



2014

Annual Report



South Island

Division of Family Practice

A GPSC initiative



Cover photo of Fisgard Lighthouse by Coral Grant



Values/Vision/Mission

"Healthy family practices supporting healthy patient outcomes."

Our core values and guiding principles are the foundation on which we deliver our mission and attain our vision.

Our Values

Collaboration

We believe in respectful, mutually beneficial and effective relationships and partnerships.

Strategic Leadership

We work strategically, and in an effective and efficient manner to shift cultures and systems to improve patient care and physician satisfaction.

Physician Health

We believe that physician health and wellbeing are necessary foundations for the provision of quality health care.

Accountability

We believe in being fully accountable to members, partners, funders and the community.

Organizational Culture

We value the unique contributions of individuals, welcome diversity of opinion in the best interest of the whole organization, and believe that action arising out of consensus is most likely to lead to mission attainment. We model a simple, effective organizational structure.

Our Vision

Empowered family physicians engaged in meaningful change to health care delivery resulting in improved health, wellbeing and satisfaction for physicians and patients.

Our Mission

The South Island Division of Family Practice is a not for profit society led by and for family physicians practicing in the South Vancouver Island area. The Division provides strategic leadership that shifts cultures and systems to:

- Improve patient care delivery
- Improve physician satisfaction and wellbeing
- Support sustainability

Legend

SIDFP	South Island Division of Family Practice
VDFP	Victoria Division of Family Practice
FP	Family Physician
SP	Specialist Physician
VIHA	Vancouver Island Health Authority / Island Health
SCC	Shared Care Committee
GPSC	General Practice Services Committee
PDC	Physicians Data Collaborative
MOA	Medical Office Assistant
BCCA	British Columbia Cancer Agency
PVN	Patient Voices Network
PSP	Practice Support Program
MoCFD	Ministry of Child and Family Development
Sd62	School District 62

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Message from the Board Chair



Dr. Robin Saunders
Board Chair

The organization has grown tremendously over the past five years from the inception of the inaugural Board of Directors representing distinct local views to a Board that represents its members from both a local level and at the broad systems level.

What does this mean to an individual practicing family physician? It means that the Board members represent *you in your organization* - an organization that aims to improve the daily lives of family practitioners. This includes both professional and personal wellbeing. The Annual Report is but one mechanism to communicate back to members what we have done and where we are going. I will focus on the forward looking perspective.

We, as a Board, have endorsed a plan that aims at addressing five key areas, including: improving collaboration; assuring strong governance and management; community building for members; improving communication to members and maintaining strong fiscal stewardship and accountability.

How will we accomplish this? We have leveraged the provincial funding envelopes availed to the South Island Division of Family Practice by sharing resources across our programs and in fact increasing the complement of staff supporting member activities.

Our A GP for Me initiative funding will end in March 2016 and we will be working with the General Practice Services Committee to facilitate support for continuation of the successful activities. Specifically, activities such as recruitment and retention, locum coverage, introduction of new models of care and links with our most vulnerable populations remain a priority for our organization and we will ensure that the efforts are supported.

Over the next year, we will be participating in discussions with other Divisions, Island Health and the Ministry of Health to improve coordination and streamline flow of our patients to community resources. We have recently launched Child Youth Mental Health initiatives in the Western Communities and on the Saanich Peninsula and will continue to develop the support for our at-risk youth and their families.

We continue to place a high priority on the health and wellbeing of our members with ongoing support for a Physician Health and Wellness working group, as well as practice support. We are very excited to announce a formal partnership between the South Island and the Victoria Divisions of Family Practice that will address needs of Family Practitioners across the entire south island to improve the efforts of staff on existing and future opportunities. We have begun with the Residential Care initiative and will be refining the partnership over the next 12 to 18 months. We are exploring new ways to involve broader membership in the work of the Division. We have increased the opportunities for engagement and will be launching a more transparent communication to and from the Board.

Dr. Robin Saunders, Chair

Executive Director's Report

This year we have accomplished a tremendous amount both within the infrastructure of the organization and also with our partners and reaching out to our members.

This year, we focused a great deal of our effort on implementing the A GP for Me initiative. The initiative was governed by a committee of members chaired by Drs. Jenn Tranmer and Tom Bailey, with Drs. Cheryl Cuddeford, André du Toit, Azaria Marthyman, Alicia Power, and Elizabeth Rhoades. The efforts were supported by staff leadership provided by Margi Bhalla, PhD and focused on five pillars of care. Each pillar had a physician and staff lead as follows:

- New Models of Care - Dr. Tom Bailey and Bert Boyd
- Recruitment and Retention – Dr. Azaria Marthyman and MJ Cousins
- Practice Support – Dr. Azaria Marthyman and Erica Kjekstad
- First Nations Engagement Strategies – Dr. André du Toit and Jay Boulet
- Health Promotion – Dr. Cheryl Cuddeford and Terry Manzo



Clay Barber
Executive Director

The team have done a fabulous job of engaging our members, defining needs and meeting deadlines imposed upon us. The work is being delivered on time and on budget and we look forward to discussions on sustainability with the General Practice Services Committee this fall.

We continued to focus on the ongoing delivery of Shared Care work. Dr. Michele Fretz and specialists, Drs. Eric Fretz and Gerald Tevaarwerk have directed the work along with support of Project Lead, Kathy Ilott and the individual family practice and specialist champions within each specialty. We have increased the number of specialties with formal collaboration to include Orthopaedics, Gastroenterology, Neurology, Cardiology and Plastic Surgery, and are planning to launch work for next year in Diagnostic Imaging, Maternity and Oncology. We are also working to launch a South Island version of RACE (Rapid Access to Consultative Expertise), a formal structure that supports Family Practitioners having easy and consistent access to their specialist colleagues for telephone advice.

We are also very excited to have been participants in the provincial Child and Youth Mental Health and Substance Use Collaborative and have launched local action teams in the Western Communities and on the Saanich Peninsula. Drs. Ellen Anderson and Kate Evans along with their administrative leads, Linda Nehra and Keith Donaghy have already engaged many of the local community leaders, organizations and physicians involved in care and support of at risk and underserved populations.

We have solidified the support team and infrastructure. We struck a finance committee of the Board, chaired by Dr. Elizabeth Rhoades, Board Treasurer. The committee consists of member-at-large, Dr. Ernie Chang, and staff, Jay Boulet and myself. We have made investments in our office infrastructure to improve the security and accessibility of our data holdings and ability to provide more cost-effective document production. We have endeavoured to improve our communications to you, our members. Barbara Carver and Jen Roberts have redesigned our bi-weekly newsblasts and quarterly newsletters. We have also improved the efficiency and effectiveness of our events with the support of event coordinator, Debbie Kendz.

It has been a pleasure to meet so many of the members at events and in your offices. I encourage all members to reach out and call or visit our office for assistance in any matter; our dedicated staff may have the answer at their fingertips or can network to find the answers for you.

