Surrey-North Delta
Division of Family Practice
A GPSC initiative

2021 | 2022

ANNUAL REPORT

Table of Contents

03 Vision, Mission and Values

04 Messages from Board Co-Chairs and ED

06 Organizational Overview

10 Finances, Admin and HR

16 Physician Engagement and Practice Support

22 Physician Recruitment, Wellness and Retention

23 PCN & Strategic Initiatives

32 Acknowledgements

Vision, Mission and Values

Our vision is to see the quality of life improved for physicians, their patients, and the community at large.

Our Mission

- To advocate for patient and physician health in our community.
- To engage our members in evaluating and shaping the health care system.
- To identify challenges and develop innovative approaches to providing timely, connected and informed health care.

Our Values

Engagement

We believe in creating a thriving community of involved, active, and valued family medicine practitioners.

Representation

We believe the Division should represent all its members – their unique experiences, values, and perspectives.

Physician Wellness

We believe that physician wellness should be a core concern in everything that we do.

Message from our Co-Chairs

Dear Colleagues,

From surges in COVID infections to the tentative return to “normal”, the 2021-2022 fiscal year was, for many of us, a time of uncertainty and transition.

In the face of a Family Physician shortage, a return to in-person care, and the ongoing demands of COVID-19 vaccinations and testing, we have seen you serving, with skill and compassion, not only your own patients but the broader community as well, with many of you stepping up to support our community and partners.

Some of the contributions that come to mind are your support in the provision of childhood immunizations, COVID vaccination at the mass immunization centres, the support to the UPCCs, and many others.

In addition to caring for our community, many of you have been contributing both knowledge and leadership to our Division’s initiatives, ensuring that as we evolve, we do so in a way that acknowledges the realities of practicing family medicine in Surrey-North Delta and ensures the wellbeing of Family Physicians and our patients.

As we look forward, we are confident that the ingenuity, collegiality, and dedication of you, our colleagues, will continue to propel our Division toward a strong, supportive and effective future in Primary Care.

We are deeply grateful for the opportunity we have had this year to serve you, and to serve alongside you. Your dedication and support inspire us daily and give us great hope for our community.

Sincerely,

Dr. Nazia Niazi and Dr. Sujatha Nilavar

Member-supported achievements in 2021 have included:

- Our PCN Service Plan approval, achieved through the hard work of over 50 FPs
- Child Immunization response, eliminating a massive waiting list
- Consistent support to our two UPCCs in the provision of urgent access, after hours.

Message from our Executive Director

To Our Members:

In the midst of the pandemic's slow and uneven recession, the 2021-2022 fiscal year has represented both change and opportunity.

As a Division, our Board, staff, and members have collectively rolled up our sleeves and gotten down to work.

Despite all challenges, we have been able to continue supporting our integrated community response to the pandemic: responding to requests from our partners to support the community flu vaccination strategy, the child immunization strategy, and the covid immunization strategy.

We have also been able to continue our journey towards the submission and eventually the approval of our PCN service plan, simultaneously, working on several foundational streams of work, including the development of PCN governance, community engagement, integration of the UPCCs into our PCN governance and strategic direction, the expansion of our shared care portfolio and the early design of several PCN strategies.

As we have continued to shape primary care in Surrey-North Delta, we have not lost sight of our commitment to FP wellness and support. In addition to beginning to once again host in-person events, we have supported members with regular FP and IMG ROS recruitment, active FP engagement, information sharing, addressing information flow challenges with partners such as LifeLabs/JPOCSC, and liaising with our provincial, regional and local partners, providing a unified voice for SND FPs.

Anticipating the growth of our team, the implementation of our PCN service plan and the increased supports PCN will provide for Family Physicians, I am reminded of the leadership and vision of our members, from the SND Division's beginnings to now, and I am humbled to have the opportunity to work alongside you.

Sincerely,

Tomas Reyes

Organizational Overview

Our Strategic Pillars

- Finance, Admin & HR
- Physician Engage-ment & Practice Support
- Recruit-ment & Wellness Retention
- PCN & Strategic Initiatives

