
ANNUAL REPORT 2013



South Okanagan Similkameen
Division of Family Practice

A GPSC initiative

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MESSAGE FROM THE PHYSICIAN LEAD

The most rewarding aspect of being the Physician Lead of the South Okanagan Similkameen Division of Family Practice is building and supporting relationships. This last year, our Division engaged in many successful activities and initiatives that would have been impossible to achieve without building great relationships and the efforts of physicians and staff leadership. It's rewarding to be part of this and to share some of the stories about the projects, initiatives and people that have contributed to our success.



Dr. Murali Venkataraman,
Physician Lead

The role of Physician Lead was growing along with the division. We needed to explore ways to spread the leadership and support each other for continued success. Khati Hendry, recognizing my increasing workload as Board Chair and Physician Lead, generously agreed to give of herself and took on the role of Board Chair. In the same vein, Tim Phillips recognized the benefits of a strong relationship between our Division Board, the local Interior Health (IH) portfolio managers, and the other six IH Divisions. Tim, a previous board member, has continued his role on the Collaborative Services Committee (CSC). He has agreed to take over the role of Co-Chair of our CSC and the role of physician representative at the ISC table and has put his name forward for re-election to the board.

We continue to build relationships with our specialist colleagues with the help of Tracy St. Claire and several Shared Care Projects. I had the opportunity to travel to Florida with Shannon Walker, Liz Watters, and Terrie Crawford to present our AECOPD (Acute Exacerbations of Chronic Obstructive Pulmonary Disease) Shared Care Model. We established relationships with and learned from health care workers around the world who are involved in the many innovative changes occurring in health care. That same AECOPD Shared Care Model received attention regionally, provincially, nationally, and internationally. The IH Board listened to a presentation about it, which led to the IH Senior Executive Team (IH SET) requesting a presentation and most importantly, motivated the IH SET to reach out to further build their relationship with the seven divisions within IH.

Existing friendships can lead to working together on areas of mutual interest. Brent Harrold, after his extensive involvement in the AECOPD project, was intrigued by other work being done by our Division. He made the time to have me chase him on a bike and on cross country skis so he could learn more about our Division's work. As a result, not only did I become fitter, but Brent also agreed to put his name forward as a potential Board member for this coming year.

Bob Mack, Mark Lawrie, and Arlene Herman have continued to build relationships with Residential Care Facilities in Summerland and Penticton to work toward quality improvement. We are now looking at opportunities to expand this work to the other communities in our Division. Our initiative received recognition at a provincial level. The General Practice Services Committee and the Ministry of Health are currently exploring the potential to spread a Residential Care initiative provincially, similar to the method of spreading the Hospital Care Program.

Sometimes great relationship builders ask the unasked questions that need to be asked. Kyle Stevens, Driian van der Vyver, Diana Fort and David Stoll have been patiently working with IH to establish a Primary Care Clinic in Penticton. Although they continue to face significant challenges, they have established an excellent working relationship with Joseph Savage and other local IH staff.

People like Ron Gans, Johan Boshoff, Deb Wood, Kelly Hawes, Shelly DesRoches, and the ER physicians at Penticton Regional

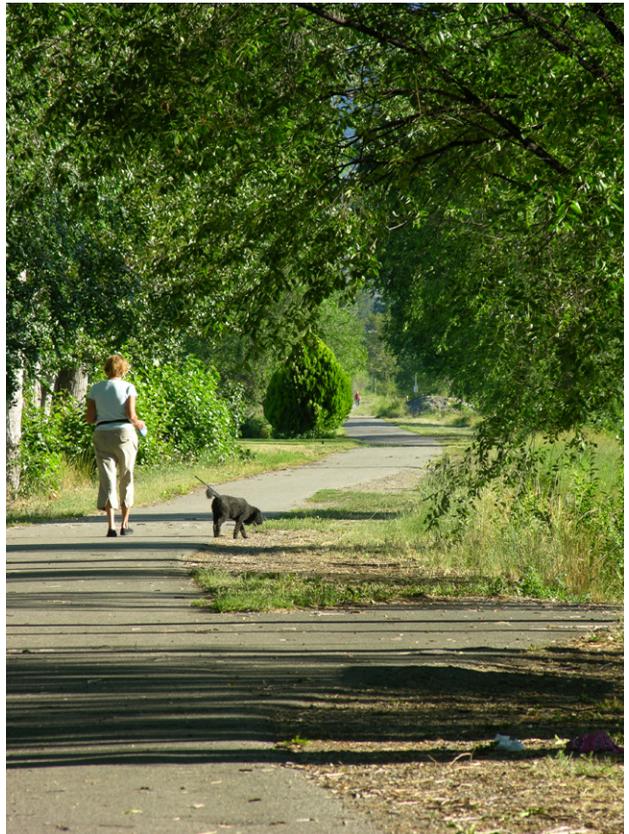
Hospital (PRH) and South Okanagan General Hospital (SOGH) stepped forward to offer support to the new physicians and MOAs in Princeton. Additionally, support was given to the Princeton physicians through the Access to Specialists Shared Care initiative. Recognition of the benefits of building a relationship with our Division has motivated one of the Princeton physicians, Ella Monro, to put her name forward as a potential Board member for the coming year.

Sometimes one relationship leads to the development of another. Garnett Tarr graciously hosted a Divisions Board meeting at his home. This successful experience has led to a Board decision to strive to have at least one Board meeting a year in Princeton and the South Okanagan. Another South Okanagan physician and ex-Board member, Lorraine Kane, has continued to support our Division's work through her roles on committees. Lorraine also connected me with Cathy Rooke, who has put her name forward for election as a Board member.