Clay Barber, Executive Director

Year in Review

November 2014

- Partners in Care Cardiology Working Group developed and distributed Cardiology Practice Profiles and Levels of Urgency to family physician offices
- 2014 Annual General Meeting was held at Delta Ocean Pointe
 - Dr. Michele Fretz, Dr. Vanessa Young and Dr. Robin Saunders were confirmed by acclamation as Board Directors
- Hosted first Doctor's Den. Physician members pitched ideas to improve patient care and physician health and wellness. A panel of physician judges awarded funds to successful ideas
 - Docs on the Ball – Dr. Gord Christie
 - Shifting in the Cloud – Dr. André du Toit
 - Patient Booking and Health Profile – Drs. Alicia Power and Shana Johnston
 - Resident/Physician Mentoring – Drs. Lorelei Johnson (R2 FP) and Michele Fretz
 - Supporting Seniors in Sooke – Dr. Ellen Anderson

December 2014

- Launched the Finance Committee and held first meeting
- Partners in Care hosted a Cardiology MOA luncheon to discuss current referral patterns, communication challenges with Family Practice, and identification of required elements related to a standardized approach
- Launched the Primary Health Care Initiative, in collaboration with Island Health, Saanich Peninsula Hospital, Saanich Peninsula Hospital Foundation, Island Medical Program, and hospital- and community-based physicians
- Contracted with University of Victoria MBA students to investigate unmet need for access to diagnostics in Sooke and develop a business case for diagnostic facilities

January 2015

- Partners in Care Cardiology Working Group hosted the “Getting to the Heart of the Matter” Cardiology CME event on “Recent Approaches to Angina, CHF, Recent MI, Syncope and more”
- A GP for Me Physician Mentoring Program began recruiting family physician mentors
- Participated in the A GP for Me Registry (Matching Mechanism) Learning Group webinar
- Attended the InterDivisional CSC Co-Chairs meeting

February 2015

- New consultants joined the South Island Division team: Margi Bhalla - A GP for Me Program Lead; Bert Boyd - New Models of Care Lead (A GP for Me); Barbara Carver - Communications Strategist; MJ Cousins - Recruitment and Retention Coordinator; Sally Foucher - Administrative Support; Debbie Kendz - Event Coordinator
- The second Physician Health and Wellness event was held at the Delta Ocean Pointe. Highlights include sessions on effective communications, mindfulness meditation, tai chi and laughing yoga
- The Partners for Better Health (CSC) Planning Retreat held at Royal Colwood Golf Club
- Participated in the A GP for Me webinar on communications
- Participated in the A GP for Me Team Based Care Learning Group webinar

March 2015

- Board Strategic Planning Retreat held at Brentwood Bay Resort
- Participated in the GPSC Physician Recruitment and Retention Stakeholder Summit in Vancouver

Year in Review

April 2015

- Partners in Care mid-term program evaluation completed
- Partners in Care Gastroenterology Working Group hosted the GI World Café on “Approaches to elevated liver enzymes, management of IBS and more”
- SIDFP members attended the Shared Care Polypharmacy risk reduction session
- A GP for Me team attended the First Nations Community Health Forum in Nanaimo
- Held the second Partners for Better Health (CSC) planning retreat at Royal Colwood Golf Club
- Attended Divisions of Family Practice Provincial Roundtable in Vancouver
- Participated in the Child and Youth Mental Health and Substance Use Collaborative (CYMHSUC) Provincial Learning Session 5

May 2015

- 4th Annual Partners in Care Fishing for Pearls event was held. The theme was Dunking for DoNUTTs: Do No Unnecessary Testing and Treatments
- Partners in Care Plastic Surgery Working Group developed and distributed standardized “Plastic Surgery Profiles and Urgent Access Referral Form” to family physician offices
- The MOA Network launched with kick-off event, a partnership between the Victoria Division of Family Practice, the Practice Support Program, and the South Island Division
- Launched the provincial Residential Care Initiative in the South Island, in partnership with the Victoria Division
- Erica Kjekstad became the South Island Division Residential Care Initiative Project Lead
- Participated in the InterDivisional CSC Co-Chairs meeting
- Kathleen Yue joined the Division team as the PHCI Working Group Coordinator

June 2015

- A GP for Me First Nations “Building Practice, Building Relationships” event was held at the Tsartlip First Nation
- A GP for Me Primary Health Care Initiative held an information session with Saanich Peninsula physicians
- CYMHSUC launched in Sooke
- Linda Nehra became the CYMHSUC Local Action Team (Sooke) Program Lead
- Partnered with Island Health to organize a Community-Based Health Care Forum for Sooke and Westshore physicians at a Royal Colwood Golf Club

July 2015

- South Island and Victoria Divisions co-hosted Residential Care Initiative engagement events at Windsor Park, the Cedar Hill Golf Club, and Sidney Pier
- Organized a “Meet your Mentor” bocce ball social for family practice residents



August 2015

- CYMHSUC launched on the Saanich Peninsula
- Keith Donaghy became the CYMHSUC Local Action Team Program Lead

September 2015

- Partners in Care Neurology Working Group hosted the Neurology World Café on “Approaches to Acute Neurology Events in the Office”
- Co-organized with VDFP the GPSC Visioning event

A GP for Me Update



Margi Bhalla
Program Lead

The Division's A GP for Me implementation proposal was approved by the GPSC on September 16, 2014, providing \$775,000 in funding to:

- confirm and strengthen the GP-patient continuous relationship and better support the needs of vulnerable patients,
- enable patients that need a family doctor to find a medical home, and
- increase capacity of the primary health care system.

The implementation phase of A GP for Me is organized into five pillars:

1. Recruitment and Retention
2. Primary Health Care Initiative
3. Aboriginal Strategies
4. Practice Efficiencies and Support
5. Health Promotion and Support

Highlights

Recruitment and Retention

- The *Red Carpet Strategy* for recruitment was completed and is now actively in place – from first enquiry by a physician candidate and a community site visit, through to a physician's actual relocation and beginning of work in a South Island practice. The Red Carpet Strategy creates a welcoming environment from the first point of contact, tailoring recruitment efforts to the unique needs of physicians considering practicing in the South Island. The Strategy is proving its worth – SIDFP successfully recruited three physicians to the region.
- The *Resident Mentor* program launched this spring, connecting Family Practice Residents at the Island Medical Program with established physicians in the Division. The goal is to build relationships that may lead to permanent physician placements in the region. The program is unique in B.C., and emphasizes living a balanced life – the personal and professional – as a family physician on the South Island. The focus is on fun, and includes two social gatherings a year for mentors, mentees and Division physician members.
- Work has begun on the SIDFP website, with information being added to help physicians in all stages of a move to the South Island – from an introduction to the benefits of living and working here, orientation to the community, and ongoing professional support. A recruitment-focused Facebook page will direct readers to the website for a wealth of information.
- New succession-planning services have been developed for physicians planning to retire within the next three to four years. The service will help minimize the number of unattached patients.
- Collaboration with other Divisions (especially Victoria, Cowichan and Nanaimo) continues as a way to maximize recruitment efforts. For example:
 - All locum opportunities in the South Island Division are posted on the SIDFP website, Island Health Careers website as well as in SIDFP newsletters. This collaboration is especially strong between South Island and Victoria Divisions, where physicians live and work.
 - A coordinator maintains a database of all physicians interested in doing locums. Currently, there are 27 in South Island, and there have been several successful matches. The coordinator also posts MOA job postings.
 - MOA Collaboration

A GP for Me Update

New Models of Care

- The Saanich Peninsula Primary Health Care Initiative (PHCI) is an integrated, interdisciplinary approach to service delivery. There are currently 21,300 unattached patients on the Saanich Peninsula, and the pending retirement of up to 16 family physicians over the next four years will put more pressure on the system. Attracting family physicians interested in working in this new model of care should help reduce the number of unattached patients in the area.

