

Annual Report 2012



South Okanagan Similkameen
Division of Family Practice

A GPSC initiative

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Murali Venkataraman

Message from Physician Lead

For the South Okanagan Similkameen Division of Family Practice, developing personal relationships and trust are the building blocks of success. The past year has seen our Division enhance relationships with members, other health care professionals in our communities, Interior Health and the Ministry of Health. As our Division matures and develops in complexity, continuing to build trust in our working relationships will remain vital.

The most important place to build trust is within our own membership. That all eligible physicians have become members shows this is being achieved. Additionally, the increasing number of members contributing to Divisions projects affirms our members feel confident the work Divisions is doing is having a positive impact on health care. The growth of “Shared Care: Partners in Care” and “Transitions in Care” projects within our Division has the potential to have a tremendous impact on improving efficiencies in the way we work with our specialist colleagues and other health care professionals. All the projects that the SOS Division embarks upon strive to be consistent with the Institute of Healthcare Improvements Triple Aim objectives:

- Improve the health of the population;
- Enhance the experience of care for patients, families and providers;
- Reduce/control care costs.

Alignment with Triple Aim objectives has facilitated our working relationship with Interior Health staff and executives. As a result of our Division demonstrating we are able to work effectively and efficiently in a collaborative manner, Interior Health is now approaching us to become involved in pilot projects that could be implemented throughout the Health Authority and even the Province. Interior Health is realizing physicians are an essential resource when implementing health care change. Interior Health is cognizant and respectful of the fact that our Division’s involvement in any project will be determinant on our financial and human resource capacity as well as the need for it to be consistent with our strategic plan and goals.

Building a similarly collaborative working relationship with Ministry of Health is more challenging. One of the main tenets of the Divisions process

was to have the Collaborative Services Committee be a tripartite committee consisting of, in our case, the SOS Division, Interior Health and the Ministry of Health working together to effect health care change. We are still lacking appropriate representation from the Ministry. This makes it more difficult to build the personal relationships that are the building blocks of trust. Still, we continue to work with the Ministry to the best of our ability. Our work has gained the attention of some Ministry officials and we are respected for our collaborative approach.

Creating something special takes planning, process and patience. Sometimes what you are building does not work out as planned or you run into obstacles. Persistence pays off. The SOS Division is confident our endeavors will be worthwhile.

Murali Venkataraman



Terrie Crawford

Message from Executive Lead

In 2012/13, the South Okanagan Similkameen Division of Family Practice continued to grow. Our membership increased from 104 members to 116. At the same time, we strengthened our relationship with both members and partners in primary health care system change.

The Division board met with smaller physician groups to learn what is important to their practices and communities, and to identify ways the Division could assist them. We have identified areas for improvement, such as reviewing the primary maternity clinic model and ER communication and information flow. We hosted five CME events, worth a total of 10.5 credits. The presenters were frequently local family and specialist physicians. We heard having local presenters increased communication and provided networking opportunities. We will strive to continue this format next year.

SOS Division of Family Practice is achieving success by encouraging and supporting family physicians who participate in various working groups and committees. This year we had a total of 40 physicians involved in Division committees and working groups. The key to our success is the collaboration and identification of common goals with our many partners—

patients, specialists, Interior Health, PITO, PSP and Shared Care.

In the coming year, we will see the addition of GPSC In-Patient Care and A GP for Me (also known as Attachment) initiatives. These initiatives will be locally designed to meet patient and physician needs in their communities. In addition, we are currently working with Interior Health on a new model for mental health and substance use patient care (supported by Interior Health accelerated funding, provided by the Ministry of Health). The goal is to coordinate care by having family doctors, psychiatrists, mental health clinicians, psychiatric nurses, an outreach worker and an addictions counselor all working under one roof.

