



**Mission**  
**Division of Family Practice**  
A GPSC initiative

# ANNUAL REPORT

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## 2019 – 2020



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# MISSION STATEMENT

*Promoting sustainable primary health care through programs which address the health care issues of our community and physicians*



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Retirement only means that it's time for a new adventure. Wishing you all the best on yours. A heartfelt gratitude for dedication in serving the people of Mission.

Dr. Andrew Edelson  
Dr. Johan Wouterloot  
Dr. Randy Siemens

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Welcome New Members! On behalf of all the members and the staff, we would like to extend our warmest welcome and good wishes!

Dr. Lily Edelson  
Dr. James Dueckman  
NP Rubyna Tatlock  
NP Crystal Zaghloul  
NP Jody Mckeown

# Chair's Report

Looking back, it has been an exciting and productive year. The Mission Division of Family Practice has continued to support our Physicians, our patients, and our community in innovative and collaborative ways.

We have been focusing on the two next central initiatives – the patient medical home (PMH) and the Primary Care Network (PCN) models of care. We developed and submitted our Primary Care Network proposal as one of the Wave 2 communities. Our proposal was accepted and we were given the go ahead by the Ministry of Health in February 2020.

We were excited and started some concrete steps in our PCN and then... COVID-19 hit our country and communities. In what seemed like overnight, our focus changed to supporting our community and Physicians in the fight against COVID 19.

The Division, along with our Fraser Health Partners and the District of Mission, set up a Division-led, Fraser Health supported, COVID-19 Assessment and Testing Centre. We are thankful to the District of Mission for providing the Seniors Centre for our site, as well as so many resources that were needed to quickly set up and begin the Mission COVID-19 Assessment site – our first day was March 24, 2020.

Thank you to the Physicians, our Medical Director, and the Nurse Practitioners, who worked hard in their new roles at the Mission COVID-19 Site.

The Primary Care Clinic has served unattached patients and some of our most vulnerable clients. We have NP Ruby Tatlock, who continues to serve our clients at the Primary Care Clinic.

Our General Practitioners work at the clinic 1 -2 days per week seeing patients and offering clinical support to our Nurse Practitioners.

Dr. Wouterloot has been so helpful in producing consistent quality care to our Primary Care patients. Dr. Dueckman began seeing patients as the Primary Care Clinic April 1st, beginning to attach patients through the Primary Care Network.

The Maternity Clinic is well established and serving the needs of our local maternity patients. We are thankful to our Physicians who work at the maternity clinic and to Dr. Kornelsen for his leadership.

For outreach, the Youth Clinic had a weekly session at Fraserview School with the support of the Mission School District and staff from the MyHouse Youth Initiative.

Over the last year, we have endeavored to explore and support, Physician wellness and recruitment. We look forward to further collaboration with the Medical Staff Association (MSA) in these areas.

All of this work would not be possible without our excellent support staff, our dedicated Advisory Committee, our Board and their hard work on behalf of our amazing Physician members. I welcome you to become involved in any of our activities, working groups or initiatives, particularly important as we embark on the PCN initiatives. We will especially be focusing on Team Based Care.

I also welcome you to come and visit the Division's office to meet our wonderful staff, our Executive Director, Shona Brown; our MOA's and Administrative Assistants, Debbie Weller, Jennifer Rhodes, and Kimberly Bergen; our Project Coordinator, Cristina Rouillier; our Bookkeeper, Paul Burns, our Community Navigator, Katelyn Pesut; and our PCN Manager, and Jen Cook.

I look forward to the coming year.

Respectfully submitted,  
Dr. Carol Pomeroy



# Executive Director's Report

2019 seemed to fly by so fast, and reflecting back, we have accomplished so much. We brought together a variety of community partners alongside our Physicians and began the overwhelming task of changing healthcare in Mission; to better support our Family Physicians, their patients and our community.

Through collaborative discussions early on with our members, our Physician leadership team and our partners, we moved forward with our Primary Care Network (PCN) proposal for submission to the Ministry of Health. We spent weeks drafting, meeting and redrafting along with our partners. We assessed our community needs, organized and planned, and achieved readiness towards full PCN participation.

In June we submitted our plan to the Ministry of Health. And then we waited. We had gained momentum and did not want to lose that, we continued our lunch and learns and had many open discussions with our members. We engaged our MOA community and brought them to the table. We continued to develop our integrated system of care and fully expected a response from the Ministry.