The PHCI is supported by the South Island Division, the Saanich Peninsula Hospital Foundation, Island Health and the Island Medical Program (University of British Columbia). Four working groups have been established (Models of Care, Governance, Recruitment, Finance & Administration) to provide detailed recommendations to the multi-stakeholder Steering Committee by September/October. In addition, requirements for an interim campus centre for the PHCI have been identified, and guidelines for the development of satellite clinics have been developed and were shared with 15 local physicians on June 22, 2015.

In conjunction with the Island Medical Program, the PHCI will introduce a medical education centre for medical students that will provide training within a community/small hospital setting. Other aspects include an independent, representative approach to governance, and a coordinated approach to information management.

It is anticipated that the components of the PHCI can be adapted to other geographical areas served by the South Island Division of Family Practice.

Practice Efficiencies & Support

- The Division continues to roll out the Practice Toolkit to 15 clinics in the region, working one-on-one with interested clinics to document how they work, explore new options, and implement strategies that improve efficiency, streamline processes, and support best practices.
- The Practice Toolkit Coordinator identifies other Division supports that may be of value to the practice, including customer service training, and conflict management and resolution. The Coordinator also helps physicians re-align practices so they can schedule time out of the office e.g. to support the facility care as part of the Residential Care Initiative.
- A new brochure providing information on the program has been distributed to all practices.
- Practice support also applies to MOAs. A new MOA Network has been developed, in partnership with Victoria Division, Island Health, Island Health's Practice Support Program and Partners in Care. Some of the community's most experienced and talented MOAs are being invited to take the lead in answering colleague questions and producing support videos, sharing their best practices with MOAs in other offices.
- The Collaboration Café was launched on the SIDFP website, with links from the VDPP, as a place for MOAs to network and share information. The Café lists networking and educational events, a place to ask and answer questions, and video clips of interest to MOAs.
- MOAs are essential in determining accurate panel sizes by practices. MOAs will share their knowledge in running and interpreting reports from specific EMRs. This initiative will help facilitate better care for patients.

A GP for Me Update

Health Promotion & Education

- A web-based directory of community agencies (FETCH: For Everything that is Community Health) has been built for the South Island. FETCH is a searchable database of information about community health and social agencies for use by both health care providers and the public.

Aboriginal Strategy

- The A GP for Me initiative has developed close working relationships with health care providers to improve access to primary care in First Nations communities.

A highlight of the year was a relationship-building event with the Tsartlip First Nation community on the Saanich Peninsula on June 3, 2015. The evening was spent listening to First Nation perspectives on accessing care within the South Island and exploring solutions together. The goal was to increase access to culturally safe care delivery, and encourage service providers to continue their learnings about the health and social process impacting their First Nation clients.

On a warm summer evening in June, sixty family doctors and medical office assistants were welcomed to the Tsartlip First Nation near Saanich to share a traditional meal with members of the community. The dinner was held to help build relationships between the Tsartlip First Nation and healthcare providers, and help South Island doctors and their staff gain a better understanding of the needs of their First Nations patients.

This was the first time many of the doctors and medical office assistants visited a First Nations community and the event had a powerful impact on the way they think about providing care. Participants say they have a better understanding of the difficulties faced by First Nations patients when trying to get access to health care and they felt that they were able to be more compassionate, as well as more sensitive to cultural differences. The community is already benefiting from the relationships forged at the event.

There are many reasons why First Nations patients find it difficult to have a long-term relationship with a doctor. In some cases, transportation can be a challenge, either because of the distance from a doctor's office or because of the cost involved. There are also social differences, with some First Nations patients feeling uncomfortable with doctors who are not familiar with traditional and cultural practices. The South Island Division is committed to helping doctors learn more about their First Nations patients, so they are able to provide better care.

"I have seen some great results since the meeting with the South Island Division," said a community health care nurse from Tsartlip First Nation. "I have a GP, who had not previously done home visits, come and do a home visit with an elder. And several doctors have been calling and trying to get more cohesive care for some of their First Nations patients. What a change one meeting has made!"

This is just the first step in building a collaborative and trusting relationship between the healthcare community and First Nations patients. Other strategies include providing doctors and medical staff with access to programs such as Indigenous Cultural Competency Training. Ultimately, it all comes down to the people involved and Chief Don Tom of the Tsartlip First Nation has already invited the doctors and their staff to come back again.

Partners in Care Update

Partners in Care Initiative (PiC) Collaboration between South Island & Victoria Divisions of Family Practice

Approximately 530 family physicians have joined the South Island (160 FPs) and Victoria (370 FPs) Divisions, and are participating in various initiatives within the PiC Initiative. Our goals are to:

- continue designing, improving and implementing mechanisms to enable ongoing, two-way communications, and
- where appropriate, improve service alignment through leveraging existing infrastructures with other Shared Care Initiatives. This will help foster collaborative partnerships, ensure sustainability and reduce the potential of redundancy.



Kathy Ilott
PiC Program Lead

The PiC Initiative continues to engage family physicians and specialists, helping improve relationships, perfect patterns of care and build on effective models that were identified in projects during Phase 1 (Dec. 2011- June 2013) and Phase 2 (April 2014-Oct 2015).

Phase 1: We received \$591,000 from the provincial Shared Care program (Dec 2011-June 2013).

Phase 2: We received \$582,000 from the provincial Shared Care program (April 1, 2014 -Oct. 31, 2015).

Phase 3: We have submitted a proposal for funding through the Shared Care Committee. We hope to continue to support the six active working groups established through Phase 1 and 2 (Orthopaedics, GI, Neurology, MOA, Cardiology and Plastics), with active engagement anticipated through three additional working groups (Medical Imaging, Maternity and Psychiatry).

- The six active working groups accomplished key deliverables during Phase 2, and will continue their collaborative work with peers to identify challenges and develop solutions to achieve our goals. The various groups, their work and stage of progress/maturity vary considerably resulting in a wide range of plans and activities. Phase 3 priorities will be to strengthen existing, and establish new partnerships focused on identifying new mechanisms to ensure future project sustainability.

The following lists the accomplishments achieved in Phase 2, and the priority actions planned for Phase 3:

Orthopaedics

- Major strides in ongoing two-way communication and knowledge transfer opportunities between FPs & SPs through delivery of 7 interactive CME accredited educational workshops (Knee & Shoulder).

Phase 3 will continue to support the Working Group with a focus to strengthen communication channels, identify additional priority knowledge transfer opportunities, and identify/confirm objectives and methodologies to address sustainability of the working group in the future.

Gastroenterology

- On September 5, 2014 expansion of the central referral system reached 100%.
- A six-month post-spread survey was completed in March 2015.
- A GI World Café was held on April 9, 2015 (in partnership with Regional Support Program/Island Health). This CME-accredited event gave FPs the opportunity to engage with GI SPs in active discussions related to six priority areas.

Partners in Care Update

Phase 3 will continue to support the working group with a focus on strengthening communications and relationships between FP and SPs; identifying opportunities for quality improvement and ongoing knowledge transfer events; and identifying and confirming objectives and methodologies to address future sustainability of the working group.

