

Reflections



Northern Interior Rural Division of Family Practice - Newsletter

BURNS LAKE - FIRST NATIONS COMMUNITIES OF PRACTICE - FORT ST. JAMES - FRASER LAKE - MACKENZIE - MCBRIDE
QUESNEL - VALEMOUNT - VANDERHOOF

Welcome!

Welcome to the third issue of the Northern Interior Rural Division newsletter.

This edition highlights new developments from the Northern Interior Rural Division of Family Practice in British Columbia and features physician interviews, overviews of new and exciting initiatives, and projects that are happening in and around your Division.

Message from our Chair

As we usher in the New Year, NIRD is closing in on a successful 5th year of growth and development. From initial A GP for Me projects we have gained experience, established partnerships, expanded our administrative support, and grown our membership. Our community-based micro-projects are making a significant difference to the health of our rural populations. We continue to create networks of peer support and influence the regional inter-Divisional and Provincial Division work taking place.

I encourage all our members to examine the community and regional opportunities and consider getting involved.

If you have a community initiative, we can help make it happen.

- Dr. Sean Ebert

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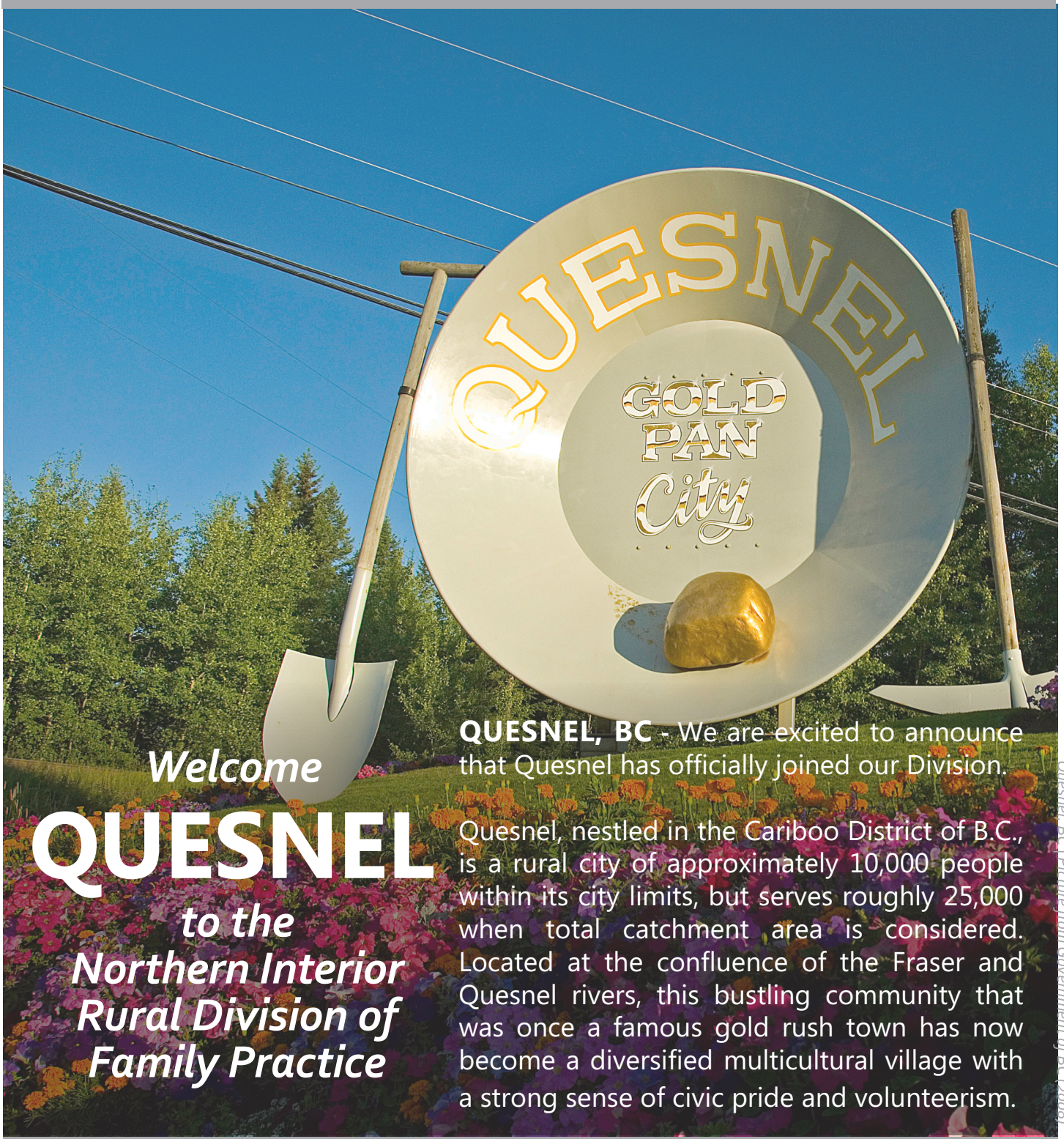


