



2016/2017

Annual Report



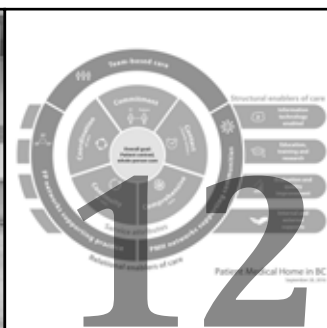








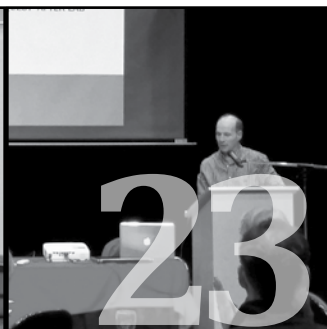
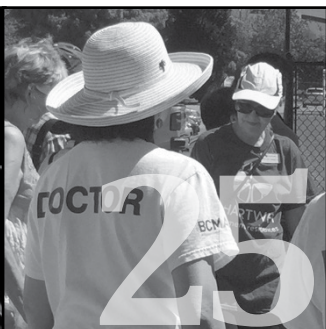


Front cover image: Hope Slough, Chilliwack, B.C.

Chilliwack Division of Family Practice
2016-2017



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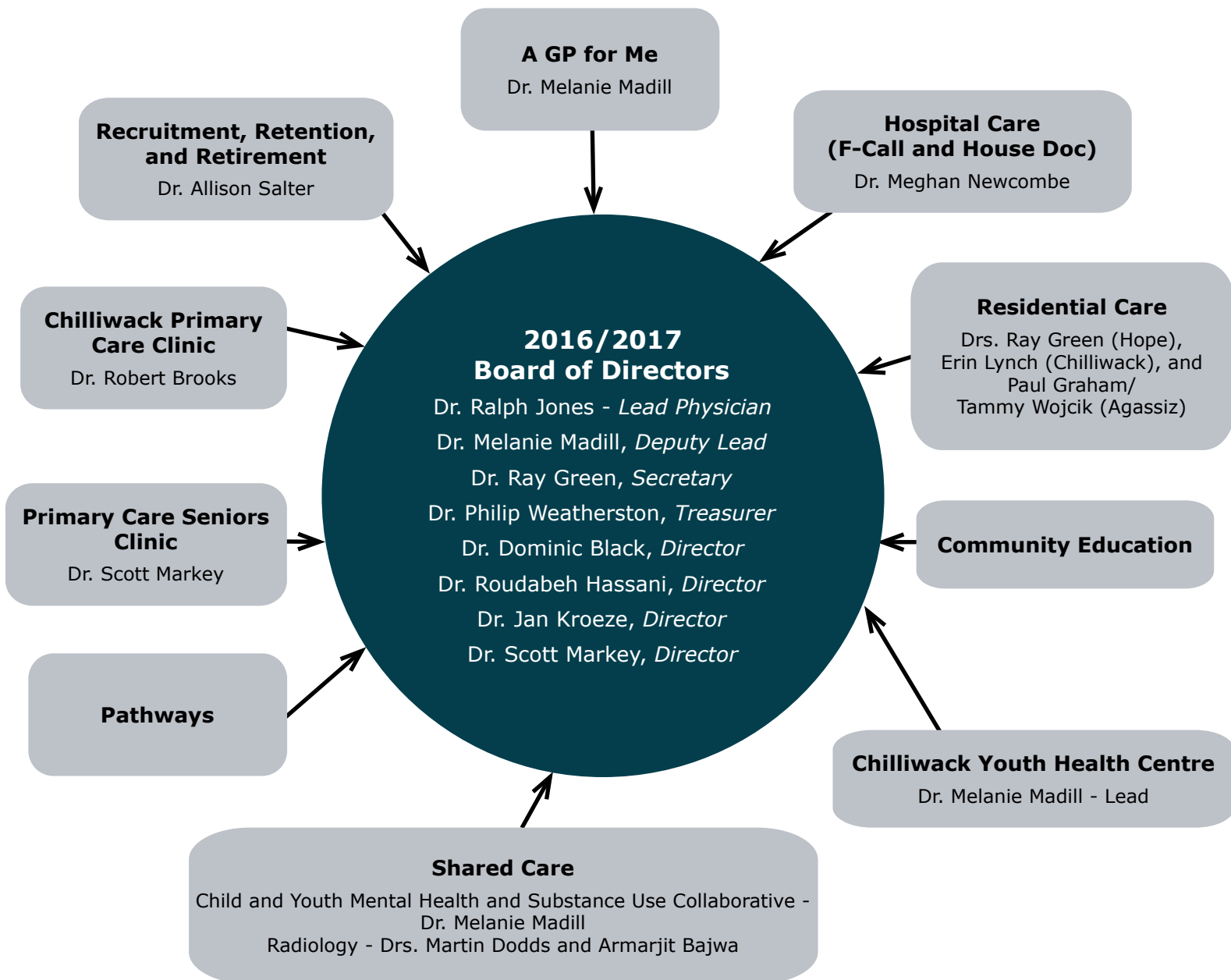
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Background