Neurology

- Practice Profile and Level of Urgency documents were approved by the Division of Neurology and released on the Divisions website(s).
- A CME accredited educational event was held on September 10, 2015. Seven neurologists acted as discussion leaders addressing approaches to acute neurological events in the office.

Phase 3 will continue with the working group activities and leverage existing relationships where/when appropriate. Our main focus will be to identify mechanisms and develop partnering opportunities with other island Divisions to enhance both professional and patient experience along with addressing future sustainability.

Cardiology

- Practice Profile Summary and Levels of Urgency documents were approved and uploaded to the Divisions website(s).
- The final Standardized Cardiac Referral Acknowledgment and Standardized Cardiac Referral Forms were reviewed and approved by the local Division of Cardiology in June 2015.
- A CME accredited educational/interactive event was held on January 22, 2015 providing 64 FPs with the opportunity to meet face to face with 10 Cardiologists to discuss current and new treatment modalities to enhance patient care.

Phase 3 will continue to steward relationships between the three SP practices focused on identifying solutions to improve lengthy cardiac waitlists. There will also be a focus on identifying and confirming objectives and methodologies to address sustainability of the working group in the future.

Plastic Surgery

- A working group was established comprised of three plastic surgeons, two family physicians and one lead MOA.
- Practice Profile Summary was approved and uploaded to the Divisions website(s), along with assistance provided to improve on and provide easy access to the Rapid Access Clinic Referral form.

Phase 3 will focus on maintaining strong communication channels, continuing with established working group activities to identify additional priority knowledge transfer opportunities and address issues related to future sustainability.

MOA Cross Program Collaborative

- The original MOA Network was restructured to create a cross-program collaborative (Shared Care, Divisions, A GP for Me, Island Health and the Practice Support Program). This allowed for continuation of the work done and areas of need identified in Phase 1. By partnering with the various projects and programs within Divisions, the 'Collaborative' has addressed common objectives, enhanced program efficiency, ensured sustainability along with provided consistent messaging throughout the entire MOA stakeholder group.
- A joint MOA Forum was held June 24, 2015 with 52 attendees. The program was designed to establish and enhance relationships, encouraging active participation across family practice and specialty to identify challenges and develop viable and efficient solutions.

Partners in Care Update

In continued partnership with the cross-program collaborative, Phase 3 will focus on strengthening communication, building momentum and providing opportunities for ongoing engagement.

RACE: Rapid Access to Consultative Expertise

- The local RACE App has been built and is scheduled for launch in late fall 2015. The South Island RACE App was developed through close collaboration with provincial RACE expertise by leveraging lessons learned. Three specialties are poised to participate, with interest from a number of other disciplines being solicited. Our South Island RACE aims to align with the VDFP work on the recently approved Mental Health and Substance Use Project (Psychiatry).



Physicians Collaborative

- Phases 1 and 2 have demonstrated the success in facilitating relationship renewal through enabling and supporting the collaborative solution between family physicians and specialists. Considerable time and resources are required, and this has led to the decision to establish a Family Physician/Specialist co-led multi-stakeholder Physician Collaborative Committee (PCC) across both Divisions.

Phase 3 will focus on sharing the successes and challenges across the working groups to avoid duplication and overlap, and to leverage existing infrastructures where appropriate. The short-term intent is to develop ways to bring forward individual initiatives that are easy to implement, or that help communicate important practice-level information without fully engaging in a working group.

Patient Voices Network (PVN)

- In Phase 1, a patient focus group laid the groundwork for the development of a patient engagement strategy and toolkit. The work of the PVN was stalled early in Phase 2 due to internal staffing turnover and a delay in securing the PVN contract provincially. In the spring of 2015, a strong relationship with Impact BC was established to re-engage and collaborate with the PVN.

Phase 3 will continue work to engage at least one patient voice to sit on each working group/committee.

Neuro World Café

"Thanks to all of you for making this possible. My colleagues truly enjoyed this evening. What a tremendous turn out from the family doctors. It was a great evening of collegiality and hopefully also some helpful neurology.

Thanks again, Kristen"

Dr. Kristen Attwell-Pope
Co-Medical Director, Neurosciences &
Division Head, Neurology
Island Health

CYMHSU Collaborative



Linda Nehra
CYMHSU Sooke Local
Action Team Lead

Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

The Provincial CYMHSU Collaborative was launched in 2013 with funding provided by the Shared Care Committee, in partnership with the General Practice Services Committee, Specialist Services Committee and Joint Standing Committee on Rural Issues. The purpose of the Collaborative Charter is to engage children, youth and their families, Aboriginal peoples, physicians, clinicians, provincial ministries, health authorities, schools, and communities to:

- increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports throughout the province, and
- document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development, which manifest the 'family-first, people-centered' goals of Healthy Minds, Healthy People.

The Collaborative functions at multiple levels, and includes leaders from the Ministries of Children and Family Development, Health and Education, local health authorities, and clinical faculty. At the community level, the Collaborative works through Local Action Teams (LATs) that bring family physicians, specialists, mental health and substance use service providers, youth and parents, and other stakeholders together to address local priorities. The CYMHSU Collaborative initially started with eight LATs supported by Interior Health, and has now increased to 50 plus LATs located across the province. The South Island Division has established one LAT in Sooke and the West Shore and a second on the Saanich Peninsula. The goal of both LATs is to strengthen the local and broader system of care for children and youth with mental health and substance use issues. The LATs will use the Collaborative Charter as a foundation to drive innovative change, benefitting children, youth and families in their communities and developing local solutions to local problems.

Sooke and West Shore Local Action Team Update

The South Island Division of Family Practice established a Sooke and West Shore Local Action Team in spring 2015, under the leadership of physician champion Dr. Ellen Anderson and Co-Chair Linda Nehra. The LAT now has more than 60 members, including two family physicians, a psychiatrist, and a pediatrician. The Sooke and West Shore LAT used a collaborative process involving all members to establish the following aims:

- Identify and communicate how to access local and provincial mental health and substance use services and supports for children, youth and their families in their local communities.
- Establish or link to existing initiatives to provide multi-sector wraparound care to children, youth and their families.
- Work with schools to provide mental health literacy for teachers, students and parents.

Three multi-disciplinary, multi-sector Working Groups have been formed to address each of the above aims.

CYMHSU Collaborative

Sooke and West Shore Working Group Highlights

· Journey Mapping

A journey mapping session was held in early September, led by three parents and six youth. The parents and youth guided professionals through their lived experiences with the mental health and substance use systems. The information gained in this session informed the work of all three Working Groups.

· Documenting Waitlists

There are multiple waitlists for assessment and treatment services in Sooke and the West Shore, which poses a tremendous barrier for children, youth and families. Work has begun to address this serious problem and will document the length of various waitlists according to the severity of the children and youths' presenting issues.

· Pathways to Care

Common pathways to CYMHSU services in Sooke Region and the West Shore are being identified and mapped to identify gaps and barriers to effective referrals for physicians and other service providers.

