

*together
in health*

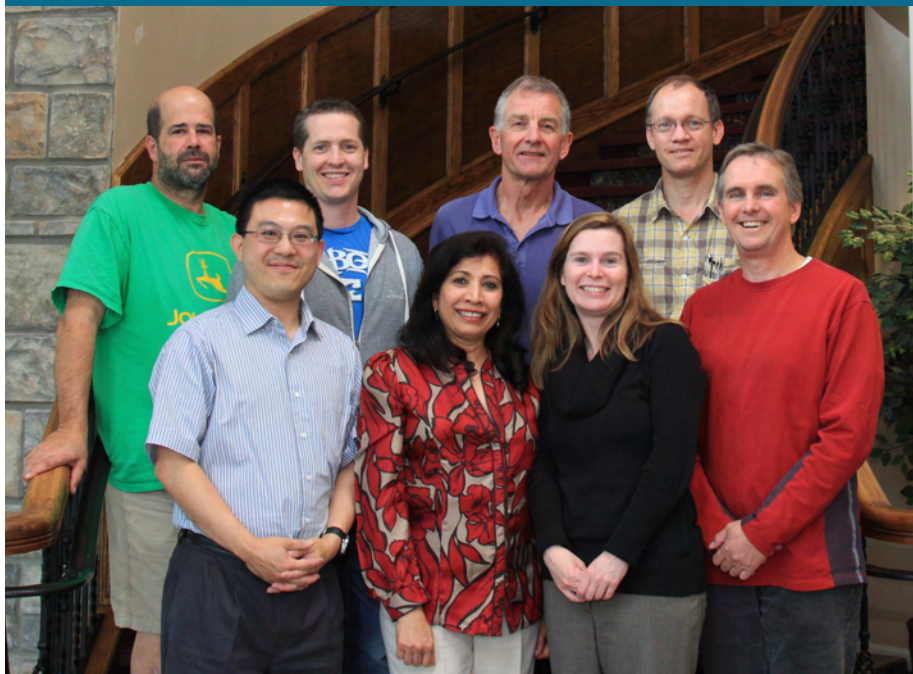


Annual Report 2011



Langley
Division of Family Practice

A GPSC initiative



ABOVE - The Langley Division Board of Directors at a strategic planning session (back row, left to right) Drs. Mitchell Fagan, Jeff Plante, Ron Matthews and Andre Van Wyk and (front, left to right) Drs. Leo Wong and Geeta Gupta, Ellen Peterson (staff) and Dr. Alister Frayne.

BELOW - Langley Division held a peer to peer (P2P) physician wellness event on May 1, 2012.



Board Chair's Report



Dr. Alister F. Frayne
Chairman of the Board

It is my pleasure to present the second annual report for the Langley Division of Family Practice, which came into being as a not for profit organization in August 2010, as part of the General Practice Services Committee (GPSC) initiatives.

The board has continued to focus on the strategic governance of the organization and to ensure that we are fully operational as we proceed to the program development phase of our evolution. To aid in this process, we have identified and reviewed our strategic priorities, key success factors, and have created a model to help us evaluate our projects and opportunities to ensure the maximum use of our resources. We are pleased to have hired our new executive director to help guide us in this area as she assists us with financial management, internal and external reviews of our environment, strategic group maps, and assessing our strengths, weaknesses, opportunities and threats in order to help us achieve our vision.

Vision

statement:

Bringing our community together for better health.

Engaging and recruiting physicians in our community to join and participate in the Division initiatives is an ongoing and important process. We anticipate future events around our priority populations of: frail elderly, mental health and substance use, and maternal and early child development. Our engagement events help us identify our members' priorities and I am pleased to provide an update on our areas of work within this annual report.

Mission

statement:

The Langley Division of Family Practice will bring together physicians, resources and patients to improve their healthcare journey.

Following a number of meetings with our local partners at the FHA, BCMA and Public Health in the forum known as the Collaborative Services Committee (CSC), the board is optimistic that collaboration and change is indeed possible, when approached, as we are doing, from a local and issue driven perspective.

It has been a privilege to serve as the board chair this year. I am indebted to my fellow board members for their enthusiasm and vision, to the BCMA and GPSC who have assisted us in this journey, and to you our members, who have joined and supported us. We hope to continue these productive partnerships as we move forward in the upcoming year.