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

The purpose is to improve patient care, increase family physicians' influence on health care delivery and policy, and provide professional satisfaction for physicians.



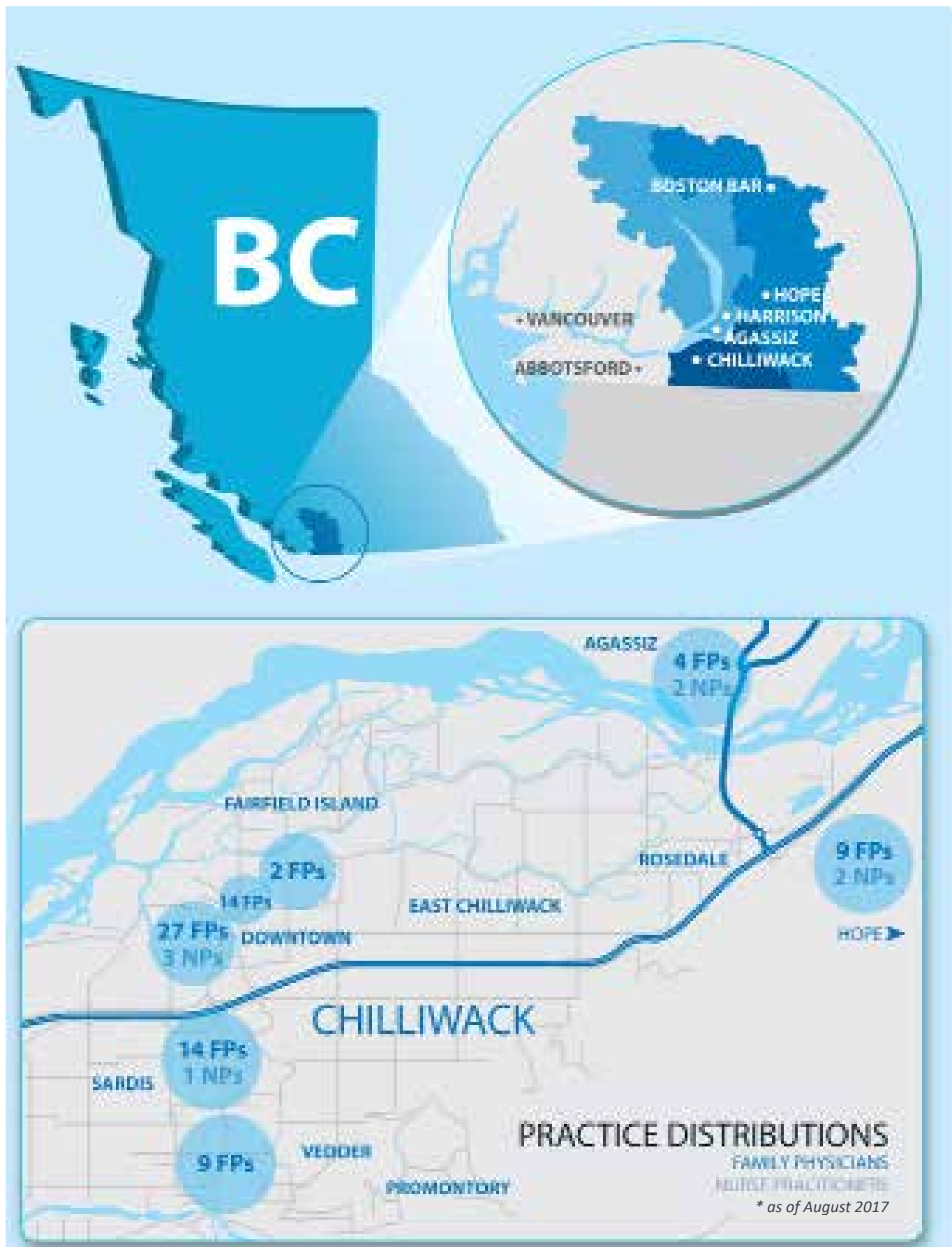
MISSION STATEMENT

To optimize the provision of health care services to our communities through the promotion of a cohesive, cooperative and engaged community of Family Physicians and Nurse Practitioners.

