



# 2010

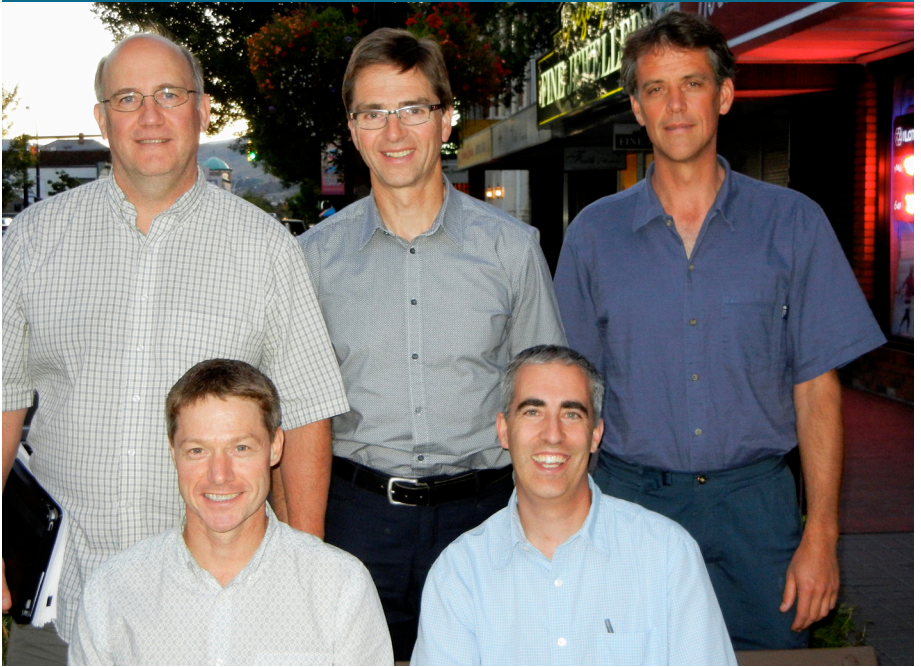
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## Annual Report



**Shuswap North Okanagan**  
**Division of Family Practice**

A GPSC initiative



*The Shuswap North Okanagan Board of Directors (back left to right) Dr. Robert Hillis, Dr. Gavin Smart and Dr. Ross McDonald and front (left to right) Dr. Kenneth Perrier – Physician Lead and Chair and Dr. James Levens – Treasurer.*



## Message from the Physician Lead



**Dr. Ken Perrier**  
*Physician Lead*

'Opportunity', the Canadian Oxford Dictionary defines as: 1. A good chance; a favourable occasion. 2. A chance or opening offered by circumstances. 3. Good fortune.

To me, opportunity epitomises what the Divisions of Family Practice represent. The divisions, through the Collaborative Services Committees, create a place where people with varying knowledge and skill sets can work together to solve the real problems within our health care system. Physicians finally have the opportunity to directly influence programs that affect our patients and practices. The Ministry of Health (MoH) and the Interior Health Authority (IHA) can now engage family doctors in a process where traditional hierarchal structures have been removed. GPs bring immense practical knowledge to the discussion. We know the barriers that patients and physicians face regularly. With our assistance, the MoH and the IHA can make consensus decisions regarding how to manage problems that we face. Never before have physicians participated in the planning of British Columbia's health care in this manner and it is a tremendous opportunity for doctors to improve the functionality of the system in which we work.

The Shuswap North Okanagan Division of Family Practice (SNO) was formed as a non-profit society in June 2010. Serving you as your Board from its conception have been: Drs. Robert Hillis, James Levins (treasurer), Ross McDonald and Gavin Smart. I have acted as the Physician Lead. Tracey Kirkman is our Executive Coordinator and Tammy Benischek is our Administrative Assistant. I want to thank them for working diligently on your behalf and contributing so much to the great SNO Board that we have.

