



 **Surrey-North Delta**
Division of Family Practice
A GPSC initiative

ANNUAL REPORT

APRIL 1, 2019 // MARCH 31, 2020

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A Message From Our Co-Chairs

DR. BALDEV DHILLON
DR. ELAINE JACKSON



As 2019-2020 comes to an end, it has been a pleasure serving our membership as Co-chairs of the Board of Directors of the Division and working closely with many of you fulfilling the mission of our organization of supporting our members and creating an environment that fosters the delivery of high quality primary care services in our community.

This year has been a year of transition and change. Internally, our board experienced changes in membership; Brian Kines, our previous Executive Director retired, and we welcomed Tomas Reyes as our new ED. Our staff capacity increased to enable and support the increased workload and we moved to a fantastic new location.

As our provincial government has been defining and refining their vision of how healthcare services should be provided in British Columbia, we made the decision to actively engage in this transformational process and completely embrace Primary Care Networks. We are actively working to consolidate a strong and resilient network of family physicians as the core foundation of our shared vision of a sustainable long-term PCN model in Surrey and North Delta.

In consequence, we reassessed our priorities and revamped our strategic plan. We realigned our efforts and resources with the objectives and goals under our core strategic pillars. Having our local, Family-Physician-driven PCN vision as our compass, we have also been

VISION

To see quality of life improved for physicians, their patients, and the community at large.

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.

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 of 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.

A Message From Our Co-Chairs, Cont'd

restructuring all our work to support this vision of how we want Primary Care to be in our community for the years to come.

As we were finalizing the year and preparing to welcome a new one, we found ourselves under a declared pandemic. For most of us, this is a completely new territory full of uncertainty. As we were moving into the new year, we were forced to pause on most of our regular work to make sure we prepared a proper response to support our membership and our community under these dire circumstances.

As we move into the new year, there is still a level of uncertainty and more questions than answers. However, even during the early stages of the pandemic, there have been significant efforts and great enablers to ensure continuity in the delivery of primary care services, as well as to foster communication and collaboration amongst our members.

We will continue working with all of you to embrace this new reality and make sure we continue supporting each other and our community at large.

We sincerely thank you for your hard work and your resilience and we encourage you to keep in close communication with us and our staff; to become active and involved in all the work we do and to continue providing the excellent care you always provide to all your patients.

Sincerely,



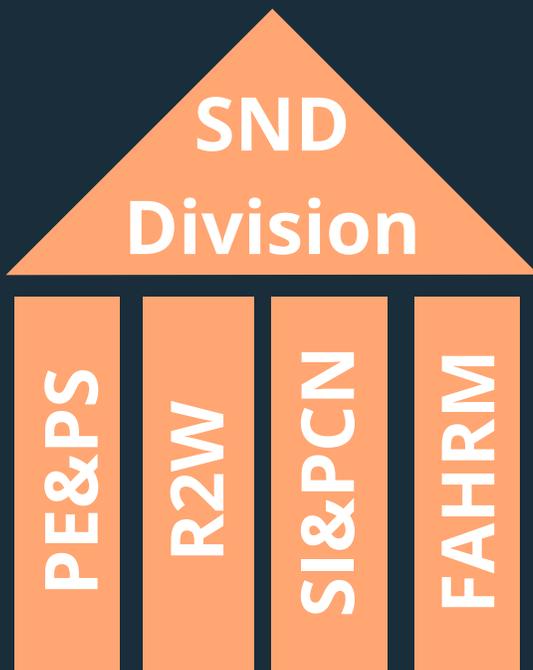
**DR. BALDEV DHILLON &
DR. ELAINE JACKSON**
CO-CHAIRS, BOARD OF DIRECTORS

OUR 4 STRATEGIC PILLARS

We firmly believe that our role is to prepare, enable and support our members as we design and build a shared vision of how we want Primary Care to be in Surrey and North Delta in the years to come.

Based on this premise, and in alignment with our organization's Mission and Vision, during this fiscal year we revamped our strategic plan under four core pillars. We then repurposed our team and resources to align with the goals established by our board for each of these four pillars:

Physician Engagement and Practice Support (PE&PS); Recruitment, Wellness and Retention (R2W); Strategic Initiatives and Primary Care Networks (SI&PCN); Financial, Administration and Human Resources Management (FAHRM)



A Message From Our Executive Director

TOMAS REYES



It is hard to believe that just over a year has passed since I joined the Division as the Executive Director.

From day one, we embarked on a journey of tremendous change and exciting opportunities which our Board of Directors and our family physician (FP) leaders decisively embraced.

During the 2019-2020 year, we have jointly built a solid foundation for what I believe is one of the biggest transformations in Primary Care that our province has ever witnessed: the design and development of Primary Care Networks (PCN).

In preparation, we augmented our staff capacity, and we moved to a bigger office, allowing us to host members engagement events and larger business meetings in-house, as well as to encourage our physician members to meet and mingle in a newly created Physician Lounge.

Amidst all of this amazing work, the beginning of 2020 brought us a surprise that (I can safely say) we were not prepared for: The COVID-19 Pandemic.

We were forced to stop everything we were doing and refocus on building an appropriate emergency response to the uncertainty and the new immediate needs of our members and their patients.

As we move into the new fiscal new year, and still with uncertainty of what we can expect, we will continue evolving our response to COVID-19.

During the 2020-2021 fiscal year, we also intend to continue working on the design and development of PCN: we will continue to reach out and ask for your active support; we will refine and activate our PCN governance structure; we will continue aligning all of our

*A Message From Our Executive Director
Cont'd*

work with our PCN goals; and we will ensure a strong patient and community partner voice in our PCN service plan, which we intend to submit to the MoH during the second half of 2020-2021 for approval.

I am extremely thankful for all of the positive experiences we have lived together this year and humbled by the tremendous learnings we acquired due to COVID-19.