MEMBERSHIP

119 Family Physician members and **8 Nurse Practitioner associate members** representing primary care providers in **communities** within the local health areas of Chilliwack, Agassiz-Harrison, and Hope. The population served is over 107,000.

Chilliwack Division of Family Practice Area of Practice





PATIENTS WANT RELATIONSHIP

Both patients and providers want a relationship that is meaningful and family practice.

Family Physicians and Specialists (established and rising) are open to working together and with others to provide a full scope of care. Both Family Physicians and Specialists value models such as group practices, team-based care, collaboration or mutual care, networking for specialized services (e.g., laboratory).



SHARED PRACTICE

Providers recognized and agree to embracing future primary care services by adopting a more collaborative approach with allied health professionals for holistic care to patients from both such as mental health, social work, physiotherapy, occupational therapy.

OBJECTIVES - COMMUNITY CARE:

1. Increase collaborative care opportunities to help and stabilize residents
2. Creating a Shared Practice Strategy for Community Providers
3. Support a centralised or shared team project
4. Mutual agreement to extend the care for medical residents and build provider capacity

JUNE 2017



WORKING IN HOSPITAL

Family Physicians and Specialists (established and rising) are open to working together and with others to provide a full scope of care. Both Family Physicians and Specialists value models such as group practices, team-based care, collaboration or mutual care, networking for specialized services (e.g., laboratory).

JUNE 2017

OBJECTIVES - HOSPITAL CARE:

1. Increase collaborative care opportunities to help and stabilize residents
2. Creating a Shared Practice Strategy for Community Providers
3. Support a centralised or shared team project
4. Mutual agreement to extend the care for medical residents and build provider capacity

IT'S YOUR LIFE... DEFINE YOUR FUTURE

ACCESSIBILITY

Patients receive timely support and better access to primary care services. Resources that support patient access to primary care services include transportation support, outreach services, and telehealth.



Access to patient centered services is a priority for patients. Patients want to be able to have an opportunity to provide a full scope of care. This is a priority for patients. Patients want to be able to have an opportunity to provide a full scope of care. This is a priority for patients.



VARIETY OF WORK

Family Physicians and Specialists want to be able to have an opportunity to provide a full scope of care. This is a priority for patients. Patients want to be able to have an opportunity to provide a full scope of care. This is a priority for patients.

A Message from the Lead Physician



Dr. Ralph Jones

Physician Lead

Chilliwack Division of Family Practice

Katrina Beppe has ably stepped into the role of our Executive Director for the last year. What with patient medical home and primary care network development, changes that the new Society Act imposed on Board reorganization, and many other projects, it has been a busy year for her and our able Division team.

At the AGM we will explain in detail how we have responded to compulsory Board reorganization; meeting the challenges & seeing the opportunities.

In a similar light we are taking the first steps to expand the membership and role of our Collaborative Services Committee to be more inclusive of health authority and community partners.

We have temporary funding extension for the Chilliwack Primary Care Clinic and PAM (Patient Attachment Mechanism). We hope that a permanent provincial program will be in place to enable us to continue these two programs past Impact Funding.

We continue to partner with Fraser Health on many projects that benefit medical care in the community.

There are far too many projects & programs to be even outlined here. Please read all about them in this report.

Lastly, thanks to all who work so hard for and are dedicated to our Division including our board new and old, our physician project leaders, our administrative and managerial staff, our health authority partners, and our employees.



A Message from the Deputy Lead Physician



Dr. Melanie Madill

*Deputy Lead Physician
Chilliwack Division of Family Practice*

Thank you to every one of our Division Members for another great year. The final wrap up for GP for Me occurred and we are transitioning into maintenance of the Patient Attachment Mechanism (PAM) and the Chilliwack Primary Care Clinic (CPCC). We have applied for and received Impact Funding to continue these projects and are exploring options for sustainability with Fraser Health Authority and the GPSC.