My most passionate project this year was working on bringing a Family Practice Residency program to the South Okanagan. Support from GPs, specialists, Penticton Regional Hospital (PRH) administration, and Brad Raison, PRH Chief of Staff, resulted in the Ministry of Health approving the South Okanagan as a site for family medicine training. The timing ties in nicely with the announcement of the new tower in Penticton that will include a Faculty of Medicine teaching area as part of the tower plan. Furthermore, Cam Taylor and Barb Main have expressed interest in sharing the role of Site Lead for the Residency program. The Residency program is a perfect way to build on an already healthy relationship between GPs and specialists and to build relationships with those who will hopefully be our future colleagues in our communities.

The success of our Division's initiatives detailed in this annual report are also primarily due to establishing and fostering close working relationships that are mutually respectful and supportive. With our excellent, hard-working staff, the new Board members coming in, the ongoing support of our ex-Board members as well as the Physician Leads of our various committees, and the upcoming revision of our Strategic Plan, I am excited about what this coming year will bring.

Dr. Murali Venkataraman, Physician Lead



MESSAGE FROM THE EXECUTIVE LEAD

Our values of supporting family physicians and improving patient care through collaboration and innovation form part of everything we do, and continued to help us flourish in 2013.



Terrie Crawford,
Executive Lead

Together we're better. This couldn't happen without the passion and vision of our members. Many of our members are involved in working groups, or have provided input through surveys and engagement meetings, which help us identify practice issues and opportunities for system change so that patients receive the best primary care.

Together we break new ground. The South Okanagan Similkameen Division was one of 11 divisions with a Hospital Care Prototype. Ours was located at Penticton Regional Hospital (PRH). This past year the General Practice Services Committee (GPSC) supported full-service family practice by implementing the In-Patient Care program throughout the province. We were able to maintain our successful model at PRH. In addition, physicians at South Okanagan General Hospital (SOGH) and Princeton General

Hospital (PGH) were able to develop local community strategies to support continuous doctor-patient relationships and the critical transition of patient care between physician offices and hospitals. What's truly exciting for the communities within our division is that 97% of our physicians with practices are involved in providing in-patient care.

Together we share ideas and find answers.

I'm proud to report that the work of our division is being recognized by the health authority, around the province and across the country. The work of the Residential Medical Care and Quality Improvement Prototype and the AECOPD Shared Care Model projects were presented locally at the BC Quality and Patient Safety conference and at the Provincial Shared Care Forum. Internationally, the AECOPD Shared Care Model was showcased at the Institute of Healthcare Improvement





(IHI) conference in Florida in December 2013. These two projects and our other initiatives such as the Integrated Practice Support Initiative; and the Shared Care Projects: Child and Youth Mental Health and Substance Use Collaborative Action Team; Sustaining Maternity Care, Access to Specialists Care, and Oncology/Palliative Care are addressing system and transition-in-care issues to improve patient care and the patient/provider experience.

Together we thrive collaboratively. Our Division is focused on increasing opportunities for physicians to engage with and support each other. This past fiscal year we held three CMEs that offered a total of nine credits that provided education on chronic pain, child and youth mental health, addictions, residential care, billing, and a neurology update. Eight of the nine presenters were local family physicians and specialists, which helped to further acknowledge the work of their colleagues and build relationships. The Division also reached out to our new rural

physicians in Princeton and provided support through mentorship and developing strategies to increase access to specialist care in this community through a Shared Care project.

As we move forward next year, we will continue our collaboration by completing the assessment and planning phase of our A GP for Me work and beginning to implement community strategies aimed at strengthening and supporting the long-term relationship between family doctors and their patients. A special thank you to our physicians and collaborating partners: Board members, staff, patients, Interior Health, and others in health care who are working with us to co-design and implement local solutions aimed at improving primary care and the patient/physician experience. Together we are better and I look forward to our continued work this year.

Terrie Crawford, Executive Lead

YEAR IN REVIEW 2013–2014

PHYSICIAN ENGAGEMENTS

- May 2, 2013
Walk-in Clinic
Physicians Dinner
Engagement Meeting
- May 4, 2013
Billing Seminar,
New Billing Codes
A GP for Me
- Nov 12, 2013
Princeton Physicians
Dinner Engagement
Meeting
- May 30, 2014
UBC Family Practice
Residency Training
Program (PRH Training
Room)
- Feb to Jun 2014
A GP for Me
Semi-structured
Lunchtime Data
Collection Interviews
(with 45 physicians)

CONTINUING MEDICAL EDUCATION (CMES)

CME & AGM

- June 15, 2013 (Penticton
Lakeside Resort)
Speakers/Topics:
— Neil Pearson:
*Chronic Pain:
Innovations in
Primary Care*
— Dr. Kyle Stevens:
*Child & Youth Mental
Health: PSP Module/
Shared Care*
— Dr. Mark Lawrie:
Residential Care
— Dr. Cathy Clelland:
Billing Tips
— Dr. Niall Davidson:
Neurology Update
5 Mainpro-M1 credits

CME Fall Event

- October 29, 2013
(Penticton Ramada Inn)
Speakers/Topics:
— Terrie Crawford:
*Introduction to
A GP for Me*
— Dr. van der Vyver:
*Primary Care Mental
Health Clinic*
— Dr. Entwistle:
*OBI update/Pop gaps
in South/Prescribing
Opiates in ER*
— Dr. Westby:
Suboxone Update
— Dr. Balain:
*Addictions: Stages
of Change and
Motivational
Interviewing*
1.5 Mainpro-M1 credits