In January 2020 we received final approval to move forward with our service plan. After much deliberation the division signed the agreement in March. We did not receive everything we asked for, but were pleased to have resources that will be shared amongst our clinics.

We have been driven by you our members to develop a vision for a healthier community. Over the coming year(s) it is essential that our members continue to guide the implementation of our PCN in Mission. Change can be challenging but we are here to support you. Provider experience is important to us.

We have maintained and at times exceeded capacity at the Primary Care Clinic thanks to a couple of committed Physicians; Dr Pomeroy and Dr Wouterloot and our NP Ruby Tatlock. They have taken care of some of our most difficult and complex unattached patients. I want to acknowledge our partner Fraser Health Authority for supporting our NP in our Primary Care Clinic. I also want to acknowledge and thank our Maternity Physicians; Dr Kornelsen, Dr Warkentin, Dr Wiksyk, and Dr Lidder .

I am amazed at the growth we have experienced over this past year and I have heard from many Mission families how grateful they are that we provide this much needed service. Thank you once again to all who continue to make these clinics successful, from the Physicians and NPs who work in the MPCC, to Physicians who accept our "packaged-up" patients, your commitment enables us to continue to stabilize and attach patients. Thank you to the rota of Physicians accepting the unattached mom and baby from our Mat clinic.

I would like to acknowledge and thank our Physicians who stepped up to support the COVID 19 assessment and testing site, and to Dr Welsh for stepping into the Medical Director role. This really was an unknown. We were building, refining and changing as it went. I appreciated your confidence, your calmness and your guidance and patience during that/this new journey.

I would also like to acknowledge and thank our Mayor and the District of Mission. It took a phone call and a couple of hours later we had a meeting in the parking lot of the Seniors Center with our Mayor and several council members. "Tell us what you need" they said. I have to say this truly demonstrated partnership in action. I am ever so grateful for this community, they walked alongside us into this unknown. My heartfelt thanks to Bob Ingram for taking that phone call.

# Executive Director's Report

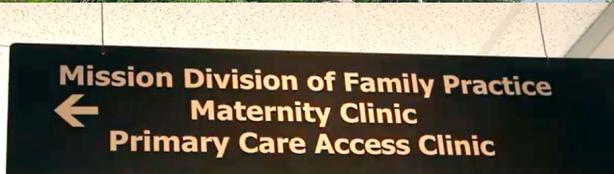
To our board of directors and advisory members, thank you for keeping our work focused on our mission. I know some of this has not been easy but your tenacity to creatively make it through is appreciated.

To our division team, Kimberly, Jennifer and Debbie, Cristina, Katelyn, and our new PCN manager Jen. I'm thankful to come to work every day to a team that is driven and dedicated, as well as generous and kind. Thank you for supporting me and our members. To our bookkeeper extraordinaire, Paul Burns. Thank you for always being patient, we have come along way from having a couple of funds to now having many more to juggle and track.

As we look ahead, there is huge opportunity to influence and implement change in the system. In order to be successful, we know it is essential that our members are supported, to build and strengthen their practices and teams. To our tireless members, thank you for all you do, for your patients and for our community. And thanks to all of you for being ready to do things differently.

Respectfully submitted,

Shona Brown



# Treasurer's Report

On behalf of the board, I am pleased to present the Mission Division of Family Practice's audited financial statements for the fiscal year ending March 31st, 2020.

Loewen Kruse Chartered Accountants examined our financial statements in detail in May of 2020 and were satisfied that we are in compliance with the Canadian accounting practices.

The 2019/2020 fiscal year continued to be an extremely busy year for the division: our Primary Care Network submission to the Ministry was finally accepted and our work continued at the Mission Division's Primary Care Clinic, the Mission Maternity Clinic, the Mission Youth Clinic, the Patient Medical Program, the Residential Care Program, CME opportunities, Lunch & Learns and Physician wellness.

The Mission Division continues to have excellent support staff to ensure that the various and increasing programs that have been initiated continue to be run effectively. Our staff include Shona Brown, our Executive Director; Paul Burns, our bookkeeper; Kimberly Bergen, MOA/Admin; Debbie Weller, MOA/Admin; Jennifer Rhodes, MOA/Admin; Cristina Rouillier, Shared Care Project Coordinator; and Katelyn Pesut, Community Resource Navigator.