We invite you to review the 2012 Annual Report, which highlights some of the SOS Division activities and accomplishments over the past year. The work of Divisions requires the efforts and collaboration of our

members, partners, board and staff. I would like to take this opportunity to thank all of you for your commitment, leadership and willingness to be involved in reshaping primary health care in our communities and province. I look forward to increased engagement with our members and collaboration with our partners so we can continue to improve primary health care, and the physician and patient experience.

Terrie Crawford



Left to right: Tracy St. Claire, Nancy Keenan, Deb Wood, Terrie Crawford, Arlene Herman, Anne Goedhart, Ida Keller

Year in Review: Highlights 2012–13

APRIL 26, 2012

- Physician engagement — Dinner meeting held with the Summerland physicians

MAY 16 & 17TH

- Shared Care polypharmacy clinical learning session addressed polypharmacy in the elderly by using enhanced medication reviews in residential care.

JUNE 2012

- Second Annual General Meeting. Five credit CME sessions held the same day.

JULY 31, 2012

- Physician engagement — primary maternity clinic physicians

SEPTEMBER 4, 2012

- Residential Care physician feedback meeting

SEPTEMBER 13, 2012

- Physician engagement — dinner meeting held with the emergency physicians

SEPTEMBER 19, 2012

- CME: Child and Youth Mental Health — Dr. Tyler Black, psychiatrist

OCTOBER 23, 30 AND NOVEMBER 6, 2012

- Meetings held with physicians and Interior Health to discuss Integrated Health Network Transitioning and Integration

NOVEMBER 15, 2012

- CME — Dr. Niall Davidson and Dr. Jeanette Boyd

JANUARY 31, 2013

- Physician engagement — Oliver and Osoyoos Physicians

FEBRUARY 7, 2013

- CME event at Division office — Top 10 things to improve emergency visit communications and COPD pathway project

MAY 2, 2013

- Physician engagement — Penticton walk-in clinic physicians

MAY 4, 2013

- Billing in-service with Dr. Clelland



Dr. Al Romanchuk



Left to right: Dr. Murali Venkataraman, Dr. Khati Hendry, Dr. Johan Boshoff

Mission, Vision, Values and Goals

MISSION The South Okanagan Similkameen Division of Family Practice will engage and support primary care physicians to enhance comprehensive patient care in our community. The SOS Division will accomplish this through a collaborative and innovative approach to improve patient care, increase primary care physicians' influence on health care delivery and improve the wellbeing of our community.

VISION The SOS Division of Family Practice will be an active leader in creating health system change so patients receive the best care at the right place, the right time and by the right provider. To that end, we will build a respected organization and promote a community of primary care physicians that collaborates with health care partners, community agencies and patients.

VALUES

Promoting collaboration and partnership within the Division and with other health services providers, the community and patients

Supporting patient-focused care

Utilizing best practices, creativity and innovation in the development and delivery of patient care

Conducting all activities and relationships with integrity, professionalism and compassion

Adhering to the values of the Canada Health Act, including universality, comprehensiveness, portability, accessibility and public administration.

GOALS

- 1 Develop, implement and maintain a range of primary health care programs that support and promote full service practice with appropriate compensation.
- 2 Facilitate the development and improvement of systems that enhance the health of our community.
- 3 Foster a healthy culture and community of primary care that engages and supports physicians.
- 4 Develop a physician recruitment, retention and locum pool strategy to help build sustainable family practices throughout the division.
- 5 Ensure quality.

GOAL 1:
Develop,
implement and
maintain a range
of primary health
care programs
that support
and promote full
service practice
with appropriate
compensation

Strategy:
Improve and
support quality
primary care
for residential
care patients by
implementing
the Penticton/
Summerland
Residential
Care Program
prototype