CME Winter Event

- Feb 27, 2014 (Penticton
Ramada Inn)
Subject: Chronic Pain
Speakers/Topics:
— Ruth Campbell:
*Opioids and Chronic Pain:
Evidence and Expert
Opinion*
— Dr. Siva Raghavan:
*Chronic pain problems and
what pain specialists can
offer at PRH*
— Dr. Randy Cleveland:
*Interventional Pain
Management within
the office*
— Dr. Jeff Harries:
*Chronic Pain Group
Medical Visits*
— Neil Pearson:
*Primary Care Assessment
and Treatment*
2 Mainpro-M1 credits

MOA Events

- January 30, 2014 (Penticton
Ramada Inn)
- March 13, 2014
(Spirit Ridge Osoyoos)



PRESENTATIONS

**Shared Care Event:
Ask a Specialist —
Tell a Specialist**

- May 28, 2014
(Linden Gardens, Kaleden)
- Speakers/Topics:
 - Dr. Tim Bell: *Orthopedics*
 - Dr. Trevor Connolly: *Emergency*
 - Dr. Neil Crofts: *Urology*
 - Dr. Jose Goncalves : *Obstetrics*
 - Dr. David Kincade: *Cardiology*
 - Dr. Joel Post: *Ophthalmology*
 - Dr. Michelle Teo: *Rheumatology*
 - Dr. Shannon Walker: *Respirology*
- 2 Mainpro-M1 credits

**Shared Care AECOPD
Story Board and
Poster Presentation**

- December 2013
Institute of Health Care
Improvement 25th Annual
National Forum (Orlando,
Florida)
- Topic:
 - Optimizing care of an
acute exacerbation of
COPD care through
collaboration,
innovation and process

**Residential Care
Presentation**

- February, 2014
Quality Forum 2014:
Inspire – Collaborate – Act
(Vancouver)
- Rapid Fire
Presentation Topic:
 - Improving
Interdisciplinary Care
Conferences in
Residential Care
Facilities
- Handout Topic:
 - How to host a quality
care conference:
New model for
interdisciplinary care
conferences developed
in the South Okanagan

**Shared Care AECOPD
Storyboard
presentation**

- February 2014
Quality Forum 2014:
Inspire – Collaborate – Act
(Vancouver)
- Two Storyboards
- Topic One:
 - Optimizing Acute
Exacerbations of Chronic
Obstructive Pulmonary
Disease Care through
Collaboration, Innovation
and Process: A Regional
Perspective from the
South Okanagan
Similkameen
- Topic Two:
 - Optimizing care of an
acute exacerbation of
COPD care through
collaboration, innovation
and process



MISSION, VISION AND STRATEGIC INITIATIVES AND VALUES

MISSION

The South Okanagan Similkameen Division of Family Practice engages and supports primary care physicians in order to enhance comprehensive patient care in our community. The SOS Division accomplishes this through a collaborative and innovative approach that improves patient care, increases primary care physicians' influence on health care delivery, and improves the wellbeing of our community.