Northern Interior Rural Division of Family Practice

Spring
2017



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MCBRIDE - QUESNEL - VALEMOUNT - VANDERHOOF



Welcome
QUESNEL
*to the
Northern Interior
Rural Division of
Family Practice*

QUESNEL, BC - We are excited to announce that Quesnel has officially joined our Division.

Quesnel, nestled in the Cariboo District of B.C., is a rural city of approximately 10,000 people within its city limits, but serves roughly 25,000 when total catchment area is considered. Located at the confluence of the Fraser and Quesnel rivers, this bustling community that was once a famous gold rush town has now become a diversified multicultural village with a strong sense of civic pride and volunteerism.

Quesnel, BC | Picture from Government of BC (2008)





Quesnel has 22 family physicians, and 2 nurse practitioners (NPs) with 3 private group practice clinics (Fraserview Clinic, Quesnel Medical Clinic, and Holley Clinic), 1 solo private practice (Heiho Clinic), and the Northern Health Primary Care Clinic.

We spoke with two physicians, Dr. Slabbert and Dr. Furstenburg, about their experience working in this town. Both general physicians practice at Fraser View Medical Associates, offering health care for the rural community of Quesnel. Dr. Furstenburg is the Chief of Staff and Dr. Slabbert is the Division Lead and co-chair of the Child Youth Mental Health Substance Use (CYMHSU) Local Action Team in Quesnel.

During our conversation, we delved into issues on the rural health landscape, community needs, and the experience of serving the community as GPs.

Can you tell me a bit about yourself and how you came to work in Quesnel?

Dr. Slabbert: It was a big adjustment moving to Canada. I only saw snow on television before I moved here. From a social standpoint, adjusting was easy. I settled down here with my wife and kids. Everyone's very happy here.

Dr. Furstenburg: I have the same story to a certain degree. I wanted to specialize in surgery and looked into that. Then I got more into rural family practice and enjoyed it. You get to a point where you look at your life and wonder—is it worth uprooting your whole life to work in the city? I modified my life as a GP by doing both management and medical administration. The benefit of working in rural Canada is that you can modify your practice to specialize according to your skills and interests. For example, some of my specializations are doing caesarians and deliveries.



Photo : Drs. Slabbert (Left) and Furstenburg (Right)

Did family move with you?

F: I came here with my wife and young child. I'm a family physician from South Africa recruited by a physician in Quesnel. I was working in South Africa specializing in surgery and came as a locum. I got to know the practice, the community, and doctors in Quesnel. I decided to give up surgery in South Africa and move to Canada.

S: I had almost exactly the same situation. I had to get used to a small town and get used to rural medicine, as well as doing GP surgery and full service family practice. We are able to do procedures we wouldn't be able to do in a large city. The work-life balance is awesome and it keeps me in Quesnel.

Is there anything you would like to see happen in the Division of Family Practice in Quesnel?

F: We just recently joined the Division to [emphasize] the rural voice. We have a lot of community projects on-the-go. Unifying the rural voice is important in getting access to resources for the community.



In Quesnel, what key health priorities need to be addressed?

F: The highest priority is the elderly. Quesnel is where people come to retire and escape—it's financially feasible to come to rural areas. The big flux and swing of the population demographic is what causes most of our hospital admissions to be the aging population. We are most likely not supporting them enough in terms of helping people do decent advanced planning for this group. The healthcare resources are not enough. This will be our biggest challenge.