RCP MEDICAL COORDINATORS

Dr. Mark Lawrie
Dr. Bob Mack

Division Staff

Arlene Herman
Terrie Crawford

IH Representatives

Cindy Regjer
Juanita Yuill

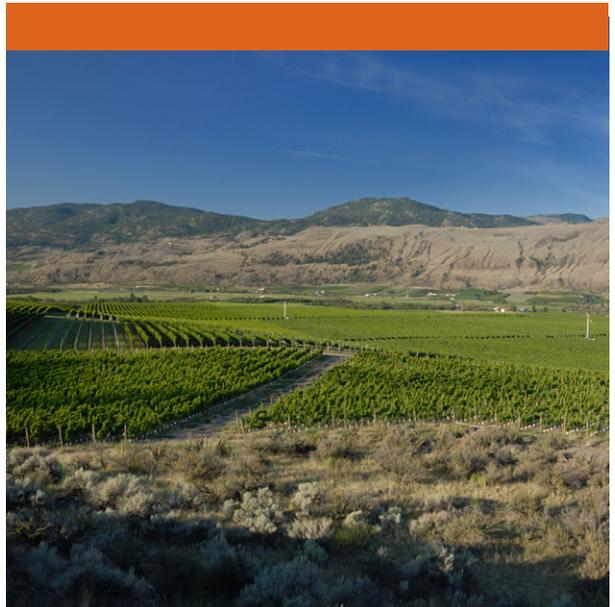
This has been a foundation-building year for the Residential Care Program (RCP), in which we identified and then supported a standard of care for residential care patients. The residential care project is developing a strong working relationship with our family practitioners, providing proactive medical care to manage chronic disease in the frail, aging and end-of-life population. At the same time, the project is forging strong collaborative partnerships with the residential care leadership and staff, assisting them to address some on-the-floor issues, and improve quality of care for residents.

HIGHLIGHTS

- Engaged and collaborated successfully with physicians, facility staff and IH RC medical leadership.
- Established a new communications working group at the SOS RCP provider meeting with the Division.
- Piloting care conference improvements set to trial in May.
- Positive feedback from residential facilities.

NEXT STEPS

- New communications task force will establish a clear assessment process and communication protocol to be followed prior to contacting physicians either by fax or phone. This will aid in appropriate decision making and timely care.
- 1st year evaluation to be completed in June.





Strategy: Enhance In-Patient Care

DR. RON GANS PRH-HCP PHYSICIAN LEAD

Working Committee

Dr. Ron Gans
Dr. Murali Venkataraman
Dr. Tim Phillips
Dr. Driaan Van der Vyver
Terrie Crawford

SOS Division was one of the 11 Divisions prototyping hospital care. In the community, the Penticton Regional Hospital (PRH) care program is known as Doctor of the Day (DoD). This model worked well for the community, and was well supported by local physicians. In addition, this program was linked to the Residential Care Program to provide urgent care.

The support for in-patient care continues to grow. In March, MoH and GPSC announced new In-Patient Care incentives, which became available to physicians on April 1st 2013. These incentives were offered in order to support community-based family physicians with the delivery of in-patient care services for assigned and unassigned in-patients throughout the province. At PRH, a working group was established to review the current DoD model, and to discuss how the new incentives might assist or change this model.

HIGHLIGHTS

- PRH physicians worked together to find a way to implement the new In-Patient Care incentives, while still maintaining the current DoD model.

NEXT STEPS

- With this new initiative, physicians at South Okanagan General Hospital (SOGH) and Princeton General Hospital (PGH) will have an opportunity to work together to create a local model for in-patient care. The program can be designed to uniquely suit the family physicians working in those communities.



Strategy:
Engage with other health care providers to ensure the delivery of quality primary health care services in identified priority areas such as mental health

MENTAL HEALTH COMMITTEE

Division Representatives

Dr. Kyle Stevens
Dr. Robert Calder
Dr. Driaan Van der Vyver
Dr. Diana Fort
Dr. Mark Baille
Terrie Crawford
Deb Wood
Tracy St. Claire

IH members

Included representatives from acute, in-patient, psychiatry, tertiary, community and residential care

Last year, a group of physicians identified a need for change in the way MHSU patients receive care. The SOS Division brought their concerns to the Collaborative Services Committee who agreed with the doctors' findings. A new committee, consisting of SOS Divisions and Interior Health representatives, was formed to examine the current state of services and supports and to identify gaps in service. Their findings and recommendations were presented at the CSC. From these discussions came support for a new model funded by IH accelerated funding, provided by the Ministry of Health. Following the model of King Street, a one-site location in Kamloops, coordinated care in Penticton would see family doctors, psychiatrists, mental health clinicians, psychiatric nurses, an outreach worker and an addictions counselor all working under one roof. This committee will also discuss ways to provide outreach to other communities.