Board of Directors

Dr. Nazia Niazi
Co-chair

Dr. Sujatha Nilavar
Co-chair

Dr. Gagan Wilkhu
Treasurer/Secretary

Dr. Joan Fujiwara
Member-at-large

Dr. Harpreet Brar
Member-at-large

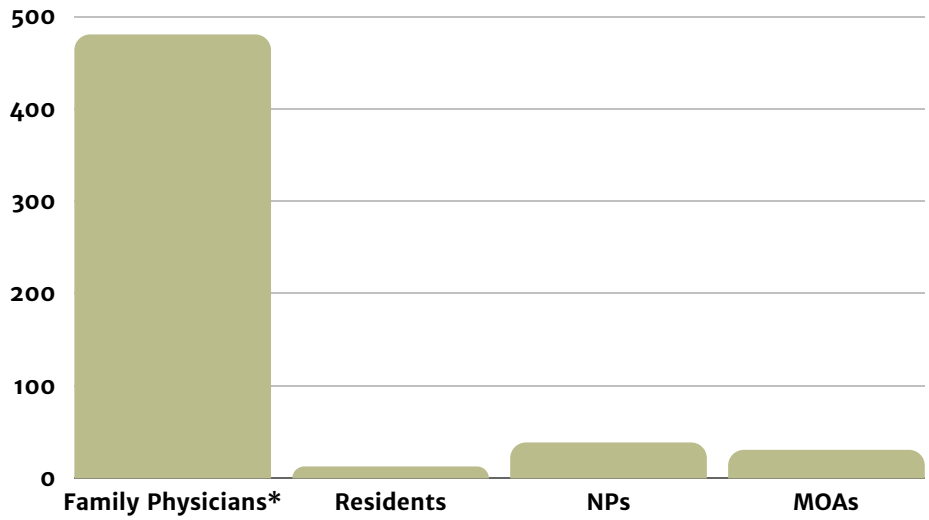
Dr. Sachit Shah
Member-at-large

Our Evolving Membership

Every year, through a combination of career transitions (such as moving or retirement) and the efforts of our Physician Recruitment, Retention and Wellness project manager, our Division's membership evolves. Numbers tell a fraction of the story, but they help to see what we have achieved this year.

Our Members

By the numbers



*Includes all types of Physician Membership

12

Full-time FPs recruited

10

ROS Physicians placed

Support in transitions

In addition to supporting FP recruitment in our community, our Division also supports members with their career transitions. This year, we have:

- **Arranged coverage for 5 locums** - locums allow FPs to take a leave without disrupting their practice
- **Assisted with 2 practice relocations** - patients with mobility challenges may struggle when their FP relocates. The Division works with our members to mitigate some of the risks associated with a relocation
- **Assisted 2 Physicians transferring to retirement** - Family Physicians who are nearing retirement are deeply invested in their patients' welfare. We support retiring FPs in ensuring continuity of care for their panel.

Our Neighbourhoods

North Delta - West Newton

Physician Engagement and Support Manager: **Saira Abrar**

North Surrey - Whalley Guildford

Physician Engagement and Support Lead: **Alan Huang**

Cloverdale - Panorama East Newton Fleetwood

Physician Engagement and Support Lead: **Lape Ogunsulire**

"Surrey-North Delta's six PCN Neighbourhoods are a cornerstone of our PCN Service Plan. They are the heart of our community." -Tomas Reyes, Executive Director

This Year's Highlights

From learning sessions to social events, we took every opportunity to support, engage and connect with our members this year.

SND events are often a collaborative effort. Lead planners include members, the PES team, and project managers, but it takes all of us to carry out a successful event.

Apr-Aug 21

June 16 | Community Moving Forward Event

- A PCN event for Community Partners

August 29 | Physicians Champion Workshop

Sept-Dec 21

September 22 | Walk With Your Doc

October 20 | Virtual AGM and Physician Fair

December 16 | Lumagica Members' Holiday Event

Jan-Feb 22

January 17 | AMHSU: Patient Journey in SND

February 22 | MOA Event: How to Support Your FP With Mental Health

February 23 | Overcoming Stigmatic Barriers Event

Mar 22

March 21 | LTCI Education Session

- Psychiatric and Behavioural Symptoms of Depression

March 31| Community Leadership PCN Discussion

Finances, Admin and HR

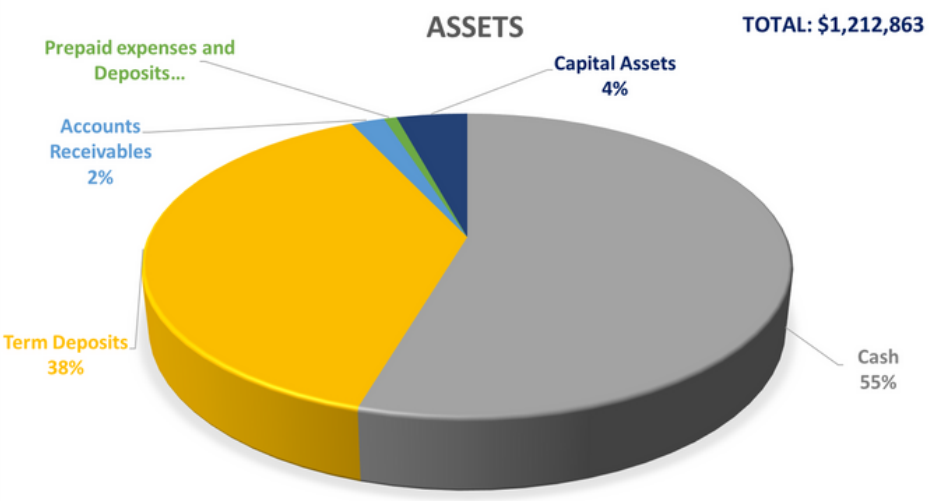
A healthy organization requires a robust administrative approach.

