



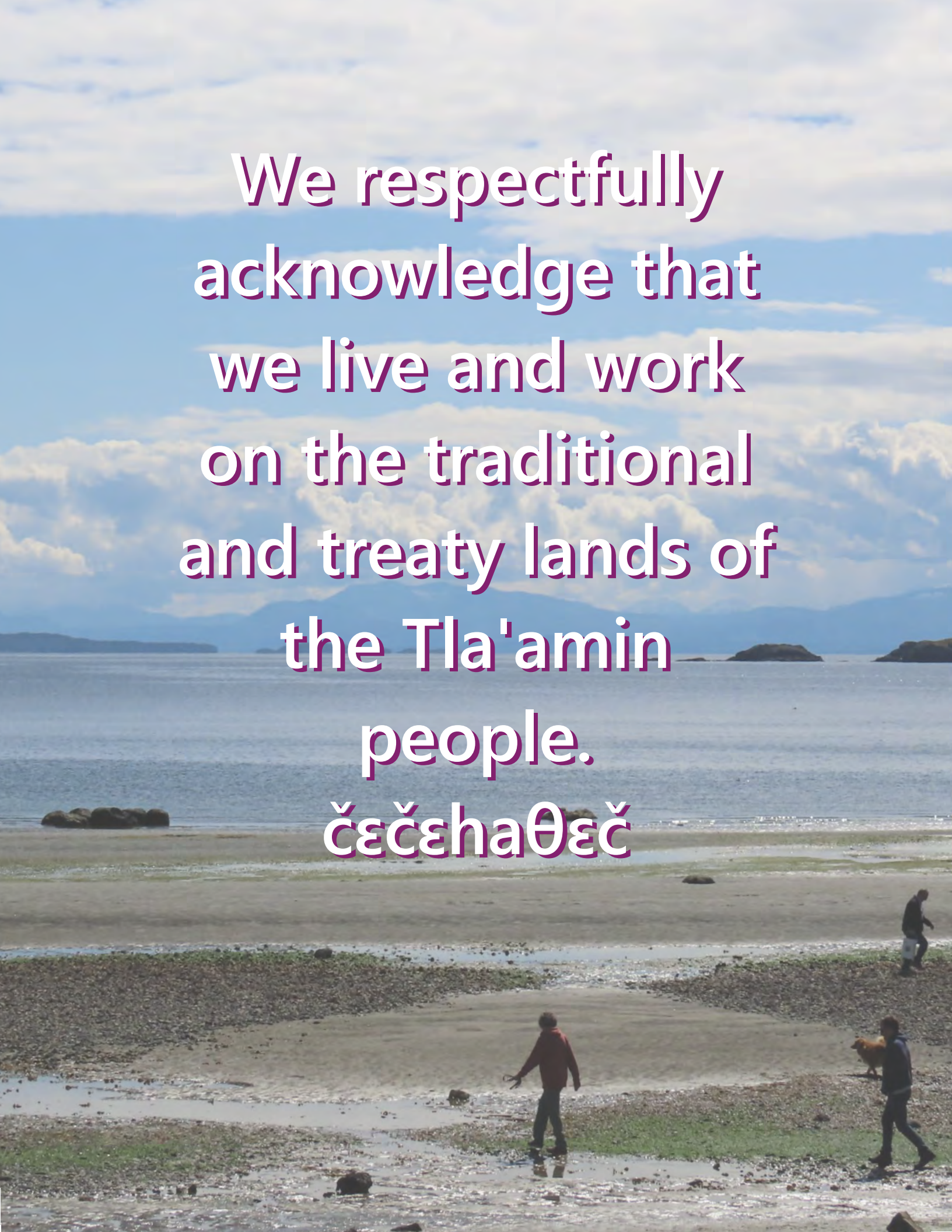
 **qathet**  
Division of Family Practice  
An FPSC initiative

# Annual Report

# 2023/24

We respectfully  
acknowledge that  
we live and work  
on the traditional  
and treaty lands of  
the Tla'amin  
people.

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**T**he 2023-24 year can be described as a time of revitalization and refocus. With the majority of local family physicians embracing the new longitudinal payment model that was established in February 2023, longitudinal family practice was recognized and valued as the foundational pillar of our healthcare system. Alongside the new payment model, our community began the implementation of its Primary Care Network (PCN), a local network of primary care providers (PCPs) enabled by a partnership with the qathet Division of Family Practice, Vancouver Coastal Health, the Ministry of Health, Tla'amin Nation, as well as other community partners. By 2026, this will result in an annual investment of \$3,420,139 and 18 new FTE (full-time equivalent) positions.