The Division is also focusing on child and youth mental health. A provincial child and youth mental health collaborative has formed, and will focus on improving timely access for an increased number of children, youth and their families.

NEXT STEPS

- SOS Division and IH will be working out details for the MHSU Primary Care Clinic model.
- A local team will be formed to address issues in the communities. This team will build on the work and the relationships developed in the current CYMH Practice Support Program (PSP) initiative.

GOAL 2: Facilitate the development and improvement of systems that enhance the health of our community

Strategy:
Engage with key stakeholders to ensure effective planning, partnerships and funding

CSC COMMITTEE MEMBERS

Division Representative

Dr. Murali Venkataraman
Dr. Tim Phillips
Terrie Crawford

IH Representatives

Claire Ann Brodie
Susan Brown
Lori Motluk
Juanita Yuill

GPSC Representative

Brian Evoy
BC Divisions Representative
Tanis Evans

COLLABORATIVE SERVICES COMMITTEE (CSC)

The SOS Collaborative Service Committee (CSC) brings together representatives from the SOS Division of Family Practice, the GPSC/Ministry of Health and Interior Health.

These partners share concerns about patient care outcomes. As such, they work together to determine priorities and design solutions to the complex and interconnected issues facing the healthcare system and the delivery of primary care. All partners work together to improve patient care and to create system efficiencies within their sphere of influence.

AREAS OF FOCUS

Seventeen Division members participated in a discussion with IH regarding the allocation of IH resources. The resources became available with the reallocation of IH Integrated Health Networks funding and the addition of the new IH funding received from the Ministry of Health for Integration and Accelerated projects that support target populations.

The aim of this work is to provide a system of community-based health care and support services, which would be built around a family physician and an extended health care team. Target populations identified as needing services are: chronic co-morbid, frail elderly, maternity/child and mental health. Oliver/Osoyoos will be the community in which Integrated Care Teams will be prototyped in the South Okanagan Similkameen. Working groups are forming with Division and IH representatives to further flesh out the details. The working groups are Primary Care MHSU Clinic, Breathe Well, Integrated Care Teams and Home First.





Strategy:
Develop a strategy to ensure that residents of our community have access to and are attached to a primary care provider

The Province released a new initiative called A GP for Me (also known as Attachment) in April 2013. With this new initiative, new billing codes are available to support attachment at the practice level. At a community level, the SOS Division will have an opportunity to apply for funding to define our local priorities and direction. A letter of intent to move forward to the next phase of assessment and planning was submitted and approved.

NEXT STEPS

- Strike an attachment committee, which will place physician champions and key stakeholders in working groups.
- Identify SOS' attachment needs and develop local solutions. This will be done by reviewing data and implementing practice assessment tools. Needs will also be identified by hosting community forums, focus groups, creating surveys and engaging and collaborating with members, local First Nation Bands, Interior Health and the SOS CSC.

Strategy: Improve access to and communication with specialists to better coordinate and co-manage the care of patients with chronic complex needs

Dr. Elizabeth Watters
Dr. Khati Hendry
Dr. Peter Entwistle

Specialist

Dr. Brian Forzley
Dr. Jackie Stewart

Division/Shared Care Staff

Tracy St.Claire
Ida Keller
Terrie Crawford

Family physicians, specialists and patient representatives continue to work collaboratively to improve the shared care of patients. The SOS Division supports and encourages opportunities to engage with specialists to improve patient care. Many CME events featured presentations by local specialists. These presentations not only meet clinical education needs but also provide an opportunity for specialists and family physicians to get to know each other.