· Mental Health Literacy and Awareness

Plans are being developed to work with parents and families to demystify mental health diagnoses. The Working Group is reviewing the prevalence of different mental health problems in Sooke and the West Shore, to ensure that the LATs focus is on high-prevalence and high-impact diagnoses. A proposal will be submitted to a local high school to involve their students in an initiative aimed at stigma reduction. In addition, work has been initiated with the RCMP to plan an educational event for high school students.

Saanich Peninsula Local Action Team Update

The Saanich Peninsula Local Action Team (LAT) was launched in August 2015 under the leadership of Dr. Kate Evans, who practices in Sidney along with Program Lead Keith Donaghy (who is also the program lead for Victoria). The introductory meeting was held on September 24th, 2015. Early activities will introduce stakeholders to the CYMHSU Collaborative and develop a team with broad representation across those invested in seeking to create improvements.

The Collaborative uses a rapid, continuous quality improvement approach to its work, and involves LATs and other participants in regular learning sessions. Learning Session 6 will be held in the fall in Vancouver where the Saanich Peninsula and the Sooke and West Shore LATs will highlight their work and progress to date.



Residential Care Initiative



Erica Kjekstad
Residential Care
Initiative Lead

In April 2015, the GPSC launched a province-wide Initiative to improve care for some of BC's most vulnerable patients. With annual provincial funding of \$12M, the Initiative is designed to enable physicians to develop local solutions to improve care of patients in residential care settings, and to guide changes in the culture and systems of care, following best practice expectations and system level outcomes:

Best Practice Expectations

- 24/7 availability and on-site attendance, when required
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

System Level Outcomes

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient-provider experience
- Reduced cost/patient as a result of a higher quality of care

In May 2015, the South Island Division applied for and received planning funding to initiate this work with physicians providing services to residential care patients in Sooke, Langford, Victoria, Saanich, Brentwood Bay, Saanichton, and Sidney.

Given the overlap in geography and physicians between the Victoria and South Island Divisions of Family Practice, the two divisions have elected to take a collaborative regional approach to planning and rollout of the GPSC Residential Care Initiative. By working together, the Divisions will create a seamless, regional program, including a uniform remuneration model for physicians, and system level support and change to ensure excellence in care at all facilities in the Capital Region.

At \$400 per bed, the annual funding available for Victoria and South Island's nearly 3,400 patients residing in 38 facilities totals more than \$1.34 million.

Engagement with physicians about the proposed draft approach took place during June and July throughout the Region, and a Memorandum of Understanding was submitted to and accepted by the GPSC to move forward over the next year, netting \$300 per bed in direct physician compensation, in addition to funds for indirect physician compensation, facility supports, and start-up administrative costs. Funding became available effective August 1, 2015.

As the Residential Care Initiative moves forward, we anticipate creating tangible system changes to make residential care a more streamlined, more satisfying, and more financially rewarding practice choice for all family physicians in the region, with healthier outcomes for their patients.



Our Communities

The South Island Division represents 169 physicians working in the Sooke, West Shore and Saanich Peninsula Areas. This includes Local Health Areas (LHA) 62 and 63.

The Division works closely with the Victoria Division, which serves physicians in the Greater Victoria LHA. It also has collaborative partnerships with the other six Divisions on Vancouver Island and other key regional and provincial health agencies and organizations.

The Saanich Peninsula

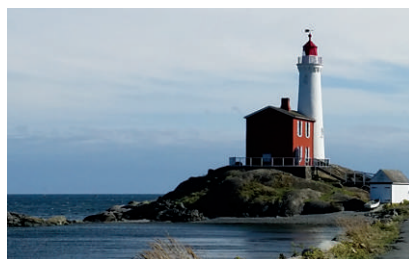
- Includes the Districts of North Saanich, Central Saanich, communities of Brentwood Bay and Saanichton, and the Town of Sidney
- Served by the Saanich Peninsula Hospital
- Population of 64,000 with an average age of 48.5 years
- Higher than provincial average occurrences of depression/anxiety, hypertension and osteoarthritis are reported in chronic disease registries



Province of British Columbia, 2008

The West Shore

- Includes the communities of Langford, Colwood, Metchosin and the Highlands
- Served by Victoria General Hospital
- Population of 58,000 with an average age of 39.3 years
- One of Canada's fastest growing regions, with many families actively seeking a family physician
- The top two chronic diseases reported are depression/anxiety and hypertension



Coral Grant, 2015

Sooke Region

- The heart of this West Coast community of 12,500 lies 40 km from downtown Victoria and 30 km from the nearest hospital. The surrounding area is home to more than 5,000 residents.
- The West Coast Family Medical Clinic provides health care services to the Sooke residents, incorporating eight physicians, an after-hours urgent care clinic and Island Health's Integrated Health Network



Province of British Columbia, 2008

Our Partners

The work of the SIDFP could not be fully leveraged without the key strategic partnership we maintain. Our partners consist of regional and provincial groups that provide funding, supporting staff, strategic alignment and shared purpose.

Our closest partners include:

Doctors of BC
(GPSC and Shared Care Committee)

BC Ministry of Health
(GPSC and Shared Care Committee)

Island Health

Saanich Peninsula Hospital Foundation

First Nations

Municipalities of:
Sooke, Langford,
Colwood, Metchosin,
Sidney, North Saanich,
Central Saanich,
Saanichton,
Brentwood Bay

Victoria Division
of Family Practice

Other Island Divisions
of Family Practice



Setting Priorities

The Board met in spring of 2015 to review, establish and update Division priorities for the coming year.

Purpose and Success

The Board set out to accomplish:

- Increased organizational productivity
- Validation of existing priorities
- Setting new priorities
- Improving member engagement

With the following expectations for success:

- Input into one year work plan and
- Framing for a three year directional plan

From this strategic planning session, the Board gathered information to help establish priorities:

- The attendance at Division-sponsored events and the satisfaction surveys done at each event indicate what Division members see as areas of importance.
- The Board works closely with the Division's committees and working groups to monitor progress and shape planning.
- The Division collaborates with other health care partners including:
 - Island Health
 - Divisions across Vancouver Island and throughout the province
 - The General Practice Services Committee
 - Shared Care Committee
 - Provincial Divisions Office
 - Doctors of BC
 - Community agencies and municipalities

These relationships inform the Board about established and emerging priorities that reflect the collaborative work going on in health care planning and delivery.

The Board also establishes strategic priorities. Core goals and outcomes are attached to each priority, and are used to measure progress throughout the year.

Collaboration

Goal Statement:

To achieve financial sustainability, reduce duplication / competition and to have a stronger voice for members by collaborating with the Victoria Division.

The SIDFP has:

- Struck a Board/Executive joint committee with VDFP that meets monthly to develop partnership opportunities and to create a Memorandum of Understanding and Partnership agreement.
- Set up a schedule of Board meetings where both Boards can meet together on a semi-annual basis
- Set up a schedule of Collaborative Services Committee meetings where both Divisions and Island Health can meet together on an annual basis



Setting Priorities

Governance and Human Resources

Goal Statement:

Ensure successful practices are utilized in the engagement of staff and in the governance of the SIDFP.

This year the SIDFP:

- Successfully selected an Executive Director
- Completed its annual strategic planning
- Enhanced compliance with policies, regulations and guidelines
- Began a comprehensive review and rewrite of its policy manual
- Struck a Finance Committee
- Enhanced the Governance of the organization through improved Board meeting processes

Community Building for Members

Goal Statement:

SIDFP is a family of energized, collegial, connected and engaged physicians.

