

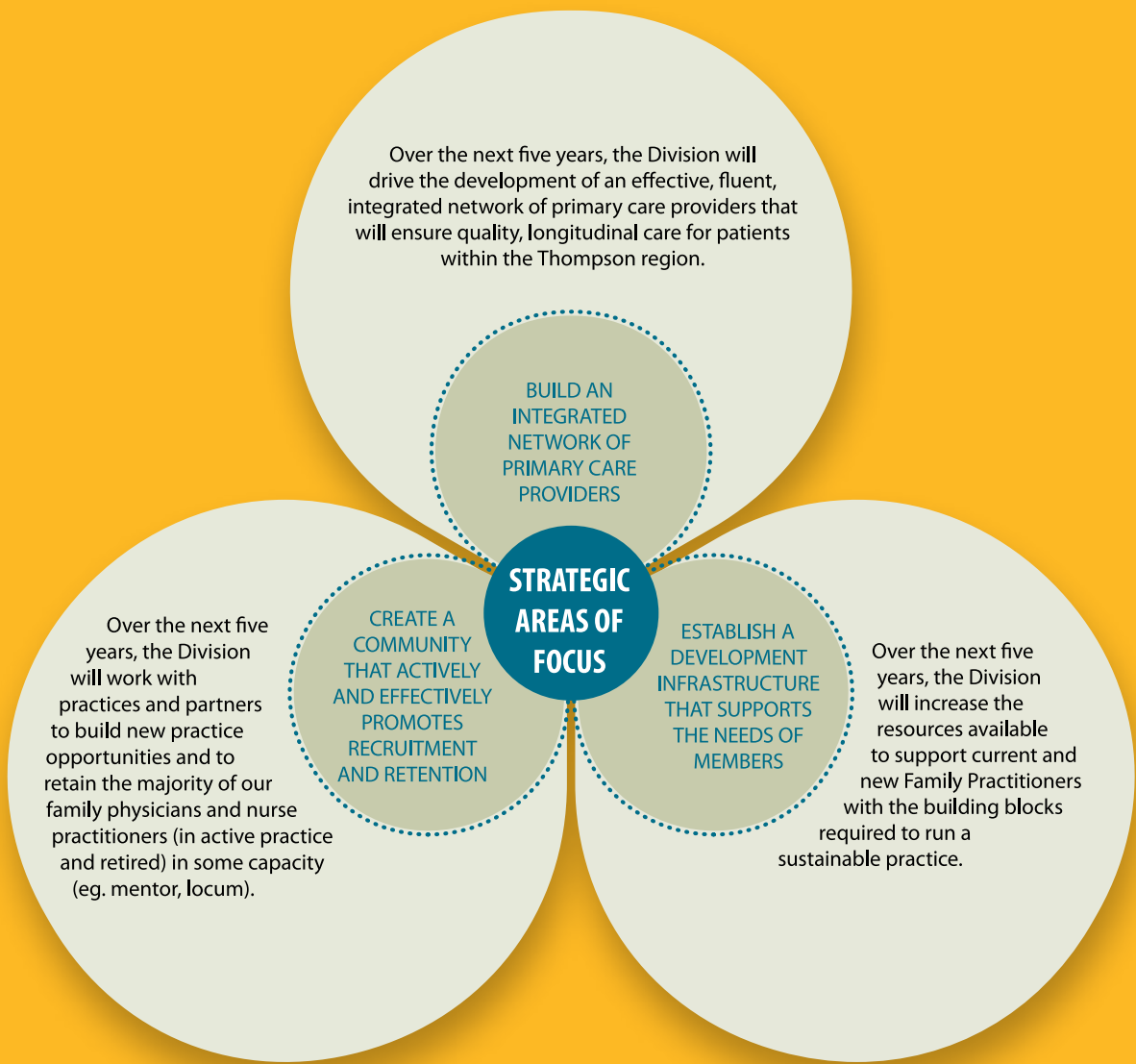
**Annual Report**

# 2021-2022



**Thompson Region**  
**Division of Family Practice**  
A GPSC initiative

Strategic Areas of Focus  
2021-2026



Our Mission:

The Thompson Region Division of Family Practice (“the Division”) is the:

- Support for the Thompson Region community of primary care providers in their pursuit of excellence and innovation in family medicine and patient care.
- Place where primary care providers go to identify their needs, engage in learning, and participate in collaborative community-based solutions.
- Provider of primary care leadership in systems and clinical improvements and participates in collaborative quality improvement in family medicine and primary care.
- Support for primary care provider wellness and collegiality.
- Advocate for the essential role of primary care providers in the delivery of health care.
- Source for structural primary care advice to Interior Health, specialist care providers, Ministry of Health, community partners, and interested parties.