Executive Director Report



Ellen Peterson
Executive Director

Thank you for providing me with the opportunity to work with all of you, together in health. I recently joined the Division and I am very impressed with the health care community in Langley, and your willingness to work collaboratively to bring our community together for better health. It is my privilege to serve our 98 physicians along with our residents, nurses, pharmacist members and MOA network.

Our board of directors is providing exceptional leadership and governance, and I would like to thank them for their willingness to guide and assist me as I take on my responsibilities as the executive director.

Building from our vision and mission foundational work created last year, we have determined four strategic priorities. They are to improve the quality of care, build capacity, enhance communication and increase member involvement/support. Our guiding principle is to increase patient attachment, particularly for our priority populations of frail elderly, mental health and substance use, maternal and early child development and First Nations.

Members of the Division are involved in a number of workgroups in order to accomplish our mission. We rely on the involvement and engagement of our members to ensure that we are focused on the right areas, are identifying and understanding the gaps that exist, and that we are working collaboratively to bring together physicians, resources and patients to improve their healthcare journey.

The workgroups and project areas are listed in the next pages of this report. Thank you for all of your combined efforts to bring our community together. I encourage all members to become involved in our work as I believe we are stronger together.

I am excited about the future of Langley's health and grateful for the support of our funders and partners who help make our work possible. We look forward to the new opportunities in the year ahead – together in health.

Project Initiatives Update

Attachment Initiative

This GPSC initiative aims to improve and foster patient access to primary care. A subcommittee of Drs. Ron Matthews, Jeff Plante, Andre van Wyk and Mitchell Fagan was formed in spring 2011 and has been diligent in defining and formulating a local approach to this initiative in the expectation that Langley be included in the second wave of “attachment adopters”. The committee is defining what attachment means and what is required for the Division to move forward with this initiative. The committee then presents these findings to Division members and plans to engage in open discussions to decide the next course of action. Langley Division continues to look for opportunities to help recruit physicians and build our capacity in this area.

Community of Practice (COP) Committee

This committee was formed in winter 2011 to introduce the Community of Practice model to the Division and is a collaborative project with the Physician Information Technology Office (PITO). Under the able direction of Drs. Leo Wong, Andre Van Wyk, Ray Simkus, and Mitchell Fagan, the committee continues to advocate for more effective electronic medical record (EMR) use across Langley. In addition, it is involved with an innovative project partnering with the Canadian Institute for Health Information, to test the potential around anonymized data extraction for the purposes of comparison and quality improvement.

Healthier Community Partnerships

The Division has been asked to provide a family physician voice at the community healthy partnerships table which includes multiple stakeholders along with the City and Township. Representatives Dr. Mitchell Fagan and Ellen Peterson look forward to working with more community organizations to improve the patient’s journey.

Integrated Health Network (IHN) – Home Health

The Home Health initiative was launched throughout Langley through the leadership of Drs. Mitchell Fagan, Cliff Allen, Don McDonald, Fareedoon Reza, Leslie Sank and Andre Van Wyk, and Carrie Murphy-NP as ambassadors. The Division has also adopted the BreatheWell program in Langley, scheduled to begin in fall 2012, and will soon proceed with the mental health IHN.



ABOVE - Physicians, residential care managers, nurses, and pharmacists discussing poly pharmacy in residential care in Langley.

BELOW - the TLC Medical Centre, home of the Langley Division of Family Practice offices.



LDFP First Nations Joint Practice Management Project

This initiative was approved by the Kwantlen Tribal council and allows safe and private access to the electronic medical records for shared patients by the aboriginal community health nurse and the GP in the community. It has been implemented at two practices in collaboration with the aboriginal community health nurse and is led by Dr. Andre Van Wyk.

Maternity Committee

Dr. Jeff Plante leads the Division's work in this area to support the overall health of pregnant women and their newborn children. The committee also supports physicians providing this care and the maternity clinic. A letter was sent to physicians in early 2012 encouraging them to take on unattached patients along with their babies. The committee has been very pleased with the response and is thankful that 10 Langley physicians and a nurse practitioner have made room in their practices to accept these new patients.

Medical Office Assistant (MOA) Network


This committee is made up of a group of likeminded MOAs working to develop a network that will improve clinic efficiency within the Division by increasing communication and knowledge-sharing between MOAs. The board agrees that improved communication and collaboration between different offices and clinics in the local area will be of mutual benefit. An event was held in April to look at 'A Day in the Life' of the family practice, walk-in clinic, and specialist MOAs in the area to enhance communication and understanding of how they can improve by working together.