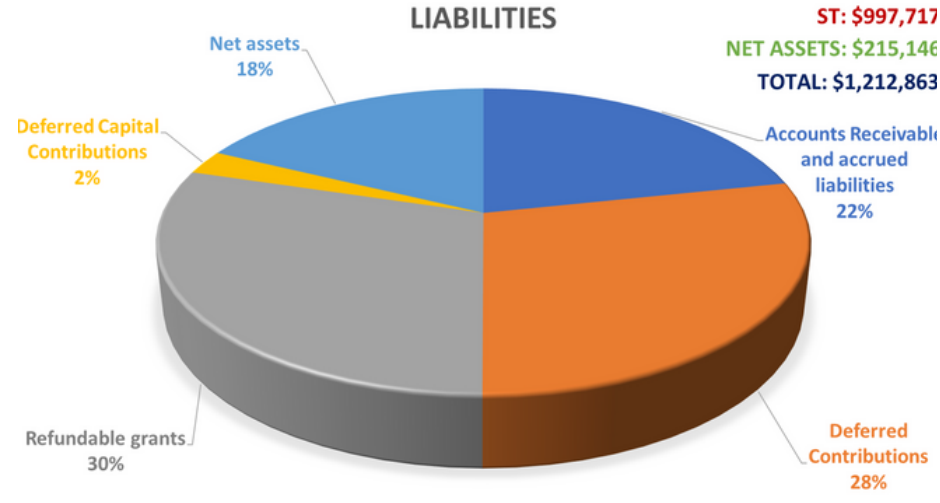
Treasurer's Report

Statement of Finanical Position

SURREY-NORTH DELTA DIVISION OF FAMILY PRACTICE SOCIETY
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2022

	2022	2021
ASSETS		
CURRENT		
Cash	$ **661,746**	$ 109,615
Term deposits	**466,520**	947,489
Accounts receivable *(Note 3)*	**24,188**	65,035
Prepaid expenses and deposits	**9,265**	13,848
	1,161,719	1,135,987
CAPITAL ASSETS *(Note 4)*	**51,144**	46,973
	$ **1,212,863**	$ 1,182,960
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities *(Notes 5, 11)*	$ **262,625**	$ 349,320
Deferred contributions *(Note 6)*	**344,305**	654,665
Refundable grants *(Note 8)*	**359,661**	-
	966,591	1,003,985
DEFERRED CAPITAL CONTRIBUTIONS *(Note 7)*	**31,126**	26,955
	997,717	1,030,940
NET ASSETS	**215,146**	152,020
	$ **1,212,863**	$ 1,182,960


ASSETS
TOTAL: $1,212,863
Prepaid expenses and Deposits...
Capital Assets 4%
Accounts Receivables 2%
Term Deposits 38%
Cash 55%


LIABILITIES
ST: $997,717
NET ASSETS: $215,146
TOTAL: $1,212,863
Net assets 18%
Deferred Capital Contributions 2%
Accounts Receivable and accrued liabilities 22%
Refundable grants 30%
Deferred Contributions 28%

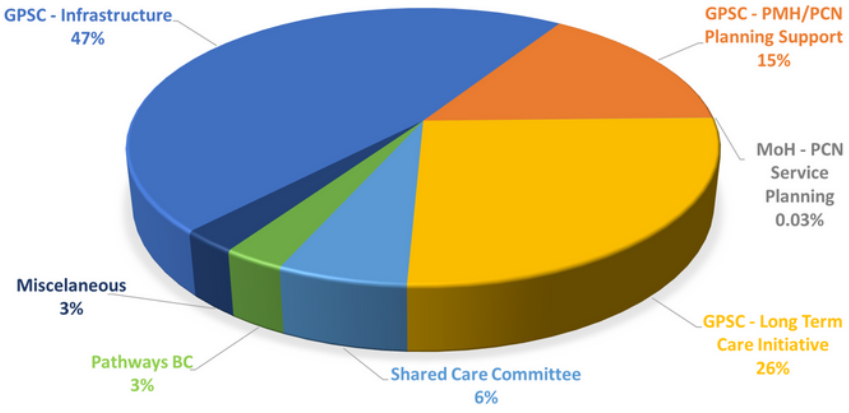
Statement of Revenues and Expenditures

SURREY-NORTH DELTA DIVISION OF FAMILY PRACTICE SOCIETY
STATEMENT OF REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2022

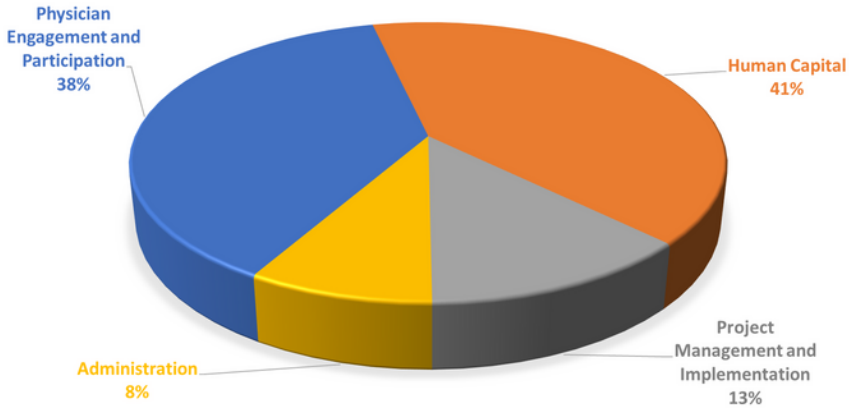
	2022	2021
REVENUES		
Infrastructure *(Note 6)*	**$ 1,111,550**	$ 1,139,412
Infrastructure - amortization of deferred capital contributions *(Note 7)*	**10,414**	12,905
Change management *(Note 6)*	**371,505**	327,329
COVID-19 *(Note 6)*	**-**	87,662
Long-term care initiative *(Note 6)*	**624,266**	766,386
Pathway tracker *(Note 6)*	**68,691**	47,870
Primary Care Network Service Plans *(Note 6)*	**759**	149,241
Shared care *(Note 6)*	**143,408**	65,605
Interest	**4,188**	8,638
Administrative fees *(Note 9)*	**55,966**	-
Other revenue	**2,972**	-
	2,393,719	2,605,048
EXPENDITURES		
Advertising and promotion	**550**	5,412
Amortization of capital assets	**10,414**	12,905
Human resources *(Note 13)*	**943,093**	867,011
Insurance	**1,825**	4,753
Meeting and event costs *(Note 11)*	**37,489**	31,570
Office	**102,563**	51,687
Personal protective equipment	**-**	19,663
Physician costs *(Notes 10, 11)*	**849,653**	1,116,061
Professional development	**8,296**	4,885
Professional fees	**292,341**	395,599
Rent	**82,874**	85,754
Travel	**1,495**	1,110
	2,330,593	2,596,410
EXCESS OF REVENUES OVER EXPENDITURES FOR THE YEAR	**$ 63,126**	$ 8,638