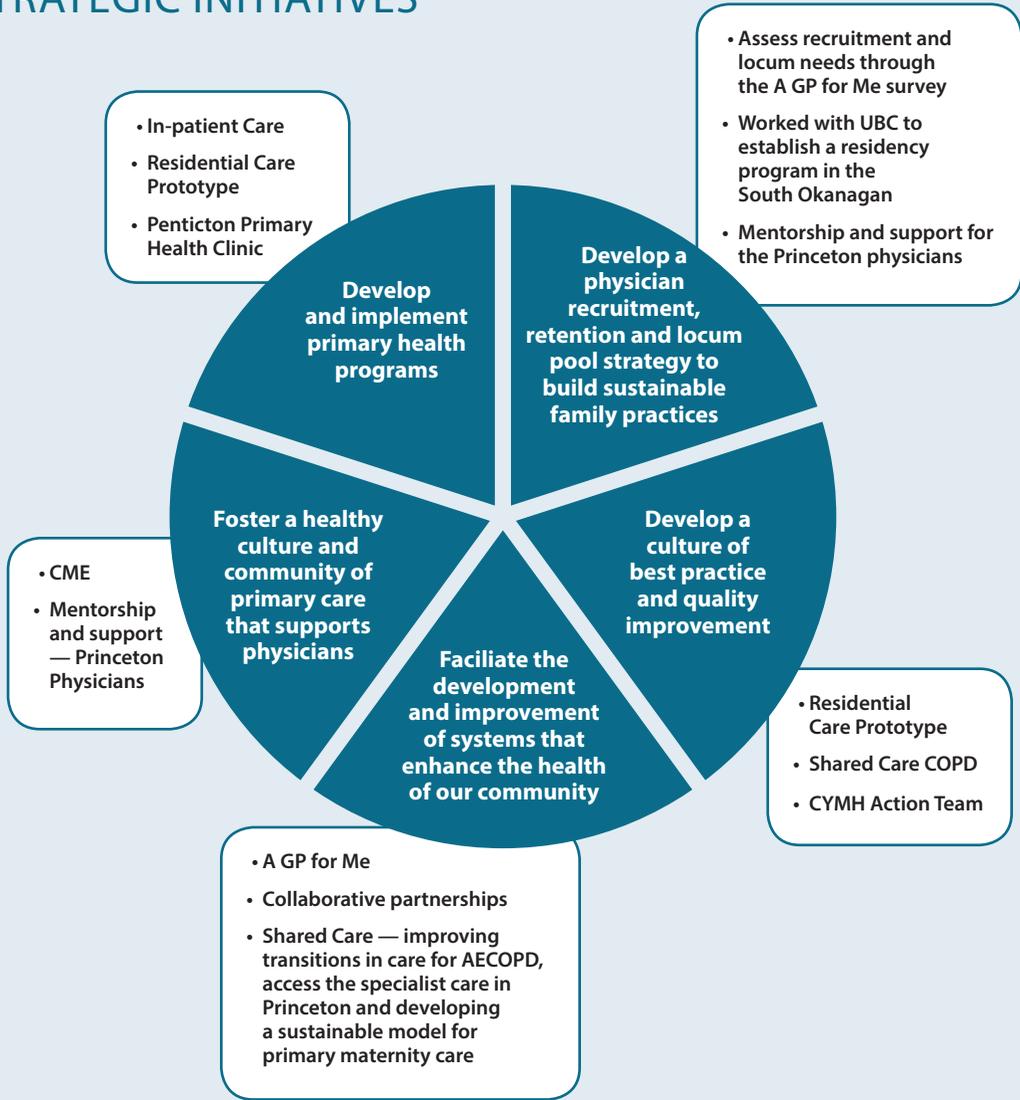
VISION

The SOS Division of Family Practice will be an active leader in creating health system change leading to patients receiving 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 and services that collaborates with health care partners, community agencies, and patients.

VALUES

Collaboration, patient focused/patient centred, best practice/creativity and innovation, integrity/professionalism and compassion.

STRATEGIC INITIATIVES



MILESTONES: INITIATIVE REPORTS

IN-PATIENT CARE

The In-patient Care Program supports family physicians (FPs) who provide important in-hospital care. In-patient Care Program funding supports FPs who provide care to their own patients when they are in hospital, and for those admitted to hospital without an FP.

From 2010 to March 2013, Penticton Regional Hospital (PRH) was one of 11 in-hospital patient care prototypes in the province. This was funded by the Ministry of Health. In April 2013, the In-patient Care initiative was spread throughout the province. The funding structure supported us to continue our model at PRH. This also allowed for the support of locally designed models at the South Okanagan General Hospital (SOGH) and Princeton General Hospital (PGH).

RESIDENTIAL CARE MEDICAL CARE PROTOTYPE

Implemented in 2012, the Residential Care Medical Care Prototype is one of five projects in the province, which aims to provide proactive care, lower barriers to good residential care, and decrease avoidable visits to the emergency department for patient care. This prototype focuses on seven facilities in Penticton and Summerland. The model includes a three-pronged approach in which the most responsible physician (MRP) is key to providing continuity of care. When urgent care is required after hours, this

MRP is supported by the Doctor of the Day through the PRH In-patient Program. This approach allows family physicians to provide comprehensive/high quality care to patients in residential care. It also includes a two Division Residential Care Medical Coordinators, Dr. Mark Lawrie and Dr. Bob Mack, who work closely with physicians and facility and Division staff on quality improvement efforts.

At the beginning of the project, a standard of care was recommended: residential care patients would receive two physician visits from their MRP every six months. The project also aimed to reduce avoidable visits to the emergency department (ED) by equipping facilities with additional resources, and following up on inappropriate visits to the ED when they occurred.

In this second year of the project we documented improvements in both physician visits and reducing avoidable ED visits.

At the outset of the project, 23% of Penticton facility residents received two visits from their MRP in a six-month period. In April 2014, 51% of Penticton facility residents received two visits from their MRP in a six-month period.

ED utilization statistics indicate that we are reducing avoidable admissions. Specifically, residents in the prototype facilities visited the ED 88 fewer times during the 13 months after the prototype began than they did the 13 months prior.



"I believe that the success of our RCP project is largely due to it being developed by local physicians to address local needs. The overwhelming support of the local physicians has allowed seemingly daunting changes to be instituted relatively smoothly. This makes us confident that we will continue to improve resident care while increasing physician satisfaction."

— Dr. Bob Mack,
Residential Care Medical Coordinator



“We identified the issue of improving communication between doctors and residential facilities as necessary for improved quality of care. Creating a common form for communication with clear requests has been well supported in a pilot project, and should soon be the standard of practice. I expect this will help physicians and facility staff work more efficiently and effectively. It has been exciting to arrive at our own solutions.”

— Dr. Mark Lawrie,
Residential Care Medical Coordinator

RESIDENTIAL QUALITY IMPROVEMENT: Division Innovation Funding supporting the residential care prototype

Division Quality Improvement staff work hand in hand with the medical coordinators and facility staff to facilitate system change at residential care facilities. The Division approach to Quality Improvement (QI) has both an internal and external focus. We work with our own members to identify problem areas and then collaborate with our partners to identify potential solutions.

The gains made in this grassroots approach to quality improvement are: system improvements that result in improved patient care, and a shared culture of quality improvement between local physicians and local facility staff.

Some of this year’s Quality Improvements include:

- New multi-disciplinary care conference protocol that improves the way in which physicians, residents, families, and a multi-disciplinary team develop care plans for residents
- New SBAR (situation background assessment recommendation) communication protocol between facilities and MRPs

that creates more appropriate and timely responses for patient care

- New multi-disciplinary palliative educational program that improves clinical management of patients, and strengthens communication between facility staff, families, and physicians



INITIATIVES CONT'D



“The SOS Division of Family Practice has assisted the physicians of Princeton in establishing a close working relationship with the Interior Health Authority, which is based on the achievement of mutual goals. This has been a tremendous change from the previous era of adversarial exchanges and frequent conflict.”

— Dr. Colleen Black

PRINCETON RURAL PHYSICIAN AND PRACTICE SUPPORT

Two longtime Princeton physicians, Dr. David Smith and Dr. John Adams, retired in 2013. Three new physicians - Dr. Colleen Black, Dr. Ella Munro and Dr. Devinder Sandhu - joined Dr. Eva Idawekhai, the remaining physician in Princeton. This inflow of new physicians provided the impetus to reassess rural practice support in the area.

The SOS Division and Interior Health worked with the physicians to develop a collaborative

model, which allows the four full-service family physicians and one nurse practitioner to take care of the community’s primary emergency and in-hospital medical needs in one location. The Division provided mentorship through MOA and physician support to help develop office management and flow.