This year the SIDFP met the following key success indicators:

- Successful recruitment of residents, retention of existing physicians
- Continuous membership renewal
- Fully subscribed events, with high satisfaction rating

Strengthening collaboration with partners

Goal Statement:

SIDFP collaboration leads to influencing behavioural and cultural changes that result in improved health outcomes.

This year SIDFP met the following key success indicators:

- Raised profile and engagement of family physicians (and SIDFP) with decision-makers
- Established and recognized credibility of family physician leadership through SIDFP
- Evidenced influence of SIDFP in key health care decision making processes and actions among key partners

Developing comprehensive communication strategy

Goal Statement:

SIDFP has a comprehensive and multi-media communication strategy that effectively engages with our members and stakeholders.

This year the SIDFP engaged a communications professional to:

- Increase website visits and length of stay
- Redesign the process, frequency and dissemination of "newsblasts"
- Redesign the purpose, timing and circulation of the newsletter
- Initiate the review of effective utilization of various communication vehicles
- Initiate a strategy of communications skill development of SIDFP leaders

Setting Priorities

Maintaining fiscal stewardship and accountability

Goal Statement:

Appropriate alignment of resources to meet our strategic plan.

The SIDFP met the following outcomes:

- Satisfactory audit
- Continuation of core infrastructure funding
- Success with new program and project funding applications
- Support, confidence and satisfaction of members
- Enhanced the number and skill set of staff and realigned staff resources



Secretary's Report



Dr. Vanessa Young
Secretary

The 2014 Annual Report of the South Island Division of Family Practice provides important information to Division members about the activities of the organization, how funding was spent in support of members and the strategic priorities set out by your Board in consultation with members. For two years, one Board member took on the role of both secretary and treasurer. As we expand and grow, so do the duties of the treasurer. Hence, we've gone back to two separate roles this year. It is my absolute pleasure to accept the role of Secretary. The role has allowed me to become more involved in the governance processes and I would like to thank Dr. Elizabeth Rhoades for performing both roles previously.

The Secretary is responsible for overseeing the recording, distribution and storage of information important to the Society, such as membership lists, meeting minutes and policies. The efforts over the past year of solidifying our office procedures and data holdings will provide a tremendous improvement to governing SIDFP activities.

We continue to see a significant number of Division members engaged in the work of the Division, including over 60 members sitting on and leading various committees and working groups. On behalf of the Board, I would like to extend thanks and appreciation to those individuals. In this year's Annual Report, we have identified the committee and working group participants to acknowledge their contribution among their peers.

We continue to encourage more members to identify areas of interest where they can make a meaningful difference and support the work of our Division. Of particular importance is for members to use the Division as a resource for assistance in practice, professional and personal interests. The dedicated staff have a wealth of knowledge on many practice level issues and a vast network of contacts to assist. One of the new relationships forged this year was with the local office of MD Management.

Over the past year, your Board met on a monthly basis and held a strategic planning session. While regular Board meetings allow for conducting the 'business' of the Division, planning sessions enable the Board to set out strategic priorities for the coming year. We have also adjusted our meeting times to hold quarterly daytime meetings that are more strategic in nature. This will eliminate the need for multiple full-day strategic planning meetings and allow the Board to be more focused on strategic governance throughout the year.

To help support greater participation and share responsibilities, the Board expanded to seven members (from six) and maintained one ex-officio seat held for a resident. The Board currently comprises the positions of: Chair; Vice-Chair; Secretary; Treasurer; and three Members-at-Large. An Executive Committee comprises the Chair, Vice-Chair, Secretary and Treasurer and the Executive Director. Board members also sit on various committees and working groups alongside organizational partners.

Minutes from the meetings of the Board, committees and working group are available to Division members upon request. This year we endeavor to make this process more transparent with updates provided in our newly bi-weekly newsblasts.

Dr. Vanessa Young, Secretary

Treasurer's Report

Financial Review

I am pleased to present the year-end financial report to March 31, 2015 for the South Island Division of Family Practice. The financial statement is on the following pages.

Our new chartered accounting firm of KPMG conducted a full financial audit for the Division. The auditor's report found no areas of significant financial reporting risks. However, the auditors did note audit, accounting and reporting matters with the financial recording of the Division's assets that were immediately addressed by the Finance Committee and have resulted in procedural changes. These were specifically related to continuity of grants and deferred revenue and unamortized deferred capital revenue.



Dr. Elizabeth Rhoades
Treasurer

KPMG proposed and management accepted:

1. Audit adjustments to correct the revenue and deferred revenue for each of the funding streams;
2. Audit adjustments to record the unamortized deferred capital contribution.

The Society qualifies for the public service body rebate of 50% of the GST paid on purchases. KPMG proposed and management accepted to:

1. Record an expense for the full amount of GST paid during the year;
2. Record additional revenue and adjust deferred revenue for the amount of GST paid during the year;
3. Record a GST rebate equal to 50% of the GST paid throughout the year and complete the semi-annual GST rebate application.

In accordance with provincial funding guidelines, the Division receives core infrastructure funding based on the registered membership at \$3,000 per member. In fiscal 2014-15, the Division also received supplementary funding to support cross-divisional and community collaboration as well as other programs and initiatives such as:

- Partners in Care program funded through the Provincial Shared Care Committee;
- A GP For Me program funded through the General Practice Services Committee;
- Communities of Practice initiative funded through the Physician Information Technology Office.

In accordance with the funding agreement with the GPSC, the Division spent all funds by the end of the fiscal year.

The Division engages an Executive Director on contract, as well as two full-time administrative support staff, and project consultants on an as-required, project-by-project basis. The Division maintains an office at #203-4489 Viewmont Avenue, Victoria, BC.

The following financial report provides a breakdown of both revenues and expenses. For comparison purposes, the audited statement shows 2014 and 2015 financials. A full copy of the audited financial statements of the Division is available to Division members on request.

Dr. Elizabeth Rhoades, Treasurer

Financial Statement

STATEMENT OF FINANCIAL POSITION

Year ended March 31, 2015 with comparative information for 2014

ASSETS	2015	2014
Current Assets:		
Cash	\$826,626	\$561,473
Receivables	21,793	12,902
	848,419	574,375
Furniture and equipment	8,578	-
	\$856,997	\$574,375
LIABILITIES AND FUND BALANCES	2015	2014
Current Liabilities:		
Accounts payable and accrued	\$140,352	\$83,542
Deferred revenue	632,671	429,843
Unamortized deferred capital contributions	8,578	-
	781,601	513,385
Net assets	75,396	60,990
Commitments		
	\$856,997	\$574,375

STATEMENT OF CASH FLOWS

Year ended March 31, 2015 with comparative information for 2014

Cash provided by (used in):	2015	2014
Operations:		
Excess of revenues over expenditures	\$14,406	\$13,115
Changes in non-cash operating working capital:		
- Amortization of furniture and equipment	3,596	-
- Amortization of deferred capital contributions	(3,596)	-
(Increase) decrease in receivables	(8,891)	64,191
Increase in accounts payable and accrued liabilities	56,810	11,499
Increase in deferred revenue	202,828	124,797
	265,153	213,602
Financing:		
Increase in deferred capital contributions	12,174	-
Investing:		
Purchase of furniture and equipment	(12,174)	-
Increase in cash	265,153	213,602
Cash, beginning of year	561,473	347,871
Cash, end of year	\$826,626	\$561,473