REVENUE

TOTAL: $2,393,719



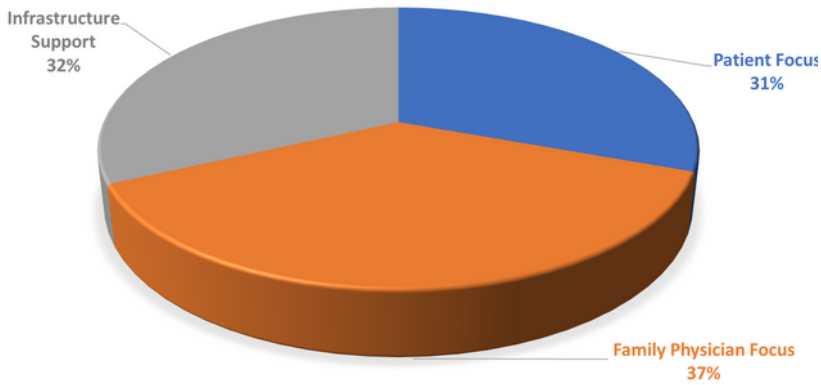
EXPENSES - TYPE



EXPENSES - AREAS OF FOCUS

TOTAL: $2,330,593

SURPLUS: $63,126



Our People

Staff Members

Tomas Reyes | Executive Director
Jody Friesen | Director of PCN and Strategic Initiatives (on leave until September 2022)
Victoria Rotaru | Interim PCN Manager
Susan Kreis | Finance, Administration, and HR Manager
Saira Abrar | Physician Engagement and Practice Support Manager
Alan Huang | Physician Engagement and Practice Support Lead
Lape Ogunsulire | Physician Engagement and Practice Support Lead
April Bonise | Project Manager: LTCI, Seniors Initiative, Pathways, MOA Network
Katie Phillips | Project Manager: Shared Care
Megan Shymanski | Project Manager: Physician Recruitment, Wellness, and Retention
Alicia Parker | Project Coordinator: Pathways Referral Tracker
Joan Larochelle | Administrative Assistant

Contractors

Kristin Warkentin
Communications

Robert Wright
PCN Strategy and Partnerships

Christopher Pinske
Practice Support and COVID-19 Response

Jeff Malmgren
Community Development Strategy

Shahbaz Ahmed
Accountant

Operational Highlights

Office Operations Improvement Project

Staff Lead: Christopher Pinske

Overview:
The SND Division of Family Practice is expecting to increase operations and staffing levels resulting from the PCN Project approval and launch.

In preparation for this major milestone, the SND Office launched an administrative and operational processes assessment project to improve and standardize office-related operations. During the year, several operational areas have been reviewed and changes have been implemented.

The current office team, as well as new hires, are now using more efficient, standardized templates and processes and are ready for the additional activities related to PCN.

Project Highlights:

- Detailed team activities inventory and gap analysis
- Organizational Structure review and update
- Work Breakdown Structure update
- Electronic folder re-structure and migration (from Dropbox to OneDrive)
- Budget files transition
- Electronic filing naming convention standardization
- Weekly/monthly Newsletter process re-design
- Agenda/Meeting Minutes standardization

Board Members and Staff Changes

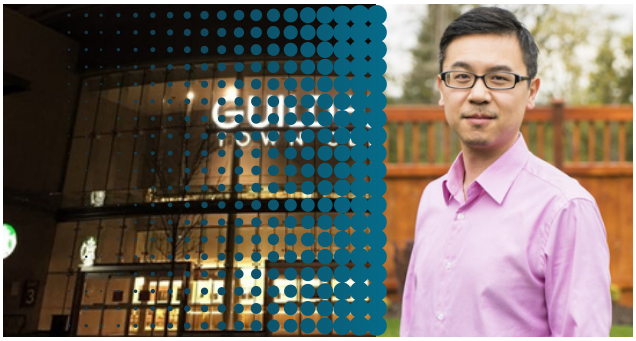
- **Dr. Elaine Jackson** and **Dr. Hala Ahmed** completed their two three-years terms
- **Dr. Harpreet Brar** and **Dr. Sachit Shah** joined the Board as members-at-large
- **Cathy Lawson** moved into a different role with the Provincial Pathways team
- **Alicia Parker** joined the Division as our Pathways Referral Tracker project coordinator
- **Katie Phillips** joined the Division as a Shared Care Project Manager