The Local Action Team (LAT) for Child Youth Mental Health and Substance Use is also nearing the end of its 2-year funding. The "Say, Don't Say" posters are only one of the fruits of this initiative. Look for a Mental Health waiting room in the ER with resources for families and patients and expanded programs and supports based out of the Chilliwack Youth Health Centre and MCFD. The third CYMH PSP cohort is wrapping up this summer with 8 more doctors trained in using the PSP CYMH screening and assessment tools. Most importantly, relationships between schools, community services, mental health providers and physicians have been strengthened with a goal of improving care for our patients.

The future holds a vision of improved collaborative care through the Patient Medical Home and Primary Care Networks, and we have seeds planted in the collaboration of the Chilliwack Youth Health Centre, Chilliwack Primary Care Clinic, the Community Outreach Team (MHSU), and the relationship based model of Home Health where and RN and LPN is linked to family doctors to care for their patients and communicate directly.

In June, we expanded our planning sessions to include specialist colleagues and medical students and residents with the Department of Family Practice and the Medical Staff Association as partners. The vision we endorsed was of continued emphasis on full service family medicine with a diversity of skills and practice settings and most physicians sharing responsibility for a patient population with another care provider to allow for an enhanced scope of practice.

One outcome of that partnership is for a Physician Resilience Group, stay tuned for the "burn out prevention" drop ins!

Finally, you will have heard that the Board Structure of the Division is changing. To ensure stability in this time of change a small core group of leadership will remain. So that new voices can be heard as we move to our future together, I have decided to step down from the Board and will remain actively engaged in the many committees and initiatives that I participate in. Thank you for all the support I have had. It has been a true pleasure to serve.

A handwritten signature in black ink that reads "M Madill". The signature is written in a cursive, flowing style.

A Message from the Executive Director



Katrina Bepple

Executive Director

Chilliwack Division of Family Practice

This past year has been filled with opportunities, challenges, and transitions for our members, staff, and programs.

The Division has an engaged membership with 119 family physicians and 8 nurse practitioners. Many of our members provide a full scope of primary care services, or are networked with other physicians and practices to support their patient needs. When we speak to the Patient Medical Home, it's not a question of how we are going to undertake this new model of care, our members are already living it. The question is how as a Division can we support our physicians to move the dial in a positive direction.

Our partnerships with health authority and community continue to strengthen, enabling us to co-design models of care as we put the vision of the Primary Care Network into practice. The biggest changes with this redesign will be in how we work together with our patients and health care providers, share information with each other, and plan care together.

We have a strong Board of Directors and Physician Leads for our many programs. Thank you for your time, passion, and expertise that guide the direction and work of our Division. And thank you to every one of our members for your dedication and commitment to patient care in our communities. I'm privileged to be a part of your team.

Our staff members are integral to the support the Division provides to our members and the community. This year has been bitter sweet as we've said good-bye to our founding Executive Director, Ken Becotte, while welcoming new faces to our Division team.

We are making a difference, and this report highlights where we've come over the last year, celebrating our successes and identifying those hurdles that can make for an interesting journey. As we look ahead to the next year, change is on the horizon. Our Board structure is shifting, some of our programs are coming to a close, and others are ramping up or in the process of redesign. I look forward to continuing to work with our family doctors, nurse practitioners, staff, and partners to make our communities, the communities of choice for delivering and receiving care.

Sincerely,

A handwritten signature in black ink that reads "Katrina Bepple". The script is fluid and cursive.

Division Employee Profiles



Janetta Cook
Medical Office Assistant

Janetta Cook joins the Chilliwack Primary Care Clinic team with 26 years experience as a Medical Office Assistant. Born and raised in Chilliwack, she has raised two boys here with her husband Richard. Janetta love glamping, lake fishing, baking, cooking, and crafting (recycling the old into new gifts).

Janetta is an animal lover and while her boys were young they opened their home to every kind of pet you can think of! (Yes, even snakes and lizards!) With the boys grown her home is now down sized to two dogs, three parrots and fish. All animals except fish travel when the family goes on vacation.



Jennica Grenier
Patient Attachment Administrator

Jennica began working with the Chilliwack Primary Care Clinic in March 2014 as an MOA as well as assisting in patient attachment. Come September 2015, to meet the needs of the A GP for Me initiative, Jennica's role evolved to focus on handling the Patient Attachment Mechanism (PAM) intake line. She now deals directly with patient intake and attachment, does all of the MSP billing for the Division and also offers MOA support to the Chilliwack Youth Health Centre on a weekly basis.

When she isn't working, Jennica enjoys spending time with family, cooking and the all-important cuddles with her dogs.



