

# Reflections



Northern Interior Rural Division of Family Practice - Newsletter

Fall  
2017



BURNS LAKE - FORT ST. JAMES - FRASER LAKE - INDIGENOUS COMMUNITIES - MACKENZIE  
MCBRIDE - QUESNEL - VALEMOUNT - VANDERHOOF

## New Mental Health Emergency Department Protocol

By Michelle Blais



**Dr Quynh Doan**, ER Physician  
BC Children's Hospital

Northern Health is working with the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative and the 'HEARTSMAP' team to bring training on a new Emergency Department (ED) Protocol to ED staff in Northern hospitals. The protocol was developed in response to growing concerns with the number of children and youth presenting in the ED due to a mental health and/or substance use crisis, and the challenges they face with long waits, consistent assessment, and referral to appropriate support after discharge, among others. Dr. Jeff Peimer, an ED physician in Williams Lake and a key champion of the Protocol, was aware of the need for increased support in the ED – "My colleagues were saying 'Give us something we can use, so we know what to say, what to do, so we can get these kids managed properly'."

Born from the CYMHSU Collaborative, a Shared Care initiative of Doctors of BC and the BC government, the five-step ED protocol was the result of a year of work by the Collaborative's ED Protocol Working Group led by Dr. Peimer. The group consisted of one ED physician, three psychiatrists, two pediatricians, school counsellors, staff from the Ministry of Children and Family Development, and others.

The ED protocol aims to inform a consistent, supportive approach in the ED for children, youth and their families in MHSU crisis, and aims to also equip ED staff, many with limited mental health training, with the skills and confidence to support these children and their families.

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September 2017  
Issue 5

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### NIRD Newsletter looking for contributors

Do you have a success story, initiative update, or offbeat news that you would like to share with your Division colleagues?

Please contact Anneli Rosteski if you'd like to be in our next issue of *Reflections*.

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## The ER Protocol's **5** Steps

1. 'What to Expect' pamphlet (written by youth and families)
2. Algorithm to guide staff in best-practice
3. Psycho/social assessment tool (HEARTSMAP)
4. Communication Plan to link the child or youth to community resources
5. Safety plan so the family knows what to do at home.

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### Supporting kids and staff with HEARTSMAP & tools

Dr. Quynh Doan, investigator and pediatric emergency physician at BC Children's Hospital, and associate professor with the UBC Department of Pediatrics, led a project to develop the HEARTSMAP psycho/social assessment tool – a key step of the protocol.

HEARTSMAP is an online assessment tool that provides questions to allow practitioners to quickly assess a patient and make customized treatment recommendations based on the outcomes of the test. The tool uses data to flag areas of concern and recommends action plans to clinicians, such as "consult psychiatry" and "refer to CYMH". The HEARTSMAP report is also used to develop communication and safety plans at discharge (Steps 4 and 5 of the ED Protocol).

### How the ED Protocol is working in Quesnel

Dr. Pieter Slabbert, a GP in Quesnel, helped to spearhead the training and implementation of the new ED protocol at his local hospital. "The protocol has improved standardization," says Pieter. Previously, physicians, nurses, and allied health staff all did their own assessments in the ED. As Pieter elaborates, "Now staff are trained to all use the same tools and processes."

Dr. Slabbert also sees how the HEARTSMAP provides

reassurance to parents, and increases staff confidence. "Parents can see that there are other options besides referral to a psychiatrist," says Pieter. "Before we were treating everyone the same out of fear, which meant we would over treat some and under treat others," he says. He also notes that action plans and increased communication between providers is ensuring follow up takes place.

Quesnel is one of 30 BC hospitals in the process of implementing the protocol and many more are ready to get on board.

### Northern Health Training September/October

Dr. Doan will be presenting education sessions in September and October at local hospitals in each of the Northern Health Regions.

The two hour education sessions will also be available by video-conferencing to any health care provider who works within the Emergency Department.

CME credits are available for physicians completing the HEARTSMAP training and certificates are provided for all participants.