PARTNERS IN CARE

The Partners in Care work focused on improving the referral process. Physicians and MOAs identified a number of needs:

- Confirmation that a referral has been received,
- Who will contact the patient about an appointment,
- Approximate wait time,
- Whether the GP's office needs to make arrangements for tests prior to a specialist appointment.

A referral acknowledgment form, which addresses these issues, was trialed in a paper-based form and electronically on the med access EMR.

In addition, patient self-management tools such as the patient medication bag and personal health record were trialed as a means to improve communication between the patient, family physician and specialists. These tools are being evaluated with a report expected June 2013. An MOA has been hired to introduce the referral acknowledgment form and patient self-management tools to physicians throughout the SOS Division.

NEXT STEPS

- Make tools available to all SOS physicians.
- Share evaluation results and progress of projects.
- Meet with rural communities to identify needs/issues related to referrals.





TRANSITIONS IN CARE: ACUTE EXACERBATIONS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AECOPD IN-PATIENT PATHWAY

The focus of this project is to reduce AECOPD patient visits and readmissions to the ER. A pathway was developed to optimize patient admission and discharge management. This pathway also focused on smoothing the transition of AECOPD patients from acute care back to the community and to GP chronic care. Joining SOS physicians in this working group are representatives from Interior Health, emergency, pharmacy, education, respiratory services and administration. The AECOPD pathway through the ER, acute and community care, was trialed in March and April and has received positive feedback.

HIGHLIGHTS

- The following tools have been developed and are being tested:
- Pre-printed order forms: ER Discharge, Acute Admissions, Acute Discharge,
- Special Authorities forms for medications,
- A tracking and re-submitting process for Special Authorities rejected by Pharmacare.

Dr. Glen Burgoyne
Dr. Brent Harrold
Tracy St. Claire

Specialist

Dr. Shannon Walker

IH members

Includes representation from respiratory services, acute, emergency, pharmacy and administration



IPSI — INTEGRATED PRACTICE SUPPORT INITIATIVE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TOOLS

PITO, PSP, Divisions and Shared Care are collaborating in the South Okanagan Similkameen and Thompson Region Division to facilitate the optimization of care of COPD patients. As such, the focus of this trial will be on processes related to patients at risk or diagnosed with COPD.

The aim is to better align resources to increase capacity in physicians' practices. This trial explores how these partners can work together using an integrated practice coaching model, which consists of COPD tools from PSP and the Shared Care AECOPD projects. The product will likely be an EMR tool for family physicians for registry, referrals, etc.

SHARED CARE NEXT PROJECTS

- Scoping ER project: improving information flow, transitions in and out of ER. Charter will be developed in May.
- Scoping Mental Health project: participating in IH accelerated funding initiative to ascertain how Shared Care can align with this initiative. Alignment with PSP is also a possibility.
- Scoping chronic pain project: working with IH to align with their chronic pain strategy.

GOAL 3: **Foster a healthy community of primary care, and a culture that engages and supports physicians**

Dr. Glen Burgoyne
Dr. Perold Louw

Specialist

Dr. Shannon Walker

Division/Shared Care Staff

Terrie Crawford
Tracy St. Claire

The SOS Division achieved this through two strategies this year:

1. Providing opportunities for family physicians to network and share ideas.
2. Providing quality CME education events that promote primary care.

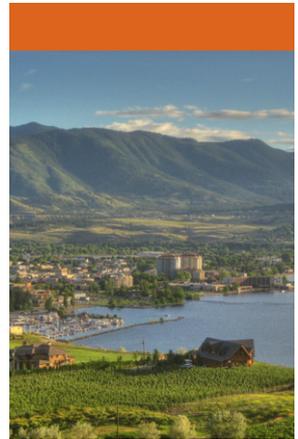
HIGHLIGHTS

Four CME events were held for a total of 10.5 credits!