I want to thank the board for trusting and supporting me; my staff, for the incredible work they've done throughout the year, showcasing what teamwork is all about; our physician leaders for all of their hard work in supporting the community, for championing the work we do and for their willingness to provoke change and improve the primary care system in Surrey and North Delta; and finally all of you – our members - for your hard work, your service to the community (particularly during the pandemic), your passion and commitment and your willingness to join us in our journey to establish PCN.

I am looking forward to continuing working with all of you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tomas Reyes', with a large, sweeping flourish extending to the right.

TOMAS REYES
EXECUTIVE DIRECTOR

OUR NEIGHBOURHOODS



OUR MEMBERS

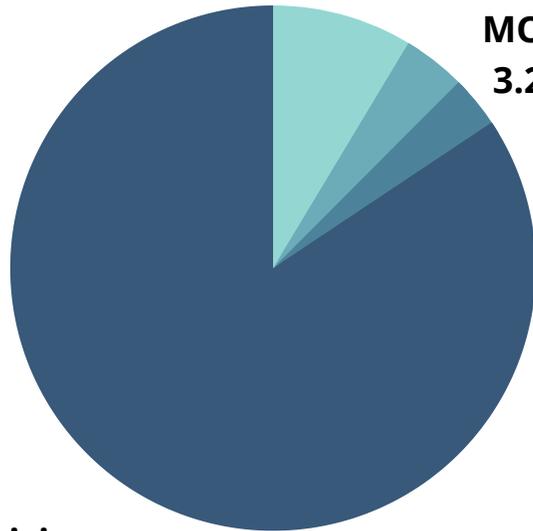
Nurse Practitioners
8.6%

MOAs
3.2%

569

MEMBERS

Physicians
84.4%



Surrey-North Delta Division AT A GLANCE

Established in 2010, the Surrey-North Delta Division of Family Practice is comprised of **family physicians**, nurse practitioners and MOAs from Surrey and North Delta, as well as our hard-working staff and board members.

In 2019-2020, the division was part of a “wave” of divisions in a state of transition between active work under the funding envelope of Patient Medical Home (PMH) and a potential move into Primary Care Networks.

This state of transition and uncertainty to certain extent, brought some additional transitional funding from GPSC through two different envelopes: “PCN Networks” and a first installment of three of “PCN Change Management Dollars”. This funding allowed us to strongly revamp and strengthen our engagement strategy and the continuation of our PCN pre-planning work.

Also, the division agreed to partner with Pathways BC to implement the Pathways referral tracker which also brought an influx of funding for that specific purpose. Funding for the implementation of the tracker will carry over to next fiscal year and the goal is to finish implementation during 2020-2021.

Within our Infrastructure funding, we had some accumulated surplus that GPSC allowed us to carry over for one more year and was utilized: to support our move to our new bigger office, to enable the transition of the role of Executive Director; to revamp our Communications Strategy, to enhance our R&R efforts and as seed money for the development of two communities of practice focused on Maternity and Addictions.

Under Shared Care, based on the number of active projects we received some additional support to be used for the operation and administration of the Shared Care Steering Committee.

Some of this additional funding was also used to work on additional proposal for some identified opportunities to support and enable Family Physician - Specialist Physician work.

The Division managed our finances within our fiscal accountability framework, receiving an audit report like every year. This was done with the support of our staff, our fantastic accountant, and the finance committee that meets to review our financial position throughout the year and reports to the Board.

This year in particular we set the goal of improving our budgeting, accounting, bookkeeping and auditing processes, as well as our ongoing financial reporting and I am pleased to informed that we closed the year achieving all those goals.

Sincerely,



DR. NAZIA NIAZI
BOARD TREASURER



TREASURER'S REPORT

**SURREY-NORTH DELTA DIVISION OF FAMILY PRACTICE SOCIETY
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2020**

	2020	2019 <i>(Reclassified - Note 17)</i>
ASSETS		
CURRENT		
Cash	\$ 120,094	\$ 1,096,765
Term deposits	824,300	53,577
Accounts receivable <i>(Note 3)</i>	17,448	44,351
Prepaid expenses and deposits	13,311	8,485
	975,153	1,203,178
CAPITAL ASSETS <i>(Note 4)</i>	59,879	20,019
	\$ 1,035,032	\$ 1,223,197
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities <i>(Notes 5 & 10)</i>	\$ 300,731	\$ 207,623
Deferred contributions <i>(Note 6)</i>	551,059	256,771
Deferred capital contributions <i>(Note 7)</i>	39,860	-
Refundable grants <i>(Note 8)</i>	-	631,376
	891,650	1,095,770
NET ASSETS		
Restricted funds	60,616	65,364
Operating funds <i>(Note 11)</i>	82,766	62,063
	143,382	127,427
	\$ 1,035,032	\$ 1,223,197

**SURREY-NORTH DELTA DIVISION OF FAMILY PRACTICE SOCIETY
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2020**

	Restricted Funds	Operating Funds <i>(Note 11)</i>	2020	2019
NET ASSETS - BEGINNING OF YEAR	\$ 65,364	\$ 62,063	\$ 127,427	\$ 129,385
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES	(4,748)	20,703	15,955	(1,958)
NET ASSETS - END OF YEAR	\$ 60,616	\$ 82,766	\$ 143,382	\$ 127,427