The 2023-24 year also marked the end of our current strategic plan, and the opportunity arose for qDoFP to refocus its direction and priorities. The seven-month strategic planning process included member surveys, a review of primary care data, interviews with key funders, and engagement with qDoFP staff. On July 24, 2024, the qDoFP Board approved its 2024-27 strategic plan, which includes the following highlights:

- A mission statement that reflects our focus on primary care and PCPs (family physicians and nurse practitioners) and clarifies where we have influence and who we support.
- A priority that focuses on PCPs' wellness and professional satisfaction to address the issues of recruitment, retention and burnout.

- A priority that focuses on supporting PCPs' ability to meet patients' needs to address access to health care for all residents in our community.

## Successes

In 2023-24, the qDoFP continued to positively impact primary care in the qathet region. Inpatient care continued to include robust member and partner engagement with the aim of modernizing the way inpatient care is delivered within our community. The new model will include an unassigned inpatient care pilot to address issues related to quality of care, physician burnout, and primary care capacity. We were also successful in recruitment and welcomed four new primary care providers as well as two specialists to our community. To support maternity care, we hosted collaborative bi-weekly perinatal working group meetings to advocate for contracts for the maternity team, including baby docs, FPOBs, and midwives. To encourage Continuing Medical Education (CME) for our members, we organized and delivered 13 local events. In terms of community locum support, we piloted a locum stipend and started exploring a short-term accommodation model. To support our PCN, we officially began the service plan implementation, and successfully hired eight positions working across five primary care clinics/health centres. Additionally, we rolled out the new attachment mechanism for qathet residents seeking a primary care provider.

## Challenges

Despite our successes, meeting the future demand in primary care over the next decade will be a significant challenge. From 2016 to

2021, the population of the qathet region grew by 7%, adding 1,200 residents over the age of 65. The increased pressure and complexities in delivering patient care, combined with upcoming departures and retirements will add a burden to our current primary care providers. Recruiting enough primary care providers to meet the demand is unlikely.

## Moving Forward

As part of our efforts to plan for the future, collaboration with community partners will be critical to advance our work in improving primary care for the benefits of both patients and providers. The Division board diversification in 2017 was an opportunity to not only strengthen our organization, but to also gain support at the community level. Since then, we have received interest from numerous partners to support our work in areas such as clinical space, recruitment, and short-term accommodation. We are truly excited about the prospect of harnessing the power of our community to make a positive difference in the lives of PCPs and their patients.

Sincerely,

**Dr. Charles van Zyl, Co-chair**

**Russell Brewer, Co-chair**

Marlane Paul, Director

Dr. Kati Bahadori, Director

Janet Newbury, Secretary

Jodie Foster (NP), Director

Lyn Adamson, Treasurer

Guy Chartier, Executive Director

**Priority #1: Provide member-driven services and supports for clinics and practitioners that reduce burdens to practice, and in turn, help attract and retain practitioners.**

## Locum Support

- Rolled out pilot for locum stipend: \$1000 to visiting locums to off-set cost of travel and accommodation. Plan in place to build program next fiscal year.
- Assisted with finding accommodation and other logistics at member request.

## CP/CME Education Plan

- 13 local CME events held
- Evaluations obtained from 7 CME events
- From those 7 events:
  - 60/77 participants reported the CME event helped modify practice
  - 67/77 reported that the CME event was appropriate for their practice

## Inpatient and Long-Term Care Incentives

- Coordinated incentives for participating physicians for inpatient and long-term care initiatives totalling \$485,719.39 (see below).
- Survey and dialogue among all longitudinal family physicians to determine distribution of stabilization and bridge funding.
- LTCI
  - Resumed LTCI working group meetings in Fall 2024 after extended hiatus post-COVID.
  - Hosted a CME with qathet's visiting geriatrician, Dr. Janet Know, who is keen to be a resource to those in LTC and community.
  - 26 physicians received \$64,802.51 in incentives. Best practices to receive incentive include: 24/7 availability for onsite attendance (as required); proactive visits to patients; meaningful med reviews (every 6 months); completed documentation; attendance at annual case conferences.
- Inpatient
  - 25 physicians received the below incentives:
    - Unattached Inpatient: \$71,464.68
    - Inpatient Care Stabilization: \$150,000.12
    - IPC Bridge: \$199,452.08



## Sharps Disposal

- Annual Sharps drop off event held on July 17, 2023 at Fire Hall #1.
- Collected 680.14 lbs of sharps for disposal.

## Quality Improvement Support

- Co-created 3 chronic disease service maps with RN.
- Initiated EMR forms training with 2 MOAs, and an EMR meaningful use assessment with 1 clinic.
- Initiated Diabetes QI project with RN and provider to improve A1C testing rates.