Committees and Working Group Members

Partners for Better Health (South Island CSC)

- Dr. Elizabeth Rhoades (SIDFP)
- Dr. Robin Saunders – Co-Chair (SIDFP)
- Dr. Jenn Tranmer (SIDFP)
- Dr. Vanessa Young (SIDFP)
- Clay Barber (SIDFP)
- Lois Cosgrave (VIHA)
- Cheryl Damstetter (VIHA)
- Sheila Leadbetter (VIHA)
- Afsaneh Moradi (PDO)
(replaced Julie Holder, effective March 2015;
Kathleen Speakman, June 2015)
- Karen Morgan (SPHF/Community)
- Jon Rabenek (VIHA) (replaced Marina White,
effective September 2015)
- Rick Robinson (CHI/Community)
(replaced Linda Nehra, effective August 2015)
- Kelly Smith (VIHA)
(replaced Emma Isaac, effective August 2015)
- Dr. David Robertson – Co-Chair (VIHA)
(replaced Dr. Brian Weinerman, effective
January 2015)
- Graham Taylor (GPSC) (replaced
Dr. Sarah Williams, effective June 2015)
- Sia Zabarar (VIHA)

A GP for Me Steering Committee

- Dr. Tom Bailey – Co-Chair
- Dr. Cheryl Cuddeford
- Dr. Andre du Toit
- Dr. Azaria Marthyman
- Dr. Elizabeth Rhoades
- Dr. Alicia Power
- Dr. Jenn Tranmer – Co-Chair
- Margi Bhalla – A GP For Me Program Lead
(replaced Helen Truran December 2014)
- Stephen Reichert, Program Evaluator,
Reichert and Associates

Primary Health Care Initiative Steering Committee

- Dr. Tom Bailey (SIDFP)
- Dr. Nicole Del Bel (SIDFP)
- Dr. Andrea Lewis (SIDFP)
- Dr. Tommy Lorenzo (SIDFP)
- Dr. Elizabeth Rhoades (SIDFP)
- Dr. Colin Tamboline (SIDFP)
- Clay Barber – Co-Chair (SIDFP)
- Bert Boyd – Project Lead (SIDFP)
- Dale Henley (Community)
- Dr. Ambrose Marsh (SPH)

- Karen Morgan (SPHF)
- Ken Stevenson (Community)
- Celia Stock
(representing Tricouncil, Community)
- Sheila Leadbetter (VIHA)
- Dr. David Robertson (VIHA)
- Marg Tennant (SPH)
- Sia Zabarar (VIHA)
- Dr. Carl Whiteside – Co-Chair (SPHF)
- Dr. Bruce Wright (UVic IMP)

Primary Health Care Initiative Models of Care Working Group

- Dr. Nicole Del Bel – Co-Chair (SIDFP)
- Dr. Ramm Hering (VDFFP)
- Dr. Andrea Lewis (SIDFP)
- Dr. Tommy Lorenzo (SIDFP)
- Dr. Colin Tamboline (SIDFP)
- Lesley Bainbridge – Co-Chair (UBC)
- Clay Barber (SIDFP)
- Bert Boyd (SIDFP)
- Barb Butler (VIHA)
- Laura Chambers (PVN)
- Nicholas Fitterer (BCCA)
- Cindy Flood (VIHA)
- Heather Harris (Tsartlip First Nation)
- Sheila Leadbetter (VIHA)
- Dr. David Robertson (VIHA)
- Erin Stockley (VIHA)
- Dr. Carl Whiteside (SPHF)
- Kathleen Yue (SIDFP)
- Sia Zabarar (VIHA)

Primary Health Care Initiative Governance Working Group

- Dr. Andrea Lewis (SIDFP)
- Dr. Elizabeth Rhoades (SIDFP)
- Bert Boyd – Project Lead (SIDFP)
- Dale Henley (Henley & Walden, community)
- Patti Hunter (SIDFP)
- Karen Morgan (SPHF)
- Dr. David Robertson (VIHA)
- Ken Stevenson (Community)

Primary Health Care Initiative Finance and Admin Working Group

- Dr. Elizabeth Rhoades (SIDFP)
- Dr. Ernie Chang (SIDFP)
- Dr. Colin Tamboline (SIDFP)
- Dr. Ian Thompson (SIDFP)

Committees and Working Group Members

Primary Health Care Initiative Finance and Admin Working Group (continued)

- Angela Aarts (Longview Consulting Inc.)
- Bert Boyd – Project Lead (SIDFP)
- Dale Henley (Henley & Walden, community)
- Kathleen Yue – Working Group Coordinator (SIDFP)

Physician Health and Wellness Working Group

- Dr. Allie Ferg
- Dr. Lora Morrice
- Dr. Jeff Pocock – Lead
- Terry Manzo – staff support

PiC Steering Committee

- Dr. Bill Bullock (FP-VD FP) (replaced Dr. Valerie Ehasoo, effective March 2015)
- Dr. Eric Fretz (SP)
- Dr. Michele Fretz – FP Co-Chair (SIDFP)
- Dr. Gerald Tevaarwerk (SP)
- Kristin Atwood – TiC Program Lead (VD FP)
- Clay Barber – Co-Chair (SIDFP)
- Nancy Falconer (SCC) (replaced Katie Hill, effective March 2015)
- Kathy Ilott – PiC Program Lead (SIDFP)
- Vacant (VD FP Staff)
- Vacant (VIHA Executive)

PiC Gastroenterology Working Group

- Dr. Tom Bailey (SIDFP)
- Dr. Ernie Chang (SIDFP)
- Dr. Gilbert Chew (SIDFP)
- Dr. Ulana Farmer – FP Lead (SIDFP)
- Dr. Allie Ferg (SIDFP)
- Dr. Daphne Fontaine (VD FP)
- Dr. Justin Shah – SP Lead
- Dr. Melina Thibodeau (VD FP)
- Kathy Ilott – Program Lead (SIDFP)
- Reggie Paisley (GI MOA)
- Gurprit Randhawa (PSP)

PiC Orthopaedic Working Group

- Dr. Ulana Farmer – FP Lead (SIDFP)
- Dr. Daphne Fontaine (VD FP)
- Dr. Steve Keeler (SIDFP)
- Dr. Ralph Lapp (SP)
- Dr. Tara Mogentale (VD FP)
- Dr. Greg Siren (VD FP)
- Dr. Brent Weatherhead – SP Lead (replaced Dr. Sonja Mathes, effective June 2015)
- Kathy Ilott – Program Lead (SIDFP)
- Emily Macdonald (PSP)

PiC Neurology Working Group

- Dr. Abeer Abed (VD FP)
- Dr. Kristen Atwell-Pope – SP Lead
- Dr. Peter Boulton (SP)
- Dr. Ernie Chang (SIDFP)
- Dr. Ulana Farmer – FP Lead (SIDFP)
- Dr. Tara Mogentale (VD FP)
- Dr. Parbeen Pathak (SP)
- Dr. James Scott (SP)
- Yvonne Kader (Neuro MOA)
- Kathy Ilott – Program Lead (SIDFP)
- Esther Stevens (PSP)