A GP FOR ME

At any time, there are between 4,000 and 7,000 people in the South Okanagan Similkameen region who do not have a family doctor. The A GP for Me initiative is designed to better



Fernando Polanco of A GP for Me and Dr. Steve Evans

On their own initiative, a group of family physicians in the communities of Oliver, Osoyoos, and Okanagan Falls came together to help children and their immediate families in these communities to gain access to a family physician. Parents or guardians of a child in need of a family doctor, and living in these communities, can call the South Okanagan General Hospital to make a request. The child is then connected to one of the area family doctors who is accepting new patients on a rotational system. There are more than 1500 children under the age of 19 in these three communities that at many points in their lives have or will need access to primary healthcare.

“We know that a number of these children do not have a family doctor, which can result in unnecessary visits to the emergency room, or preventable health issues. Our initiative is working well so far, although we will make sure all the schools have the contact information to ensure that all FPs are equally involved.”

— Dr. Steve Evans

understand the underlying causes of this issue, as well as how to best support family doctors in their relationships with patients (including vulnerable patient groups). In a two-phased project over two and a half years, the A GP for Me initiative is embarking on detailed research with the community and GPs, and implementing a series of evaluated projects that are designed to achieve three main goals: Connect people in need of family doctors to GPs in their communities; support long-term relationships between doctors and their patients, especially vulnerable patients such as those with chronic pain; and increase the capacity of the primary care system.

Over the last year, our Division's A GP for Me project team has undertaken quantitative and qualitative research and met with more than 45 family doctors, a nurse practitioner, other allied health professionals, 60 community members, and 10 First Nations representatives. More than 70 of the region's family physicians completed an online survey. Research findings are being reviewed and approved by a 12-member advisory committee made up of GPs, medical office assistants, a nurse, a patient advocate, a local nonprofit leader, and Interior Health leadership. Advisors will help to guide the building of a series of projects to achieve the goals of A GP for Me. Projects are hoped to be implemented as early as December.



INTEGRATED PRIMARY COMMUNITY CARE (IPCC) – OLIVER/OSOYOOS

IPCC is an Interior Health initiative supporting a working group in the communities of Oliver and Osoyoos. This working group is exploring how to enhance existing health services for the chronic co-morbid/frail elderly patients in their communities by providing a multidisciplinary team who work closely with physicians and patients. The services provided include care coordination, shared care planning, education, and supportive self-management. Dr. Lorraine Kane is the family physician representative on this committee.



“Working to develop the position of the integrated care coordinator gave me the opportunity to ensure that the physicians’ voice and perspective was heard. I am hopeful that the end result is that our patients’ well-being will be better served.”

— Dr. Lorraine Kane

INITIATIVES CONT'D



MENTAL HEALTH SUBSTANCE USE

The SOS DoFP and Interior Health have been working together to develop supports that better serve persons with severe psychiatric and/or substance use disorders and co-occurring medical concerns. Currently, an integrated model of care with access to health authority Allied Health staff, psychiatrists, community partners, and primary care physicians is being trialed in Penticton. Future opportunities to enhance this clinic may exist through the A GP for Me initiative.

CHILD AND YOUTH MENTAL HEALTH COLLABORATIVE

The aim of the Child and Youth Mental Health Collaborative is to improve the timely access for an increased number of children, youth, and their families to integrated mental health and substance use services and supports. This collaborative explores issues related to access, referral, and feedback processes, protocols, and policies.

Some of the highlights include:

- Penticton Service Provider mapping to identify gaps and potential service enhancements. Future service mapping planned for Oliver area
- Penticton GP Trial Roster to be launched with school counselors for unattached youth with mental health issues. Summerland Roster also under development



“My time working in the child and youth collaborative was enjoyable and informative. We identified problems in availability and access to timely mental health care. We have set up a trial program with the aim to give all youth access to a family doctor. Hopefully the progress we have made will continue.”

— Dr. Cathy Sheehan



“Physicians found the COPD template easy to use and understand. As a physician involved in the design and implementation of the templates and resources, I feel this led to increased engagement and ensured that the materials were relevant to the needs of family physicians.”

— Dr. Johan Boshoff

- Professional Development Day for all Penticton Secondary School Staff and teachers Planned for 2014

INTEGRATED PRACTICE SUPPORT INITIATIVE

Physicians involved with the Shared Care (COPD) initiative (Please see details about this project in next section) collaborated on a COPD initiative called the Integrated Practice Support Initiative (IPSI) with other family physicians from the South Okanagan Similkameen and Thompson Region Divisions, Practice Support Program (PSP), and the Physician Information Technology Office (PITO).

Accomplishments:

- The development of a shorter patient-friendly COPD education handout
- A simplified respiratory services requisition
- A physician-friendly COPD EMR template currently being trialed in Keremeos' MedAccess
- A physician-led presentation of clinical information and care



SHARED CARE (COPD)

An interdisciplinary team of physicians, a pharmacist, respiratory therapists (RTs), Practice Support Program (PSP), and a patient collaborated with Interior Health to improve COPD care and reduce admissions for patients suffering acute exacerbations of COPD (AECOPD).



Shared Care initiatives enable family and specialist physicians to work together within their communities to improve patient care.

In this photo, family physicians (from left) Catherine Harrold, Heidi Ingram, and Barbara Main speak to specialist Dr. Shannon Walker at a CME event called Ask a Specialist/Tell a Specialist. This Shared Care event was designed to allow family physicians to meet and direct questions to local specialists.