During our first year, SNO has worked to establish a prototype agreement for the Vernon Jubilee Hospital (VJH) Doctor of the Day program. We completed a study to evaluate the workload of the VJH DODs and are now finalizing a unique method of payment for this service that may be the blueprint for sustaining DOD programs elsewhere in the province. Secondly, we continue to work with our partners on compensation for the Shuswap Lake General Hospital (SLGH) Emergency Physicians. We believe that this work will be the cornerstone for resolving staffing issues within the SLGH ER. We have struck a Continuing Education Sub-committee to improve access to quality CME. Your board continues to work with our partners on problems that affect our area. I encourage all SNO doctors to join in the opportunities that lie ahead.

## Message from the Coordinator

As I reflect on the past nine months of working within the SNO Division of Family Practice, I find myself echoing Johann Wolfgang van Goethe's words: "It is not where we stand but in what direction we are moving", that is important. As a fledgling organisation, however, a tremendous amount of groundwork has to be done before we can realistically start to move forward. The SNO Division of Family Practice operates as a non-profit society and therefore requires strict adherence to the Society's Act. This entails a strong administrative foundation, covering aspects such as governance models, policies and procedures, the establishment of a professional corporate identity and responsible financial management.

When I look back at our humble beginnings, I am very pleased with the progress we have made in this area. We have come a long way - from originally being followers to now being potential leaders. We have also developed a professional image that matches that of our members. Our Division has the added challenge of merging two communities that were traditionally geographically adversarial: Salmon Arm and Vernon. In addition to this, we had to make sure that the voices of the smaller surrounding communities were not lost. I thoroughly enjoyed meeting some of our members at their clinics and encourage any current or potential members to call me if you would like to meet with me to discuss any issues. We will continue to provide our members with the opportunity to provide feedback to us and to share their thoughts and ideas at the various member engagement sessions that we will host in the upcoming year.

Building relationships and trust - not only among our members but also among health care authorities and the Ministry of Health - is critical to the success of Divisions. Working in a collaborative fashion requires a new way of thinking and therefore some growing pains were to be expected. Our Collaborative Services Committee, which includes representatives from Interior Health, the Ministry of Health and the General Practice Services Committee (GPSC), is transitioning into this new model and I am confident that the process will deliver significant and tangible results in the upcoming year. As we look towards the new year, I am excited and encouraged by the work that lies ahead for our Division and I firmly believe that we are moving in the right direction - a direction that will improve health care outcomes for our community and improve physician wellness and satisfaction for our members.



**Tracey Kirkman**  
*Coordinator*

# Highlights of the Shuswap North Okanagan Division of Family Practice

## **April 2010**

Interim board of directors approved/chosen/formed

## **May 10, 2010**

Directors sign BC Society Act

## **June 1, 2010**

Shuswap North Okanagan Division incorporated as a society

## **July 8, 2010**

SNO Division Executive Coordinator (Tracey Kirkman) and Administrative Assistant (Tammy Benischek) hired