PiC Cardiology Working Group

- Dr. Andre du Toit (SIDFP)
- Dr. Daisy Dulay (SP)
- Dr. Daphne Fontaine – FP Lead (VD FP)
- Dr. Eric Fretz – SP Lead
- Dr. Nicole Pewarchuk (SIDFP)
- Dr. Jenny Rajala (SP)
- Janet Bower (PVN)
- Bob Flitton (PVN)
- Kathy Ilott – Program Lead (SIDFP)
- Theresa McInally (Cardio MOA)
- Emily MacDonald (PSP)

Plastic Surgery Working Group

- Dr. Ian Cordon (VD FP)
- Dr. Slobodan Djurickovic (SP)
- Dr. Sandra Lee (VD FP)
- Dr. Myra Lynch (SIDFP)
- Dr. Rebecca Morley – SP Lead
- Dr. Robin Saunders – FP Lead (SIDFP)
- Dr. Jennifer Robinson (SP)
- Dr. Colin White (SP)
- Kathy Ilott – PiC Program Lead (SIDFP)
- Merlyn Maleschuk (PSP)

Child & Youth Mental Health and Substance Use (CYMHUSU) Local Action Team (Westshore)

- Dr. Ellen Anderson – Co-Chair (FP-SIDFP)
- Dr. Kelley Minish (SIDFP)
- Dr. Jennie Preuss (Child Psychiatrist)
- Dr. Spencer Rose (Pediatrician)
- Clay Barber (SIDFP)
- Anne Bell (SD62)
- Roxanne Blemings (VIHA)
- Catharine Berghuis (VIHA)
- Janine Brooks (SD62)
- Sandi Brumovsky (Sooke Family Resource Society)

Committees and Working Group Members

Child & Youth Mental Health and Substance Use (CYMHSU) Local Action Team (Westshore) (continued)

- Jacqueline Carle
(Military Family Resource Centre)
- Petra Chambers-Sinclair
(Young Parents Support Network)
- Amy Cooper (Westshore Recreation)
- Penny Cooper (VIHA)
- Wendy Cooper (SD 62)
- Mitzi Dean
(Pacific Centre Families Services Association)
- Kelly Drabit (VIHA)
- Rose Dumont (T'Souke Nation)
- Erin Ewart
(Phoenix Human Services Association)
- Cheyenne Franklin
- David Friesen (Sd62)
- Susan Gmitroski (VIHA)
- Julie Green (VIHA)
- Lynn Guengerich (VIHA)
- Cathy Hack (Sooke Family Resource Society)
- Bruce Handley (Pacheedaht Health Centre)
- Jen Harrison (WorkLinkBC)
- Cp. Scott Hinderley (RCMP)
- Colleen Hobson
(Child & Youth Health Network)
- Lorena Jenkins (MoCFD)
- Ardina Jones (Pacheedaht Health Centre)
- Sandra Kazeiczko (VIHA)
- Cst. Christina Klein (RCMP)
- Roberta Kubik (SD62)
- Karen Laherty
- Nicky Logins (Sooke Family Resource Society)
- Ebony Logins (Sd62)
- Meaghan MacKeigan (SEAPARC)
- Christine McGregor (Sd62)
- Ray McGuire (Beecher Bay)
- Jim McSporran (Sd62)
- Stephen Morgan (MoCFD)
- Linda Nehra – Co-Chair (SIDFP)
- Robert Peters (MoCFD)
- Janet Raynor Thorn (Social Worker)
- Katherine Ritchie (Boys and Girls Club)
- Scott Rothermel (SD62)
- Dianna Seaton (Sd62)
- Holly Snedden (Community)
- Christina Southey (ImpactBC)
- Margo Swinburnson (Sd62)
- Patrick Swinburnson (Sd62)
- Laurie Szadkowski (Sd62)

- Lisa Tate (The FORCE)
- Michelle Thut (T'Souke Nation)
- Lindsay Trowell (Sd62)
- Tess Vally (SD62)
- Youth and family representatives

CYMHSU Local Action Team Integration Working Group (Westshore)

- Janine Brooks (SD62)
- Amy Cooper (Westshore Recreation)
- Julie Green (VIHA)
- Lynn Guengerich (VIHA)
- Jen Harrison (WorkLinkBC)
- Laura-Jane Ismay
- Cst. Christina Klein (RCMP)
- Linda Nehra – Co-Chair (SIDFP)
- Holly Snedden (Community)

CYMHSU Local Action Team Waitlist Working Group (Westshore)

- Dr. Jennie Preuss (Child Psychiatrist)
- Penny Cooper (VIHA)
- Erin Ewart
(Phoenix Human Services Association)
- David Friesen (SD62)
- Susan Gmitroski (VIHA)
- Colleen Hobson
(Child & Youth Health Network)
- Nicky Logins (Sooke Family Resource Society)
- Stephen Morgan (MoCFD)
- Chantelle Smith (MoCFD)
- Margo Swinburnson (Sd62)
- Lisa Tate (The FORCE)

CYMHSU Local Action Team Prevention and Mental Health Literacy Working Group (Westshore)

- Anne Bell (SD62)
- Catharine Berghuis (VIHA)
- Cp. Scott Hinderley (RCMP)
- Lorena Jenkins (MoCFD)
- Meaghan MacKeigan (SEAPARC)
- Christine McGregor (Sd62)
- Linda Nehra – Co-Chair (SIDFP)
- Robert Peters (MoCFD)

Board of Directors

Dr. Robin Saunders – Chair
Dr. Jenn Tranmer – Vice-Chair
Dr. Elizabeth Rhoades – Treasurer
Dr. Vanessa Young – Secretary
Dr. Allie Ferg – Member-at-Large
Dr. Michele Fretz – Member-at-Large
Dr. Katelyn Salmon – Ex Officio Resident
(replaced Lorelei Armitage Effective June 2015)



Support Staff and Contractors

Clay Barber – Executive Director
Jay Boulet – Office Manager
Jen Roberts – Administrative Coordinator

SIDFP Board Members L-R:
Dr. Jenn Tranmer, Dr. Vanessa Young, Dr. Allie Ferg,
Dr. Robin Saunders, Dr. Elizabeth Rhoades,
Dr. Michele Fretz, Clay Barber

Contracted Program & Project Management Support

Margi Bhalla – Program Lead, A GP for Me
Bert Boyd – Project Lead, Primary Health Care Initiative
Barbara Carver – Communications Strategist
MJ Cousins – Recruitment and Retention Coordinator
Keith Donaghy – Project Lead, Saanich Peninsula Child and Youth Mental Health and Substance Use Collaborative
Sally Foucher – Administrative Support
Kathy Hott – Program Lead, Partners in Care
Debbie Kendz – Event Coordinator
Erica Kjekstad – Program Lead, Residential Care Initiative
Terry Manzo – Working Group Coordinator, Physician Health and Wellness
Linda Nehra – Project Lead, Westshore Child and Youth Mental Health and Substance Use Collaborative
Kathleen Yue – Working Group Coordinator, Primary Health Care Initiative

Contact

South Island Division of Family Practice
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Web: www.divisionsbc.ca/south-island







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/south-island