Tabitha McLaughlin
Patient Medical Home Coordinator

After years living in the prairies, Tabitha returned to the Fraser Valley last year bringing with experience of working in a diverse range of roles from front line service delivery, fundraising and community education, and program management. With a Masters in Social Work, Tabitha has worked in leadership capacities promoting and supporting families as they navigate the child welfare continuum and spent time managing preventative programming in the community.

Tabby has also invested much energy in Saskatoon's Health Care initiatives. This has inspired her professional aspirations of community engagement for quality improvement, and evidence-informed recommendations for health care initiatives. As the Patient Medical Home Coordinator, Tabitha is honoured to work in the community, be part of this team, and support this integrative health model. Though passionate about her work, Tabitha's enthusiasm extends outside the office as well - this includes her family dreaming and cooking up endless recipes (desserts are a specialty), crafting, photography, and both playing and writing her own music.



Elly Meyerink
Operations Lead

Elly has been with the Division since it incorporated in 2009. Elly's knowledge of programs and services provided by both the Division and Fraser Health Authority is priceless. Whether it is scheduling meetings, accounting, human resources or tracking down physicians, she can always be counted on for insightful contributions. Recently Elly's role has changed to 'Operations Lead' with more administrative responsibilities to the Primary Care Clinic, Hospital and Residential Care Program as well as Physician Recruitment and Retention.

Elly's usual reply when asked how she gets things accomplished is "Surround yourself with a great team and you will be amazed at what you can achieve."



Emily Sayward
Programs Coordinator

With over 15 years experience in project, program, and event coordination, Emily brings extensive knowledge to the health services field with a particular passion in healthy living and in working with initiatives that promote wellness and balance. Spending the first years of her life in the beautiful, rugged valley in the Northern B.C. community of Bella Coola has shaped her passions, interests, and values.

Emily then moved to Chilliwack and has been a resident of the Fraser Valley for the past 25 years. Emily is very involved in Chilliwack, having volunteering in countless capacities. In her spare time, she enjoys backpacking, kayaking, camping, arts and cultural events, ballet, road trips, and coordinating an annual Spring women's retreat on Hornby Island. Emily has a son, Ro, who is a wonderful adventure companion and always keeps her laughing!



Pauline Walton
Medical Office Assistant

Pauline plays a key role in facilitating the patient experience at the Chilliwack Primary Care Clinic. On a daily basis she checks in with patients, updates their information, offers them assistance, faxes referrals and books appointments with primary care providers. In addition, Pauline prepares for procedures for nurse practitioners and physicians at the clinic, summarizes incoming charts for physicians, manages incoming calls and ensures exam rooms are adequately stocked.

Patient Medical Home/ Primary Care Network

Dr. Scott Markey, Physician Lead

With A GP for Me coming to an end, the GPSC is working with the Ministry of Health and Doctors of BC to address the Triple Aim by supporting the creation of Patient Medical Homes and Primary Care Networks throughout British Columbia. The intent is that patients will have an easily understood, recognizable, coordinated system of care in their communities, with the Patient Medical Home being the foundation on which to build a streamlined and accessible service for patients.

Simply put, the Patient Medical Home is your office. Our Division represents a strong group of family physicians, many of whom are full service, and nurse practitioners. Based on the unique needs of our communities, our physicians practice a generalist model of family medicine that enables the longitudinal relationship that is foundational to this model of care. In Chilliwack, Agassiz-Harrison, and Hope, many of our providers are practicing, to one extent or another, the twelve attributes that make up the Patient Medical Home in BC.

Primary Care Networks are clusters of Patient Medical Homes with direct links to primary care services held within the health authority and community agencies. This team-based approach, whereby family physicians and nurse practitioners work with other health professionals, forms the foundation of a coordinated system of primary and community care within the community.

The goal of our Division is to support our members to provide patient-centered, whole person care. Over the past year there have been a variety of engagement activities that have confirmed that our members value the full-service family physicians (generalist) model of care, and want support to develop and/or strengthen networks of practice and team based care that will enable them to deliver comprehensive and coordinated care to patients.