TREASURER'S REPORT

SURREY-NORTH DELTA DIVISION OF FAMILY PRACTICE SOCIETY
STATEMENT OF REVENUES AND EXPENDITURES
YEAR ENDED MARCH 31, 2020

	2020	2019 <i>(Reclassified - Note 17)</i>
REVENUES		
Infrastructure <i>(Note 6)</i>	\$ 1,049,331	\$ 966,931
Infrastructure - Amortization of deferred capital contributions <i>(Note 7)</i>	11,763	-
Change management <i>(Note 6)</i>	271,937	-
Long-term care initiative <i>(Note 6)</i>	576,903	302,553
Opioid agonist therapy <i>(Note 6)</i>	4,640	74,520
Pathway tracker <i>(Note 6)</i>	45,000	-
Patient medical home <i>(Note 6)</i>	6,994	151,846
Patient medical home network <i>(Note 6)</i>	330,774	129,226
Shared care <i>(Note 6)</i>	80,436	110,752
Interest	10,025	5,498
Miscellaneous	10,735	11,572
	2,398,538	1,752,898
EXPENDITURES (Schedule)		
Advertising and promotion	7,749	9,631
Amortization of capital assets	11,763	16,510
Human resources <i>(Note 13)</i>	764,028	585,102
Insurance	6,008	8,666
Meeting and event costs	148,186	123,677
Office	53,527	77,755
Physician costs <i>(Note 9)</i>	948,617	727,537
Professional development	6,583	4,265
Professional fees	352,563	140,576
Rent	70,094	44,062
Travel	13,465	17,075
	2,382,583	1,754,856
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES	\$ 15,955	\$ (1,958)



APRIL

Engagement Session: Integrated Primary and Community Care for Diabetes and Mental Health

LAT Documentary Viewing

MOA Network Q & A Session
CARS Session with SGU students

MAY

Walk With Your Doc
IMG ROS tours

JUNE

Tomas Reyes starts as Executive Director

JULY

Move to **new office**

MOA Event: Tour of West Coast Imaging

Neighbourhood events ramp up

PNE Engagement Event
Booth at **National Indigenous People's Day at Holland Park**

LAT Fundraiser

AUGUST

Brian Kines retires as Executive Director

SEPTEMBER

Open House & Farewell to Brian Kines

OCTOBER

2019 **Annual General Meeting**

NOVEMBER

New to Practice Event

CSC **meeting with MoH**

DECEMBER

Children's Christmas Party at **Vancouver Aquarium**

Staff holiday lunch

JANUARY

All Neighbourhood Networking Event

EOI Submission

FEBRUARY

GP **retirement dinner**

PCN All Neighbourhood **Workshop**

Resident Event

MARCH

Beginning of COVID-19 Pandemic

Referral Tracker Kickoff Event

EOI Approval

PCN OVERVIEW

PMH WORKING GROUP CHAIR

DR. BALDEV DHILLON



Becoming a PCN community is a multi-phase process that takes place over a number of years.

This year marked great strides in our division's journey to become a community of PCNs. We completed and submitted our EOI (Expression of Intent) to the Ministry of Health (MoH), and it was approved.

This accomplishment is a result of several years of hard work, and signals the opportunities that PCN can bring into our community in the years to come.

As we move into the new year, the division will continue to be actively engaged with our members and partners, as well as community organizations, to develop a PCN Service Plan that will be submitted to the MoH in order to receive funding and add resources that will support the primary care transformation we are planning in our community.