*We acknowledge that the land upon which we live, work and play is located within the unceded traditional lands of the Secwépemc Nation.*

Contents

Highlights of the Year

First Quarter (April-June)	4
Second Quarter (July-September)	5
Third Quarter (October-December)	6
Fourth Quarter (January-March)	7

Integrated Service Model Engagement

8

Chair’s Report

10

Treasurer’s Report

12

Membership

Governance	14
Post-COVID Recovery	15
Emergency Preparedness and Response	16
Communications	17
Home Health Redesign	18
Maternity Care	19
Palliative Care	20
Physician Recruitment	21

Team

22



First Quarter — April to June 2021

April 2021

- Perinatal Education and Group Support virtual series resume and expand topics during the year

**Pregnant? Just had a baby?**  
Get support to survive this special time in your life

**Free education for new and expecting parents**

Spring Sessions  
Start Tuesday, April 20th

**REGISTER NOW**

- Pathways webinar coaches 22 attendees
- Diagnostic coding working group forms to discuss community data sharing
- MOA Network develops a process for MOA locum/relief matching
- Three physicians pilot Specialized Community Services Programs' Home Health redesign with Interior Health's interdisciplinary teams
- Post-Acute Sequelae of COVID-19 steering committee outlines Terms of Reference
- Shared Care Steering Committee receives the Primary Care Network presentation

May 2021

- Promotion rolls out to improve physicians' awareness and referrals to the Mental Health and Substance Use Navigator
- Rapid Access to Psychiatry and Diagnosis Clinic model, and Mental Health and Substance Use Navigator are presented to the Health Leadership Committee

- Physician Wellness Committee is re-imagined with new members

- Thompson Medical Alliance hosts the annual *Building the Medical Landscape* conference



- Locum opportunities circulate to residents and community locum physicians

June 2021

- Wildfire Crisis: The Division strikes its Incident Command to support its members and help with the local wildfire and evacuee response
- Shared Care approves \$33,284 to support Adult Mental Health and Substance Use work
- Shared Care approves \$15,000 EOI to work on Post-Acute Sequelae of COVID-19 (PASC) project
- 'Division-opoly' event introduces 21 members to the Primary Care Network and the integrated service model
- *Connexion*, an original newsletter, shares stories about members' projects, successful initiatives, and opinion pieces



Pictured from left: Colin Swan, Interior Health Emergency Management Coordinator, Dr. Graham Dodd, Family Physician Lead, Rhonda Eden, Network Lead

- The Building Healthy Communities symposium series bring regional stakeholders together to address planning, wellness, and transportation issues to help bridge the gap between health care services and the social determinants of health



- MOA Network publishes its first newsletter
- *BC Medical Journal* features the Division's Emergency Preparedness and Response Project, and the shift to a community response when COVID-19 struck
- Palliative Care leadership committee forms
- Physician Wellness Committee identifies keys areas of focus, including mental health reminders, provider recognition, information sharing, and physical wellness
- Shared Care Steering Committee approves funding of \$20,000 for 2021-22
- Division moves to a paperless workplace

July 2021

- A Division white paper explores the ways COVID-19 revealed gaps and opportunities in local emergency management structures to better engage primary health care providers



- MHSU Navigator: Following a promotional push to clinics, awareness and referrals from family physicians see a positive uptake to the Mental Health and Substance Use Navigator
- Long-term Care Initiative supports the coordination of provider coverage for wildfire evacuees displaced to Kamloops care homes
- Division launches Palliative Care needs assessment
- The Thompson Medical Alliance meets at the Interior Alliance Summit to learn about other committee structures and initiatives. TMA highlights committee development, key connections established since inception, and plans to spread knowledge to the public and the medical community



August 2021

- Perinatal Education and Group Support virtual series secures Royal Inland Hospital Foundation's sponsorship for three seasons
- Ministry of Health approves the Thompson Region Collaborative Services Committee's Primary Care Network expression of interest
- Summer social media highlighting the reasons to practice in the Kamloops-Thompson Region adds new followers to the Division's Facebook page. Kamloops, Edmonton, Calgary, Grande Prairie, and Red Deer rank as the top five cities for the Division's Facebook followers

Second Quarter — July to September 2021

September 2021

- Dr. Shane Barclay makes provincial and national headlines for his letter to patients who request COVID-19 vaccine exemptions without legitimate reasons
- Interior Health reconfirms funding for Mental Health and Substance Use clinician to the end of March 2022
- IDA North Shore Medical Clinic is established and begins looking for physicians



- The Division's Emergency Preparedness project and wildfire response is selected to present at Quality Forum
- Division staff join IH's SCSP MHSU Stakeholder Committee
- Continuing Medical Education: *Pathways is Sexy*





Third Quarter — October to December 2021

October 2021

- The 2021 Rural Primary Care Network Forum begins, dealing with various rural PCN initiatives being implemented throughout the province
- International Medical Graduate (IMG) matches are announced. Dr. Noah Williamson matched to Bee Well Kamloops Medical Clinic, Dr. Dina Salama matched to STEPS
- The public-facing campaign for the postpartum virtual support sessions launches with digital advertising, radio ads, news releases, social media, posters, handouts, and radio interviews with Dr. Ruth Brighouse and Heidi Coleman from RIH Foundation, the program sponsor