## **August 4, 2010**

First SNO Division board of director's meeting

## **August 24, 2010**

First SNO Division Collaborative Services Committee (CSC) meeting

## **November 9, 2010**

SNO Division launch with smoking cessation CME

## **December 10, 2010**

Infrastructure Funding Service Agreement signed

## **December 15, 2010**

Vernon Doctor of the Day (DOD) Inpatient Research Study signed

## **January 2011**

SNO Division transfer of funds complete

## **January 2011**

Welcome letter sent to the SNO Division members

## **February 10-11, 2011**

Provincial physician lead and coordinator's workshop in Vancouver

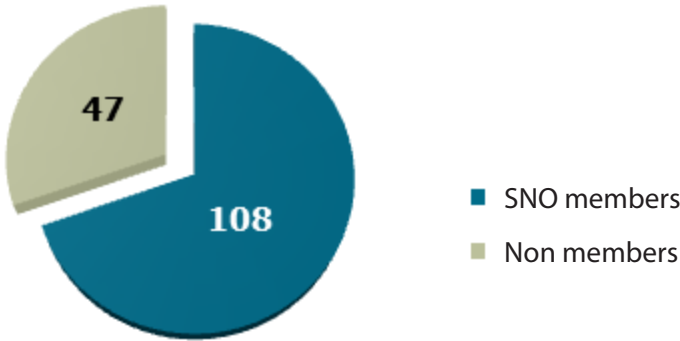
## **February 22 and 24, 2011**

SNO Division sponsored billing workshops in Vernon and Salmon Arm

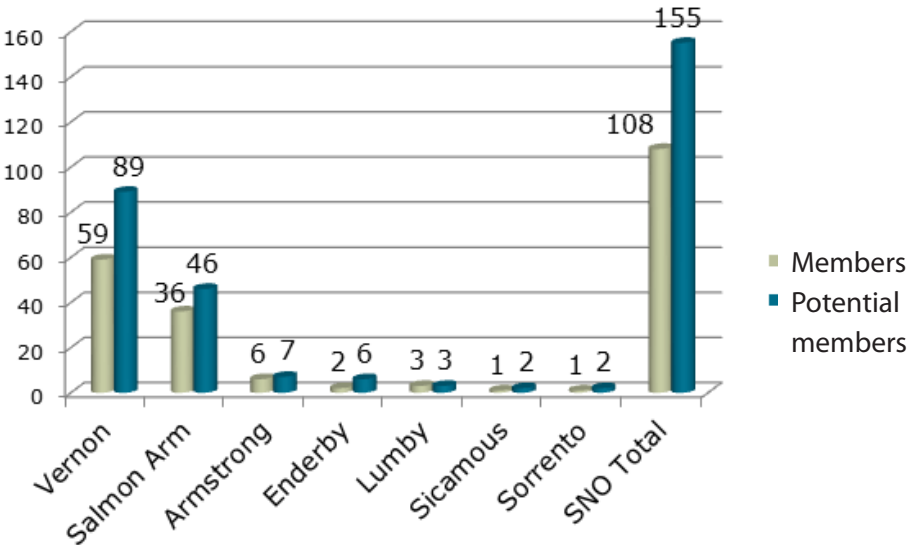
# Membership Update

As of March 31, 2011, the SNO Division has 108 members, or 69.6% of its potential 155 members.

## SNO Division Membership - March 31, 2011



## 2011 SNO Membership per Community





## SNO Division Focus Areas

As a Division, Shuswap North Okanagan has been working collaboratively with Interior Health, the GPSC and the Ministry of Health on the following two issues: the Vernon Jubilee Hospital Doctor of the Day program and the Shuswap Lake General Hospital ER Department.

### Vernon Jubilee Doctor of the Day Inpatient Research Study Summary

The study was completed on March 16, 2011. Its goal was to provide baseline data pertaining to the VJH DOD Service in order to help provide information to the partners about how to address issues that threatened the program.

#### Results

- 341 patients enrolled from 78 of 92 potential shifts
- Average number of patients admitted/shift: 4.37
  - Highest in March: 5.91
  - Lowest in February: 3.48
- Range of patient admissions/shift: 0-12
  - Most common range: 2-6 (59, 75.6% of shifts)
- Route of admission:
  - 234 (68.6%) via ER
  - 93 (27.3%) directly by specialist
  - 14 (4.1%) not documented
- Family Physician Status:
  - 57 (16.7%) of patients admitted did not have a FP
  - 55 (45.0%) had a FP who worked in North Okanagan who did not have privileges
  - 25 (36.7%) had a FP who worked outside of VJH catchment area
- 135 had specialist as Most Responsible Physician (MRP) or specialist consultation of date of admission
- Of those admitted without a FP:
  - 24 (42.1%) could not find one
  - 23 (40.4%) had not looked
  - 2 (3.5%) preferred care via walk-in clinics
  - 0 preferred their care through the ER
  - 2 (3.5%) stated other reasons (not documented)
  - 6 (10.5%) no information recorded
- Doctor of the Day patients resided in 21 different cities or towns
  - 99 (29%) were from Vernon
  - 131 (38.4%) were from Vernon, Lumby or Armstrong
- 102 different admitting diagnoses listed (top five categories below)
  - Orthopaedic: 66 (19.4%)



- Psychiatric: 53 (15.5%)
- Gastrointestinal: 50 (14.6%)
- Circulatory (cardiac and cerebrovascular): 43 (12.6%)
- Respiratory: 28 (8.2%)
- Study form failed to allow detailed co-morbidity evaluation
  - 59 (17.3%) of patients listed with 3 or more co-morbidities