What PCNs Aim to Achieve

High quality, patient-centred care

Enablement of team based care

Support of strong physician-patient partnerships

Networks of health care providers

Increased patient access to culturally relevant and safe care

Improved information flow

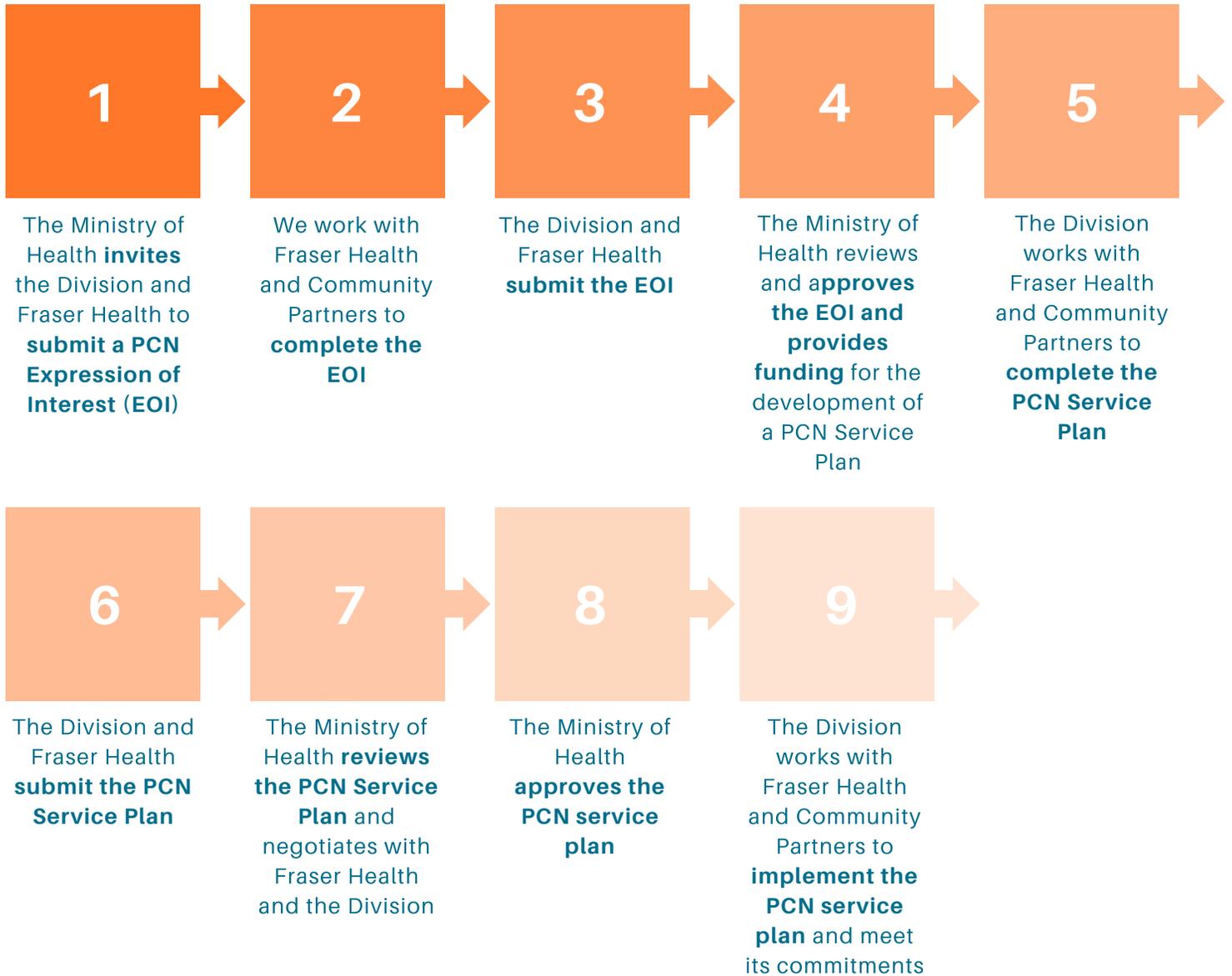
Patient Attachment

A PRIMARY CARE NETWORK (PCN) IS A NETWORK OF LOCAL PRIMARY CARE SERVICE PROVIDERS WITHIN A COMMUNITY. IN SURREY-NORTH DELTA, THE FOUNDATION OF PCN IS A STRONG AND RESILIENT NETWORK OF FAMILY PHYSICIANS PARTNERING, COLLABORATING AND SUPPORTING EACH OTHER.

Moving Ahead

PCN GROUNDWORK

MILESTONES IN OUR PCN JOURNEY



Physician Engagement Underpins the Entire PCN Process

Moving Ahead
PCN GROUNDWORK

GENERAL PCN DEVELOPMENT

CONTACT

Jody Friesen

AIMS

Recognizing the value that PCN will bring to our community and our members, the division actively moved forward in bringing it into our community this year. We embraced a grassroots approach based on strong FP to FP networks, coupled with tailored strategies to address the specific needs of Surrey and North Delta. Under this framework, we focused on the development of Neighbourhood Networks, on fostering a strong, fair and equitable relationship with Fraser Health and on drafting a robust governance structure that will allow decision-making to happen at a local level.

ACCOMPLISHMENTS

- Held PCN Building Blocks discovery sessions to identify gaps and opportunities in our community and to create a solid foundation for the design of a patient-centred, physician-supportive PCN

- Worked to develop a productive, two-way partnership with Fraser Health.
- Formally submitted our PCN Expression of Interest to the Ministry of Health, having it approved and commencing the development of our PCN Service Plan
- Aligned our various strategic initiatives with our PCN goals
- Launched the Service Plan Development Process
- Created Terms of Reference for Steering Committees
- Designed and implemented Newton UPCC in collaboration with Fraser Health

The **PCN Steering Committee** will oversee the build phase for the PCN as well as the operation phase for each of our nine primary care networks. The **Terms of Reference** lay out the committee's purpose and responsibilities, and include considerations for members and co-chairs.

Moving Ahead

PCN GROUNDWORK

PANEL MANAGEMENT

CONTACT

Saira Abrar

AIMS

The division's goal for panel management this year has been to engage as many physicians as possible to undertake and complete panel management in preparation for inclusion in their Neighbourhood PCN. This process has held the concurrent aim to clean up physician panels so that useful aggregate data can be shared amongst physicians and with the Health Data Coalition (HDC.)

ACCOMPLISHMENTS

- Increased uptake and completion of panel management
- Developed close relationship with PSP and improved information sharing
- Developed team approach to engage physicians (ex: PSP and Physician Engagement Team joint site visits)
- Held regular meetings with PSP for common understanding and information sharing Supported PSP booths at engagement events

"This was a great program. I learned a great deal about how to better organize my patient panel to better help with patient care and billing. I did not realize the enormous potential of the Oscar EMR to help with complex care billing. Definitely a great experience!!"
---Dr. Nischea Sihota

FPs who completed
Panel Management **41**
this year:

The total number of
physicians who started panel
management reached **47%** of
MSOC (majority source of care)
physicians

Moving Ahead

PCN GROUNDWORK

DEVELOPING PCN NEIGHBOURHOOD NETWORKS

AIMS

A core component of our PCN preparation has been the creation of Neighbourhood Networks. These networks aim to foster relationships between FPs in each neighbourhood, encourage strong communications channels between care providers, and create awareness about the division’s work and the supports we offer.

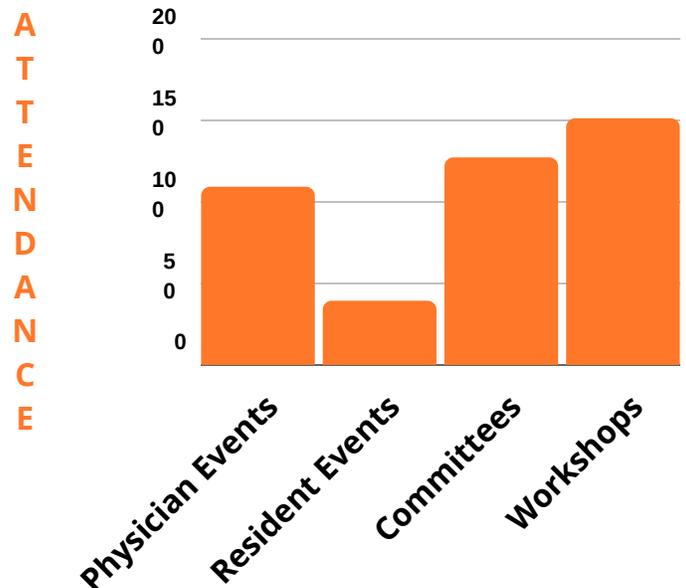
This year, our primary goals for our Neighbourhood Networks were to establish a governance structure for PCNs and identify the gaps and priorities that need to be addressed in our PCN service plan.