NP4BC

A proposal for a Nurse Practitioner (NP) to work with the PATH unit at Langley Memorial Hospital and within the community with a focus on frail elderly was submitted this fall in collaboration with the Division's partners. The Division anticipates participating in subsequent NP proposals in the future to build the capacity of primary care and to help attach more patients.

Peer to Peer Networking Committee (P2P)

This subcommittee was formed in fall 2011 to develop an in-house continuing medical education strategy. It has begun to address local CME issues such as eating disorders; along with encompassing communication among members at a local micro level in the interests of improved care, collegiality and physician satisfaction. The committee, comprised of Drs.



Geeta Gupta, Kenneth Ng, Brian Morgan, Nigel Myers, Alister Frayne and Shannon Dutchny, has hosted a number of well received networking events throughout the past year. Physician wellness has been a key topic with Division members sharing insight and experience in maintaining their own health. Member's ideas and suggestions are encouraged.

PolyPharmacy – Shared Care Committee

An initial group of physicians, residential care managers, nurses and pharmacists has met to review polypharmacy in residential care towards providing a local approach to this challenge. More events are planned for fall 2012 under the leadership of Dr. Mitchell Fagan.

Practice Deals

The Division has negotiated some preferred supplier rates for members, such as medical, office and technology/IT supplies. As the Division grows and matures as an organization, it expects to be able to expand and improve on these.

Specialist Communication and Cooperation

This initiative strives to identify and address issues between GPs and specialists in Langley. Several expressions of interest have been received from local specialists with regard to working with the Division. A number of these are now being addressed at the CSC level, including rapid access to psychiatry, and working collaboratively with the PSP program on COPD and heart disease.

Talent Management Strategy Report

The board quickly realized the need to define and identify its current manpower levels, the expected attrition rates, and the future needs of the community. This is especially critical in planning any recruitment strategy for the Langley area. To this end, the Division hired a consultant to define the current status, and assist in planning for future needs. The Division continues its work to operationalize this report and to successfully build capacity amongst primary care providers throughout Langley. It is now taking this report to the next level by identifying and deploying effective recruitment strategies and tools that will assist in recruitment.

Up-To-Date

The Division was pleased to offer this service to members through the website in December last year. Due to provincial demand for the software program, the GPSC has provided access to all division members on the DivIT website. Langley Division was grateful to be able to re-deploy its local resources to other priorities.



Highlights of the Langley Division

April 2011

- Held first COP meeting
- First Collaborative Services Committee (CSC) meeting
- Board retreat: defined vision, mission and tagline

May 2011

- Launched phase one of website: membership portal
- Introduced negotiated deals with medical and office supply companies
- First LDFP newsletter

June 2011

- Second CSC meeting
- First MOA Network Committee meeting
- First Attachment Committee meeting

August 2011

- Website development
- Digital signage first discussed
- LDFP CME programme introduced and subcommittee struck
- Up-To-Date initiated
- Third CSC meeting
- Contracted TWI Surveys to begin talent management survey

September 2011

- First Peer to Peer (P2P) Networking Committee meeting (CME programme)
- Fall newsletter
- Talent management survey interviews 12 Langley physicians

October 2011

- First MOA network event
- Up-To-Date survey finds that 93% of members are in favour of the tool
- HealthMatch linkage established
- 1st AGM and board acclamation
- Up-To-Date contract signed

November 2011

- First discussions with maternity clinic regarding unattached families and babies
- First meeting regarding Home Health Integration
- 1st P2P event on eating disorders

December 2011

- Up To Date launched on LDFP website
- 2nd P2P Event – Does the Devil wear Pradax? completed
- COP / PITO – Med Access User Group
- Human Resources Committee meets to discuss future planning

January 2012

- Manpower report presented
- Hiring Committee for executive director established

February 2012

- Human Resources Committee recruitment for executive director
- Board policies established

March 2012

- CSC meeting

- Hired new executive director, Ellen Peterson
- Strategic session with emergency physicians

April 2012

- MOA Network event – A Day in the Life of local MOAs: specialists, family practice and walk-in clinics
- Attend Medical Makeover meeting
- Begin meeting with Public Health
- Join Healthier Community Partnerships