Over the last twelve months, the Division has continued to expand and we would like to welcome Jen Cook as our PCN Manager.

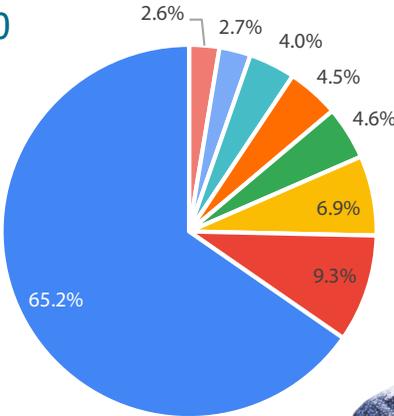
I would like to thank them for all their ongoing hard work and commitment to the financial management of the Division's resources.

Respectfully submitted, Dr. Harjinder Dau, Treasurer

# Financial Statement

## Expense Summary 2019-2020

|                       |        |
|-----------------------|--------|
| Human Resources       | 736826 |
| Night Doctor          | 105420 |
| LTC (RCP)             | 78300  |
| Membership            | 52388  |
| Board & Committees    | 51087  |
| Administration        | 45207  |
| Facilities            | 30893  |
| Supplies & Engagement | 29679  |



Respectfully submitted, Paul Burns, Bookkeeper

# Mission Maternity Clinic

We had another busy year with plenty of expecting mothers and newborns that have kept the Mission Maternity Clinic Physicians with plenty of work in both the clinic and hospital. Thanks to our hard-working Physicians we have been able to cover most on-call days, which means our patients have a very high chance of one of our Physicians doing the delivery.

We have had great success with our Community Resource Navigator Katelyn, who has provided social assistance to 10 of our patients. This has been very beneficial to the well-being of our moms and babes as she has helped with housing, food, and other resources to our less-resourced patients.

We have also enjoyed the added benefit of having residents from the Mission-Abbotsford Residency program who have indicated an interest in maternity care provide extra support to the doctors working in our clinic.

Current Physicians:

Dr. Jeff Kornelsen

Dr. Chelsea Wiksyk

Dr. Esther Warkentin

Dr. Jaspreet Lidder

Babies born through the maternity clinic (2020 fiscal year): 112

Repeat patients: 26

# Primary Care Clinic

The purpose of the Primary Care Clinic continues to aim to provide quality care to patients who do not have a Family Physician until they are attached to a Family Physician in the community.

We have had the privilege of Dr. Carol Pomeroy and Dr. Johan Wouterloot remaining constant with weekly shifts, as well as our wonderful NP Ruby Tatlock.

We would like to extend a warm thank you to all of our GP members who have taken on patients from our Primary Care Clinic.

We welcomed Dr. James Dueckman to the clinic the beginning of April. He has been steadily building his practice from our waitlist. We look forward to sharing our success with patient attachments next year.

We began performing 24 hour Holter Monitors in office in January, and steadily the bookings have increased for this service until COVID caused a temporary halt.

Current Panel: 393

Current FETCH Waitlist: 163

Respectfully submitted, Kimberly Bergen



# Project Coordinator's Report

This past fiscal year was an exhilarating roller coaster for the Mission Division of Family Practice. While working with Physicians, Nurse Practitioners, Health Authorities, and Stakeholders, I was there to develop and implement initiatives and to ultimately ensure project goals and objectives were achieved. Although Shared Care was my sole formal objective, due to staffing changes and pandemic priorities, I took on added responsibilities.

**Shared Care:** The mandate of this collaborative committee is to support Family and Specialist Physicians to improve the coordination of care from primary to specialist services. At this time, we have received funding for the Maternity Spread Network initiative. Other projects that are in development include targeted initiatives focused on Emergency Preparedness and Opioid Agonist Treatment. If you are interested in participating in a Shared Care project or discussing possibilities, please do not hesitate to reach out ([crouillier@divisionsbc.ca](mailto:crouillier@divisionsbc.ca)).

**Division Support:** Many Division supported initiatives and projects have occurred over the past year, including the development of the new web-based calendar sharing tool – team up.

The Division attended the 2019 Family Medicine Forum in Vancouver. This was an opportunity to market Mission and to meet with aspiring Physicians from all over the world. This was a stepping stone towards Physician recruitment to help meet the community's primary care attachment target.