INITIATIVES CONT'D



Dr. Shannon Walker reviews patient chart with Dr. Brent Harrold

Today, when patients come into the Emergency Department with an acute exacerbation of COPD, there is a clear pathway for their care. Doctors are more confident that patients will connect with support in the community, and that their family doctor will be an integral part of this care pathway.

“Initially, I wanted to improve care for my patients with COPD. Now I’m seeing our work reaching far beyond what I had thought imaginable.”

— Dr. Shannon Walker, Respiriologist

The Shared Care team developed an AECOPD pathway and care model that includes preprinted orders, special authority forms, and flags to alert the need for family physician follow up and respiratory therapy involvement. The new pathway (tried in 2013) ensures that patients receive: COPD education in hospital, standardized medical treatment, follow-up from a respiratory therapist by phone or home visit, family physician follow-up, and involvement in community respiratory programs. The success of this project is being shared with other health care providers. It was showcased at a poster presentation at the Institute of HealthCare Improvement (IHI), and presented at the BC Shared Care Showcase and Quality Forum. The pre-printed order forms have since been shared within IH, BC and across Canada.

SHARED CARE (MATERNITY CARE)

This project aims to develop a model of primary maternity care that is sustainable for all providers and ensures appropriate care while supporting patient choice and continuity of care. It will also develop and share information on primary maternity services in the SOS Division. This year, an interdisciplinary team consisting of a family physician representative from the Primary Care Maternity Clinic, midwives, obstetricians, pediatricians, IH acute, and public health was formed.

The patient journey from confirmation of pregnancy to eight weeks after birth has been mapped to clarify processes in place, gaps in communication, and potential areas for improvement. Mapping will facilitate a discussion on ways that providers can ensure that patients get the right care by the right provider in a way that sustains all providers in the long term. This also helps providers better understand each others’ roles and how they might work together.



“We have an opportunity to be involved in developing a maternity care model which emphasizes the team rather than the individual provider. It has been an excellent experience. We have an engaged group with a common purpose — to improve the care we provide to our patients.”

— Dr. Greg Selinger, family physician

SHARED CARE (ACCESS TO SPECIALIST CARE)

This project's goal is to improve and sustain access to specialist care and support Princeton physicians in providing optimal care. These changes should improve the health outcomes and quality of life of Princeton patients, and increase the likelihood of retaining Princeton physicians.

Accomplishments for this year:

- Additional Princeton outpatient specialist clinics in general internal medicine, nephrology, and respiratory. These clinics give patients better, easier access to specialists
- Support for Princeton doctors by building relationships and providing CME opportunities, with lunchtime CMEs being held when specialists travel to Princeton for clinics
- Improved communication between offices (better relationships and communication between IH clerks, Princeton MOAs, and specialist MOAs). This makes specialist services more accessible
- Created an event for specialists and FPs in SOS region to meet and ask questions about their practices. Eight specialists attended this event called Ask a Specialist/Tell a Specialist



"This Shared Care Project is an essential part of health care delivery in Princeton and upholds one the trickiest pillars of the Health Care Act - accessibility. Princeton has the luxury of being centrally located between three major centres: Kelowna, Penticton, and the Fraser Valley. However, for those who need care this can mean expensive and arduous travel. Without Shared Care, many patients would be significantly restricted in their access to care. Personally, I am grateful for the support the Shared Care Project has provided so that I can continue to provide confident and comprehensive primary care to this rural community."

— Dr. Ella Monro

INITIATIVES CONT'D



"I enjoy the challenge of improving our cancer patients' journeys through the medical maze once the diagnosis is made by working with the many members of their team of caregivers."

— Dr. Elizabeth Watters

SHARED CARE (ONCOLOGY/ PALLIATIVE CARE)

The aim of this initiative is to develop process tools that improve communication and information flow between oncology, the Palliative Care Program (PCP), and family physicians.

This will ensure that FPs are notified of hospice admission, and are included in palliative care rounds. Currently, the group is investigating the viability of a half-day outpatient symptom management clinic.



DIVISION BOARD OF DIRECTORS, STAFF, WORKING GROUPS, AND COMMITTEES

DIVISION BOARD OF DIRECTORS



Dr. Khati Hendry, Chair



Dr. Murali Venkataraman, Vice Chair and Physician Lead



Dr. Johann Boshoff, Treasurer



Dr. Ron Gans, Director



Dr. Garnett Tarr, Director

Dr. Mark Baillie served on the Board from June 2013 through March 2014. No picture is available.

Dr. Mark Baillie, Director

DIVISION STAFF (left to right)

Terrie Crawford, Executive Lead
 Sheila Johnstone, Executive Assistant to the Executive Lead
 Deb Wood, Members Services Coordinator / Office Manager
 Anne Goedhart, Project Clerk
 Arlene Herman, Project Lead Division Initiatives (Residential Care and CYMH)
 Tracy St. Claire, Shared Care Initiatives Project Manager
 Ida Keller, Shared Care Initiatives Project Assistant
 Carol Stathers, Shared Care Initiatives Project Coordinator
 Amy Woodruffe, A GP for Me Project Lead
 Fernando Polanco, A GP for Me Project Coordinator
 Sarah Vanderveen, Project Evaluator



Contractors:

Heather Allen, Communications Support
 Connie Tweedie, Bookkeeper
 Laura Smith, contract MOA (PRH, DoD and In-patient Care Incentive billings)



DIVISION BOARD OF DIRECTORS, STAFF, WORKING GROUPS, AND COMMITTEES CONT'D

COLLABORATIVE SERVICES COMMITTEE

Division Representatives:

Dr. Murali Venkataraman (co-chair)
Dr. Tim Phillips

IH Representatives:

Claire Ann Brodie / Susan Brown (co-chair, IH)
Nancy Laramie (IH)
Jane Bird (IH)
Lori Motluk (IH)
Maureen Thomson (IH)
Calum Hughes (IH)
Cliff Cross / Jamie Marshall (IH)
Cindy Regier (IH)
Karla Warkotsch (IH)
Kristine Larsen (IH)
Dr. Allan Gow (IH)
Dr. Alan Stewart (IH)
Juanita Yuill (IH)

GPSC Representatives:

Brian Evoy / Dr. Khati Hendry (GPSC)
Tanis Evans / Sue Davies (PEL)

Division Staff

Terrie Crawford
Deb Wood / Sheila Johnstone



RESIDENTIAL CARE

RCP Medical Coordinators:

Dr. Mark Lawrie
Dr. Bob Mack

IH Representative:

Cindy Regier (IH)

Division Staff:

Terrie Crawford
Arlene Herman
Anne Goedhart

PRINCETON WORKING GROUP

Division Representatives:

Dr. Colleen Black
Dr. Ron Gans
Deb Wood

IH Representatives:

Susan Brown
Maja Karlsson
Dr. Curtis Bell

MOA Consultants/ Contractors:

Kelly Hawes
Shelley DesRoches



A GP FOR ME ADVISORY COMMITTEE

Dr. Ron Gans, SOS region
Family Physician locum

Dr. Lorraine Kane, Osoyoos
Family Physician

Dr. Driaan van der Vyver,
Summerland Family Physician,
Methadone program

Dr. Brent Harrold,
Emergency Physician

Dr. David Paisley, Penticton
Family Physician

Kelly Hawes, MOA

Cindy Mickelson, MOA

Harriet Rogan, Patient
Advocate

Elmie Saaltink, community
nonprofit society
representative

Chelsea Debruijn, Oonakane
Aboriginal Friendship Centre

Susan Brown, IH

Kristine Larson, IH

Jesse Langford, Practice
Support Program, Technology

Pat Bil, RN

Division Staff:

Terrie Crawford
Amy Woodruffe
Fernando Polanco

SOGH INTEGRATION TEAM

Dr. Lorraine Kane

MENTAL HEALTH AND SUBSTANCE USE WORKING GROUPS

Division Representatives:

Dr. Kyle Stevens

Dr. Robert Calder

Dr. Driaan van der Vyver

Dr. Mark Baillie

Dr. David Stoll

Dr. Diana Fort

Specialist:

Dr. Rajeev Sheoran, Psychiatrist

IH Representatives:

Sandy DaSilva (IH)

Cliff Cross / Jamie Marshall (IH)

Juanita Yuill (IH)

Karen Fitzpatrick (IH)

Anne Morgenstern (IH)

Karen Sherbina (IH)

Bruce Lange (IH)

Karla Warkotsch (IH)

Division staff:

Terrie Crawford
Amy Woodruffe
Fernando Polanco

CYMH ACTION TEAM

Dr. Cathy Sheehan

Dr. Kyle Stevens

Dr. Katherine Gross,
Paediatrician

Dr. Karen Lannon,
Paediatrician

Dr. Elmine Statham,
Paediatrician

Dr. Vijender Balain, Psychiatrist

Karen Fitzpatrick (IH)

Joseph Savage (IH)

Wendy Boyer (IH)

Jamie Marshall (IH)

Tamara Chapman (South
Okanagan CYMH)

Deb Hardman (MCFD)

Terri McKinlay (F.O.R.C.E.)

Rylee McKinlay (F.O.R.C.E.)

Jim Insley (SD#53)

Terry Collis (SD#53)

Brad Russill (Summerland
Secondary School)

Shannon Stewart (Aboriginal
Child and Youth)

Tanya Behardien (PDCRS)

Pam Butters (SD#67)

Tracey Sorenson (Princess
Margaret Secondary School)

Superintendent Kevin
Hewco (RCMP)

Division Staff:

Arlene Herman
Anne Goedhart /
Sheila Johnstone

DIVISION BOARD OF DIRECTORS, STAFF, WORKING GROUPS, AND COMMITTEES CONT'D



IMIT COMMITTEE – INTERIOR HEALTH AND INTERIOR DIVISIONS

SOS Division Representatives:

Dr. Jeff Harries
Terrie Crawford

INTERDIVISION STRATEGIC COUNCIL (ISC)

SOS Division Representatives:

Dr. Murali Venkataraman
Terrie Crawford

ISC RECRUITMENT STEERING COMMITTEE

Dr. Peter Entwistle
Dr. Ron Gans
Deb Wood

SHARED CARE STEERING COMMITTEE

Dr. Elizabeth Watters
Dr. Glen Burgoyne
Dr. Marius Snyman
Dr. Brian Forzley, Nephrologist
Dr. Shannon Walker, Respiriologist
Lori Motluk (IH)
Susan Brown (IH)
Maureen Thomson (IH)

Division / Shared Care Staff:

Terrie Crawford
Tracy St. Claire
Ida Keller

SHARED CARE TRANSITION IN CARE – COPD

Dr. Glen Burgoyne
Dr. Brent Harrold, Emergency Physician
Dr. Shannon Walker, Respiriologist
Orysya Fetterly, Pharmacist
Patricia Park (IH)
Sharry Hodgson (IH)
Anne Morgenstern (IH)
Pat Rattee (IH)
Scott Frymire (IH)
Chris Danby (IH)
Dana Thomas (Breathe Well)
Wendy Boyer (PSP)
Jack Swoboda (PVN)

Division / Shared Care Staff:

Terrie Crawford
Tracy St. Claire
Ida Keller

PRIMARY MATERNITY CARE ADVISORY COMMITTEE

Dr. Greg Selinger
Dr. Jose Goncalves, Obstetrics/Gynecology
Dr. Manoj Parameshwar, Paediatrics
Alyson Jones (Midwife)
Maureen Spinks (IH)
Patricia Park (IH)
Elaine Stetsko (IH)