Presentations given at these events:

- Colon cancer screening and various hernias: Dr. Mark Sawatsky
- Demystifying methadone and chronic pain: Dr. Kyle Stevens
- Hoping for the best & planning for the worst — advance care planning from a respirologist's perspective: Dr. Sarah Broder
- Decompensation in chronically mentally-ill patients and how to collaborate with psychiatry: Dr. Rajeev Sheoran
- When and why we prescribe antibiotics: Dr. Keith White
- Youth suicide — using the evidence: Dr. Tyler Black
- The Warfarin Information Network: Dr. Niall Davidson
- Physician Data Collaborative: Dr. Jeanette Boyd
- COPD pathway project: Dr. Shannon Walker and Dr. Brent Harrold
- Top 10 things to improve ER visits and communication: Dr. Jeff Plant and Dr. Brent Harrold

A special thank you to Deb Wood for organizing our CME events and credits.





PHYSICIAN COMMUNITY ENGAGEMENT

The Division board met with smaller physician groups to find out what is important to their practices and communities, and to identify ways the Division could assist them. Meetings were held with Summerland, Oliver/Osoyoos, Primary Maternity Clinic and emergency physicians — reaching out to 42 physicians.

From these meetings the following groups identified issues for improvement work:

PRIMARY MATERNITY CLINIC

- Interior Health agreed to fund the med-access EMR in the clinic.
- A working group was established to review current model and funding. This group will commence when a new obstetrician starts in June 2013. The next step will bring together maternity family physicians, obstetricians and midwives to review current services and explore the potential for a shared care model.

OLIVER/OSOYOOS PHYSICIANS

- Identified a desire to provide primary care at the Osoyoos Indian Band. Initial meetings have been held with Band representatives. This goal may tie into the attachment initiative work that the Division will start to engage in during the summer of 2013.

EMERGENCY PHYSICIANS

- Identified need to improve communication and information flow. A presentation entitled “Top 10 things to improve ER visits and communication” was given at a CME event.

NEXT STEPS:

- Family physicians to identify top ten ways that the emergency department can help family doctors. These findings need to be presented to emergency physicians.
- New Shared Care project will focus on improving information flow, and transitions in and out of ER.



SUMMARY OF COMMITTEES AND WORKING GROUPS

SOS' several committees and working groups provide opportunities for Division members to provide input and direction. Many of these committees have Interior Health and Ministry of Health representation for the purpose of identifying systems issues and co-designing process changes and programs. The names of the various committees, working groups and Division members are listed below. (This list does not include others such as pharmacists, Interior Health or Ministry of Health partners).

RESIDENTIAL CARE

Dr. Mark Lawrie
Dr. Bob Mack
Arlene Herman
Terrie Crawford
Anne Goedhart

PRH IN-HOSPITAL CARE COMMITTEE

Dr. Ron Gans
Dr. Murali Venkataraman
Dr. Driaan Van der Vyver
Dr. Tim Phillips
Terrie Crawford

IMIT COMMITTEE – INTERIOR HEALTH & INTERIOR DIVISIONS

Dr. Jeff Harries
Dr. Stephan Samoyloff
(Emergency Physician)
Dr. Alistair Bannerman

INTERDIVISION STRATEGIC COUNCIL (ISC)

Dr. Murali Venkataraman
Terrie Crawford

ISC RECRUITMENT STEERING COMMITTEE

Dr. Peter Entwistle
Deb Wood

SOGH – INTEGRATION TEAM

Dr. Lorraine Kane

PRIMARY MATERNITY CLINIC

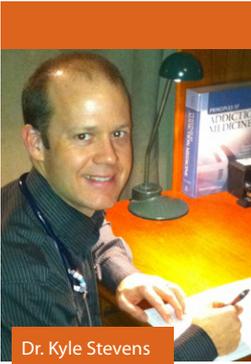
Dr. Greg Sellinger
Terrie Crawford

MENTAL HEALTH WORKING GROUPS

Dr. Kyle Stevens
Dr. Robert Calder
Dr. Diana Fort
Dr. Driaan Van der Vyver
Dr. Mark Baille
Dr. Rajeeve Sheoran
(Psychiatrist)
Terrie Crawford
Deb Wood



Dr. Shannon Walker



Dr. Kyle Stevens

This year, there were 22 members involved in committee work. To increase the members' collective voice, and to better address issues important to them, the Division will strive to encourage more physicians to become involved in its activities.