Physician Engagement and Practice Support

Meet the PES Team

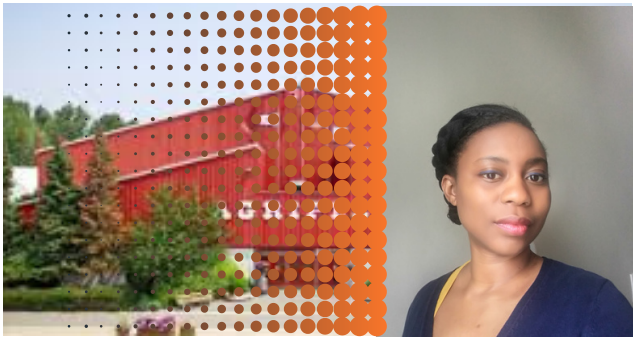
Saira Abrar

- North Delta - West Newton



Alan Huang

- North Surrey - Whalley
- Guildford



Lape Ogunsulire

- Cloverdale - Panorama
- East Newton
- Fleetwood

Since its inception in 2017, the PES team has been supporting and engaging members with a broad spectrum of services and initiatives, from facilitating communication between FPs, and other healthcare stakeholders and with the organization, to holding webinars addressing pressing issues, to supporting the delivery of crucial community health care via FP engagement.

PES Highlights

The team organized two PCN events this year, with a total of 168 attendees across both events: a PCN Readiness session and a session titled, "Team-based Care and PCN"

Overview

The PES Team supports both members and other staff teams across a broad spectrum of Division initiatives. Most of these fall within 5 core themes:

5 Core PES Themes

- Attachment
- Physician Wellness
- Quality of Care
- Access to Care
- Team-based care

Practice Support Activities

- **Support of physicians during COVID-19**
- **Facilitating connections** with PSP (Panel management and QI), HDC, Home Health CHN nurses
- **IT support:** driving UCI/CareConnect enrolment in the community
- **Answering FP requests**: finding resources and services for FPs and supporting FP-FP connection/promotion
- **MOA network**: supporting and enabling MOA recruitment for FP practices and establishing an on-call/casual MOA roster
- **Communication**: supporting physician networks via online groups, averaging 80 physicians per cohort.

The PES team provides foundational support for the Division's PCN efforts. Find out more in our 2nd annual PCN special report - look for the **orange highlights.**

PES Highlights

Childhood Immunizations

37 Physicians participated

5 Public Health Units

6500+ Clinic hours worked

From November, 2020, to September, 2021, the PES team provided organization, coordination, engagement and operations support of community FPs for a major childhood immunizations project in Surrey-north Delta

Waitlist went from **1000+** to under **50** in just 2 months

17500+ Immunizations provided

Physician Engagement Activities

Physician Engagement Roadshow
The planning phase is completed.

UPCCs
Increased capacity at both UPCCs by supporting/encouraging recruitment of providers to accommodate for the expansion of UPCC schedules.

Childhood Immunizations
Read our thank-you letter to FPs.

Attachment

- **SND online patient portal;** enlisting physicians accepting patients.
- **SND dedicated phone line** for one-to-one support, averaging about 10 calls a day.
- **Bulk transfers of patients** from FH/other partner organizations, into community FP practices. A total of about 100 patients
- **Transfer of complex patients** from five retiring physicians into other community FP practices
- **Ongoing support of female patients** requiring women's health services or attachment; referring to accepting female physicians.

ER and ADC: Walk-in Clinics
Collation of monthly walk-in data to provide effective patient access alternatives and reduce ER utilization during statutory holidays

MOA Network

FP Lead: **Dr. Nazia Niazi**

Staff Lead: **April Bonise**

Overview

The MOA Committee seeks to demonstrate improvements in the following three areas:

- **Increase MOA engagement in the community.**
- **Provide relevant education sessions focused on the provision of primary care and supportive of FPs.**
- **Strengthen the relationships between family physicians and MOAs in the community.**

The purpose of the Surrey-North Delta MOA Network Committee is to facilitate and oversee the development and progression of the MOA Network. The Committee provides oversight and direction for learning sessions and is responsible for overall accountability of scope, timelines, budget, and deliverables.

Guiding Principles

Collaboration | Cultural Awareness and Sensitivity | Active Listening | Strong Partnerships | Collegiality | Transparency | Innovation | Mutual Respect | Accessibility | Openness

Building Community

- Participants in the new MOA WhatsApp group: **52**
- Monthly newsletter subscribers: **243**

MOA Vacancy Support

- Job postings on Basecamp: **16**
- MOA positions filled: **11**
- Urgent MOA requests filled in under 24 hours: **4**
- Participants in the new "MOA-On-Call" group: **14**

Basecamp

- Basecamp members: **106**
  - **47%** increase
- Basecamp posts: **70**

Learning

5 MOA Education Sessions were held this year:

- Diversity Competency
- Cross Cultural Communication,
- Optimization of Electronic Communication with Patients
- A Guide to UCRC
- A Day in the Life of an MOA.

To connect with the MOA Network on Basecamp, email april.bonise@snddivision.ca or scan the QR code on the right.