Shared Care Staff:

Tracy St. Claire
Carol Stathers
Ida Keller

PRINCETON ACCESS TO SPECIALIST CARE ADVISORY COMMITTEE

Dr. Ella Monro
 Dr. Shannon Walker, Respiriologist
 Dr. Brian Forzley, Nephrologist
 Susan Brown (IH)
 Lori Motluk (IH)
 Cherie Whittaker (IH)
 Calum Hughes (IH)
 Darla Biagioni (IH)
 Trish Mikkelson
 Rachelle Sanderson (MOA)

Shared Care Staff:

Tracy St. Claire
 Ida Keller

ADVANCED CARE PLANNING (CHRONIC KIDNEY DISEASE)

Dr. Elizabeth Watters
 Dr. Murali Venkataraman
 Dr. Brian Forzley, Nephrologist

ONCOLOGY WORKING GROUP

Dr. Elizabeth Watters
 Dr. David Paisley
 Dr. Alan Nixon
 Calum Hughes (IH)
 Anita Moench (IH)
 Andrea Turner (IH)
 Tania Linning (IH)
 Jeffrey Dias (IH)
 Pat Breakey (IH)

Shared Care Staff:

Tracy St. Claire
 Ida Keller

CME PLANNING COMMITTEE

Dr. Elizabeth Watters
 Dr. Glen Burgoyne
 Dr. Marius Snyman
 Dr. Trevor Connolly (Emergency)
 Dr. Michelle Teo (Rheumatology)
 Dr. Joel Post (Ophthalmology)
 Dr. David Kincade (Cardiology)
 Dr. Neil Crofts (Urology)
 Dr. Shannon Walker (Respirology)
 Dr. Tim Bell (Orthopaedics)
 Dr. Jose Goncalves (Obstetrics/Gynecology)

Division / Shared Care Staff:

Tracy St. Claire
 Deb Wood
 Ida Keller



STATEMENT OF FINANCIAL POSITION

STATEMENT OF FINANCIAL POSITION

as of March 31, 2014

ASSETS

Current Assets	
Cash	630,007
Accounts receivable	20,666
GST receivable	4,803
Prepaid expenses	2,418
	657,894
Capital Assets	27,137
TOTAL ASSETS	685,031

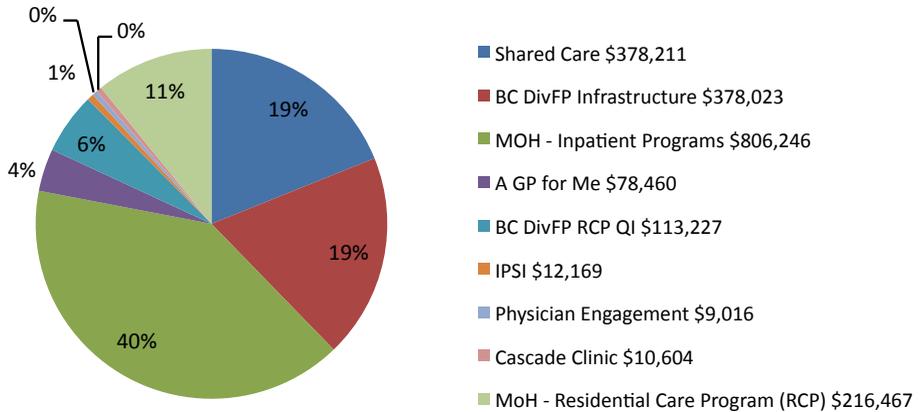
LIABILITY AND NET ASSETS

Current Liabilities	
Accounts payable	288,198
Deferred revenue	340,177
	628,375
Deferred capital contributions	9,352
	637,727
Net Assets	
Invested in capital assets	17,785
Restricted	–
Unrestricted	29,519
	47,304
TOTAL LIABILITIES AND NET ASSETS	685,031

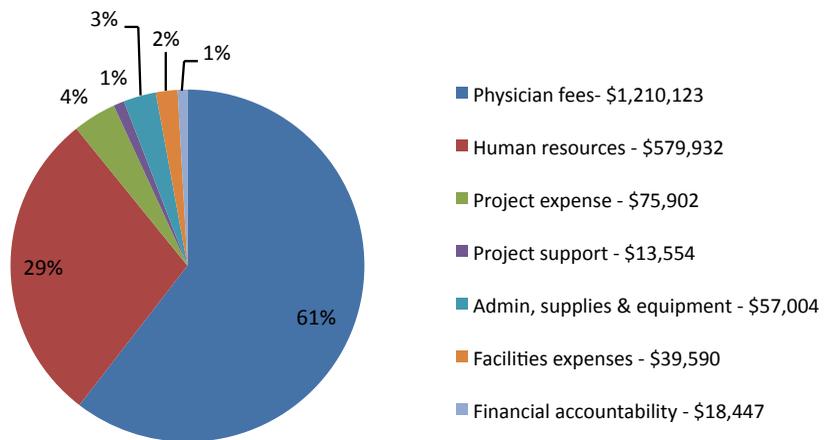
This consolidated statement of operations is based on an audited financial statement for the fiscal year ending March 31, 2014. Full financial reports are available at the division office.

REVENUE AND EXPENSES

2013/2014 REVENUE



2013/2014 EXPENSES



SOUTH OKANAGAN SIMILKAMEEN DIVISION OF FAMILY PRACTICE

Contact information:

Unit 106, 197 Warren Ave East,
Penticton BC V2A 8N8

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Email: terrie.crawford@sosdivision.ca

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

www.divisionsbc.ca/sos