ACCOMPLISHMENTS

- Established effective communication with individual practices.
- Developed an in depth understanding of physicians’ practice and engagement level.
- Established Networks for six neighbourhoods in three cohorts
- Physicians were informed about steps of PCN development and future direction

- Physicians were engaged to participate in PCN EOI Task Group
- Nominations for Neighbourhood PCN steering committees were completed

110 physicians attended
6 neighbourhood networking events



Moving Ahead
PCN GROUNDWORK

MOA NETWORK

CONTACT

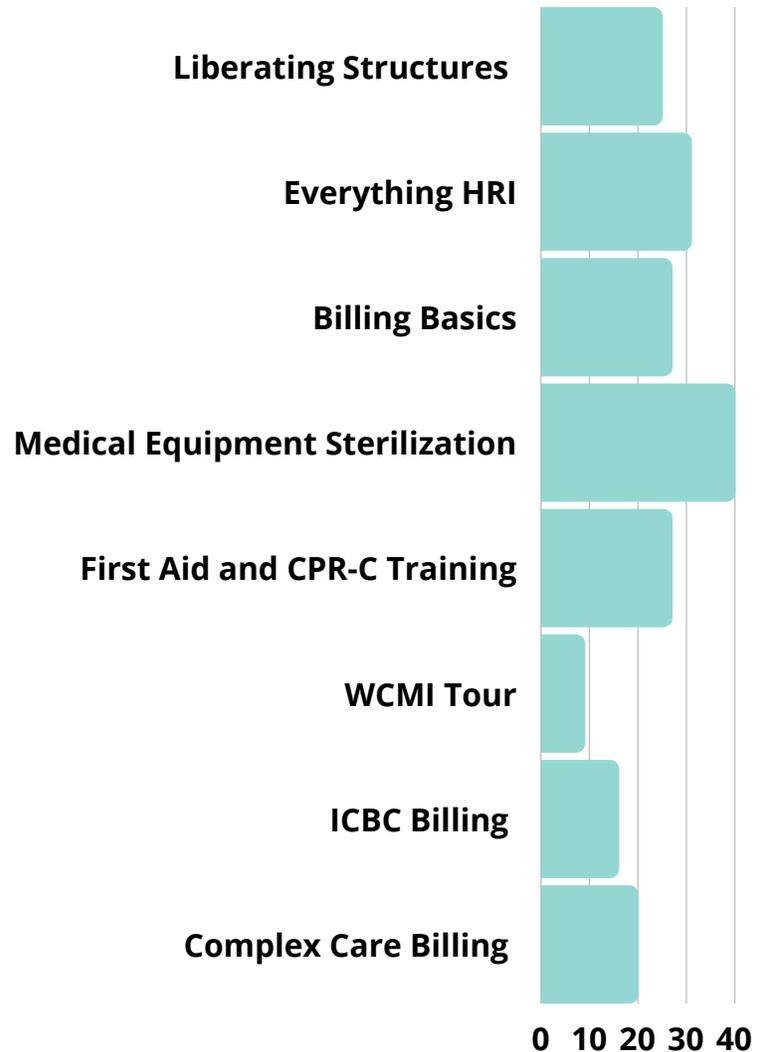
April Bonise // Saira Abrar

AIMS

The MOA Network aims to build a robust network of MOAs and office managers in Surrey and North Delta. By providing opportunities for social interaction and education, and developing tools to support MOA recruitment and retention, the network strives to increase the capacity and awareness of community resources.

ACCOMPLISHMENTS

- 8 MOA educational events were organized, including visits to medical imaging and lab sites
- Detailed framework for MOA network redesign was developed
- MOAs were supported during the beginning of the pandemic through regular emails
- Recruitment support was offered to practices facing urgent needs
- MOA feedback was gathered through site visits to support future educational activities



8 MOA Events were held,
with a total of 196
participants

Moving Ahead

PCN GROUNDWORK



GUILDFORD // NORTH SURREY // WHALLEY

Home to 186,476 residents. A total of 89 FPs practice full-service family practice in these neighbourhoods across 35 primary care practices. There are also eight Mental Health and Substance Use related services and six walk-in clinics. The Indigenous Primary Care Wellness Home, Kla-How-Eya, Lookout Community Health Centre, Maxxine Wright Community Health Centre, Whalley Urgent Primary Care Centre, Jim Pattison Outpatient Care Centre and Surrey Memorial Hospital, as well as physician operated specialty clinics such as Surrey Prenatal Clinic, are all located in these neighbourhoods.

PHYSICIAN ENGAGEMENT LEAD : **ALAN HUANG**



WEST NEWTON // NORTH DELTA

Home to 105,057 residents. A total of 82 FPs practice in these two neighbourhoods, with the highest number of primary care practices of the three engagement leads' geographic areas – totaling 49 primary care practices.

PHYSICIAN ENGAGEMENT LEAD: **SAIRA ABRAR**

PCN Neighbourhoods AT A GLANCE



CLOVERDALE // FLEETWOOD // PANORAMA // EAST NEWTON

Home to 263,128 residents, the neighbourhoods of Cloverdale, Fleetwood, East Newton and Panorama are the largest geographic area the physician engagement leads cover. In these neighbourhoods, a total of 120 primary care providers provide full-service family practice across 44 primary care clinics. Combined, these neighbourhoods are home to Roots Community Health Centre, a primary care centre for newcomers to Surrey and North Delta, as well as the newly opened Axis Primary Care Clinic, a new-to-BC Nurse Practitioner led clinic. This is also the future home of a new Hospital for Surrey. The Newton Urgent Primary Care Centre is located here.