Pathways and Referral Tracker

FP Lead: **Dr. Elaine Jackson** Staff Lead: **April Bonise**

Pathways is an online specialist referral tool for physicians and their office staff to enhance and improve the process of referring patients to specialists and clinics. The aim of Pathways is to facilitate quality referrals by providing a comprehensive database of specialists and clinics across the province, allowing users to quickly sort through and filter specialist and clinic information to find a provider that best meets a patient's needs.

Timeline extension and additional funding have been approved by Provincial Pathways to continue supporting the implementation of the referral tracker until March 31, 2023. This ensures project support to new and existing physician users will continue uninterrupted for optimized and sustained use of the referral tracker in Surrey-North Delta.

Pathways	Referral Tracker
Active Users: **698**	• Total referrals: **449** • Referral senders onboarded: **83**
Specialists: **494**	• Referral receivers onboarded: **46**
Participating Clinics: **44**	Clinics in SND on the Referral Tracker: • Neurosurgery: **100%** • Neurology: **83%**
Community Services Listings: **2,979**	• SND rheumatology providers: **78%** • SND general surgery providers: **56%**

Medical Pathways | Public Medical Directory
Community Services Directory | **Referral Tracker**

2021 SND DoFP Members Survey

Staff Lead: **Christopher Pinske**

During the spring and summer of 2021, we completed the design, implementation, and evaluation of a Surrey-North Delta Division Members' Survey. The Division supported Kwantlen Polytechnic University's MITACS program by hiring a student intern to complete the project under the guidance of the project lead, Christopher Pinske.

The aim of the survey was to assess the operations and functionality of clinics in Surrey-North Delta, both generally and in relation to the impact of COVID-19. Results were shared with Division's members in July 2021.

Survey Highlights

Practice Stats	COVID-19	Clinic Admin
12% of respondents had a panel size of 2501 or greater	**29%** of reported patient concerns were about COVID-19 safety	**48%** of respondents felt comfortable with billing codes
55% of respondents offer subspecialties	**61%** reported moderately or greatly increased workloads due to COVID-19	**70%** felt confident in their office's ability to use their EMR
41% of respondents offered primary care outside of regular hours	An average of **64%** of patients were being seen remotely	**45%** of respondents had completed the PSP Panel Management Program

CLICK HERE to view the survey report.

Physician Recruitment, Wellness and Retention

FP Lead: **Dr. Harv Dhillon**

Staff Lead: **Megan Shymanski**

Overview

The aim of our Physician Recruitment, Wellness, and Retention program is to recruit new Physicians to the Surrey-North Delta community, retain the ones currently practicing here and support Physicians transitioning to retirement with an emphasis on Physician wellness in all that we do. This is accomplished through the support of individual physicians; funding and management of initiatives designed to support physician wellness, access to the local network, recruitment and retention; and members-only events held throughout the year.

CME Sessions Hosted

- Virtual resource fair
- Heartfulness series
- Charting to prevent burnout peer support sessions
- San'yas Indigenous Cultural Safety Training
- Wound and Ostomy Tips and Tricks session
- Cultural Safety 101 CME
- Adverse Childhood Experiences CME: movie night with Q & A

2021-2022 Events

- **All member Holiday event** at Lumagica & 12 Days of Giveaways contest
- **Hosted recruitment booth** at St. Paul's Hospital Continuing Medical Education conference
- **Walk with your Doc** with SND members and staff participation
- Support of **Surrey-South Fraser Scholarly Day** 2021

Primary Care Networks (PCN) + Strategic Initiatives

This year was a year of milestone achievements in our PCN journey.

To learn more, take a look at the Surrey-North Delta 2021-2022 PCN Special Report.

PCN Overview

FP Lead: **Dr. Gagan Wilkhu - PCN Overall Steering Committee**
Staff Lead: **Victoria Rotaru**

In Surrey-North Delta, the foundation of PCN is a strong and resilient network of family physicians partnering, collaborating, and supporting each other. Our vision for SND as a PCN community is to build an integrated healthcare system with a core strong physician network, where the community's residents, including newcomers and refugees, those identifying as marginalized and overlooked, feel confident and safe in accessing timely, quality, and culturally appropriate care. We aim to build a connected, full-service primary healthcare system that addresses the health needs of our community and attracts innovative and dedicated family physicians and other primary care practitioners. The PCN community we hope to build will recognize Surrey-North Delta as a full-fledged community with its own needs and complete healthcare resources to serve its residents.

PCNs aim to achieve:

- strong physician-patient relationships
- high quality, patient-centered care
- enablement of team-based care
- increased patient access to culturally relevant and safe care, and
- improved information flow.

Long-term Care Initiative (LTCI)

FP Leads: **Dr. Harv Dhillon & Dr. Mark Blinkhorn**

Staff Lead: **April Bonise**

Overview

Through the funding of the General Practice Services Committee (GPSC), the aim of the LTCI is to design and implement local solutions that deliver dedicated FP MRP services for residents in long-term care homes.

There are two long-term care physician committees in this initiative: the LTCI Steering Committee, which guides the decisions around the provision of long-term care in our community, and the LTCI All-Physicians Committee, as a dedicated community of practice supporting all physicians providing LTCin SND.

