

QATHET GENERAL HOSPITAL ORIENTATION MANUAL

č̣εč̣εhaθεč̣

(‘Welcome’ in the ʔayʔajuθəm
language of the Tla’amin People)



qathet General Hospital



TABLE OF CONTENTS

3 Welcome	25 Community Health Unit
4 qathet Division of Family Practice	26 Home and Community Care
6 Facility Engagement Initiative	29 Laboratory
8 Vancouver Coastal Health	30 Other Hospital Departments
10 Getting Here	34 Priority Attachment to PCP
12 Hospital Departments	35 MediTech for MDs
13 Registering for Privileges	36 Health Records
14 Emergency Department	38 VCH Discharge Summary Guidelines
16 Transfer of Care	39 Unattached Inpatient Program
17 Intensive Care Unit	40 qathet Clinics
18 Medical/Surgical/Pediatrics (MSP)	42 Specialists
19 Maternity	43 Pharmacies and Other Services
20 Mental Health and Substance Use	



ČĚČĚHAΘĚČ / WELCOME

A very warm welcome from the physicians and other medical staff of Powell River and qathet Regional District! We wish to respectfully acknowledge that we live, work, and play on the traditional and treaty lands of the Tla'amin people, our friends and neighbours.

We are an active community of medical staff who enjoy being involved in many of the outdoor sports and recreation opportunities available here on the upper Sunshine Coast.

We are blessed with an extensive network of world-class hiking and mountain biking trails, the Sunshine Coast Trail, more than 50 kilometres of backcountry canoe freshwater paddling, endless ocean kayaking opportunities, rock-climbing in the Eldred Valley, and in winter some of us enjoy alpine backcountry trekking and skiing.

Our region also has a vibrant arts and culture community and is host to the world-renowned Kathaumixw choral festival, the Pacific Region International Summer Music Academy (PRISMA), and the BC Bike Race.

We are a very active and involved community that hosts a variety of festivals and events. You may have heard of the Blackberry Festival, the Townsite Jazz Festival, and the Lund Shellfish Festival, which are only three of a variety of musical, culinary, and community-oriented events happening every year.

As medical staff, we feel that we have access to quality medical services, including our relatively young, well-equipped hospital and a full range of medical specialist services.

We hope that you find this Orientation Manual on our Division of Family Practice, Facility Engagement Initiative, and the qathet General Hospital a useful reference tool while you become acquainted with our community and its services. Should you have any questions, please don't hesitate to contact either Guy or Nadine.

Guy Chartier, Executive Director
qathet Division of Family Practice
gchartier@prdivision.ca
604-344-0112

Nadine Porchetta, Administrative Assistant
qathet General Hospital
nadine.porchetta@vch.ca
604-485-3227

QATHET DIVISION OF FAMILY PRACTICE

Divisions of Family Practice are community-based groups of family physicians, sometimes complimented by other medical staff or community members, who work together to achieve health care goals. The qathet Division of Family Practice is one of 35 Divisions in BC that encompass 230 communities.

This initiative was designed to increase family physicians' influence on health care delivery or policy and provide personal and professional support for physicians. It gives physicians a stronger collective voice and more impact in their community while helping them work together to improve their clinical practices, offer comprehensive patient services, and influence health service decision-making in their community. Divisions of Family Practice work in partnership with their health authority, the FPSC, and the Ministry of Health Services (MOHS). Together they are responsible for identifying the gaps that exist in patient care in a Division's community and for developing solutions to their own particular issues.

As members of a diverse and dynamic medical community, we challenge one another to be thoughtful, engaged leaders, prepared to contribute to the betterment of our community and physician health. We aspire to optimize our own patient care capacities and professional satisfaction and to collaborate with our partners in the development and provision of comprehensive patient care.



Vision: A healthy and resilient community

Mission: Create opportunities to improve primary care for physicians and their patients

Membership to the qDoFP is open to all physicians and nurse practitioners living and/or practicing within the qathet region. This includes family physicians, emergency room physicians, specialists, and locums.

By working together, we have the chance to improve health care for our patients and the community. We can also help enhance our own well-being and professional satisfaction. Membership is free, the amount of time you commit to Division activities is flexible, and involvement is entirely at your discretion. Help us create a strong and representative local voice!

Membership benefits include:

- A collective voice in designing solutions to local health care problems.
- Strong working relationships with Vancouver Coastal Health, the Ministry of Health, and the BCMA.
- Enhanced communication with your colleagues and local community services.
- Financial compensation for the time you spend working towards local solutions.
- Administrative support for your leadership activities.
- CME and networking events.

qathet has a pool of locums we contact first regarding upcoming locum opportunities in the community. If you would like to be included in our locum pool, please contact Carly Martin at cmartin@prdivision.ca.

If you are considering Powell River as your primary practice location and are interested in becoming a member of the Division of Family Practice, please contact Guy Chartier at gchartier@prdivision.ca.

FACILITY ENGAGEMENT INITIATIVE (FEI)

Facility Engagement was launched by the Specialist Services Committee in 2016 as a BC-wide initiative to strengthen communication, relationships and collaboration between facility-based physicians and their health authorities. Physicians can reach out to Facility Engagement to express concerns or for support with quality improvement projects. In our community, Facility Engagement is closely linked to the qathet Division of Family Practice. They share the same staff and often collaborate on projects.

There is an active Steering Committee, which is chaired by our local MSA President, Dr. Robin MacNearny. The Steering Committee consists of representatives from the different departments in the hospital, and meets once every two months to discuss issues and monitor projects and initiatives.

Facility Engagement aims to increase meaningful physician involvement in health authority decisions about their work environment and the delivery of patient care. Key elements include:

- Improved opportunities for physicians and health authority leaders to work together to share knowledge and make informed decisions that improve patient care, the physician experience, and the cost-effectiveness of the health care system.
- Opportunities and support for physicians who work at facilities and are members of the medical staff to develop a meaningful voice, and increase involvement in local activities that affect their work and patient care.
- Funding to support activities that involve physicians in decision-making, to pay for their time in activities, and to hire expertise to support them (e.g. a coordinator for administrative support; an analyst to track issues, develop business cases and manage projects; a physician lead to support engagement activities).

For more information about qGH FEI, please contact Christien Kaaij at ckaaij@prdivision.ca.

MSA Members' Lounge

The Members' Lounge at qGH is a combined venture of Vancouver Coastal Health, who provides the space, and qGH Facility Engagement Initiative, who keep the lounge stocked and ready for physicians to use. The lounge is a place to relax, chat with colleagues, and focus on any administrative work you might have to do as part of your time at the hospital. The lounge has both a comfortable seating area complete with television, and two desks equipped with VCH computer terminals. There is a small kitchenette with a fridge, freezer, microwave, kettle, and coffee machine. Facility Engagement staff ensure the kitchen is stocked with healthy snacks, coffee, tea, sugar, milk/cream, and to-go cups to take your beverage with you. There is also a bathroom. The lounge is secured, and you can store your personal belongings there while you work at the hospital.