PHYSICIAN ENGAGEMENT LEAD: **VERONICA (RONI) FREEMAN**

PHYSICIAN
ENGAGEMENT
TEAM

Alan Huang
alanhuang@divisionsbc.ca



Roni Freeman
rfreeman@divisionsbc.ca



Saira Abrar
sabrara@divisionsbc.ca



PCN Neighbourhoods
AT A GLANCE

LONG-TERM CARE INITIATIVE (FORMERLY RCI)

PHYSICIAN LEADS

Dr. Harvinder Dhillon

Dr. Mark Blinkhorn

CONTACT

April Bonise

AIMS

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

ACCOMPLISHMENTS

- Creation of an all-Physician LTCI committee with bi-monthly meetings
- Bi-annual LTCI education sessions
- Regular DOC (Directors of Care) representation at the LTCI committee meetings

- GPSC quarterly surveys being regularly completed by the majority of the care homes, providing a better community-wide picture of care back to the GPSC
- Strong relationship building between the DOC group, the care homes, and the Division

Measurement and Evaluation

Best practice expectations:

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

System level outcomes:

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

Our Initiatives

PATIENT-FOCUSED

MATERNITY

A Shared Care Initiative

PHYSICIAN LEADS

Dr Hala Ahmed (GP lead)

Dr Pascaline Mahungu (Lead OB-GYN)

CONTACT

Christopher Pinske

AIMS

The Maternity Care Initiative focused on improving access to care for refugee women. It has now evolved into a working committee under the PCN Service Plan umbrella. The long-term goal is to build the group into an ongoing Community of Practice and Community Service Network.

ACCOMPLISHMENTS

- Conducted engagement meetings with family physicians, OB-GYNs, midwives, public health and community stakeholders to identify gaps in care and strategies for improvement

- Developed “What to Expect from your Maternity Care” resource in English, Punjabi and Arabic.
- Maternity care videos filmed to educate new immigrant moms about prenatal care and follow up. Video is being translated into various languages for distribution.
- Presented to new immigrant moms at DIVERSEcity about the importance of early prenatal care.
- Recruited and supported Maternity Care Physician Network.
- Developed understanding of what patients would like for their maternity care: prenatal education, interpreter services, transportation support, more support after discharge, inclusion of culture within their care.

64 Patient Surveys
conducted with
translator support

Provider Surveys
conducted to identify
gaps **15**

Our Initiatives

PATIENT-FOCUSED

OAT/ADDICTIONS

Project will be wrapping up fall 2020 due to funding. We will apply for Shared Care funding to support further work in addictions.

PHYSICIAN LEADS

Dr Lawrence Yang (GP lead)

Dr Sharon Vipler (Addictions SP)

CONTACT

Tracy Miyashita

AIMS

The OAT/Addictions Initiative supports physicians with tools, resources and education to provide care to patients with substance use needs. The long-term goal is to evolve the group into an ongoing Community of Practice and Community Service Network.

ACCOMPLISHMENTS

- Hosted "Ask a Specialist": addictions conversations/education sessions
- Conducted Patient Case Study Session

"Having 24/7 specialist support through BCCSU is amazing!"

- Planned CBT training in Fall 2020
- Offered OAT training to Physicians
- Maintained active Whatsapp group for addictions physicians
- Connected with BCCSU for resources and physician training
- Developed consistent workflow practices to support providers
- Connected with Surrey Emergency Response Shelter during COVID-19 to support vulnerable patients

43

Resource links shared with OAT group through Whatsapp to keep doctors informed

45

Members on the whatsapp Addictions network facilitate regular updates and share resources

36

Physicians/nurses trained in OAT

Our Initiatives

PATIENT-FOCUSED

NEUROLOGY

A Shared Care Initiative

Project will be wrapping up fall 2020.

PHYSICIAN LEADS

Dr Christy Yang (FP)

Dr Claire Hinnell (Neurologist)

CONTACT

Tracy Miyashita

AIMS

The Neurology project aims to improve timely access to neurology consults by reducing congestion and improving referral communication between family physicians and specialists.

ACCOMPLISHMENTS

- Launched Headache Tool in December 2019
- Digitized 16 referral forms for OSCAR
- Provided migraine Management education for physicians
- Held concussion management session

- Developed headache and concussion resources for physicians
- Developed referral education letter (Neurology team)
- Started a Concussion Clinic in Surrey to improve access for patients in Surrey North Delta.

111

GPs attended the **3** neurology education sessions

1397

Visits to the headache tool and **37,633** hits

100%

of GPs who attended felt the education sessions were a good opportunity to connect with specialists

69% strongly agreed and **31%** agreed that they have a better understanding about referral guidelines after the education sessions

94%

of GPs indicated they felt more confident treating patients with migraines after the education sessions

Our Initiatives

PATIENT-FOCUSED

RAPID ACCESS TO CONSULTATIVE EXPERTISE (RACE)

PHYSICIAN LEADS

Dr Lawrence Yang

Dr John Diggle

This year, the RACE App team aimed to expand awareness of RACE among primary care providers, to increase the number of users and number of specialties supported, and to reduce inappropriate referrals and unnecessary emergency room visits.