## Discussion

- Average number of admissions less than investigators expected
  - Possibly secondary to time of year
  - Possibly secondary to investigator bias (negative effect of busy shifts)
- Range of admissions/shift
  - Variability creates problems scheduling next day office
  - Cited as reason some doctors have left program
- Relatively low number of patients admitted without FP
  - Possibly low due to strong Department of Family Practice at VJH
  - Most FP still have active privileges
  - Only five family physicians with practices in local area do not have active privileges
  - Patients primarily from these five practices account for 45% of DOD admissions
  - FP dropping active privileges leads to greater DOD burden
  - Loss of DOD programs elsewhere led to FP resigning active privileges, creating greater burden of care for Hospitalist Care models and problems therefore of staffing and funding Hospitalist Care programs
- 125 of DOD patients outside of VJH FP catchment area
  - Reflected high Orthopaedic and Psychiatric admitting diagnoses
  - Reflects VJH regional hospital status
  - Tourism destination influences number of admissions
- Specialist involvement:
  - 27.3% admitted by specialist and 39.6% seen by specialist on day of admission
  - Problems with study form and 14084 billing code being unable to differentiate between true MRP being specialist or DOD
  - Query MoH MSP billing codes may more accurately differentiate who is MRP
  - Lack of clarity regarding who is actually MRP for patients admitted with specialist participation cited as reason past DODs have resigned from program
- Diversity of admitting diagnoses reflects true general hospital
  - Specific specialties for which VJH functions as a regional hospital reflected in the number of admissions in specific categories
- Inadequate data from study form made detailed study of co-morbidities impossible.
  - MoH MSP study may provide further details in future

## Conclusion

The data from this case study is being used to create an effective business model that will enhance patient care while revitalizing the DOD program at VJH. The working committee will be reviewing communication issues, medical legal issues and a recruitment and retention incentive that will be piloted in the coming months.



## Shuswap Lake General Hospital ER Department

The Salmon Arm ER Department represents another area in which the division has made significant advancements in dealing with a complex issue by working collaboratively with its partners (Interior Health Authority, the GPSC and Ministry of Health).

A report prepared by Dr. Rich Currie was submitted to the Collaborative Services Committee in October 2010. Sue Carpenter from Interior Health then conducted a study that investigated access flow issues from the perspective of staff and physicians. A working committee has been created to address the compensation as well as non-compensation issues arising from these reports.

Successes achieved to date include:

- Temporary funding for the ER Department head
- Removal of the requirement that physicians need to be on-site to claim the current overnight stipend
- Engaging with key stakeholders the Joint Standing Committee on Rural Issues (JSC), IHA, MoH and the British Columbia Medical Association (BCMA) at the highest possible level
- Assisting Dr Currie and emergency physicians on the process of dealing with MoH and Interior Health for the Alternate Payment Plan application.



## Division Staff Team

### **Tracey Kirkman**

#### ***Executive Coordinator***

Tracey joined the division in August 2010 with a strong conviction that engaging all stakeholders in health care delivery will not only help improve primary care, but also strengthen the image of family physicians in their communities.

Originally from South Africa, her first stop upon moving to Canada in the late 1990s was Saskatchewan. There she was responsible for human resources, administration and other support services to ensure the optimum care for residents in an 80-person long-term care facility within the local health authority, giving her experience with the Canadian health care system. Prior to moving to Canada, she worked in human resource management and consulting in the field of change management and global competitiveness in South Africa.

In addition to holding a Bachelor of Arts (English and Psychology), Tracey is a Registered Professional Counsellor and has her personal fitness training certificate. For the last two years, she has operated her own counselling practice, working with individuals, couples and families to help them achieve greater personal insight, understanding and growth.

### **Tammy Benischek**

#### ***Administrative Assistant***

Tammy is a long-time Medical Office Assistant (MOA) with more than 20 years of experience. Over the course of her career, Tammy has worked as an MOA for several family physicians, as well as in a laboratory and billing office, and as an instructor to MOA students at Okanagan University College. She has particular expertise in the areas of billing and Electronic Medical Records.