## Human Resources Support

- Secured a contract and offered in-kind HR service to all clinics to meet human resources management demand in a simple and efficient way.

## Communications Support

- Transitioned to a new mass email system, including streamlining and categorizing contact list for more granular message targeting.
- Began work on clinic website project, which provides supported modern websites to interested clinics and specialists (ongoing).
- Provided design and technical support for documents, flyers, and forms used by members and qPCN providers.

**Priority #2: Support primary care providers, nurses, allied health professionals and administrative teams working together to provide all the primary care services our local population requires.**

## PCN Implementation

- Completed year one of Primary Care Network implementation resulting in:
  - 2.5 FTE Registered Nurses and 1.0 FTE Social Workers adding an additional ~100 patient encounters per week.
  - 3.5 FTE PCN Family Physician and Nurse Practitioner contracts adding attachment capacity of approximately 2,800.
  - Development of a local hub model to ensure all local clinics can refer to Social Workers.
  - A PCN website to educate on new PCN roles and promote local health services ([www.qathetpcn.ca](http://www.qathetpcn.ca)).
  - A plan to support all clinics to develop patient-facing websites.
  - A \$105,000 Point-of-Care diagnostics plan for local qathet primary care clinics.

## Clinic Change Management Support

- Supported team-based care at the two hub clinics by co-creating onboarding and referral workflows, engaging staff and providing clinic support.
- Successfully migrated co-located Registered Nurse and Social Worker from spoke to hub clinic.
- Engaged stakeholders on two clinic renovation grant projects (\$82,000 each) for each hub clinic to host two additional PCN staff.

## Community Resources

- Explored options for providing a modern and up-to-date community directory and resource listing (i.e. FETCH, Pathways).
- Gathered information on community services and programs from local non-profit organizations.





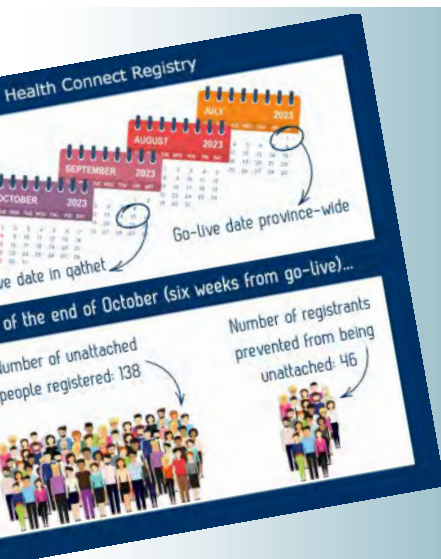


## Clinical Networks (RSON/ROAM)

- Maternity team continued to participate in the RCCbc's ROAM (Rural Obstetric and Maternity Sustainability Program) and RSON (Rural Surgical and Obstetrical Network).
- Supported numerous CQI, coaching, mentoring and education opportunities, including:
  - supporting salary of a CQI nurse at qGH;
  - pediatric anaesthesia coaching day;
  - PPH simulation;
  - Obstetrical Skills Day;
  - virtual simulations;
  - perinatal mental health session for all Family Physicians and Nurse Practitioners;
  - pediatric anaesthesia cart; and
  - coaching opportunities at Lion's Gate Hospital, BC Children's Hospital, and St. Paul's Hospital for nurses and physicians.

## Attachment/Health Connect Registry

- Launched the Health Connect Registry (HCR) in qathet for unattached patients (September 15, 2023).
- Implemented a local priority referral program for expedited attachment.
- 304 active registrants in the HCR and 59 people were attached from September 15, 2023 to March 31, 2024.



# SUCCESS STORY

With no local public advertising whatsoever, in the first six weeks after launching the Health Connect Registry in qathet, 138 people registered and an additional 46 were prevented from being unattached!

**Priority #3: Make our health system more culturally safe and accessible for Indigenous peoples and promote health equity for all peoples in our programs, projects, and services.**

## Cultural Humility Support and Education

- San'yas training offered to members.
- Cultural Humility and Safety education and resources shared in the CME newsletter.

## Comprehensive Pregnancy Services

- Submitted an EOI and project proposal to Shared Care, securing \$25,000 for planning and \$150,000 to launch the project.
- Project started January 2024: defined maternity and pregnancy termination pathways workflow, secured a centralized self-referral phone line hosted with Public Health, and established a tentative provider rota with six participants and two Nurse Practitioners set to join post-training.
- Conducted a patient focus group and began developing a centralized website for all pregnancy services. Planned launch for November 2024.