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

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**

Long-term Care Initiative (LTCI)

This past year once again saw COVID-19 at the forefront of the provision of care for elders in our long-term care homes.

Physicians providing care to our most vulnerable patients continued to dedicate their time and energy to ensure that elders were being seen frequently and continued to receive the high quality of care they deserve.

Project Highlights

- **Revised MOU:** The MOU with GPSC was revised to better reflect where care was provided to accurately reflect the eligible LTC beds and facilities in SND
- **Updated Best Practice Expectations (BPEs):** The LTC FPs jointly with Fraser Health explored the definitions of the GPSC's BPEs. The group then proceeded to better define each BPEs. These updated BPEs have become the benchmark for how the LTC physicians in SND are expected to deliver the highest level of care.
- **Implementation of the "After-hours On-Call" Initiative:** the LTC physicians implemented a single, central phone number for all facilities to reach the after-hours on-call physician in response to LTC facilities' feedback and the newly expanded definition of 24/7 care, The group selected a service provider, formed call groups, selected backup physicians, defined and documented processes, and created a communication plan. Evaluation will be ongoing for project success and sustainability.
- **UCI in LTC facilities:** To improve communication between the local hospital, LTC physicians, and facilities, UCI was selected to address the gap. The roll-out began in the fall of 2021 and is currently being used by half of the care homes in the community.
- **Education Sessions & CMEs:** Two LTCI-focused education sessions were held this year: Palliative Care in End of Life and Behavioral & Psychiatric Symptoms of Dementia.

Shared Care

FP Leads: **Dr. Jan Peace & Dr. Bradford Strijack**

Staff Leads: **Victoria Rotaru, Katie Phillips & April Bonise**

Overview

Shared Care is a province-wide committee that "supports family and specialist physicians to improve the coordination of care from primary to specialist services".

Under Shared Care, Family Physicians, specialists and partners have come together to spearhead over 240 projects aimed at building team-based approaches to care and improving communication between patients and their families, primary care physicians, specialists, and other health professionals.

Projects Under Development

- Overdose Crisis Management in Surrey-North Delta
- Transgender Care
- Chronic Pain

Projects in Progress

- Admission and Discharge Communication (ADC)
- Adult Mental Health & Substance Use
- Coordinating Complex Care for Older Adults
- Post-partum support for South Asian individuals who had Gestational Diabetes
- Piloting an Integrated Community Care Pathway for Heart Failure Patients in Surrey-North Delta

Shared Care: Admission and Discharge Communication (ADC) Project

FP Leads: **Dr. Mark Blinkhorn & Dr. Sanjay Khandelwal**

Staff Lead: **April Bonise**

Overview

Our focus is to improve and strengthen communication between emergency physicians, hospital-based physicians, and family physicians in the community of Surrey-North Delta. Being the first project of its kind in Surrey, we want to build a solid foundation and collect baseline data to help us understand the best way to move forward, ensuring alignment between the project implementation and the goals we expect to achieve. This initial project does not aim to solve all concerns and problems with admission and discharge communication. Instead, it builds the foundational work towards building stronger partnerships between community physicians and the Emergency Department at Surrey Memorial Hospital, as well as building foundations for a more cohesive system.

Evaluation

In collaboration with Reichert & Associates, the project will be evaluated by asking the following questions:

A. How was the project planned and implemented?
B. What was implemented over the course of the project?
C. What progress has been made towards the intended outcomes?
D. What are the strengths, challenges, lessons learned, and areas of opportunity?
E. To what extent are the outputs/outcomes sustainable?

Highlights

- **Built strong relationships with Senior Leadership at Fraser Health** to start the discussion around understanding the communication process at SMH.
- Working towards **adding Emergency Medicine to the RACE app.**
- Pinske Consulting has been hired to complete a **full, independent on-site referral workflow analysis.** Collaboration with the Fraser Health Emergency Department leadership team has been positive, and their full project support and endorsement has been obtained.
- Began engagement with a communications expert to design **strategic communication planning** that will align sustainment of the CCCOA project with the broader PCN roll-out in the SND community.

Shared Care: Adult Mental Health & Substance Use Project

FP Leads: **Dr. Karima Jiwa & Dr. Pawandeep Dhillon**

Staff Lead: **Katie Phillips**

Overview

We plan to bring together Family Physicians (FPs), Specialists, their MOAs, and Mental Health and Substance Use (MHSU) providers in Surrey-North Delta (SND) to empower primary care providers to provide high-quality care for their patients with mild to moderate MHSU challenges.

Through this project, we aim to:
1. Increase FP knowledge of best MHSU practices and resources.
2. Increase FP and MOA awareness of MHSU specialized services in the community.
3. Troubleshoot existing communication gaps between FPs, MOAs, and specialized services.

Highlights

Delivered education sessions for FPs and MOAs at the Urgent Care Response Centre in Surrey which included service information and how to access service.

- 97% of respondents in the FP session agreed/strongly agreed they were satisfied with the event.
- After attending the FP session, all participants indicated that they were more knowledgeable about the patient journey using adult mental health services and programs in SND
- All MOA participants agreed or strongly agreed that the event was a valuable use of their time, that it was well organized, and that the content was relevant to their work.
- All (100%) MOA respondents indicated that they understood how they can provide family physicians with administrative support regarding their care for adult mental health patients after the education session.