VANCOUVER COASTAL HEALTH (VCH)

VCH is responsible for the delivery of \$4.1 billion in community, hospital and long-term care services to more than one million people in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella and Bella Coola. VCH also provides specialized care and services for people throughout BC and is the province's hub of health care education and research.

The services and facilities of VCH are located within the traditional homelands of the 14 First Nation communities of Heiltsuk, Kitasoo-Xai'xai, Lilwat, Musqueam, N'Quatqua, Nuxalk, Samahquam, Sechelt, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv and Xa'xtsa.

Vision: Healthy Lives in Healthy Communities

Purpose: Come Together as One Collective Team to Deliver an Exceptional Care Experience for All

Values:

- **We care for everyone.** We believe being caring is at the heart of what we do, caring for our patients, their families, our colleagues, and ourselves.
- **We are always learning.** We believe in staying curious, always open to innovative ideas and ways to improve health care.
- **We strive for better results.** We believe in achieving better results across all function of health care leading to better patient outcomes and improving health care.

Strategic Goals:

- **Exceptional Care.** High quality care for the best health outcome, in the best setting: hospital, home or community.
- **Innovation for Impact.** Evolving how we deliver services to stay at the forefront of health care.
- **Great Place to Work.** Coming together to build a better workplace.
- **Healthy People.** Support optimal health and well-being by addressing the social determinants of health.

VCH Staff and Contacts (qathet):

Director, Coastal Community of Care

Michelle Hanna

michelle.hanna@vch.ca, 604-485-3274

Local Medical Director

Dr. Neha Musini

neha.musini@vch.ca, 604-485-5340

Interim Associate Local Medical Director

Dr. Lachlan Glen

lachlan.glen@vch.ca, 604-485-9213

Acute Services Manager

Caitlin Lament

caitlin.lament@vch.ca, 604-485-3201

Home & Community Care Manager

Nova Cleghorn

nova.cleghorn@vch.ca, 604-485-3330

Mental Health & Substance Use Manager

Alisha Pauling

alisha.pauling@vch.ca, 604-485-3270

Mental Health & Substance Use Manager

Patti Torgersen

patti.torgersen@vch.ca, 604-485-3302

Willingdon Creek Village Manager

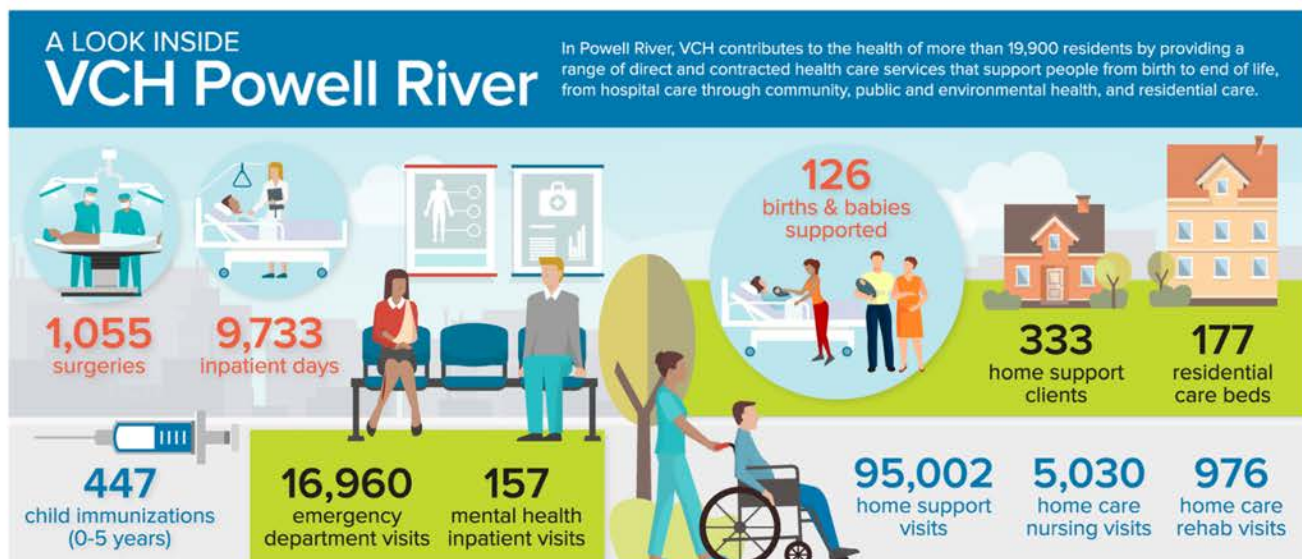
Iwan van Veen

iwan.vanveen@vch.ca, 604-485-3352

Evergreen Extended Care Manager

Sean Byrne

sean.byrne@vch.ca, 604-485-3215



GETTING HERE

qathet General Hospital is centrally located at 5000 Joyce Avenue, and is only a 5 to 10-minute car journey from the Westview Ferry Terminal on Marine Avenue or from the Powell River airport on Duncan Street. Parking at the hospital is free and doctors may park by the Emergency Department entrance. We have a bike rack at the front entrance of the hospital as well as one on the lower level in a covered area for staff.



BC Ferries - www.bcferries.com

BC Ferries connects Powell River to North Vancouver with two ferries: Horseshoe Bay to Langdale (Gibsons) and Earls Cove to Saltery Bay. There is an approximately a 1.5-hour drive between the two ferry terminals. There is also a direct ferry crossing from Powell River to Comox on Vancouver Island, which leaves Powell River from the Westview Ferry Terminal.



Pacific Coastal Airlines - www.pacificcoastal.com

Pacific Coastal Airlines provides regular flights between Powell River and the South Terminal at Vancouver International Airport (YVR).



Harbour Air - www.harbourair.com

Harbour Air provides regular flights between Powell Lake and downtown Vancouver, as well as Comox starting May 1, 2023.



HOSPITAL DEPARTMENTS

qathet General Hospital (qGH) is a 33-bed facility providing services that include Surgery, Endoscopy, ICU, Obstetrics, Oncology, Emergency and Diagnostic Services. Several departments are detailed in the following pages as noted below.