Lunch N' Learns were well attended, both in-person and virtually via Zoom. Due to COVID-19, our focus shifted towards Townhalls and Physician and Nurse Practitioner Wellness. The Division, in partnership with the MSA, are continuing to support Coffee Talks, which allow for open conversation. If you have any questions or suggestions for topics for future townhalls, please contact the Division team.

**Primary Care Network:** Due to staffing changes and being a member of the Mission Division of Family Practice, I gradually became more involved with the Primary Care Network and the Collaborative Services Committee. I look forward to participating in future working groups.

**COVID-19:** I would like to state that I am extremely thankful to all the GPs, NPs, Clinic Staff, Office Managers, Division Staff, and the stakeholders who were involved with securing Mission during these unprecedented times. Although COVID-19 is still very much prevalent, the initial effort reassured the citizens of Mission. I feel honored to have been involved in a team that supported the clinic by collecting statistics and data regarding COVID-19 for the community. Alongside other stakeholders, we were able to quickly set up the COVID-19 Assessment and Testing Center. The Mission Division joined forces and met frequently to discuss how to support each other, our clinics, and the Mission community. An example of a support were the Division newsletter that was distributed 2 – 3 times a week to help guide members.

Over this past year, I am very proud of my involvement in the Mission Division of Family Practice. I have always been passionate about helping others, and wish to continue to do so. I hope to continue to learn and grow as a member of this team. I am looking forward to the coming year and working together to care for the community.

Respectfully submitted,

Cristina Rouillier  
Project Coordinator



# Primary Care Network Manager's Report

This was an eventful and exciting year for Mission PCN. In spring 2019 the team worked incredibly hard engaging with Division members, patients, community stakeholders and the Indigenous communities within Mission to develop the Mission Primary Care Network Service Plan. The engagement strategy was robust and included focus groups, surveys, in person meetings, attending community meetings and events.

The final plan was submitted in June 2019. After many months eagerly awaiting, countless hours of work, partnership building, ongoing collaboration and community engagement we finally received our approved letter in January 2020!

Mission PCN is a partnership between Mission Division of Family Practice and Fraser Health Authority. Funding for the PCN comes from the Ministry of Health in phases over 4 years. Funds for allied health professionals flow through Fraser Health and funds for PCN management, change management and governance flow through the Division. The Mission PCN Steering Committee has the discretion to administer the funds. We have been approved to hire a total of 9.1 FTE Primary Care Providers and 9.0 FTE Allied Health Professionals over the next 4 years.

After much anticipation, plans were starting to forward. The PCN Manager position was posted and was expected to be filled for April 1, 2020. However, the planning and implementation of Mission's PCN was impacted by Covid 19. The Implementation Launch Day in March was put on hold and priorities needed to shift in response to the pandemic. We have been collaborating with our partners at Fraser Health, First Nations Health Authority and various community stakeholders to re-vision Mission PCN which includes identifying priorities and resource allocation given the funding that has been approved.

Looking forward to next year, plans are moving forward. I was hired on as PCN Manager in June 2020. I am excited for this opportunity and I am delighted to work with the team at the Division. I really appreciate the warm welcome that I have received from the Division staff Physician members and community partners. In my short time at the Division, it has been an honour to work with such an amazing team. I am inspired by the hard work, dedication, creativity, and compassion of everyone on the team.

We are in the early stages of implementation which includes hiring the first allied health positions, team-based care training and establishing working groups. Implementing Mission PCN is a collaborative and inclusive process. We welcome member participation in working groups, committees and engagement opportunities. Physician involvement is critical to ensure that Mission PCN meets the needs of Physicians, patients and the community. The role of the working groups will be both advisory as well as to support the practical components of Mission PCN implementation. The working groups that we are looking to establish include: Monitoring/Evaluation, Patient Medical Homes, Mental Health & Substance Use, Cultural Safety.

If you are interested, or think you might be interested, in being part of the planning of Mission PCN I would love to hear from you! Please don't hesitate to contact me ([jencook@divisionsbc.ca](mailto:jencook@divisionsbc.ca)) if you have any questions, concerns or suggestions. I am looking forward to the year ahead and these exciting times for Mission PCN!