S: Youth mental health is also a big crisis here. We figured out that this is a high priority and want to sustain the work of the CYMHSU Collaborative. I am a co-chair for this initiative and we have great momentum with high physician engagement. We have more than 90% of physicians engaged in the CYMH module and training in new Emergency Department (ED) protocols, and some are involved in getting doctors into schools.

Do you feel well supported in your practice?

S: Yes, in Canada we have multiple layers of support and we are only just a phone call away from getting advice on any facet—business or personal. Additionally, we have rapid access lines that allow us to connect with other physicians when needed, including for getting mental health support.

F: I agree. I worked with Dr. Slabbert and feel well supported by other GP colleagues. Doctors are well supported in terms of essential services. We have mental health support, legal support from the CMPA, and general advice from colleagues and the Doctors of BC.

***CYMHSU LAT Collaborations
with Division***

The CYMHSU Local Action team is bringing (Emergency Department) ED Protocols as a community priority to Quesnel. Quesnel physicians believe CYMHSU is one of the main priorities for the Division's work in this rural town. Dr. Slabbert, our Local Action Team co-chair for CYMHSU, introduced the ED protocols team at a recent training. Dr. Quyhn Doan, ER physician at BCCH, researcher and developer of the new protocols (HEARTSMAP) was also a part of this training as well as Caitlin Blewett, the NH CYMHSU Northern Lead, and Michele Blais, Provincial Lead for the CYMHSU collaborative work on ED protocols.





NIRD Micro-Projects!

The Division is providing support and up to \$10,000 for physicians to run mini-initiatives, or “micro-projects”, in their communities! The projects are an opportunity for physicians to not only identify local health challenges, but take practical steps to address them as well.

We currently have many exciting and innovative micro-projects underway in the Northern Interior Rural Division. Most of the “micro-projects” are either up and running or in development.

If you are interested in learning more about any of the Division’s Micro-Projects, or have some ideas for a new one, feel free to contact Errol Winter at

ewinter@divisionsbc.ca

Listed below are some of the projects supported by the Division:

- PQIPM Network
- Pathways Project
- CRISP, Pills of Knowledge
- Northern Psychiatry Project
- Patient Satisfaction Surveys
- Facility Engagement Initiative
- Vanderhoof Inter-Professional Team Projects
- Explore the North Locum Program
- Co-Mentorship Program
- Quesnel Project with Dr. Furstenburg
- Vanderhoof Project with Dr. Ebert
- Vanderhoof Project with Dr. Coombs: Mapping historical follow-up for cardiac patients
- Technology Initiative/Secure Texting
- CPD Concierge Program
- Register Society Act Changes
- Valemount Rental
- Sustainable Rural Communities: Supporting physician integration/planning for candidates’ arrival
- Community Liaison/Physician Lead Support: Developing associate role to effectively support project work
- Community Meetings: Integrating with CME work
- Dr. Terri Aldred Nadleh Project
- Advanced Care Planning
- Rural Obstetric Care
- CYMHSU: Integrating with the Northern Psychiatry Project



Cardiac Rehabilitation Program

VANDERHOOF, BC - Dr. Micaela Coombs, a GP in Vanderhoof, is leading the cardiac rehabilitation initiative and will receive up to \$10,000 through the NIRD micro-project fund. The aim of this project is to aid patients undergoing cardiac rehabilitation in recovery following a heart attack, post-coronary angioplasty, or coronary by-pass. Cardiac rehabilitation can help prevent future heart problems, improve quality of life, and help with overall wellness.

Dr. Coombs expressed concerns about barriers faced by cardiac patients needing to travel from Vanderhoof to Prince George for necessary services

and care. Dr. Coombs identified this as a priority for care in Vanderhoof, and will lead a search to establish the number of patients eligible to enroll in the program. To help the program operate, Dr. Coombs is partnering with the Northern Health Authority and is planning on bringing in additional allied health care professionals to help run the program. Additionally, the Northern Health Program Coordinator, who manages a cardiac rehabilitation program in Fort St. John, is providing start-up support, education materials, and additional resources for this program.

NIRD welcomes Carrie Smith to the team

VANDERHOOF, BC - NIRD is pleased to welcome Carrie Smith to the team as an Administrative Assistant. Carrie brings bookkeeping and administration skills from her previous roles in dental office administration. Carrie replaces Carmen Funk who has been with the Division since its inception.