FLOOR	DEPARTMENT/FACILITY	
Fourth	Medical/Surgical/Pediatrics (MSP) (p. 18) Maternity (p. 19) Psychiatry (p. 21)	
Third	Community Health (p. 25) Oncology (p. 31) Mental Health and Substance Use (p. 20-24) Home and Community Care (p. 26-28)	
Second (Main)	Emergency (p. 14) ICU (p. 17) OR (p. 33) Ambulatory Care (p. 33) Diagnostic Imaging (p. 33) Health Records (p. 36-38)	Administration Physiotherapy (p. 30) Cardiology (p. 30) Laboratory (p. 29) Renal Dialysis (p. 32)
First	Cafeteria Conference Rooms Pharmacy Facilities Maintenance Stores	

REGISTERING FOR PRIVILEGES

All physicians working in the hospital must be registered with Vancouver Coastal Health for privileges for the qathet General Hospital.

The hospital privileges application process can take between four to six weeks to complete for BC physicians, so it is important to apply for privileges as soon as you know you will need them.

To apply for hospital privileges, contact the qathet General Hospital Administrative Assistant Nadine Porchetta via e-mail at nadine.porchetta@vch.ca. Please include an updated CV with your request for privileges.

Once your application is received by the hospital and your references are returned, hospital administration staff will request the following from Vancouver Coastal Health:

- VCH computer access (network and email).
- MediTech (see page 35 for usage instructions).
- PACS (if working in Emergency or specifically requested).
- CareConnect (if specifically requested).

Prior to your arrival, arrange for VCH photo identification with Nadine Porchetta. A personal Proximity Card/ID Badge will be issued if you are working at qGH longer than 30 days. Temporary cards will be available for short-term privileges. For Proximity Cards/ID Badges, please connect with Nadine Porchetta at nadine.porchetta@vch.ca.



EMERGENCY DEPARTMENT (ED)

qGH Emergency Department sees approximately 19,000 patients per year (2021 statistics). The ED is open 24 hours a day, seven days a week. On average there are 52 patient presentations to the ER per 24 hours.

EMERGENCY DEPARTMENT ORGANIZATION - CURRENT

NOTE: During renovations, bay usage may change. Please check daily.

Triage	The initial interaction with the health care team.
Bays 1-4, 6-8	Care spaces consisting of monitored stretchers for patients requiring acute monitoring or comprehensive treatment. <u>Bay 6</u> can be used for isolating presumed or positive COVID patients. <u>Bay 7</u> can be used for casting or gynecological exams.
Bay 5	Two chairs reserved for CTAS 3-5 (example: IV antibiotics, minor orthopedic injuries, etc.).
Bay 9	Trauma and resuscitation care space consisting of one bed for patients requiring immediate care or comprehensive resuscitation and treatment.
Bay 10	Ophthalmological exam room.
Bay 11	Non-monitored bed, has capacity to provide temporary seclusion or a locked space for violent patients.

Emergency Physicians

- 24/7 coverage, one physician per shift
- Three shifts: 0700-1400, 1400-2100, 2100-0700

Registered Nurses

- 24/7 coverage
- 0700-1915 x 3, 7 days a week
- 1900-0715 x 3, 7 days a week
- 0900-1700 x 1, 7 days a week
- 1000-2200 x 1, 7 days a week
- 1500-2300 x 1, 7 days a week

Porters

- One site-wide porter: 0700-1900

Care Aides

- 0700-1915 x 2, 7 days a week
- 1900-0715 x 2, 7 days a week
- 0700-1500 x 1, Weekends and Holidays

Emergency Mental Health Service

- 7 days a week: 0900-1700

Unit Coordinators

- Monday-Friday (no holidays): 0700-1500, Patient Care Coordinator (PCC) and Clinical Nurse Educator (CNE)

Mental Health Child & Youth Hospital Liaison

- Monday-Friday: 0800-1600

Respiratory Therapist

- Monday-Thursday: 0700-1700

Please refer to the whiteboard in the department to identify which nurse is responsible for which patient.

We strive to promote respectful communication and practice among our interdisciplinary team. The triage nurse leads the flow and bed management in the department. Please routinely communicate with him/her/them.

TRANSFER OF CARE

We frequently initiate transfers to higher levels of care through the provincial Patient Transfer Network.

We transfer via BC Ambulance Service (BCAS) via helicopter and fixed-wing air, as well as by road/ferry. The most common sites are St. Paul's Hospital (SPH), Vancouver General Hospital (VGH), and Lions Gate Hospital (LGH).

- Acute MI: SPH/VGH
- Trauma: VGH

All other transfers are specialty dependent, although our primary transfer sites remain SPH, VGH, and LGH.

Orthopedic transfers go either to Vancouver Island (North Island Hospital Comox Valley or North Island Hospital Campbell River and District) or LGH by road/ferry. For orthopedic transfers you must personally call the orthopedist on call for Comox/Campbell River and then the unit clerk will book the ambulance transfer.

Physicians working in the Emergency Department may not accept patients back for repatriation. Acceptance of patient repatriations is done by the Clinical Operations Supervisors.



INTENSIVE CARE UNIT (ICU)

The Intensive Care Unit is a four-bed, two-nurse unit that takes care of patients ranging from medical overflow and post operative to high acuity type patients and critically ill intubated patients. Two rooms have the capability of reverse isolation. The ICU is a closed unit. Patients can only be admitted by an internist or a surgeon as the most responsible physician (MRP).

Frequently, due to our high census, non-ICU patients are cared for in the ICU while they wait for a bed to come available on MSP. These patients are assigned to an FP as the MRP.

The intensive care patients are managed by two medical internists:

- Dr. Neha Musini
- Dr. Sasha Uhlmann

They rotate, each doing one week of call.

Locum internists you may meet (our most frequent) are:

- Dr. Danny Jaswal
- Dr. Julia Morley
- Dr. Sneeta Takhar

In-house general surgeons you may encounter are:

- Dr. Pawel Makarewicz
- Dr. Kathleen Garber
- Dr. Ashley Shaw

If you have any questions please reach out to the departmental leadership (Patient Care Coordinators and Clinical Nurse Educator). Their office is in the back of the ICU.

MEDICAL/SURGICAL /PEDIATRICS (MSP)

The qGH ward consists of a maximum of 26 acute care beds. It is usually staffed for the occupancy of 24 beds and have an over capacity of six beds that are staffed as needed.

The staffing is four RNs and three LPNs on days, and three RNs and two LPNs on nights. There is a unit clerk on the floor from 0800-1630 seven days a week, plus two Care Aides 0700-1900 and 1900-0700.

MSP care is currently provided by longitudinal family physicians. Rounds should be done before clinic.

qGH has a philosophy that home is best, and we will try our very best to provide as much support as possible to allow the patient to go home in a safe and timely manner. In these rounds we begin the plan for discharge, and ensure that a safe patient discharge is arranged. We appreciate input and being part of the discharge process from the moment the patient has been admitted.