Left to right:
Dr. Garnett Tarr,
Dr. Ron Gans

COLLABORATIVE SERVICES COMMITTEE

- Dr. Murali Venkataraman (co-chair)
- Dr. Tim Phillips
- Terrie Crawford
- Deb Wood

SHARED CARE STEERING COMMITTEE

- Dr. Elizabeth Watters
- Dr. Glen Burgoyne
- Dr. Brian Forzley (Nephrologist)
- Dr. Gerry Karr (Nephrologist)
- Dr. Shannon Walker (Respirologist)
- Tracy St. Claire
- Deanne Neufeld
- Terrie Crawford
- Ida Keller

SHARED CARE PARTNERS IN CARE (ADVISORY)

- Dr. Elizabeth Watters
- Dr. Peter Entwistle
- Dr. Khati Hendry
- Dr. Jackie Stewart (Rheumatologist)
- Dr. Brian Forzley (Nephrologist)
- Terrie Crawford
- Deanne Neufeld
- Tracy St. Claire
- Ida Keller

SHARED CARE TRANSITION IN CARE — COPD

- Dr. Glen Burgoyne
- Dr. Brent Harrold (Emergency Physician)
- Dr. Shannon Walker (Respirologist)
- Tracy St. Claire
- Terrie Crawford
- Ida Keller

IPSI — INTEGRATED PRACTICE SUPPORT INITIATIVE

- Dr. Glen Burgoyne
- Dr. Perold Louw (Respirologist)
- Terrie Crawford
- Tracy St. Claire
- Ida Keller

ONCOLOGY WORKING GROUP

- Dr. Elizabeth Watters
- Dr. David Paisley
- Dr. Margaret Myslek
- Deanne Neufeld
- Tracy St. Claire
- Ida Keller





GOAL 4: Develop a physician recruitment, retention and locum pool strategy to help build sustainable family practices in our Division

All of the Divisions of Family Practice in the Interior, as well as Interior Health, have identified recruitment and retention of family physicians as a high priority. The Inter-Divisional Strategic Council agreed in March 2012 to sponsor the development and implementation of a recruitment strategy for family physicians. Dr. Peter Entwistle and Deb Wood (administrative assistant) represent the SOS Division on this committee. Currently, the focus is to develop a regional strategy for physician recruitment and retention. The first step involves an environmental scan, which will highlight community needs, confirm activities underway, and identify barriers and challenges. This project is jointly funded by IH and the Provincial Division Innovation Fund.

NEXT STEPS

- To identify the specific recruitment needs of the SOS Division. Through the GP for Me initiative, a practice assessment survey will be made available. This will help map out the need for local physicians based on future retirements.



GOAL 5: Ensure quality Division management and governance

Strategy: Develop a culture of quality improvement

The SOS Division of Family Practice is a robust division, working on a number of initiatives. It engages in quality improvement work, which is used to guide the development of programs such as Shared Care projects and the Residential Care prototype currently underway.

This year, SOS received division innovation funding to support the evolution and evaluation of the Penticton/Summerland Residential Care Program. Widening SOS' focus from evaluation to include quality improvement will provide the Division with ongoing measurement: we will now be able to see the Division's current status, how we can make improvements throughout the prototype, and whether these changes are working.

Key activities that have taken place are:

- Establishing a Residential Care Program quality improvement/evaluation working group to create quality improvement/evaluation framework and data collection tools and strategies.
- Working collaboratively with the residential care medical coordinators, physicians and residential care partners to review data for ongoing improvement and feedback.