November 2021

- Board retreat at Sun Peaks reimagines the 2021-2026 strategic plan
- Dr. Linda Jiao begins service on Interior Physician Recruitment and Retention committee representing the Thompson Region
- Meetings with IH Directors begin to discuss Rapid Access to Psychiatry and Diagnosis (RAPID) Clinic as IH MHSU Team will not support clinic model as-is
- Neighbourhood engagement sees 11 meetings with 50 members to discuss shared allied and administrative resources for the integrated model



Pictured from left: Dr. Servaas Swart, Dr. Remy Wong, and Tess Walde, NP



Dr. Graham Dodd

December 2021

- Dr. Servaas Swart, Dr. Remy Wong, and Tess Walde, NP, appear in a TV ad to help raise the Division's visibility and call upon the public for kindness and good health during the COVID-19 winter holiday season
- Long-term Care Initiative coordinates provider coverage for the new 44 LTC beds at Ponderosa Lodge
- Division presents Pathways at the MSA Quarterly meeting
- Division engages with specialists and providers with focused practices to review discharge services
- Division Information Technology completes the move to a new email server and shuts down the prior emails

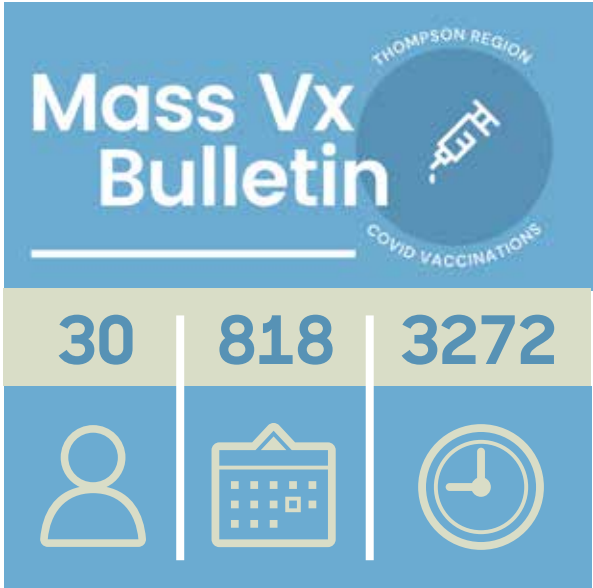
January 2022

- Division supports Palliative on-call group interviews for new members
- Second meeting with IH Directors to review gaps in care identified in RAPID clinic model development
- Interior Physician Recruitment and Retention committee presents idea for a Regional Locum Program to the Interior Division Network



February 2022

- Division supports two clinics to implement patient satisfaction surveys
- The Division completes its role of scheduling physician immunizers at the mass COVID-19 vaccination clinics. During the year, 30 physician immunizers combine for 818 shifts and 3,272 hours worth of vaccinations at the clinics



- Long-term Care Initiative announces incentive adjustments
- Pathways team connects with Interior Health's Mental Health and Substance Use team to broaden scope of information available
- Division co-develops an Emergency Preparedness and Response toolkit as part of new GPSC funding to support emergency management planning for all Divisions of Family Practice



March 2022

- Palliative care lead conducts one-to-one interviews with 11 providers
- Division distributes \$8,000 worth of maternity care equipment for community use in Kamloops
- Second round of neighbourhood engagement meetings begins
- Several UBC Kamloops Family Medicine residents and third-year medical students enjoy a weekend at the Epona Rise Retreat Centre in Heffley Creek. With partial funding from the Division, the retreat includes teaching sessions at the Sun Peaks Medical Centre by specialists from Royal Inland Hospital, skiing, games, and even a campfire under the stars



Fourth Quarter — January to March 2022



- Division, MSA and RIHPA members prepare *Mingle & Merlot*, the first in-person health care provider engagement meeting since February 2020
- Clinics receive the Emergency Management Guidebook and Workbook for Health Care Clinics, enabling practices to develop evacuation, shelter in place, and incident recovery plans
- The MOA Network organizes a breast health referrals information session
- Pathways presents to Mental Health and Substance Use clinicians who are granted PCN access to the platform



# Neighbourhood Engagement

**PURPOSE:** To understand what is important to Division members as we develop the primary care neighbourhood concept as part of the proposed integrated service model.