### Additional Resources:

**HEARTSMAP:** More information and on-line training for the HEARTSMAP is available at [www.heartsmap.ca](http://www.heartsmap.ca)

**ED Protocol Video & Fact Sheet:** The CYMHSU Collaborative has created a short ED protocol training video and fact sheet to facilitate training for the protocol. They can be found on the [Collaborative's Toolbox here](#).

**Free CYMHSU Training Modules:** Learning Links provides free online training on a range of CYMHSU topics. You can receive CME credits. Sign up at [www.learninglinksbc.ca](http://www.learninglinksbc.ca)



## Physician Profile: Dr. Terri Aldred

By Anneli Rosteski



Dr. Terri Aldred was born in Prince George and spent a number of her early years living on the Tachet reserve, approximately 2 ½ hours west of Prince George. She is a Carrier from the Tl'azt'en Nation and was inspired to become a medical doctor to bring healing to Indigenous people through culturally appropriate health care. A graduate of the University of Alberta with a Bachelor of Science degree in Health Science and a Doctor of Medicine degree, Dr. Aldred joined the Aboriginal Family Practice Residency in Victoria, B.C., which she completed in June 2013.

Since then, Dr. Aldred has returned to work in the northern communities that shaped her life. Today, Dr. Aldred provides outreach as a Primary Care doctor with the Carrier Sekani Family Services (CSFS) Primary Care team. Additionally, Dr. Aldred is the Site Director for the UBC Indigenous Family Practice Program.

Dr. Aldred is also the first Indigenous Communities Representative on the Northern Interior Rural Division of Family Practice's (NIRD) Board of Directors. Reflecting on her decision to join NIRD's board she said, "When you work in the North, you can feel like you work in isolation. Many of my colleagues fly in from the South. Joining the board gave me an opportunity to work with other doctors in the region."

Dr. Aldred is passionate about creating a shift toward cultural safety for Indigenous peoples within the medical system where everyone can be treated with care and compassion. "Trust is a big issue among Indigenous people and accessing the medical system has been one place where Indigenous people have been exposed to systemic racism."

She believes it is important to understand the barriers Indigenous people face when accessing care, "Most feel they need a plan [to attend an appointment]. They pull in an aunt or someone else because they don't believe they will be listened to." Dr. Aldred also points to other barriers such as transportation and nutrition.

To build cultural safety, Dr. Aldred believes it is important for physicians to get to know the communities around them. She provides some suggestions of how to build greater connections with Indigenous communities:

- Attend community events. Ask questions and be curious.
- Drop in at the Band office
- Speak with Community Health Representatives at local health clinics.
- Ask to speak with an Elder.

"It means a lot to the community when they see doctors at community events: asking questions, wanting to know more, wanting to understand," says Dr. Aldred. She suggests embracing the learning with an openness and curiosity, as well as with respect and compassion.

Dr. Aldred was glad the NIRD Board saw the addition of an Indigenous Community Representative as a priority for the Division. "Our Division has a significant First Nations population with unique and challenging healthcare needs. Dr. Aldred is an essential member of our Board and brings experience, perspective and leadership which is invaluable in guiding our decisions and policies," says NIRD's Physician Lead, Dr. Sean Ebert.



## Message from the Chair:

**Integration and communication** are fundamental in the healthcare transformational process. The explosion of medical knowledge and technology has fueled our current fragmented and chaotic system. Jurisdictions that are realizing healthcare improvements have fundamentally shifted processes and incentives (financial and behavioural) to focus on patient centred care within Primary Care Homes using physician led inter-professional teams.

Transformational change requires a strong vision and leadership that can empower people to act. Communication is equally important to share the vision, highlight success, and develop the relationships that will allow the institutionalization of the changes our system needs.

Our Division provides a great opportunity for leadership development and I would encourage physicians to take advantage of the courses available. NIRD is developing a communication network to connect and support rural physicians as we share ideas and learnings through our various community and inter-Divisional projects. Talk with your community representative and join us in our Mission 'to build healthier communities - together'.

Dr. Sean Ebert

## Contact Us

We want to hear from you! Send us your comments or questions about the work we're doing, or let us know if you want to get involved with any of our projects.

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