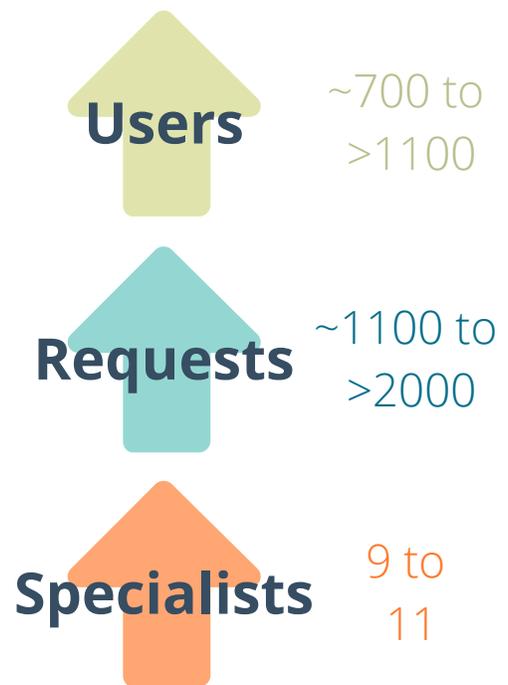
CONTACT

Megan Shymanski

AIMS

The RACE App is a tool with a regional scope developed by the SND Division in 2014 to improve communication between FPs and SPs, enabling SPs to provide timely guidance regarding the assessment, management and treatment of patients.

Through this improved communication, the RACE App increases access to specialist consults, minimizes unnecessary referrals, facilitates knowledge transfer, assists FPs with managing their patients in-office and ultimately improves patient care.

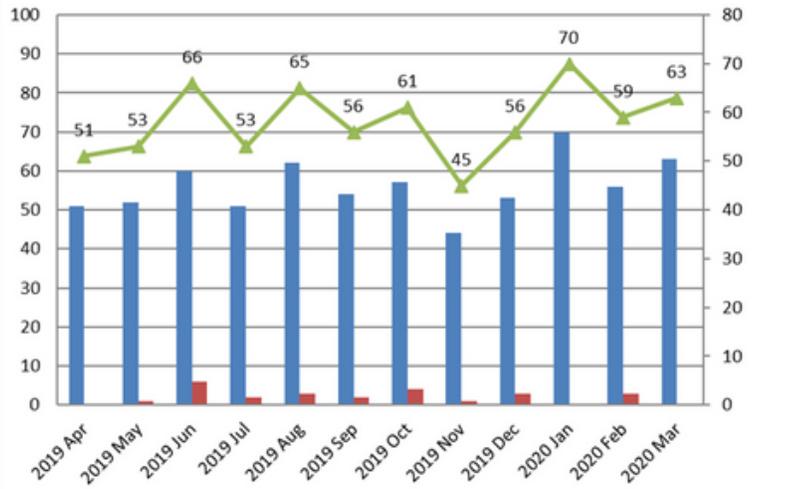


Our Initiatives

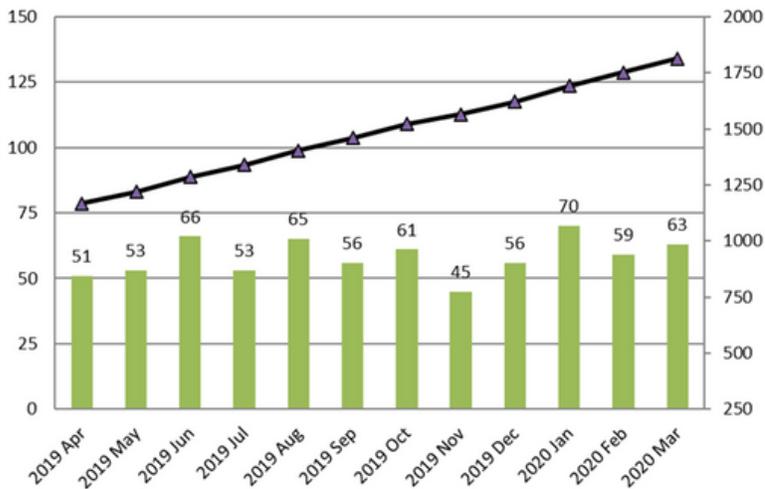
PHYSICIAN-FOCUSED

"I know some specialist waitlists are extremely long. When I use the RACEapp, I feel like I'm part of the solution."
- Dr. Lawrence Yang

Fraser Valley RACE App Consults by Month
Fiscal Year 2019-2020



Fraser Valley RACE App Consults by Month
Fiscal Year 2019-2020



Our Initiatives
PHYSICIAN-FOCUSED

The **referral tracker** is an e-referral dashboard inside of medical Pathways that aims to improve the referral process and communication between FPs and SPs as well as increase a patient’s access to care and the patient’s experience of care.

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.

ACCOMPLISHMENTS

Over the past year, Pathways has been busy expanding its user base on medical Pathways while simultaneously preparing for the launch of the referral tracker in our community. The referral tracker was successfully piloted in White Rock-South Surrey and work is now underway to implement this exciting tool across three proof of concept divisions, including SND.

PATHWAYS

PHYSICIAN LEAD

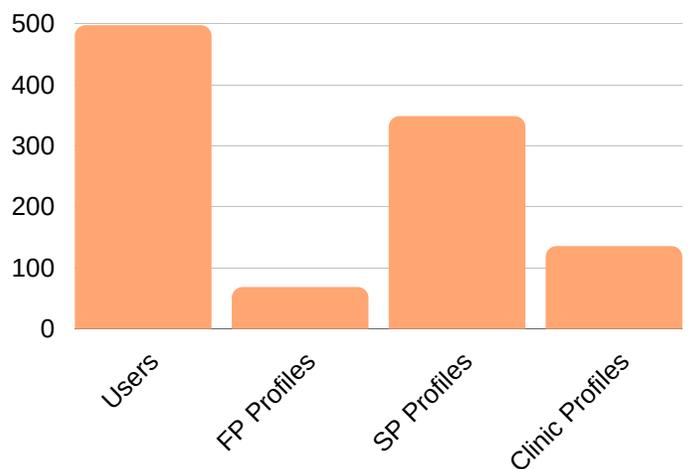
Dr Elaine Jackson

CONTACT

April Bonise

AIMS

Pathways is an online specialist referral tool for physicians and their office staff created to enhance and improve the process of referring patients to specialists and clinics.