55  
MEMBERS



10  
NON-MEMBERS



11  
VIRTUAL  
FOCUS GROUPS WITH  
NEIGHBOURHOODS



1  
VIRTUAL  
FOCUSED PRACTICE  
ENGAGEMENT

*What we heard...*

## Feedback into the Neighbourhood Concept:

7 of 11 groups already feel like a neighbourhood  
9 of 11 groups said autonomy is very important to them

### Potential Benefits:

- Collegiality, mental health support
- Recruitment and retention
- Flexibility

### Potential Challenges:

- Capacity for after hours or attachment
- Admin/governance oversight
- EMR interoperability

## Feedback into Shared Services:

**Allied Health:** Mixed preference on allied health coming into practices or located nearby

**Top responses for allied health supports:** social worker, counsellor/mental health, physiotherapy

**Administrative Support:** Majority said MOA coverage would be most helpful

### Potential Benefits:

- Shared MOA coverage
- Improving flow and efficiency
- Access for marginalized patients

### Potential Challenges:

- EMR and practice variability
- Accountability
- Space or overhead
- Training

# Specialty and Focused Practice Engagement

**PURPOSE:** To engage physicians with focused practices and specialists to gather input on the integrated service model key concepts of primary care neighbourhoods and discharge services.



*What we heard...*

## Primary Care Neighbourhood key themes:

- Resource distribution should be based on community/neighbourhood needs
- Infrastructure would be helpful for wraparound services
- Existing neighbourhoods are working well; opportunity to build upon it
- Collegiality may be optimized which is important for recruitment and retention

## Discharge Service key themes:

- Discharging unattached patients is challenging
- A reliable discharge option is needed
- A protocol-driven discharge plan may be an interim solution
- In-person care is a key component of a discharge service
- Admin support is essential

# Chair’s Report



As the COVID-19 pandemic dominated much of our 2020-2021 work, I think it is safe to say that this was the year of adaptation, while remaining true to our values of quality, collaboration, inspiration, innovation, and resilience. . . especially resilience.

In looking at the Annual Report 2021-22, I am once again taken aback at what we have been able to accomplish. While the pandemic was at the forefront of the Division’s work, we also tackled other significant initiatives, including updating the Division’s five-year strategic plan and submitting our Primary Care Network expression of interest.

Perhaps more than any other year, this past year has reiterated to me the importance of teamwork, networks, partnerships, and communication.

Nothing like a global pandemic to take the definition of teamwork to a whole new level — from our staff to our physician leadership, everyone stepped up to respond to the ever-changing landscape of primary care during the pandemic while continuing to deliver on planning and strategic work to lay the foundation for years to come.

Two key pieces of work from this past year come to mind. First, the member network successfully mobilized at the onset of the pandemic. We separated the region into sub-sectors and assigned a Division staff member and physician lead to each for regular outreach.

We carried member survey input into meetings with Interior Health and the Interior Division Network and shared your needs, questions, and concerns to get results. We led the Interior in this work and should be proud of the strong networks we have here in our region.

Second, separate from the pandemic, we created a new structure to support health service planning and primary care transformation in the region through the CSC. These networks bring together the voices of First Nations, community services, community health tables, and community allied health, and connect them to our shared work.

This year marked the first Registered Midwife joining the Division membership, which is exciting. We continued to network across other focused practices for our membership, including interdisciplinary prenatal virtual care sessions, and providing leadership across our long-term care homes during the pandemic.

Over the last year, I am especially proud of the emergency response we have led with our health authority partners.

Everything from establishing acute respiratory clinics and COVID-19 clinical working groups, to obtaining funding to support a Mental Health and Substance Use navigator and a COVID-19 testing site at Sun Peaks, and immunization planning. Outside of COVID, we worked with IH on the redesign of their Specialized Community Services Program with three physicians piloting phase one — now grown to six physicians across two phases — focused on providing an interdisciplinary team approach to working with complex and medically frail patients.

We made meaningful strides with our First Nations partners by building strong connections with the nation and health directors throughout our region’s communities. Our partnership with RIHPA remains strong, and together we agreed to pursue areas for collaboration including physician wellness, continuing medical education, and recruitment.

Our work in the fall around flu immunizations really prepared us for COVID immunizations, where the Division played a key role in scheduling and advocating for physicians. This was not without its challenges, and we thank all members who engaged in this work. It is amazing to see patients so happy to see family physicians out providing vaccinations.

Communication has also been a huge contributor to our success this past year. Throughout the early stages of COVID we launched several communications campaigns, both with our RIHPA and community partners, urging people to continue contacting their family practitioners and thanking the public for following COVID-19 health protocols. We also focused on increasing our visibility for recruitment, including developing and sending 2,529 recruitment booklets out to Alberta, and growing the followers of the Division’s social media. As primary care providers we abruptly shifted the way we communicate to patients, transitioning to virtual care models that complement in-person visits, with supports from our Division team and PSP partners.

Our work continues to be featured throughout the province. Our community development and health care transformation initiatives, practice development roadmap and services, perinatal education and

group support virtual sessions, MHSU navigator, and Thompson Medical Alliance were all highlighted at the virtual BC Patient Safety Quality Forum in February 2021. We were recognized for our COVID response, conducting provincial webinars, and published in the British Columbia Medical Journal.

While time will tell what COVID will bring for us this year, we know that our collective involvement in emergency response in 2020-21 will have a lasting effect on our work and personal lives.