Tammy joined the Shuswap North Okanagan Division in July 2010, hoping to put her interpersonal and communications skills to good use and help improve medical care in her community.



# Financial Statement

The Statement of Operations and Net Assets and Statement of Financial Position are based on an unaudited statement for the period June 1, 2010 to March 31, 2011.

## Statement of Operations and Net Assets

<b>Revenue</b>	<b>2011</b>
Infrastructure	\$ 87,314.00
Service Agreement	\$ 9,250.00
<b>Total</b>	<b>\$ 96,564.00</b>

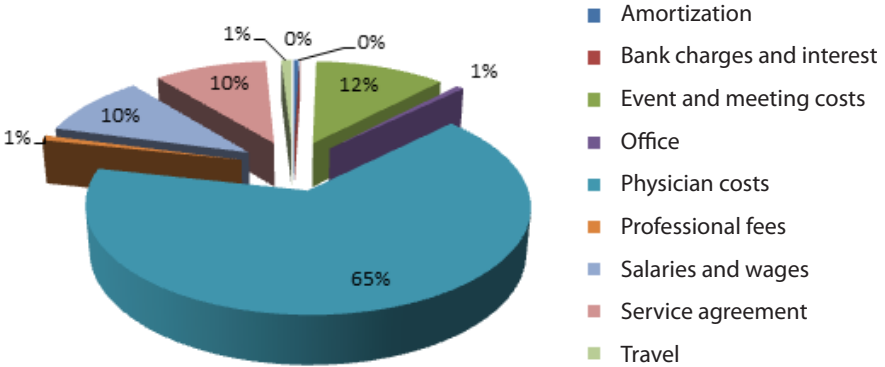
## Expenditures

Amortization	\$ 449.00
Bank charges and interest	\$ 25.00
Event and meeting costs	\$ 10,722.00
Office	\$ 669.00
Physician costs	\$ 60,652.00
Professional fees	\$ 750.00
Salaries and wages	\$ 9,159.00
Service agreement	\$ 9,250.00
Travel	\$ 846.00
<b>Total</b>	<b>\$ 92,522.00</b>

<b>Excess of revenue over expenditures</b>	\$ 4,042.00
Net assets, beginning	\$ -
<b>Net assets, ending</b>	<b>\$ 4,042.00</b>

# Expenditure

## June 1, 2010 - March 31, 2011



### Statement of Financial Position

#### Assets 2011

##### Current

Cash	\$ 231,664.00
Receivables	\$ 9,250.00
<b>Total</b>	<b>\$ 240,914.00</b>

Tangible capital assets	\$ 4,042.00
<b>Total</b>	<b>\$ 244,956.00</b>

#### Liabilities

##### Current

Payables and accruals	\$ 28,227.00
Deferred revenue	\$ 212,687.00
<b>Total</b>	<b>\$ 240,914.00</b>

#### Net assets

Unrestricted	\$ 4,042.00
<b>Total</b>	<b>\$ 244,956.00</b>

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## Board of Directors

**Dr. Kenneth Perrier** – *Physician Lead and Chair*

**Dr. James Levins** - *Treasurer*

**Dr. Gavin Smart**

**Dr. Robert Hillis**

**Dr. Ross McDonald**

## Division Staff

**Tracey Kirkman** – *Executive Coordinator*

**Tammy Benischek** – *Administrative Assistant Coordinator*

## Shuswap North Okanagan Division of Family Practice

Unit #195 B - 1151 10th Ave SW

Piccadilly Mall

Salmon Arm, BC V1E 1T3

## Photographs of the Shuswap North Okanagan area courtesy of:

### Tracey Kirkman

Page 2 - Shuswap North Okanagan Board of Directors

### PictureBC.com:

Cover - Echo Lake Provincial Park, east of Lumby

Page 2 - Silver Star Ski Resort, Vernon

Page 7 - Shuswap River Canoe Races and the view from the cliffs, both in Enderby

Page 10 - Paddlewheel Park Beach, Vernon

Page 11 - Salmon Arm Wharf

Page 13 - Welcome to Armstrong in the winter and the Channel in Sicamous

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

[www.divisionsbc.ca/sno](http://www.divisionsbc.ca/sno)



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