Respectfully submitted,

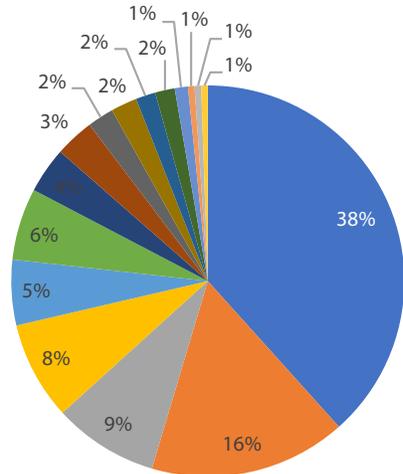
Jen Cook, PCN Manager



# Community Resource Navigator's Report

This year we strengthened our work together, continuing to build our team based care model. Through our partnerships, Physicians and Nurse Practitioners referred several of their patients over the year. We saw a significant increase in referrals upon entering the COVID-19 pandemic. Over the course of April 2019 to April 2020, Physician and Nurse Practitioner members sent a total of **105 referrals using the referral form. Of those were 43 males, 60 females, 1 Transgender person and 1 person who is gender non-binary. An additional 29 people were self/community referrals or referred by a Physician without using the referral form. The most common reasons for referral have been: income/finances, mental health, counselling and substance use, senior's resources, and housing.**

|                   |    |                    |   |
|-------------------|----|--------------------|---|
| Finances & Income | 71 | Parenting & Family | 4 |
| Mental Health     | 30 | Dental             | 4 |
| Seniors Services  | 16 | Domestic Violence  | 3 |
| Housing           | 15 | Transportation     | 3 |
| Substance Use     | 10 | Family Planning    | 2 |
| Counseling        | 11 | Return to Work     | 1 |
| Caregiver Support | 7  | Immigration        | 1 |
| Food Security     | 6  | Gender Identity    | 1 |



**The most common reason for referral was income and finances:** Income level is recognized as a social determinant of health, so it is not surprising that it was the most common reasons for referral. This category reflects the need to apply for disability and regular income assistance, subsidies for families, people who are at risk of homelessness and those who are experiencing homelessness, Health Insurance BC adjustments, completing taxes, employment opportunities and several other related programs. Upon securing income or benefits, patients report a decrease in stress levels as they are better able to meet basic needs. Unfortunately, the resources available do not adequately reflect the costs of living, so we support patients to connect with community meals, food banks and community initiatives wherever possible to supplement their income.

**Mental health, Counselling and Substance Use Services:** For many patients, seeking support for mental health and/or substance use can be overwhelming, unfamiliar and stigmatized; as a team, we provide the necessary support and encouragement for them to feel more comfortable and aware of services available. With Physician and NP support, I facilitate connections, referrals, provide brief counselling and information about available services.

**Senior Resources:** Circumstances ranged from providing support to family caregivers to connecting seniors who were isolated—every person's needs were unique. In collaboration with community partners, I link patients and caregivers to home support, mental health support as well as help to apply for income programs, connect them to the Better at Home Program, recreation, and transportation for medical appointments.

**Housing:** is a common challenge for patients. There is a lack of affordable housing options in Mission and throughout British Columbia. Despite completing many applications for housing, the need is far greater than there is supply. Through community partnerships we have worked together to prevent evictions, move into affordable housing and find immediate shelter.

I am involved in community tables and initiatives including the Mission Overdose Community Action Table, Mission Outreach Services Team, Vulnerable Persons Action Table, and the Child and Youth Committee. As community partners, we advocate for systems change, coordinate care, as well as plan and hold community events. This year MOST coordinated a BBQ at the local shelter during Homelessness Action Week, we participated in the Regional Homelessness Count, and MOCAT organized events in hopes to reduce stigma associated with drug use. The Mission Division of Family Practice is committed to creating a healthier community for everyone.

This year proves that our work together has the potential to meaningfully impact patients, families and the community. Together, we have supported patients to get safer, affordable housing, access their provincial and federal benefits, supported those fleeing domestic violence, facilitated access to mental health supports, supported those experiencing grief and loss, access legal support as well as other supports to meet their individual care needs. It has been an honor working alongside you in this work.

As we look ahead, with the highly anticipated approval of the PCN Service Plan, I have been hired as Primary Care Social Worker; one of the first PCN allied health professionals. I will continue to work alongside Physicians, Nurse Practitioners, Clinic Staff and the community to build on and strengthen our team based care model. I am excited to be continuing in this work together.