Our Initiatives
PHYSICIAN-FOCUSED

PHYSICIAN RECRUITMENT, WELLNESS & RETENTION

PHYSICIAN LEAD

Dr Harv Dhillon

CONTACT

Megan Shymanski

AIMS

The aim of Recruitment, Wellness and Retention in Surrey-North Delta is threefold: to recruit new physicians to the Surrey-North Delta community, to retain the physicians who are already practicing here and to promote the wellness of all physicians in Surrey-North Delta. The Recruitment, Wellness and Retention Team also works to support physicians who are transitioning into retirement.

ACCOMPLISHMENTS

- Formalized Physician Wellness as a strategic initiative under the Recruitment and Retention umbrella
- Added two more Physician members to the steering committee: one to support Wellness and one to support recruitment efforts from Caribbean medical schools
- Coordinated clinic tours and placement for two International Medical School Graduates(IMGs) for their Return of Service (ROS) for the 2020-22 term

Caribbean Recruitment Strategy –
info Q & A virtual session with med
students from 2 Caribbean schools

Recruitment, Retention &
PHYSICIAN WELLNESS

8 **Full-time** Family Physicians

Locums **5**

4 IMGs for ROS for the 2019-2021 term

Provided **retirement support** and assisted with **patient transfers** for **3** Physicians

Social events: Family Christmas party at the Vancouver Aquarium, Family day at Playland with BBQ lunch, recreation nights for all members and their families, Resident Engagement Poker/Dinner Night at office, Walk With Your Doc

Education events: Hosted retirement preparation and networking event, co-sponsored Scholar Day for Residents (with the Langley Division), McMaster's sessions, Meet the Surgeons

Conferences/recruitment initiatives: represented/promoted SND Division at Practice Survival Skills in Vancouver with 2 Physician attendees and at Family Medicine Forum.

Recruitment, Retention &
PHYSICIAN WELLNESS

KEY INITIATIVES

Published an **open letter signed by 112 physicians** encouraging safe hygiene and physical distancing practices

Developed a **plan for continuity of in-person maternity care** via a Centralized Primary Care Centre at the Surrey Prenatal Clinic

Partnered with family physicians and Pathways to create a **public-facing Pathways Virtual Care Directory**, with over 112 SND physician listings

Created a plan to **continue physician engagement virtually** regarding PCN development

Worked with FH to **distribute over 1750 PPE items**

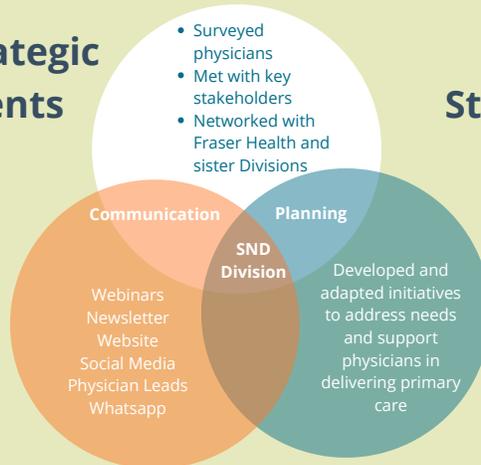
Developed and implemented a **COVID-19 Health Promotion Information Phone Line** for patients with 8 languages available, and a Virtual Care Line that virtually connected patients to physicians

Supported physicians with **extended access to specialists** through the RACE App

Connected with graduating residents regarding **current practice opportunities** as well as practice changes due to the pandemic

Delivered a **patient webinar (in Arabic)** in collaboration with community partners (35 attended)

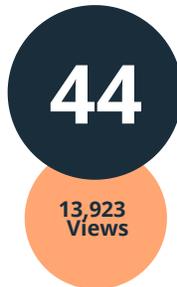
Key Strategic Elements



Actionable Strategies Explored

- Community Testing and Assessment Site
- CPCC and PPEs
- Business Support
- Virtual Care
- Vulnerable Populations Outreach
- Updated Protocols
- Team-based Care

Newsletters



Division Events



Physician Surveys



Stakeholder Meetings



COVID-19 Pandemic
OUR RESPONSE

BOARD OF DIRECTORS



- **DR. BALDEV DHILLON** CO-CHAIR
- **DR. ELAINE JACKSON** CO-CHAIR
- **DR. NAZIA NIAZI** TREASURER/SECRETARY
- **DR. HALA AHMED** MEMBER AT LARGE
- **DR. JOAN FUJIWARA** MEMBER AT LARGE
- **DR. GAGAN WILKHU** MEMBER AT LARGE

STAFF



- **Tomas Reyes** Executive Director
- **Jody Friesen** Director of Strategic Initiatives and PCN
- **Susan Kreis** HR, Financial and Admin Manager
- **Megan Shymanski** Recruitment & Retention Lead

- **Saira Abrar** Physician Engagement & Support Manager: North Delta, West Newton
- **Alan Huang** Physician Engagement and Support Lead: North Surrey, Guildford
- **Veronica (Roni) Freeman** Physician Engagement and Support Lead: Cloverdale, East Newton, Fleetwood, Panorama
- **April Bonise** Project Manager, LTCL & Pathways
- **Joan Laroche** Administrative Assistant
- **Tracy Miyashita** Shared Care Project Manager
- **Cathy Lawson** Pathways Administrator
- **Shahbaz Ahmed** Accountant

CONTRACTORS

- **Rob Wright** PCN Consultant
- **Christopher Pinske** Consultant
- **Kristin Warkentin** Communications Consultant

2019-2020 FAREWELLS

Charles Lee Physician & Engagement Support Lead

Jaylene Sharma Coordinator MOA Network

Jennifer Doan Administrative Assistant

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Jit Singh Board Member

Baldeep Toor Board Member

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of Family
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