We have iCARE rounds on all patients from 0830-0900 Monday through Friday in the small conference room on the 4th floor. These rounds include occupational therapy, physiotherapy, dietician, home and community health, acute service manager and the patient care coordinator, and the primary physician.

We appreciate it when physicians connect in-person with the patient's nurse, to inform them of your plan for the patient or anything that you are specifically looking for. There are whiteboards in each patient room that identifies the nurse caring for your patient. This information is also on the assignment board in the nurse's station. If the nurse is not available, the patient care coordinator is happy to pass along any information.

There is a white inter-professional communication tool in the DR ORDERS section of the chart. This communication tool is for you to communicate with the team and for the team to communicate any non-urgent details to you that they feel need to be addressed. We hope that this tool helps cut down on telephone calls to you in your office during the day. Please read and sign it daily, and/or address the issues presented on this tool.

If you have any questions or concerns, the patient care coordinator will be happy to assist you. They can be reached at 604-485-3211 x3291, or on the floor Monday to Friday from 0700-1500.

MATERNITY

qGH has four in-patient beds and two labour/delivery suites. We have approximately 120 births/year.

- Low risk obstetric patients who are 36 weeks or greater can be delivered locally. Prior to this, if able, patients are transferred to a higher level of care for delivery and newborn care.
- Any newborn requiring 1:1 care (i.e. IV/UVC, unstable hypoglycemia or other medication complications) will be transferred to a higher level of care.
- Average length of stay is 1-2 days post normal vaginal delivery and 2-3 days post caesarean section (C/S).
- Post-partum follow up is done by MRP (Midwife or FP). If FP then Public Health Nurses will see patient at home after discharge.
- Obstetrical (FP/RM consult and C/S capable) and anesthetic on-call is available 24/7.
- qGH is funded for two maternity nurses 24/7. NRP-trained nurses are also in the ER and on MSP.
- The unit provides post operative care for gynecology surgery and medical/surgical overflow patients.
- Outpatient procedures include planned and unplanned NSTs, iron infusions, baby weights and labs, breastfeeding support, antenatal labs, and monitoring.
- Planned outpatient procedures are booked Tuesdays and Fridays from 1000-1400.

All RNs and MDs must have current certification in Neonatal Resuscitation and Fetal Health Surveillance. Other courses such as ACoRN, PROMPT/MoreOB and Breastfeeding are encouraged.



MENTAL HEALTH AND SUBSTANCE USE

In-patient and out-patient and community outreach services are available through qGH. There is one full time psychiatrist and visiting psychiatrists for specialty services. All Community and Out-Patient services are referred through Central MHSU Intake.

Acute (p. 21)

In-Patient Psychiatry Unit (IPU)
Mental Health Emergency Services (MHES/MHSU
Float Nurse)
Child and Youth Hospital Liaison

Community (p. 22-23)

Adult Community Support Services (ACSS)
Older Adult Mental Health (OAMH)
Intensive Case Management Team (ICMT)
Youth Intensive Case Management Team
(Youth ICMT)
Urgent Homelessness Response/ICMT
Overdose Outreach Team (OOT)

Out-Patient (p. 24)

Adult Short-Term Assessment and Treatment (ASTAT)
Alcohol and Drug Counseling (A&D)
Youth Services - Counseling

ACUTE MHSU SERVICES

In-Patient Psychiatry Unit

- Seven-bed, secured, locked unit with seclusion room. One overcapacity bed in hallway. Maximum capacity of eight adult (19+) patients.
- Staffing: Two Nurses 24/7, one Activity Worker part-time.
- Psychiatrist, Patient Care Coordinator, Psychologist, Social Worker, Manager (Monday-Friday).
- Physicians MRPs.
- Average length of stay: 2-6 weeks.
- Patients are admitted through Emergency or MSP departments. No direct admissions from community.
- Must be medically cleared for admission to unit.
- Involuntary patients require both Form 4, Form 5 and Form 13 (attempted) completed before transfer to unit.
- Belongings to be removed from patients, bagged and labelled prior to transfer. PRN medication prior to transfer appreciated if patient is agitated or disorganized.

Mental Health Emergency Services Nurse

- MHES/MHSU Float Nurse seven days/week, 0700-1900.
- On-Call/Back up team of nurses on rotating schedule if Float Nurse not available.
- Assess and support patients presenting to Emergency Department. Collect collateral history from community and other hospitals. Provide mentorship and support to RNs in ED and work with patients requiring seclusion or restraint.
- Does not assume primary care nurse role but work as a support to the physicians and nurses via consult service.
- Aid with transfers from ED to IPU or MSP. Support with medications, removal of belongings and de-escalation/code whites. Review of MHA forms.

Child and Youth Hospital Liaison

- The Acute C&YHL worker provides acute mental health assessment and treatment services to children, youth and their families, when the child or youth are suffering serious emotional, psychological, behavioural and/or psychiatric illness.
- The C&YHL will also see children and youth (18 and under) for brief supportive counselling and work to bridge youth to longer term counselling services with Ministry of Children and Family Development C&Y Counselling services.

COMMUNITY MHSU SERVICES

Adult Community Support Services (ACSS)

- Community Mental Health Team serving adults with a variety of diagnoses of a serious and persistent mental health disorders including: schizophrenia, bipolar disorder, chronic and severe depression, anxiety, PTSD, personality disorders that require ongoing support, long term.
- Services include: community mental health nurse case management, medication management, community outreach support, vocational rehabilitation, supported independent living, residential support, and psychiatric consultation services.

Older Adult Mental Health Services (OAMH)

- Referral, assessment and psychiatric consultation for people 65 and over who have an age-related mental condition such as dementia, memory impairment and depression.
- Case management of mental health clients who have reached the age of 65.
- Program also provides support and consultation to the long-term care facilities of the Willingdon Creek Village and Evergreen Extended Care Unit.
- REACT trained clinicians.

Intensive Case Management Team/Urgent Homelessness Response (ICMT)

- Serves community members whose primary diagnosis or concern is severe substance dependency.
- Clients may also have concurrent anxiety, depression, psychosis, fetal alcohol spectrum, developmental or mood disorders.
- Must be 19 years of age or older. Voluntary service.
- Client needs exceed those that can be met by standard case management.
- Have little access to existing service/resources due to barriers (transportation, housing, income, mental/physical health).
- Use acute care frequently (i.e. Emergency Department, RCMP calls, in-patient hospital stays) for psychiatric or medical issues related to addiction.
- Moderate to severe deterioration in functioning and activities of daily living.
- Housing challenges (i.e. homeless, barriers accessing housing or maintaining tenancy, have private accommodation with rent subsidy).