Respectfully submitted,

Katelyn Pesut  
Community Resource Navigator



# T.R.I.M.'s Lead Residential Care Program's Report

As for many, it has been a tough 6 months at TRIM. Early in the COVID crisis the decision was made to limit visitation there except in limited compassionate circumstances. For our Physicians it meant trying to limit our footfall in the building and follow screening measures when we did need to go in person.

Fortunately we have had no outbreaks in TRIM even during the outbreak in the neighbouring acute medical unit at Mission Memorial Hospital. For a short while a number of PATH patients were accommodated in TRIM filling the places left available by a temporary curtailment of the respite program which has since restarted operations. Every resident entering the residence is swabbed and placed under droplet precautions until cleared and we have got used to gowning up for some of our calls.

Zoom has proved a successful alternative to face to face visits for some residents although for others, in particular with cognitive decline it has been very challenging and residents, families and staff alike are finding the relative isolation hard.

Last year, two of the neighbourhoods in TRIM were designated Behavioural Support Transitioning Neighbourhoods which are used to house patients with more advanced dementia with accompanying behaviour challenges. This has proved a steep learning curve for both staff and Physicians without regular specialist support.

We are delight though that Dr. Atul Nanda, known to some doctors in Mission has offered to provide a regular monthly service to TRIM and we look forward to working with him starting in October.

Overall despite the adversities things are moving forwards positively with improvements in many of our quality indicators and the leadership has made a concerted and consistent effort to support resident care and caregiver satisfaction. Any Physicians interested in joining our team please approach me and I'll be happy to answer questions.

Respectfully submitted,  
Dr. Peter Barnsdale



# Mission's COVID-19 Medical Director's Report

The 2020 novel coronavirus has impacted us all since the beginning of the calendar year. The Mission community collectively worked together to fight against this invisible enemy.

The COVID-19 Assessment Centre was established within 2 weeks, originally hosted at the Mission Seniors Centre. We worked tirelessly to ensure the safety of Mission residents, together with the Doctor's Offices, the District of Mission, Fraser Health, and many other stakeholders.

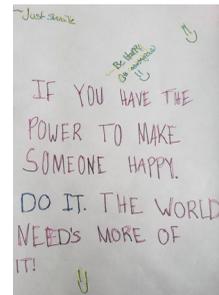
Over time, we have been learning more and more about the virus. Our new normal will remain constant for the foreseeable future, including limiting number of in-person appointments, restricting the number of people in clinics, and closing down waiting rooms. All the clinics have followed WorkSafe BC protocols to protect themselves and their patients.

The safe assessment site is operating to protect those in the Mission community. It is important to base primary care visits by the clinic zones (red, amber, and green). Patients with either COVID-19 related symptoms, or with respiratory symptoms, or have a cardiac medical history, or are children who are recommended to be seen at the assessment site, unless they can be safely seen at their Primary Care Provider's clinic.

Let's continue to fight this battle. It is imperative to continue to social distance and stay home when sick.

Respectfully submitted,

Dr. Lawrence Welsh



# Practice Support Program's Report

The Practice Support Program (PSP) helps Family Doctors and teams build capacity in their practices, enabling them to practice more efficiently, focus more on clinical care, patient relationships, and adopt attributes of the patient medical home in BC.

We support doctors to identify, implement, and maintain practice improvements in four measurable areas:

|  |   |
|--|---|
| <p><b><u>Practice Team Support</u></b></p> <p>Establishing structure, clarifying roles, and teaching necessary skills so GPs and teams can implement practice changes.</p> | <p><b><u>EMR Optimization</u></b></p> <p>Supporting improved usage of EMRs to inform practice management decisions, facilitate proactive care, and minimize frustrations.</p> |
| <p><b><u>Process Management</u></b></p> <p>Improving office workflows, processes and standards.</p>  | <p><b><u>Measurement</u></b></p> <p>Using data and metrics to reflect on quality of care and inform improvements where needed.</p>  |

Over the last fiscal year, PSP's focus was on supporting the few remaining Family Physicians' develop patient panels, and introducing the practice facilitation approach to quality improvement. A remarkable, 64% of Mission Family Physicians have completed the three phases of panel management, and 15% are on their way to completion. A solid understanding of a patient panel has enabled seven Family Physicians and their teams to initiate 14 quality improvement projects using the new practice facilitation action plan between January and March 2020.