With the recent approval of our 2021-26 Strategic Plan and our Primary Care Network expression of interest, a primary focus of this upcoming year will be on meaningful member engagement that finds ways to implement these plans to support your practice and continue to shape a future for care in the Thompson Region.

I want to take this opportunity to thank you, our members — and physician, nurse practitioner, and registered midwife leads — for your dedication to the Division’s work, but also to your patients and the community. This year has not been easy. Our staff have also stepped up to support this response as we learn and adapt together. I know I have a strange affinity for disaster management, but I look forward to a year with maybe a little less emergency response and a little more focus on our goal of “pursuing creative ways of developing practice opportunities for longitudinal care with family practitioners and our partners.”

**Dr. Graham Dodd, Chair**

Treasurer’s Report

I have been the Treasurer for the past several years, and I lead the Finance and Audit Committee as one of my functions as the Division executive. The Audit Committee, through the Executive Director, monitors budgeted spending and advises the Board on our ability to undertake new program work and to plan and conduct new strategic initiatives on behalf of our members.

This year marks the final year that our Division used project accounting, and we will have changed to departmental accounting as of April 2022. This change will give us better, more streamlined accounting, processing, and reporting.

I am pleased to present, in summary form, the Statement of Financial Position and Statement of Operations. We have again received an unqualified clean audit opinion, and the statements present fairly, in all material respects, the financial position of the Thompson Region Division of Family Practice Society as of March 31, 2022.

\*Both summarized statements are from our audited financial statements. Please note the disclaimer with the statements.

Thank you,

Dr. Lennard Pretorius, Treasurer  
Thompson Region Division of Family Practice Society



Statement of Financial Position\*

Year end March 31	2022	2021
Assets		
Current		
Cash	\$ 1,031,134	\$ 1,209,263
Accounts receivable	27,854	39,083
Prepaid expenses	14,301	9,755
	1,073,289	1,258,101
Capital Assets	38,411	46,942
	\$ 1,111,700	\$ 1,305,043
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 140,416	\$ 112,212
Deferred revenue	605,041	850,324
	745,457	962,536
Net Assets		
Invested in Capital Assets	38,411	46,942
Internally Restricted	327,832	295,565
	366,243	342,507
	\$ 1,111,700	\$ 1,305,043

Statement of Operations\*

Year end March 31	2022	2021
Revenue		
Access and Continuity of Care for Older Adults	\$ 3,532	\$ 146,468
Adult Mental Health and Substance Use	10,867	24,505
COVID-19 Response	15,000	96,400
Chronic Pain	30,000	26,043
Community Engagement	80,000	5,000
Coordinating Care for Older Adults	20,000	28,483
Electronic Access to Specialist Expertise	87,000	-
Emergency Preparedness	27,420	70,414
Family Practice Development Fund	7,500	20,000
GPSC Interior Physician Recruitment and Retention	167,504	122,816
GPSC COVID-19 Wave 2	7,900	122,010
GPSC Maternity Incentive Program	-	41,000
GPSC Physician Engagement Change Management	313,120	252,959
Infrastructure	752,669	652,401
Long-term Care Initiative	376,578	428,236
Maternity Care	31,438	-
RIH Foundation	7,000	-
RccBC	70,500	79,358
SC Palliative	36,751	-
Shared Care Steering Committee	15,765	8,590
TRDFP	12,575	128,309
Women’s Health Clinic	-	10,648
	2,069,677	2,120,314

	2022	2021
Expenses		
Program Services:		
Communications	\$ 28,292	\$ 27,124
Meetings and Events	13,369	14,831
Physician	532,475	616,565
Professional Support	1,351,183	1,261,800
Travel Expenses	1,078	108
	1,926,397	1,920,428
Administration:		
Professional Fees	18,816	16,885
Insurance	12,881	1,742
Memberships and Licences	-	175
Office Expenses	17,655	18,211
Rental	64,447	63,324
Amortization	8,531	10,841
Small Equipment Purchases	7,214	30,025
	119,544	141,203
	2,045,941	2,061,631
Excess of revenues over expenses	\$ 23,736	\$ 58,683

\*These summarized financial statements do not contain the accompanying notes which are an integral part of these financial statements, as required by Canadian generally accepted accounting principles for not-for-profit enterprises. Readers are cautioned that these summarized statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete audited financial statements which are available from the society upon request.



# Governance

## Moving Our Strategy 2021-2026 Into Action

Following the fires, floods, and pandemic, the Division Board, past Directors, and the Executive Director spent November 19-20, 2021, in a facilitated meeting reimagining the Strategic Plan 2021-2026 and how best to move the work forward. Some of the key themes surfacing over this weekend have helped guide the work for the remaining 2021-2022 fiscal year and established the annual work plan, approved budget and direction moving into 2022-2023.

The focus of the Division’s strategy is to facilitate and support the implementation of primary care neighbourhoods to provide value to the membership and build a network that is sustainable. Also, for the upcoming fiscal year, use current resources and align them in a way to make this work to implement neighbourhoods happen. However, a longer term plan for the next fiscal year aims to find ways to fund and provide engagement differently.