May 2012

- P2P committee hosts physician wellness event – Health and Wealth
- COP / PITO – Intrahealth – optimizing billing event
- Attend First Nations Health Meeting and Salmon Festival
- CSC meeting
- Recruit consultant for Talent Management report implementation
- Healthier Community Partnerships meeting
- Begin Nurse Practitioner proposal process
- Attend Provincial Divisions of Family Practice Round Table event

June 2012

- Third LDFP newsletter
- Board strategic planning workshop
- Recruitment brainstorming session
- CSC meeting
- Home Health Ambassadors meeting
- LDFP hosts Grand Rounds for Home Health launch
- Transition website to provincial Division

- site with free access to UpToDate
- Attend Strengthening Primary Health Care through Primary Care and Public Health Collaboration ~ British Columbia Think Tank
- Rapid Access to Psychiatry meeting
- PSP – COPD and Heart Disease session held
- Inter-Divisional meeting attended
- Digital Signage planning
- Nurse practitioner meetings

July 2012

- First Poly-Pharmacy event
- Indigenous Cultural Competency Course completed
- Financial audit completed
- Maternity committee meets
- Regional recruitment meeting
- CSC meets
- Mental health meeting
- Youth mental health meeting
- First member email bulletin

August 2012

- NP proposal review
- Home Health Ambassador meeting
- COP / PITO – Med Access beginner user and focus group session

September 2012

- Board Governance Workshop held
- 2nd Annual General Meeting held
- NP proposal submitted to Fraser Health & Ministry of Health
- Rapid Access to Psychiatry meeting held
- CSC meeting held
- Home Health ambassador meeting held



Audited Financial Statements

Statement of operations and changes in net assets for the year ending March 31, 2012.

Revenue

Infrastructure	\$ 246,827
Other	\$ 8,192
	\$ 255,019

Expenses

Administration and general	\$ 7,106
Amortization	\$ 1,997
Consultants	\$ 17,600
Division activities	\$ 112,516
Facilities	\$ 4,915
GST / HST paid	\$ 8,945
Human resources	\$ 49,309
Meetings and events	\$ 5,448
Physicians Data Collaborative Association	\$ 10,500
Professional fees	\$ 6,700
Up To Date subscription	\$ 5,182
	\$ 230,218

Excess of revenue over expenditures	\$ 24,801
Net assets, beginning	\$ -

Net assets, ending	\$ 24,801
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Statement of Financial Position

March 31, 2012

Assets

Current

Cash	\$ 117,183
Receivables	\$ 5,062
Prepaid expenses	\$ 33,246
	\$ 155,491

Property and equipment	\$ 6,157
	\$ 161,648

Liabilities

Current

Payables and accruals	\$ 32,427
Deferred revenue	\$ 104,420
	\$ 136,847

Net Assets

Unrestricted	\$ 24,801
	\$ 161,648

Statement of Cash Flows

For the year ending March 31, 2012

Cash flows related to operating activities

Excess of revenue over expenditures	\$ 24,801
Adjustments for items not affecting cash:	
Amortization	\$ 1,997
	\$ 26,798
Changes in non cash working capital:	
Receivables	\$ (5,062)
Prepaid expenses	\$ (33,246)
Payables and accruals	\$ 32,427
Deferred revenue	\$ 104,420
	\$ 125,337

Cash flows related to investing activities

Purchase of property and equipment	\$ (8,154)
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Net increase in cash	\$ 117,183
Cash, beginning	\$ -
Cash, ending	\$ 117,183

Board of Directors

Dr. Alister Frayne – *Chair*
Dr. Mitchell Fagan – *Vice Chair*
Dr. Leo Wong – *Secretary/Treasurer*
Dr. Geeta Gupta
Dr. Jeff Plante
Dr. Ron Matthews
Dr. Andre van Wyk

Division Staff

Ellen Peterson

Langley Division of Family Practice

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Society Number

S-57029

Photographs of the Langley area courtesy of:

PictureBC.com

Cover - one of Langley's picturesque golf courses.
Page 9 - Langley City Parade.
Page 12 - the Langley Good Times Cruise-in.

Matthew Claxton, Langley Advance

Page 9 - 50th anniversary of the annual Langley Walk.

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

www.divisionsbc.ca/langley