For the upcoming year, we will continue supporting the remaining Physicians to complete their panel work and engage in quality improvement initiatives. We are off to a great start with 32 additional practice facilitation action plans in-progress. In addition, Fraser Health and PSP are collaborating to deliver Team Based Care education with the first session in September 2020.

You may have noticed some team changes at PSP. Maggie Aronoff left the team in June 2019. Simi Parihar joined the PSP team in August 2019.

It is an honour and a pleasure to serve the Mission Physician community and we look forward to the year to come.

Respectfully submitted,

Simi Parihar  
Practice Support Specialist



# Pathways

Used widely across the province, Pathways has continued to assist Physicians in making referrals with comprehensive specialist and clinic information. Key goals of Pathways include allowing GPs to identify the most appropriate specialist with shorter wait times, simplifying the patient referral process by easily identifying specific areas of practice offered by each specialist, providing GPs with the most up-to-date information possible to ensure appropriate referrals, and decreasing the incidence of re-referrals, thereby increasing the efficiency of patient care.

While Pathways has always been used as a tool to inform decisions about patient referrals, the addition of the Referral Tracker to Pathways will now allow Physicians and their staff to send and track referrals as well! Features include:

- A collaborative dashboard (accessible through your existing Pathways account) where both GPs and specialists can track patient referral status (i.e.. sent, received, patient wait listed or booked).
- The ability to use your existing office workflow to send a referral letter and accompanying documentation to the specialist clinic
- Secure messaging between GP and specialist offices through the dashboard
- Automated electronic patient notifications sent by email or text, including patient instructions

| Referral Tracker Benefits  |    |    |         |
|--|----|----|---------|
| Key Value Added  | FP | SP | Patient |
| Know where they are in the referral process.   |    |    | ✓       |
| Receive electronic notifications with a link to confirm the appointment.   |    |    | ✓       |
| Notifications when waitlisted and when appointment is booked.<br>Reminders of the appointment are sent 1 week and 48 hours before their appointment. |    |    | ✓       |
| Faster receipt/ acknowledgement of referrals.  | ✓  | ✓  |         |
| Easier and more efficient communication between FP and SP offices using the inter-office (replaces phone tags).                                      | ✓  | ✓  |         |
| Reduced number of phone calls to patients.   | ✓  | ✓  |         |
| Easy access to referral status.  | ✓  | ✓  |         |
| Reduced No-Shows.  |    | ✓  |         |
| No cost patient electronic notification system.  | ✓  | ✓  |         |
| Simple way to enable pooled referral intake.   |    | ✓  |         |



# Board of Directors

**Dr. Carol Pomeroy, Chair**

**Dr. Harjinder Dau, Treasurer**

**Dr. Peter Chang**

**Dr. Shavinder Gill**

**Bob Ingram**

## **Advisory Committee**

**Dr. Carol Pomeroy**

**Dr. Harjinder Dau**

**Dr. Gwen Siemens**

**Dr. Lawrence Welsh**

**Dr. Peter Barnsdale**

## **Mission Division Staff**

Shona Brown, *Executive Director*

Kimberly Bergen, *MOA/ Admin*

Paul Burns, *Bookkeeper*

Jen Cook, *Primary Care Network Manager*

Jennifer Rhodes, *MOA/ Admin*

Cristina Rouillier, *Project Coordinator*

Katelyn Pesut, *Community Resource Navigator*

Debbie Weller, *MOA/ Admin*



Local Aboriginal artist and carver Peter Gong, created this symbol to represent the healing hands of GPs around Mission.

The clinicians and staff of the Mission Division of Family Practice acknowledges that that we live and work on the unceded, traditional, and ancestral territories of the Stó:lō People, particularly the Sq'ewelts, Matsqui, Kwantlen and Leq'á:mel Peoples.

# Contact

*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.*

7298 Hurd Street, Mission, BC, V2V 3H6  
P: 604-820-1021 F: 604-820-1027  
[www.divisionsbc.ca/mission](http://www.divisionsbc.ca/mission)

Photos by Cristina Rouillier



**Mission**  
**Division of Family Practice**  
A GPSC initiative