NEXT STEPS

- The findings from this project will be used to develop quality improvement for other SOS Division programs such as in-hospital Care and upcoming Attachment initiatives.

Statement of Financial Position March 31, 2013

This consolidated statement of operations is based on an audited financial statement for the fiscal year ending March 31, 2013. Full financial reports are available at the division office.

ASSETS

Current Assets

Cash	\$	325,166
Guaranteed investment certificate	\$	5,000
HST receivable	\$	7,878
Accounts receivable	\$	109,142
Prepaid expenses	\$	2,958

\$ 450,144

Capital Assets	\$	23,965
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TOTAL ASSETS \$ 474,109

LIABILITY AND NET ASSETS

Current Liabilities

Accounts payable	\$	158,397
Deferred revenue	\$	264,422

\$ 422,819

Deferred capital contributions	\$	5,917
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\$ 428,736

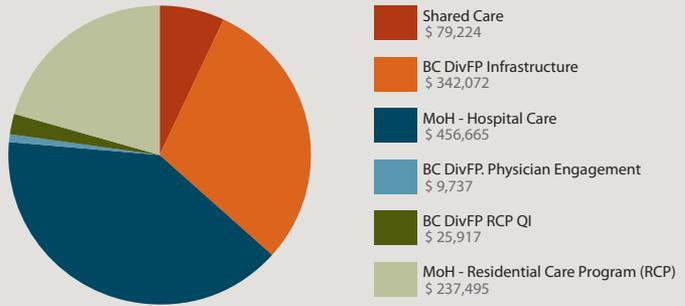
Net Assets

Invested in capital assets	\$	18,048
Restricted		–
Unrestricted	\$	27,325

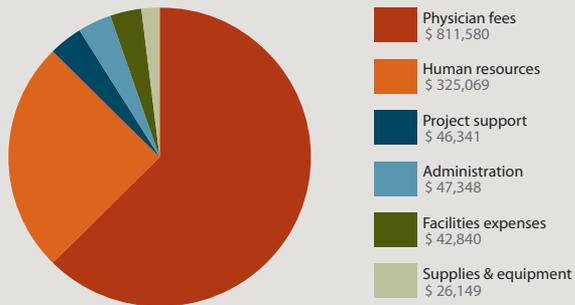
\$ 45,373

TOTAL LIABILITIES AND NET ASSETS \$ 474,109

2012/2013 REVENUE



2012/2013 EXPENSES





Executive lead Terrie Crawford (left) with the board of directors (left to right) Drs. Johan Boshoff, Al Romanchuk, Murali Venkataraman, Khati Hendry, Garnett Tarr and Ron Gans.

Board of Directors

Dr. Murali Venkataraman – Physician Lead
Dr. Khati Hendry – Vice Chair
Dr. Al Romanchuk – Treasurer
Dr. Johan Boshoff – Director
Dr. Ron Gans – Director
Dr. Garnett Tarr – Director

STAFF

Terrie Crawford – Executive Lead
Deb Wood – Division Administrative Assistant
Anne Goedhart – Administrative Support
Arlene Herman – Division Coordinator – Residential Care Project
Tracy St. Clair – Shared Care Project Lead
Ida Keller – Shared Care Administrative Assistant

CONTRACTOR

Heather Allen – Communications Support
Connie Tweedie – Bookkeeper
Laura Smith – contractor MOA PRH DoD

South Okanagan Similkameen Division of Family Practice
Unit 106, 197 Warren Ave East,
Penticton BC V2A 8N8

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Phone: 778-476-5696

Photographs of the South Okanagan Similkameen area courtesy of:

PictureBC

Darren Hull Photography
(pages 4, 7, 19, 20 & 24)

Destination Osoyoos
(page 15 & 21)

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

www.divisionsbc.ca/sos



South Okanagan Similkameen
Division of Family Practice

A GPSC Initiative



General Practice Services Committee



BRITISH COLUMBIA MEDICAL ASSOCIATION