The Division wishes to remain a physician-driven organization that encourages all physicians to join. Nurse practitioners and midwives are invaluable partners in this journey to building a medical community as associate members currently. We’re excited to move this strategy into action together.

Pictured:  
Dr. Graham Dodd



Photo: Shelley Breen

# Post COVID-19 Recovery

In April 2021, the Division joined the Post-Acute Sequelae of COVID-19 (PASC) Care Network Working Group (comprised of Interior Health Research, Providence Health, Provincial Health Services Authority, clinicians within Interior Health, Royal Inland Hospital (RIH) administration, and project leads). The goal was to complete integrated pathways across community and hospital care in the diagnosis, treatment, and prevention of PASC (rather than organ- or disease-specific approaches) as RIH geared up to host a Post-COVID-19 clinic to serve the BC Interior. Shared Care funded the work with an expression of interest (EOI) grant.

Through partner engagement and discussions with this working group, local specialists, and family physicians, the PASC care network determined that the gaps that could be supported by Shared Care included education, evaluation, communication, and engagement for both patients, caregivers, providers, and the public.

The Provincial Health Services Authority, which was completing similar work but through a provincial lens, contacted the Division as it prepared to create a patient journey map that would enable the development of regional materials to support project goals.

To ensure continuity of messaging, education and care pathways, the Division will evaluate these materials to ensure the suitability for regional stakeholders, then mobilize education and communication plans as a PASC clinic is developed at Royal Inland Hospital.





# Emergency Preparedness and Response

The wildfires in the summer of 2021 posed unique and immediate challenges for primary care providers in the Thompson Region. The Division mobilized support, enabling affected providers to continue longitudinal patient care through the crisis. This situation, along with the learnings from the Division's response to the COVID-19 pandemic, continues into an existing Emergency Preparedness project.

One of the main priorities for this work was the creation of practice preparedness and continuity resources. The Division developed an Emergency Management Guidebook for Health Care Clinics and an accompanying Emergency Management Workbook for Health Care Clinics, in collaboration with the Kootenay Boundary Division. These resources enable practices to create their own evacuation, shelter-in-place, and incident-recovery plans, as well as provide templates to practice, review, and debrief. They are now being shared with family physicians, nurse practitioners, and their clinic staff with support from Division staff to complete, practice, and review.

Pictured:  
Dr. Modupeolaoluwa (Dr. Mo) Olayemi-Akingbade of Logan Lake was evacuated during BC's 2021 wildfires. Dr. Mo sought shelter and continued practicing in Merritt, BC, during the evacuation.



Photo: Bonnie Pryce



# Public and Member Communications

With a diverse audience mix of family physicians, nurse practitioners, midwives, stakeholders, partners and the public, the Division's communication portfolio continued to evolve and grow through 2021-2022. The Division produced new and redesigned assets to deliver key information in relevant and easy-to-access channels for members across digital, print and video. Communications crafted messaging and program support for the Division's efforts, including recruitment, emergency preparedness, Wildfire Incident Command, maternity, COVID-19 response, and member engagement.

This year saw the launch of Connexion, a four-page electronic and printed newsletter to share members' special project work, success stories, and observations from various practices.

Public communications gradually positioned the Division to move further into the community's media lens and supported the voices of members who stepped into the public eye to seek improved public health outcomes — particularly to better educate the public as COVID-19 vaccinations rolled out and communities wore on through a second year of health mandates.



# Home Health Redesign

Drs. Jeevyn Chahal, Alina Cribb, and Miranda du Preez were the first three physicians to participate in the Specialized Community Services Program (SCSP) Interdisciplinary Team (IDT) pilot program’s rounds, and are seeing the benefits of this team-based approach for their Home Health patients. The Division supported physician engagement with Interior Health to develop and pilot this model, and continues to advocate for the physician voice in the redesign.

The SCSP Home Health redesign focuses on access, appropriateness, acceptability, safety, and efficiency for Complex Medically Frail clients, taking a fragmented system and working to create a cohesive model that wraps consistent care around the client through seamless information flow, IDTs, and a central intake process. Positive care planning outcomes have included: arranging an unscheduled physician appointment virtually just hours after rounds with the clinician and client; engaging an assisted living partner nurse during rounds to support complex care planning; and accommodating an urgent visit for palliative support within hours of the post-rounds request.

The plan is to expand the concept to the primary care neighbourhoods, a component of the Integrated Health Service Model, in the Thompson Region and potentially to the rest of Interior Health.

Pictured:  
Dr. Alina Cribb (top)  
Dr. Jeevyn Chahal (left)  
Dr. Miranda du Preez (right)



Photo: Bonnie Pryce

Photo: Bonnie Pryce

# Maternity Care

Our perinatal education and group support virtual series, supported through the Division and sponsored by the Royal Inland Hospital Foundation, continued in 2021-22 with great success. The local group of health care providers — doctors, midwives, nurses, and guest speakers — delivered 18 sessions with record registration, and attendance rates of up to 41 people per session. The group developed three new sessions: preparing for labour and birth; preparing for the unexpected during labour and delivery; and physical activity during pregnancy.