Youth ICMT

- Serves youth aged 12-24 years old whose primary diagnosis or concern is severe substance dependency.
- Clients may also have concurrent anxiety, depression, psychosis, fetal alcohol spectrum, developmental or mood disorders.
- Nursing, outreach and clinical counselling services available.

Overdose Outreach Team (OOT)

Regional initiative to provide support to clients who are at risk for overdose or have a history of overdose on street drugs.

- Team comprised of full-time Outreach Worker and full-time Social Worker.
- Attend overdoses in community, provide follow up to patients hospitalized post-overdose.
- Deliver harm reduction supplies to clients in community. Meet clients where they are, regardless of location.

All Emergency Department visits for overdose must be reported to the OOT as soon as possible.

OUT-PATIENT MHSU SERVICES

Adult Short-Term Assessment and Treatment (ASTAT)

Individual counselling is available to persons with serious acute mental disorders such as depression, anxiety and adjustment problems. The goal is not to cure the disorder or restructure the personality, but to reduce the client's symptoms, improve the ability to cope, and increase access to available resources. Appointments are generally one hour in length once a week for six to ten sessions.

Please note all referrals for these counsellors must go through Central Intake.

Alcohol and Drug Counselling Services

- For abuse/misuse and addiction to drugs and alcohol.
- Assessment, counselling, and referral.
- Provides screening and assessment, brief intervention, individual counseling, referral to agencies within the alcohol and drug programs "system of care" including supported recovery and treatment programs for anyone of any age.
- Age 19+.

Child and Youth Mental Health Counselling

Child and Youth Substance Use Counselling service: Provides addiction services to youth, including screening, comprehensive assessments, client matching, counselling, and therapy to both youth and their families. Liaises with the Ministry of Children and Families and School District 47 for wrap-around services.

Our Acute Child and Youth Hospital Liaison works closely with this position to ensure that collaborative patient care is possible.

COMMUNITY HEALTH UNIT

Public Health is located on the third floor of the hospital. Their phone number is 604-485-3310. Community Health runs a variety of programs, including:

- Youth Clinic: up to age 24, free or low-cost birth control, STI screening, plus other services. Direct line 604-223-7283.
- Communicable diseases and immunizations: all infant/child/school age immunizations, plus special populations for adults.
- Prenatal and Early Years Program: Prenatal support 1:1. Postpartum follow-up.
- Enhanced Prenatal and Postnatal Care: Families may be offered 1:1 care starting prenatally, through postpartum period and up to age 5 for the child.
- Breast/Chest feeding support.
- Healthy Babies Drop-in: Pre- and post-natal client drop-in to ask questions. Thursdays 1:30-3:30pm.
- BC Early Hearing Program: infants are typically booked in by 4 weeks of age.
- Audiology Services: hearing assessments, screening, counselling and hearing aid sales and follow up services for 19 years and under as well as adults over 19 years diagnosed with developmental disabilities.
- Dental Public Health Program: focus on prevention and early intervention of early childhood dental disease. Preventive public health dental services are for children 1-5 years.
- Speech and Language Services: Early Childhood Speech-Language Pathologists are committed to making sure children aged 0-5 years reach their full speech, language, and communication potential.
- Harm Reduction: needle exchange services, harm reduction supplies, naloxone training and kits, peer support.
- COVID vaccinations: for 6 months-11 years.
- Nursing Support Services: school-based support services for children 0-19 years with disabilities in school or preschool (i.e. tube feeding, glucose monitoring, suctioning, catheter care, special equipment instructions). At Home Program assessments.

For full details about the Community Health Unit, please visit:
http://www.vch.ca/Locations-Services/result?res_id=1324

HOME AND COMMUNITY CARE

Palliative Clinical Resource Nurse

- Monday-Friday, 0830-1630.
- Call 604-485-3318.
- Palliative Care provides comfort and quality of life care for people living with life-limiting illness and their families. The focus is on comfort, such as pain control, rather than care aimed at curing illness. Palliative Care clinicians provide holistic care that respects personal, cultural, and spiritual values and provide care within an individual's beliefs, practices, and goals of care. We do not hasten or postpone death but rather affirm life and regard dying as a normal process.

Home Support

- 7 days a week, 0700-2200
- We provide care at home to support independence and quality of life. Our philosophy is that home is best as most people wish to remain in their own home for as long as possible. We are committed to supporting independence, health, and wellness through the delivery of person and family-centred care.

Wound/Ostomy/Continence Nurse

- Monday-Friday, 0830-1630
- This leadership team member is the wound/ostomy/continence specialist at the unit, and is available to do joint visits, provide elbow-to-elbow support, education, and resources.

Community Home Care Clinician

- 7 days a week, 0800-2030
- Provides home care nursing in a client's home. Clinicians are part of the home health interdisciplinary team.

Case Manager

- Monday-Friday, 0830-1630
- Case Managers provide long-term care in the form of supportive counselling, monitoring, and revising services. They also admit and stream clients into services such as home support, adult day programs, assisted living, and long term care

Physiotherapy

- Monday-Friday, 0830-1630
- Physiotherapists (PTs) are healthcare professionals dedicated to working with patients to maximize their movement and function across the health care continuum. We do this by applying our knowledge and understanding of the human body to relieve pain, restore range of motion, build strength, and improve balance and mobility. Not only do we treat injury, but we also prevent impairment and the onset of pain by providing education to our patients so that they can maximize their full potential. These skills makes us an integral member of a health care team and as such, we are utilized across the spectrum of care.
- At VCH, physiotherapists contribute their knowledge and expertise in a number of clinical areas. These areas include, but are not limited to: musculoskeletal, neurological, spinal cord injury, cardiorespiratory, gerontology, burns, hand therapy, mental health and chronic disease management.

Occupational Therapy

- Monday-Friday, 0830-1630
- Occupational therapists are university-trained, regulated health professionals whose focus is on assisting people to engage in daily life activities that they find meaningful and purposeful. An Occupational Therapist's unique training enables them to understand not only the medical and physical limitations of a disability or injury, but also the psycho-social factors that impact an individual's ability to function independently. Their approach is based on research which proves that an individual's ability to engage in occupation increases their health and well being. Occupations can include self-care (i.e. personal care, mobility), leisure (i.e. social activities, sports) and productivity (i.e. play, school, employment, homemaking).
- Occupational therapists are specialists in the analysis, adaptation and therapeutic use of occupations, to achieve goals jointly determined by the therapist and the client, in the context of their own home and community. When you see an occupational therapist, he or she will assess and evaluate your 'occupational performance'. This means your ability to choose, organize, and effectively and safely perform everyday activities.
- The treatment/intervention plan may include:
 - training, education and counseling (client and/or family).
 - obtaining aids and specialized equipment (e.g. wheelchair).
 - evaluating and modifying the home, school or work environments.

