care referral form proposed to Kelowna Cardiac Network.
- Trail and Kaslo community groups egage with Division re best practices in multi-sector community physician recruitment.
- Mat/Child Telehealth launched: First Skype consult March 2014.
- Frail Seniors: Working group and IH approve and distribute Home Health service algorithm to all KB family physicians.



#### **COMING AHEAD...**

- RACE Line launched.
- A GP for Me implementation plan approved and project work commences.
- Expansion of Mat/Child telehealth to include specialists.
- Poverty Intervention Tool launched to KB and BC Wide.
- Chronic Pain tool & directory launched.
- Regional Diabetes Care Conference Sept 2014.
- KB Pathways online resource developed and launched Fall 2014.

# FINANCIAL STATEMENT FOR 2013-14

### STATEMENT OF FINANCIAL POSITION

As at N	larch 31	1, 2014
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ASSETS	
Current Assets	
Cash	223,507
Short-term investments	_
Accounts receivable	159,486
Prepaid expenses	1,250
	384,243
LIABILITIES	
Current Liabilities	
Accounts payable	189,969
Deferred Contributions	189,089
	379,058
NET ASSETS	
Unrestricted Net Assets	5,185
	384,243

### STATEMENT OF CASH FLOWS

#### For the Year Ended March 31, 2014

CASH FLOWS PROVIDED BY (USED IN) OPERATING ACTIVITIES	
Cash received from Government contracts	1,225,410
Cash paid to suppliers and employees	(1,201,478)
Interest received	1,131
	25,063
CASH FLOWS PROVIDED BY (USED IN) INVESTING ACTIVITIES  Proceeds from disposition of short-term investments	171,452
INCREASE (DECREASE) IN CASH	196,515
CASH, BEGINNING OF YEAR	26,992
CASH, END OF YEAR	223,507

# FINANCIAL STATEMENT FOR 2013-14

# STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

For the	Year End	led Marc	h 31, 201
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DEVENUE	
REVENUE	
BCMA – Infrastructure	386,112
BCMA – A GP for Me	287,049
BCMA – In-patient Care	216,946
BCMA – Transitions in Care	171,701
BCMA – Partners in Care	130,161
IHA – Project Funding	120,524
BCMA – Chronic Pain	38,047
Interest	1,131
	1,351,671
Administration Board members	42,155 223,308
Board members	223,308
Facilities and supplies	10,098
Management	584,796
Members and Physicians	339,935
Project costs	150,248
	1,350,540
EXCESS OF REVENUE OVER EXPENDITURES FOR THE YEAR	1,131
NET ASSETS, BEGINNING OF YEAR	4,054
NET ASSETS, END OF YEAR	5,185

# **OUR TEAM**

#### 2013-14 BOARD OF DIRECTORS

Dr. Lee MacKay - Chair

Dr. David Merry – Treasurer

Dr. Elizabeth McCoid – Secretary

Dr. Chuck Burkholder – Director

Dr. Janet Fisher – Director

Dr. Trevor Janz – Director

Dr. Lilli Kerby – Director

Dr. Derek Lum - Director

Zak Matieschyn, NP – Director

Dr. Ellen Smart - Director

Dr. Martha Wilson – Director and KB Division Physician Lead

# COLLABORATIVE SERVICES COMMITTEE (CSC) MEMBERS

Cheryl Whittleton (CSC Co-Chair,

**KB CIHS Administrator**)

Dr. Martha Wilson (CSC Co-Chair)

Georgia Bekiou (GPSC)

Rachael Davidson (Practice Support Program

Regional Lead for IH & KB PSP Coordinator)

Sue Davis (KB Physician Engagement Lead)

Andrew Earnshaw (Executive Director,

KB Division)

Dr. Janet Fisher

Julius Halaschek-Wiener (Clinical Lead,

KB Division)

Ingrid Hampf (Acute Health Services

Administrator)

Cindy Kozak-Campbell (Residential Health

Services Administrator, IH East)

Zak Matieschyn NP

Dr. Keith Merritt

Linda Oddo (Director of Allied Health, IH East)

Jo-Ann Tisserand (IPCC Faciliator, IH East)

Dawn Tomlin (CIHS Manager KB)

# SHARED CARE STEERING COMMITTEE (SCSC) MEMBERS

Dr. Chuck Burkholder

Andrew Farnshaw

Ingrid Hampf

Katie Hill (Initiatives Lead, Shared Care)

Mona Mattei (Shared Care Project Manager)

Dr. Sharman Naicker

Rachel Schmidt (Shared Care Project Manager)

Dr. Samantha Segal

Dr. Ellen Smart

Cheryl Whittleton

Dr. Martha Wilson

#### **DIVISION STAFF**

#### COORDINATION

Andrew Earnshaw – Executive Director
Julius Halaschek-Wiener – Clinical Lead Attachment/A GP for Me,
IPSI, NP4BC, In-patient Care

#### PROJECT MANAGERS & CONTRACTORS

Deryn Collier – Project Manager, Recruitment
Jaime Frederick – Continuing Professional Development Coordinator
Rachel Schmidt – Project Manager, Shared Care: Orthopedics, Radiology,
Pathways, Child & Youth Mental Health (CYMH) and Diabetes
Mona Mattei – Project Manager, Shared Care: Maternity-Child, Frail Seniors,
Adult Psychiatry and Cardiac Care
Debra Reid – Project Manager, Attachment/A GP for Me
Helen Lutz – Project Manager, Attachment/A GP for Me
Terry Miller – Contractor, Chronic Pain and Polypharmacy
Selena Davis – Contractor, EMR/Health Informatics and Pathways
Kate Harrison Whiteside – Contractor, Poverty Tool

#### ADMINISTRATION AND SUPPORT

Paul Edney – Communications Manager
Michelle Sylvest – Administrative Assistant, KB Divisions and
Collaborative Services Committee
Erin Perkins – Administrative Assistant, Shared Care and continuing
medical education
Anna Walker – Administrative Assistant, Attachment, Integrated
Practice Support Initiative and In-patient Care
Beth Hickey – Bookkeeper

#### **MEMBERSHIP**

126 Family Physician members 5 Nurse Practitioner members

#### KOOTENAY BOUNDARY DIVISION OF FAMILY PRACTICE

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Mailing address:

The Kootenay Boundary Division of Family Practice PO Box 9, Nelson BC V1L 5P7

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#### **ACKNOWLEDGEMENT**

The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our gratitude for the contributions of our many community partners and community representatives.

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.kbdivision.org