The Division purchased approximately \$8,000 worth of maternity-related equipment to contribute to and establish a loaning program for home use, reducing the need for, or frequency of, in-person visits to access equipment during COVID-19, as well as to support the sustainability of maternity care, and care of newborn services following the pandemic. The equipment was distributed between Thompson Region Family Obstetrics, Kamloops Public Health, and the Labour and Delivery Unit at Royal Inland Hospital for community use.

Pictured from left:  
Melanie Todd, Network Lead, Thompson Region Division of Family Practice, and April Fisher, Community Integrated Care Coordinator, Interior Health - Kamloops Public Health, Promotion and Prevention



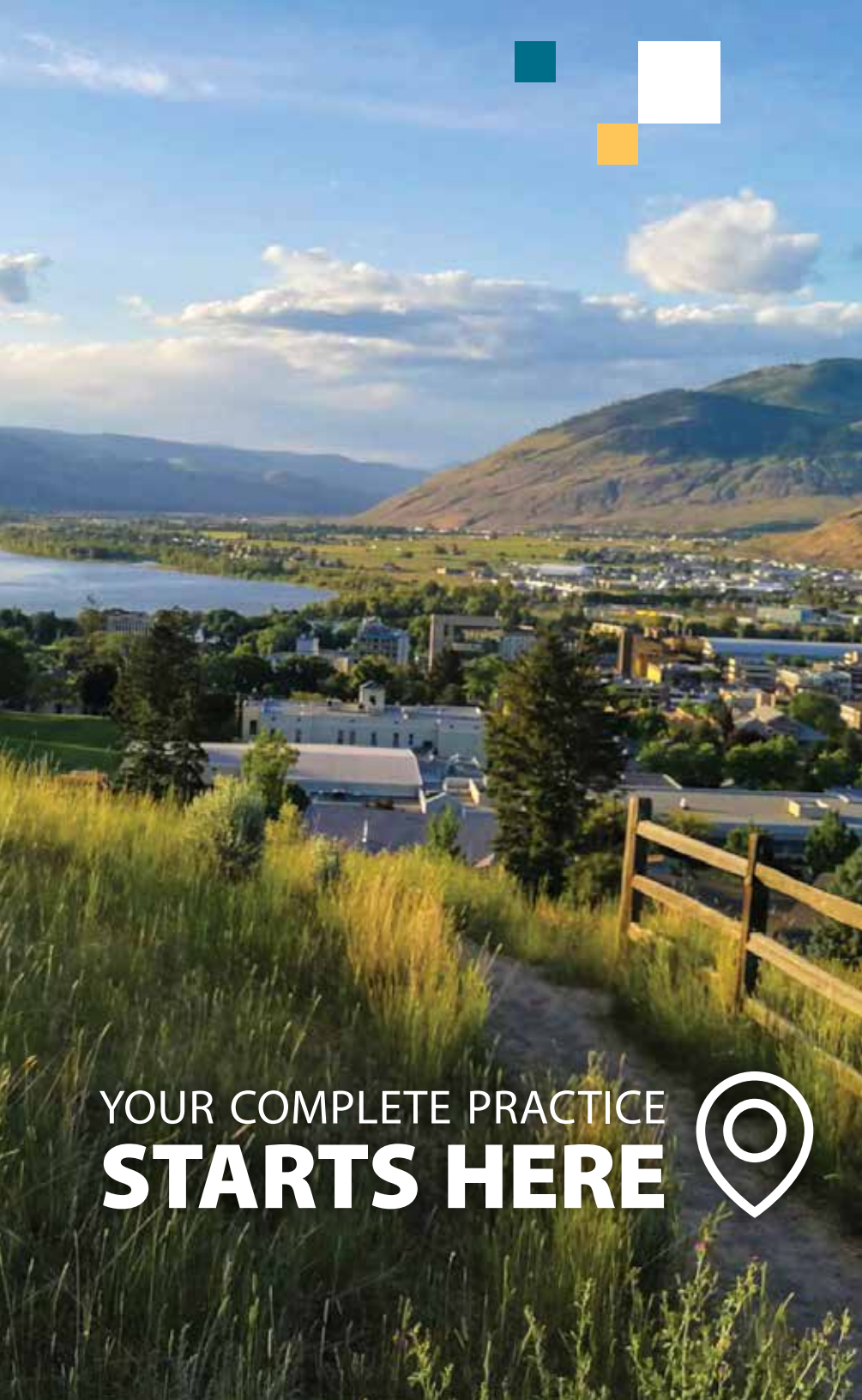
# Palliative Care

The Division secured Shared Care funding to improve both the provider and patient experience related to palliative and end-of-life-care service delivery. One of the goals of the project is to support the delivery of palliative care within longitudinal care by enhancing primary care providers' comfort in providing palliative and end-of-life care for their patients.