HOME AND COMMUNITY CARE

Social Worker

- Social workers are professionals dedicated to addressing the psychosocial needs of patients and families as part of the health-care team. Social Work uses the Social Determinants of Health (SDOH) as the framework for their practice. SDOH includes such things as social supports, employment, housing, income, gender and culture.

Primary Care Networks (PCNs)

- A primary care network (PCN) is a clinical network of physicians and other providers in a geographic area who work together to expand team-based supports for PCPs and patients. The goal is to offer a wide range of healthcare services within each primary care network, so that clients are less likely to require services in an acute care environment.

Health Services for Community Living (HSCL)

- HSCL is a community-based health care team that supports adults with developmental disabilities and complex health care needs.
- Who qualifies for our services?
 - Adults over 19 with a developmental disability and complex healthcare needs.
 - People who have been referred by Community Living BC (CLBC).

LABORATORY

Appropriate and fully completed requisitions are required for all laboratory tests. Incomplete or illegible requisitions will not be accepted and will result in testing delays. Requisitions are available for printing from most EMRs. Please contact the laboratory if you are unsure which requisition to use.

Out-patient laboratory hours:

Monday to Friday (closed holidays)

0800-1500: Drop-in

0730-1600: Appointments (book online at <https://www.labonlinebooking.ca/>)

In-patient laboratory hours:

Monday to Friday

0700-1800: Routine opening hours

1800-2400: Urgent/Stat bloodwork only

Weekends/Stat holidays

0700-2400: Urgent/Stat work

0000-0700 daily: On call for Urgent/Stat work



OTHER HOSPITAL DEPARTMENTS

Physical and Rehabilitation Services

The physiotherapy and occupational therapy services includes both inpatient and community services. There is a full gym. Outpatient physiotherapy is for post-operative hips, knees, and shoulders. All ICBC and WCB must go through private PT and OT. Children under 5 must go to Cranberry Child Development Centre.

Pulmonary function testing is done locally by appointment only.

Please complete the Healthcare Service Request Form to access these services.

Diabetes Clinic and Dietician Services

- Diabetes Clinic: must have referral and current blood work if new to the clinic. Use the Healthcare Service Request Form.
- Dietician Services: must have referral. Use the Healthcare Service Request Form.

Cardiology

- ECG/Stress Test/Holter Monitors: referrals required. ECGs are both inpatient and outpatient, all other tests are outpatient only. All ETTs must have a current ECG no more than one year old.



Internal Medicine

Internal medicine provides consultation, procedural, ICU and oncology care locally. There are two physicians available 24/7 for these services. Internal medicine consultation services are available using the on-call schedule, for any in-patient or urgent out-patient care.

The following procedures are provided locally:

- FNA – Fine Needle Aspiration
- Bone Marrow Aspiration and Biopsy
- Cardioversion
- Thoracentesis
- Paracentesis
- Lumber Puncture

The internists provide MRP care for all ICU patients. Oncology care is provided in conjunction with BCCA.

Oncology

A Community Oncology Clinic of the BC Cancer Agency. Services provided include initial consults prior to or after diagnosis, treatment planning, intravenous chemotherapy and biotherapy, oral chemotherapy and hormonal therapy, follow up appointments throughout treatment and post therapy. Radiation treatments referred to one of the main BC Cancer Agencies (not provided locally).

Hours of operation are 0800-1430 Monday to Friday, and closed holidays. Staff include an Internal Medicine Physician, GP Oncologist, Chemotherapy/Biotherapy Certified Nurse, and Clerk.

No walk-in hours. Patients may call 604-485-3277 for same-day appointments if required. Physician not available at all times.

OTHER HOSPITAL DEPARTMENTS

Long-Term Care at qGH

Long-term care provides professional care and supervision to adults in a supportive and secure environment. The services are available to people with complex care needs or conditions who cannot live safely and independently at home. Both care homes provide 24-hour nursing care.

Hours of Operation

0830-1930 Monday to Friday

Closed Saturday and Sunday

Willingdon Creek Village consists of six 17-bed units. It is a 102-bed Complex Care home with all private rooms. Willingdon Creek Village also has one unit dedicated to Special Care for the treatment of people who suffer from severe dementia. It is built on the same site as the qathet General Hospital and Evergreen Extended Care Unit.

Evergreen Extended Care Unit is a 75-bed Complex Care unit with six private, four semi-private, and 15 multi-person rooms.

Renal Dialysis

The qathet Community Dialysis Unit is run by Providence Health Care. Community dialysis units provide hemodialysis service to patients closer to home and minimize travel time. Patients who are medically suitable for community hemodialysis are referred by the Renal Program at either St. Paul's Hospital or Vancouver General Hospital.



Ambulatory Care Unit (ACU)

- Wound management.
- Transfusions and medication infusions: for transfusions and some infusions, such as Iron Sucrose, there is a Pre-Printed Order (PPO) that is required. The PPOs are found on the VCH Intranet.
- Lumps and Bumps Clinic: Physicians must refer to the surgical office, where they make the slates and send to ACU.

To access these services, please write a physician's order and fax it to 604-485-3264.

Operating Room (OR)

There are two operating rooms and one endoscopy suite providing general surgery, gynecology, obstetrics, and ophthalmology (cataracts only) services.

- There are eight endoscopy cases performed four days a week.
- OR assistance is provided by certified local family physicians.

FPs wishing to join the OR assist rotation, please contact Pam Dube at pamela.dube@vch.ca.

Diagnostic Imaging

Diagnostic services are available between the following hours by appointment only:

- X-ray: 0800-2000 Monday to Sunday.
- CT Scan: 0800-1800 Monday to Friday (subject to change due to staffing).
- Ultrasound (echocardiogram service available to Internal Medicine only): 0800-1600 Monday to Friday.
- Fluoroscopic services (barium swallows, joint injections, facet injections): at radiologist's discretion.
- Screening and Diagnostic Mammography available. Fax diagnostic requisitions to 604-485-3254. Patients make their own screening appointments by calling 1-800-663-9203.

X-ray imaging and limited scope non-contrast CT available after hours as an on-call service for ER only. A radiologist is on site from 0800-1700 Monday to Friday.

PRIORITY ATTACHMENT TO PCP

All unattached patients should be referred to the Health Connect Registry (HCR). The HCR is a centralized waitlist for patients seeking a primary care provider (PCP) in qathet. Patients can call 8-1-1 or visit qathethcr.ca to register.