## Elder Program at Tla'amin

- Conducted an environmental scan for Elders/Traditional Healers/Coordinators for a 1.0 FTE qPCN position for Tla'amin Health.
- Co-created a qPCN Elder Role (1.0 FTE) for Tla'amin Health after consultations.

## Green Sleeves Project

- Secured partnerships with Vancouver Coastal Health and Tla'amin Nation to submit an EOI to Shared Care to explore feasibility of implementing a Green Sleeve Initiative in our region to enhance access to end-of-life patient wishes.
- FP lead and Project Manager completed the IHI Quality Improvement training, a requirement for submitting any EOI or proposal for Shared Care funding.



**Priority #4: Lead members and partners in imagining and preparing for the future of primary care through inclusive engagement based on research and data.**

## Inpatient Care Transition

- Developed a program for unassigned inpatient care, which will be piloted September 3-November 30, 2024. Service will be provided by five local LFPs, as well as two local and three out of town LFP locums.

## Community Recruitment and Retention

- Participated in Return of Service recruitment programs: UBC/SPH and PRA-BC.
- Seven NEW members on-boarded:
  - 2 Family Physicians started in clinic.
  - 3 Nurse Practitioners started in clinic.
  - 1 FP Anaesthetist joined qGH.
  - 1 General Surgeon joined qathet General Surgery.

## Short-Term Accommodation

- Conducted member survey (Division and FEI) to gauge the need and interest in short-term accommodation (STA). Eight members participated (5 LFPs, 1 Specialist, 1 NP, 1 midwife), a 19% response rate.
- Initiated assessment to explore feasibility of securing lease of a one-bedroom apartment near qathet General Hospital, to be used as STA for physicians and healthcare workers, with potential funding partnerships from community organizations to support the initiative.

## Clinic Space

- Conducted research in healthcare trends.
- Interviewed representatives of each clinic to gauge interest in and ideas for a potential new medical building and business model.
- Decision made to stay abreast of new developments and continue to explore opportunities that could add value to members.

Statement of operations and change in net assets for the year ending March 31, 2024.

<b>REVENUE</b>	<b>2024</b>	<b>2023</b>
Government Funding	1,655,176	1,179,593
Facility Engagement Initiative	108,000	12,000
Hospital Garden	—	4,394
<b>Total Revenue</b>	<b>1,763,178</b>	<b>1,195,987</b>
<b>EXPENDITURES</b>	<b>2024</b>	<b>2023</b>
Advertising and Promotion	20,186	4,646
Amortization	730	980
Insurance	5,998	4,134
Interest and Bank Charges	1,213	1,406
Meetings and Events	31,973	29,598
Office	119,301	29,519
Physician Sessional Fees	553,303	404,212
Professional Fees	49,078	22,999
Rental	36,349	15,725
Repairs and Maintenance	2,669	199
Salaries and Wages	902,618	582,890
Subcontracts	26,838	80,253
Telephone and Internet	1,360	1,957
Travel	7,513	9,743
Utilities	2,680	1,538
<b>Total Expenditures</b>	<b>1,761,809</b>	<b>1,189,799</b>
<b>Excess of Revenue Over Expenditures</b>	<b>1,367</b>	<b>6,188</b>
<b>Net Assets – Beginning of year</b>	<b>90,057</b>	<b>83,869</b>
<b>Net Assets – End of year</b>	<b>91,424</b>	<b>90,057</b>

Note: Audited Financial Statements available to members upon request

# GIVING THANKS



**T**he qathet Division of Family Practice would like to thank all its contributors, members, and partners for supporting our mission to improve patient care in our community!

We gratefully acknowledge the funding of the Family Practice Services Committee, Rural Coordination Centre of BC, and Shared Care Committee, as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our thanks for the contributions of our many community partners and community representatives.

## Board Members

Dr. Charles van Zyl, Board Co-chair  
Russell Brewer, Board Co-Chair  
Lyn Adamson, Treasurer  
Dr. Kati Bahadori, Director  
Jodie Foster (NP), Director  
Janet Newbury, PhD, Secretary  
Marlane Paul, Director

## Staff (2023/24)

Guy Chartier, Executive Director  
Robyn Jacob, Operations Manager  
Megan Sloan, PCN Manager  
Megan Amundsen, PCN Administrative Assistant  
Crystal Artindale, Operations Assistant  
Vanessa Bjerreskov, Communications Lead  
Doris Guevara, Project Lead  
Michelle Hignell, Education Lead (to January 2024)  
Christien Kaaij, Facility Engagement & Strategic Lead  
Carly Martin, Recruitment & Clinical Lead  
Jenric Ng, PCN Change Management Lead  
Brooke Taylor, Primary Care Services & Attachment Lead



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