Evaluation

- **Number of FPs & MOAs that engaged in education sessions** & attendee satisfaction with education session (e.g., good use of time and improved understanding of the topic area).
- **Successful completion and implementation of navigation tools** to help locate essential resources in a timely manner – interactive care pathways on Pathways.

Shared Care: Coordinating Complex Care for Older Adults Project

FP Leads: **Dr. Mark Blinkhorn & Dr. Karanvir Sall**

Staff Lead: **April Bonise**

Overview

The overall goals of the CCCOA Project are to improve communication and collaboration as a multi-disciplinary care team as seniors transition through various providers and parts of the health system and to support seniors to stay at home as long as possible.

Specialized Seniors Clinic

Project Goals

- Timely access for our patients (reducing wait times)
- Reduce LOS (length of stay) in the clinic to enhance capacity for new patients
- Improve the quality of referrals received into SSC to reduce wasted time
- Improve communication between SSC and GPs

Project Achievements

The initiation of a four-part patient journey mapping exercise to identify gaps in the patient journey that are contributing to the communication breakdown. There was participation from key stakeholders including geriatricians, patient care coordinators, family physicians, hospitalists, and the SSC operations manager.

Project Breakdown

The CCCOA project is broken down into two smaller communication projects:

- Home Health Improved Communication Project
- JPOCSC Specialized Seniors Clinic Improved Communication Project

Shared Care: Coordinating Complex Care for Older Adults Project

FP Leads: **Dr. Mark Blinkhorn & Dr. Karanvir Sall**

Staff Lead: **April Bonise**

Specialized Seniors Clinic

Key outcomes included

- The identification of "Key Themes" around: New Learnings, Unanswered Questions, Opportunities, and Data Collection & Validation
- Beginning the revision of the regional Specialized Senior's Clinic referral form, including GP feedback and collaboration with the regional Fraser Health team.
- The addition of Division staff to support the unattached patient process, which was previously a barrier to patients being seen by the SSC

Home Health

Project Goals

- To implement successful Meet & Greets between community GPs and Home Health CHNs (community health nurses).
- To implement a new communication process between CHNs and GPs that will allow GPs to have a better awareness of who their Home Health patients are and who their CHN is.

Project Achievements

- Completion of Phase 2 of the Home Health Communication Project. The project is now moving into sustainment planning and evaluation.
- Number of Meet & Greets Held: **3**
- Number of participating Community Health Nurses (CHNs): **12**
- Number of FP participants: **31**
- Number of Home Health patients represented: **275**

Home Health Evaluation Results

- 82% of FPs did not know who their CHN was before the Meet & Greet session. **100% of respondents indicated they know who their CHN is** since attending the Meet & Greet.
- **100% of FPs indicated they now understand what the role of a CHN is** compared to 59% before the Meet & Greet session was held.
- 73% of FPs indicated they did not know how to contact their CHN prior to the Meet & Greet. **100% of respondents said they now know how to contact their CHN** because of the Meet & Greet.
- 55% of FP respondents did not know who all their Home Health patients were before the Meet & Greet. **86% of FPs knew who their Home Health patients are** after the session.
- 100% of the respondents indicated they knew how to refer to Home Health prior to attending the Meet & Greet. This remained consistent when surveyed after the session.

Shared Care: Post-partum Support for South Asian Individuals Who Had Gestational Diabetes

FP Leads: **Dr. Sara Stafford, Dr. Reena Khurana & Dr. Nicole Soltermann**

Staff Lead: **Katie Phillips**

Overview

The project aims to explore what provisions can be put in place for South Asian individuals, to bridge the care gap between patients receiving specialized pre-natal GDM multi-disciplinary support at Jim Pattison Outpatient Care and Surgery Centre (JPOCSC) and transitioning back to a primary care provider for post-partum prevention of type 2 diabetes (T2DM).

Highlights

- Project proposal approved by DoBC
- Project commenced in February 2022.

Evaluation

- Completion of needs assessment
- Clearly designed initiative/intervention (to be tested in the implementation phase) and project implementation work breakdown structure.

Piloting an Integrated Community Care Pathway for Heart Failure Patients

FP Leads: **Dr. Tarun Sharma & Dr. Sumbal Aslam**

Staff Lead: **Katie Phillips**

Overview

Over the course of 18 months, we will pilot an integrated care pathway to foster a team-based approach and deliver care for Heart Failure patients. We believe this will improve coordination and collaboration between the Heart Function Clinic at the JPOCSC and Family Physicians in our community resulting in better long-term outcomes for patients. The goal is to improve the transition of care for these complex patients and to optimize the use of healthcare resources for heart failure patients.

Highlights

- Exploration phase completed
- Baseline HCP satisfaction collected
- Current state analysis of patient journey and communication between specialized service and primary care complete.
- Future state pathway created and to be trialled in the next stage of the project.

We would like to extend a sincere thank you to our members, partners, and community, without whom none of our achievements would be possible.

The Divisions of Family Practice acknowledge that we work on the traditional, ancestral, and unceded territories of the Katzie, Semiahmoo, Kwantlen, and other Coast Salish Peoples.

Acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.

Contact

Surrey-North Delta Division of Family Practice
214 - 5455 152 Street
Surrey, BC
V3S 5A5

www.divisionsbc.ca/snd
info@snddivision.ca
@snddivision