Priority attachment applies if the patient does not have a PCP and is pregnant, has a new cancer diagnosis, is waiting for a long-term care placement, is younger than 12 years old, or, without rapid attachment, is at risk for one of the following:

- Significant deterioration resulting in hospitalization;
- High risk of re-admission following discharge; or
- Irreversible health impacts.

A Priority Referral Form can be accessed:

- In Pathways (<https://pathwaysbc.ca/login>);
- Securely online through MS Forms (<https://forms.office.com/r/kdUpPP8jIM>);
- Downloaded as a PDF (<https://bit.ly/hcrpriority>); or
- Filled out and faxed directly in the EMR (MedAccess and Juno).

For questions about the attachment process, please contact Brooke Taylor, Primary Care Services and Attachment Lead, at btaylor@prdivision.ca.



MEDITECH FOR MDS

Meditech is the main hospital electronic system for ordering tests and accessing results.

Patient Care Inquiry (PCI) is the Meditech function most used by physicians. This brings you to your patients' lab results, imaging results, pharmacy profile, location in hospital, hospital visit history (in-patient and out-patient), ER, lab, x-ray, chemo, ambulatory, demographic information and allergies etc.). To navigate within PCI, use your arrow keys. There are several options for viewing labs, current and historical, in reverse chronological order over seven years; there is also a bar graph visual and patient chart report format. You can view all results or highlight and select any result you wish to target. Default setting is back in time for eight days. You can change this by selecting the "Time" option on the menu bar.

Key points for using Meditech:

- NEVER use the mouse.
- ALWAYS put CAPSLOCK ON when logging into Meditech.
- "Tab" key does NOT function as we are accustomed to for navigating in fields. Use "Enter" key instead to move from field to field.
- Mnemonics designating physicians are first mostly three letters of surname, followed by first two letters of first name (exceptions occur when mnemonic already exists for another provider). Therefore Dr. Rob Head is HEARO. Patient names are entered as SURNAME,FIRSTNAME with no spaces.
- "F" keys are your friends, especially:
 - F9 (Lookup) – gives you many drop down menu options to select if uncertain what a field in Meditech is asking you to enter;
 - F11 (Exit) – closes the page you are currently on and all others previously opened, when you have completed your work in Meditech;
 - F12 (OK or File or Save) – when data has been entered and now ready to be transmitted to other departments, or saved;
 - F6 (Previous field) – moves you backwards by field.
- Any time a field pops up asking you to choose a "Printer" you can type in "VIEW" and the information comes up directly on your screen and does not get printed.

Please contact the VCH Service Desk at 604-875-4334 or vchservicedesk@hssbc.ca if you have trouble accessing Meditech.

HEALTH RECORDS

Guidelines for Assignment of Physician/Provider for Incomplete Records

Regular Staff Physicians/Providers

Regardless of the service, i.e. specialists and FPs/RMW alike, the Attending or 'covering for the Attending' provider who gives (writes/signs or provides via verbal/telephone) the discharge order will be responsible for the completion of the discharge summary and will be assigned such in the Incomplete Records system (ICR). The exception is that occasionally, a specialist will discharge an FP-attended patient. In this case, the chart is to be assigned to the Attending.

'Completion' means that either the discharging physician will dictate themselves or they will be responsible for having another physician do the dictation upon discussion with the Most Responsible Provider. The ICR is assigned to the discharging provider in either case. Records Management staff will not transfer the responsibility for dictation unless they have made a procedural error.

Examples:

- FP Dr. du Toit is Attending. He writes the discharge order. ICR assigned to Dr. du Toit.
- FP Dr. du Toit is Attending. FP Dr. White writes the discharge order. ICR assigned to Dr. White.
 - [Exception per above] FP Dr. du Toit is Attending. Specialist Dr. Takhar consults and writes the discharge order. ICR assigned to Dr. du Toit.
- Specialist Dr. Takhar is Attending. Specialist Dr. Makarewicz writes the discharge order. ICR assigned to Dr. Makarewicz.
- Specialist Dr. Takhar is Attending. FP Dr. du Toit writes the discharge order. ICR assigned to Dr. du Toit.

Locum Physicians

FPS: When a discharge order is signed by a locum FP, the physician for whom they are covering will be assigned responsibility in ICR. Please note that the physician being covered by the locum may not be the FP or MRP. It is expected that the locum will do the dictation but, if they fail to follow through, the FP for whom they are

covering is ultimately responsible. Records Management staff will not transfer the responsibility for dictation unless they have made a procedural error.

Note: FP locums will never be assigned an ICR.

Examples:

- FP Dr. du Toit is Attending. FP Dr. Locum for du Toit writes the discharge order. ICR assigned to Dr. du Toit.
- FP Dr. du Toit is Attending. FP Dr. Locum for White writes the discharge order. ICR assigned to Dr. White.
- FP Dr. du Toit is Attending. Specialist Dr. Locum for Takhar consults and writes the discharge order. ICR assigned to Dr. du Toit.

Specialists/Midwives

When a discharge order is signed by a locum specialist, that locum specialist will be assigned responsibility in ICR. It is expected that the locum specialist will do the dictation but, if they fail to follow through, they will be notified and suspended just like regular specialists. Records Management staff will not transfer the responsibility for dictation unless they have made a procedural error.

Examples:

- Specialist Dr. Locum is Attending. Dr. Locum writes the discharge order. ICR assigned to Dr. Locum.
- Specialist Dr. Takhar is Attending. Dr. Locum for Takhar writes the discharge order. ICR assigned to Dr. Locum.
- Specialist Dr. Takhar is Attending. Specialist Dr. Locum for Makarewicz writes the discharge order. ICR assigned to Dr. Locum.
- Specialist Dr. Takhar is Attending. FP Dr. Locum for du Toit writes the discharge order. ICR assigned to Dr. du Toit.

Disputes/Complaints

Providers should first discuss the assignment with the Records Completion Clerk. If the issue is not settled, you may be referred to the Records Management Coordinator and/or the current Medical Director.

VCH DISCHARGE SUMMARY GUIDELINES

A dictated discharge summary is required for acute care (inpatient) cases unless under exceptions below. Regardless of length of stay, a dictated discharge summary is required for all deaths, cases transferred out and cases discharged against medical advice.

A dictated discharge summary is not required for any of the following scenarios (unless the case includes death, transfer out, or discharge against medical advice):

- Overnight cases ≤ 1 day stay on the assumption that elements of the record are written in other documentation, such as progress notes, history reports, consultation reports, ED forms.
- Spontaneous Vaginal Deliveries ≤ 2 days stay post delivery date where a Labour and Birth summary record is completed, except PHC.
- C-Section Deliveries ≤ 3 days stay post delivery date, where a Labour and Birth summary record is completed, except PHC.
- Normal newborn cases, except PHC. Newborn Record must be completed and should state "normal" "healthy" or "well" newborn on the Newborn Record.