The Division wishes to thank Carmen for all her hard work and dedication to NIRD over the past four years. Carmen consistently brought a solid work ethic, organizational skills, and a positive, cheerful attitude to her work with the Division. Carmen, you will be missed.

Carmen has been working with Carrie to bring her up to speed on the processes, people, and geographic region thus ensuring a smooth transition of these duties. Carrie is a resident of Vanderhoof and an



Photo above: Carrie Smith

active member of the community. Among her recent volunteer roles, Carrie has served as President of the Sinkutview PAC since 2014, and was the Event Organizer for the 2016 Terry Fox Run.

Carrie can be reached at csmith@divisionsbc.ca



Valemount Accommodation for Locums

VALEMOUNT, BC - Key challenges for locums practicing in rural areas of BC usually include accessing suitable accommodation. Finding stable housing is often cited as a barrier to recruiting locums, especially those bringing their families with them. The Division has recognized this barrier and is making strides to provide stable housing options.



Valemount is the first community that the Division has moved to address locum housing challenges. The community was chosen because it's popular in both winter and summer with tourists and this popularity often translates into limited temporary housing or hotel vacancies. In Valemount, the Division has

secured a comfortable home that allows for stable, year-round accommodation for locums. According to Errol Winter, NIRD's Executive Director, the idea is to not only provide stable housing but to make locums "feel at home". Errol went on to say that, "smaller hotels are simply not the best choice for long-term stay and from a financial standpoint, the Valemount housing support is nearly the same as the standard housing support provided by the locum program."

The accommodation boasts stunning views, a grounds-keeper, laundry facilities, furniture, cleaning support, and televisions.

So far, uptake has been great as the residence allows locums to gain a sense of stability and really experience what its like to live in the community. Recently, a locum working in the Nass Valley and Fort St. James highlighted the high quality of experiences working with rural communities, describing people as "good people to work with-they are generally appreciative with great stories to tell".

Blood Pressure Kiosk

MCBRIDE, BC - On January 30th, 2017, a new blood pressure kiosk was installed at a Home Hardware store in McBride. It has already generated much interest in the community and is being used frequently. The Northern Interior Rural Division of Family Practice partially funded the kiosk. According to local physicians, the kiosk is working well and will be a helpful assessment tool that is easy to access.



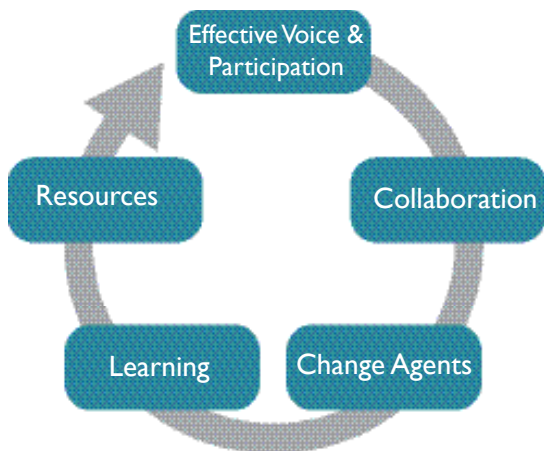
Photo: Keltie Carmichael (McBride HSA), Dr. Taylor Martin, and Tony Vizza (Home Hardware)



The foundational pieces behind NIRD



Value Propositions for Members



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.

Email Errol Winter, NIRD Executive Director
ewinter@divisionsbc.ca Phone: 250-626-7056

<https://www.divisionsbc.ca/NIRD/home>

NIRD Board Members

BURNS LAKE
Dr. Lorne Caira
hopeman123@yahoo.com

FIRST NATIONS
COMMUNITIES OF PRACTICE
Dr. Terri Aldred
terrialdred@gmail.com

FORT ST JAMES
Vacant

MACKENZIE
Dr. Ian Dobson
iantdobson@gmail.com

McBRIDE
Dr. James Card
jimmythecard@yahoo.com

FRASER LAKE
Dr. Shannon Douglas
shannon.douglas@northernhealth.ca

QUESNEL
Dr. Pieter Slabbert
skabbertph@gmail.com

VALEMOUNT
Dr. Ray Markham
ray.markham@northernhealth.ca

VANDERHOOF
Dr. Sean Ebert, Chair
spebert@telus.net