The leadership group launched a survey and conducted one-on-one interviews with primary care providers in the Thompson Region to better understand the provider experience of delivering palliative and end-of-life care. All providers who participated in the needs assessment reported satisfaction in their experience and the quality of palliative and end-of-life care in the Thompson Region.

Palliative and end-of-life care improvements in the Thompson Region gathered through the interviews centered around enhancing physician knowledge and awareness of services and resources, as well as infrastructure enhancements, particularly hospice beds. Improvements noted by survey respondents varied considerably, and included bolstering palliative care for patients with life-limiting illnesses prior to hospice admission, more hospice beds, paperwork coordination, public education, and patient-centred care.

The leadership group prioritized the development of a palliative care toolkit and the opportunity for continuing professional development through a collaboration with the Practice Support Program to attend to the needs assessment.



YOUR COMPLETE PRACTICE  
**STARTS HERE**



# Physician Recruitment

The recruitment team at the Division welcomed 10 family physicians to the region by facilitating site tours, introductions to colleagues, and other connections specific to the providers' needs and interests. Four providers looking to change their practice style were also supported with connections to other providers, clinics, or organizations being arranged. Practice and locum opportunities were showcased via posts on Health Match BC, BC Family Doctors, LinkedIn, Facebook, and Instagram. Lifestyle posts promoting the many benefits of living and working in the region were also shared on social media.

Participation in the Interior Physician Recruitment and Retention (IPRR) network included advocating for a transparent and equitable recruitment process for International Medical Graduates (IMG). Other collaborations with the IPRR included highlighting the Thompson Region during an IMG Return of Service Info Night. The region was fortunate to receive two IMG candidates who will complete a two-year Return of Service.



Board

As of March 31, 2022



Dr. Graham Dodd, *Chair*



Dr. Cornel Barnard



Dr. Paul Mackey, *Vice Chair*



Dr. Krista Bradley



Dr. Shevaun Davis, *Secretary*



Chris Hollstedt



Dr. Lennard Pretorius, *Treasurer*



Dr. Brenda Laupland

Health Leadership Committee

Dr. Chip Bantock  
Dr. Alina Cribb  
Dr. Peter Loland  
Dr. Harpreet Kelly  
Dr. Meghan MacDonald

Natalie Manhard, NP (F)  
Mary Pickering, NP (F)  
Dr. Phil Sigalet  
Dr. Servaas Swart  
Dr. Modupeolaoluwa (Mo)  
Olayemi-Akingbade

**RIHPA Executive:**  
Dr. Tochi Anyansi  
Dr. Kaveri Gupta  
Dr. Zaheer Kanji  
Dr. Raymond Maign

Physician, Nurse Practitioner, and Registered Midwife Leads

Dr. Nagu Atmuri  
Dr. Rob Baker  
Dr. Chip Bantock  
Dr. Cornel Barnard  
Elaine Barnes, RM  
Dr. Janet Bates  
Dr. Stephanie Bourdeau

Dr. Ruth Brighthouse  
Dr. Jill Calder  
Rosalynd Curry, RM  
Dr. Graham Dodd  
Dr. Harvey Koochin  
Dr. Janet Kusler  
Dr. Cynthia Lau

Dr. Peter Loland  
Dr. Paula Lott  
Dr. Meghan MacDonald  
Dr. Paul Mackey  
Dr. Phil Sigalet  
Dr. Servaas Swart  
Claire Wilson, NP

Staff

As of August 31, 2022



Tim Shoults,  
*Executive Director*



Jennifer Baldes,  
*Finance Lead*



Shelley Breen,  
*Development Lead*



Chelsea Brookes,  
*Retention and Recruitment Lead*



Rhonda Eden,  
*Director of Programs and Partnerships*



Elizabeth Leston,  
*Recruitment Specialist*



Sue Lissel,  
*Senior Network Lead*



Marcy Matthew,  
*Administration and Operations Lead*



Neil Rachynski,  
*Communications Lead*



Melanie Todd,  
*Network Lead*



Shawn Wenger,  
*Network Coordinator*



The Division expresses its thanks and deep appreciation to Monique Walsh, who led the team through the 2021-22 fiscal year before stepping away in April 2022 to complete her PhD.

Monique joined the Division in 2014 and became Executive Director in December 2016, leading the organization through a period of significant growth and challenges.

We wish you all the best, Monique.





## Contact Us

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## Our Goal:

To answer the call to action, pursuing creative ways of developing practice opportunities for longitudinal care with family practitioners and our partners.

## Our Vision:

To be a community of family physicians, nurse practitioners, and other primary care providers working collaboratively to develop and support the implementation of primary care, focusing on wellness, satisfaction, and sustainability for both patients and providers.

## Our Values:

We value quality, collaboration, inspiration, innovation, and resilience.

Design: Sherry Brimacombe