A discharge summary captures reason for hospitalization, significant findings, procedures performed, treatment rendered, condition of patient on discharge, and the discharge plan. A discharge summary is required only for patients being discharged from an inpatient unit.

Suggested content for a dictated discharge summary:

- | | |
|---|--------------------------------|
| • Most Responsible diagnosis (multi-axial for psychiatry) | • Code status |
| • Pre-admit diagnoses | • Relevant consultants |
| • Post-admit diagnoses | • Allergies |
| • Secondary diagnoses | • Medications on discharge |
| • Interventions | • Post discharge follow-up |
| • Flagged interventions | • Discharge disposition |
| | • Treatment/Course in hospital |

UNATTACHED INPATIENT PROGRAM

Unassigned inpatients – those who are unattached, have a nurse practitioner, or are attached to the Texada clinic – are seen by a separate group of physicians who are part of the Unassigned Inpatient Program (UIP). This program started September 9, 2024, as a three-month pilot with the aim to develop a sustainable solution for unassigned inpatient care at qathet General Hospital.

The UIP group consists of local Longitudinal Family Physicians (LFPs), local LFP locums, and out-of-town LFP locums. Physicians are paid through LFP billing.

UIP physicians work 7-day shifts, from Monday at 8 am to the following Monday at 8 am, with on-call responsibilities throughout the week. A small incentive for on-call availability is provided by the qathet Division of Family Practice. UIP physicians' responsibilities and expectations can be downloaded at <https://bit.ly/uipresponsibilities>.

Information For UIP Locums

- Locums require a host physician but can be paid directly.
- Locums will receive additional information, proper orientation, and a host physician when signing up.
- Out-of-town locums might be eligible for travel and housing subsidies.

If you are interested in this program or have any questions, contact UIPAdmin@prdivision.ca.

QATHET CLINICS

CLINIC INFORMATION

Family Tree Health
Unit A, 4493 Marine Avenue
P: 604-485-9213
F: 604-485-9308

Harvie Clinic
6935 Harvie Avenue
P: 604-485-0136
F: 1-855-230-5639

Marine Medical Clinic
4539 Marine Avenue
P: See right
F: 604-485-4713

Medical Clinic Associates
4764 Joyce Avenue
P: 604-485-6261
F: 604-485-2820

PHYSICIANS

Leta Burechailo
Lachlan Glen
Christopher Morwood
Christopher Naylor
Amy Sawchuk

Martin Andreae
Kati Bahadori
Danielle Marentette
Charles Van Zyl

Brigitte Dohm (604-485-7222)
Jacques Du Toit (604-485-2430)
Kate Hodgson (NP) (604-485-2430)
Katie Scoular (NP) (604-485-2430)
Nick White (604-485-9200)

Arinola Awopetu
Ahmed Bazza
Claire Bonsor
Gareth Evans
B.M. Herbst
Barrie McDonald
Melissa Meyer
Juskaran (Jas) Singh Sandhu
Bradley Schweitzer
Sacha Sloomweg (NP)
Oluwasegun (Olu) Yahaya (Spring
2024)

CLINIC INFORMATION**PHYSICIANS**

Powell River Medical Clinic
4280 Joyce Avenue
P: 604-485-5501
F: 604-485-5520

Diana Gil
Alexander Marchenko

qathet Midwifery Care
4539 Marine Avenue
P: 604-493-2024
F: 604-493-2024

Elizabeth Bodner (RM)
Mandy Verghese (RM)
Eline Vonk (RM)

Texada Health Clinic
2603 Sanderson Road
P: 604-486-7525
F: 604-486-7374

Kevin Black

Tla'amin Health Clinic
4895 Salish Drive
P: 604-483-3009
F: 1-888-384-4055

Jodie Foster (NP)
Tristan Pratt (NP)

INDEPENDENT

Willem De Flamingh/Pieter Roussouw
6261 Alberni Street
P: 604-485-4877

Robin MacNearney (Anesthesiology)

Anna Marie Maguire (Addiction Medicine)

SPECIALISTS

CONTACT INFORMATION

Internal Medicine
106, 4675 Marine Avenue
P: 604-485-5340
F: 604-485-5341

PHYSICIANS

Neha Musini
Sasha Uhlmann

OBGYN
6935 Harvie Avenue (lower level)
P: 604-485-7779

Felix Nwaeze

Ophthalmologist
102, 4675 Marine Avenue
P: 604-485-8455

Louis Botha

Powell River General Surgery
6935 Harvie Avenue (lower level)
P: 604-485-0152
F: 604-485-0158

Pawel Makarewicz
Kathleen Garber
Ashley Shaw

Psychiatrist

Rachel Bell

Sports Medicine
11, 4312 Franklin Avenue
P: 604-485-5601

David Mann

PHARMACIES AND OTHER SERVICES

PHARMACIES

FreshCo Pharmacy
7040 Barnett Street
P: 604-485-4244
F: 604-485-3063

Powell River Pharmacy
4280 Joyce Avenue
P: 604-489-9272
F: 604-489-9273

SaveOn Foods Pharmacy
7100 Alberni Street
P: 604-485-2629
F: 604-485-0958

Walmart Pharmacy
7100 Alberni Street
P: 604-485-0141
F: 1-855-983-1054

Medicine Shoppe
111, 4871 Joyce Avenue
P: 604-489-5919
F: 604-489-5920

Rexall
4794 Joyce Avenue
P: 604-485-2929
F: 604-485-2924

Shoppers Drug Mart
7100 Alberni Street
P: 604-485-2844
F: 604-485-9477

OTHER SERVICES

Health Equipment Loan
5000 Joyce Avenue
P: 604-485-3211 x4361

Home Health Services
5000 Joyce Avenue
P: 604-485-3310

Rapid Access to Consultative
Expertise (RACE)
Available 0800-1700 M-F
P: 604-696-2131 or
toll free 1-877-696-2131

Practice Support Program (PSP)
<https://fpscbc.ca/what-we-do/practice-supports/psp>
E: psp@doctorsofbc.ca

**ČEČEHATANAPÉŠT NINIJE
TAΘ ΠΑΡΕΜ.**

**WE THANK YOU FOR YOUR
WORK.**

Contact

**qathet Division of Family
Practice/qathet General
Hospital Facility
Engagement Initiative**

PO Box 36
Powell River, BC V8A 4Z5
www.divisionsbc.ca/qathet
admin@prdivison.ca