Our communities have a strong

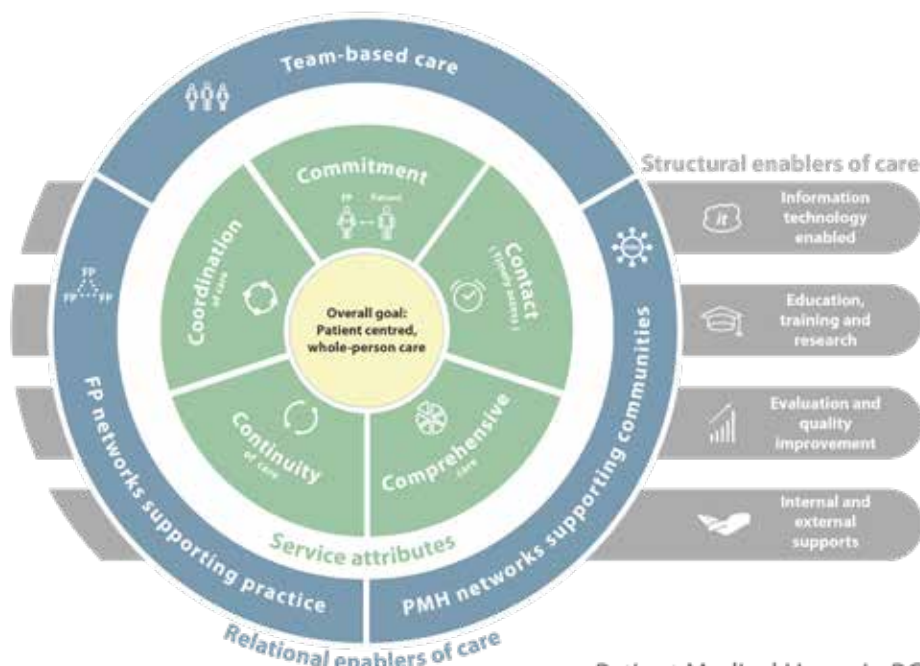
collaborative culture in which the Division and our members strive to work in partnership with Fraser Health and other community organizations to identify issues and co-design an integrated system of care. We believe that by engaging local physicians, nurse practitioners, and key stakeholders we can build on existing community resources to create stronger, more resilient primary care communities.

The Division has established important shared care work and service integration prototypes that are demonstrating team based care models within the model of the Patient Medical Home and Primary Care Network. These prototypes are shifting the system to be proactive, and responsive, to empower the health and wellness of our communities. While we partner in this work, it is important that it be done in a way that is scalable, spreadable, and equitable across our communities.

The Home Health Home Support Prototype that launched in January 2017 is one such example. The biggest changes with this redesign will be in how we work together with our patients and health care

providers, share information with each other, and plan care together. Starting with our frail elderly patients, our focus is to simplify their health care journey by assigning an RN/LPN team to a group of physicians. This RN/LPN team closely monitors the physicians frail elderly patients with chronic diseases, but also uses a proactive approach that provides the right care in the right place. Benefits we have identified thus far:

- Reduced duplication amongst healthcare providers
- Improved communication between physicians and other health providers
- Rapid response to client needs
- Reduced number of different care providers entering clients homes
- Closer monitoring of conditions that leads to improved health
 - Wounds heal faster
 - Reduced ER visits
- Avoidance of hospital admissions



Patient Medical Home in BC
September 20, 2016

Chilliwack Primary Care Clinic

Dr. Robert Brooks, Physician Lead

The Chilliwack Primary Care Clinic and our Division-Health Authority partnership continue to be recognized and praised province-wide as an innovative leader in creating a local solution to providing ongoing care for unattached patients discharged from hospital, providing interdisciplinary team-based care to complex patients, and acting as a transition point in Chilliwack for our Patient Attachment Mechanism (PAM).

This past year we enhanced our ability to act as a network supporting physicians in the community by adding a weekly Chronic Pain Consult clinic to the CPCC. Dr. Chantal Chris consults for patients with complex chronic pain issues for GPs in our Division. This is inclusive of creating a care plan for the community GP, but does not include prescribing narcotics. We know the need is large, after a few short months of accepting community referrals, we are booking 10 months out. We are actively seeking and advocating for additional funding to increase our ability to act as a resource for our community GPs.

This community resource is in addition to our Clinical Pharmacist, Dr. Arden Barry, who continues to take referrals from community providers to see patients with medication-related concerns in the CPCC inclusive of polypharmacy, chronic pain, and naloxone.

We've also had our share of challenges this last year. We know that we have a complex patient population and we need additional resources in the CPCC to meet our patients' needs. We've been working with Mental Health and have added a Mental Health Clinician (background in Social Work) to the team, and are looking to add Psychiatry in the Fall.

If working in a team-based interdisciplinary environment appeals to you, we'd love to have you as a member of our team.

After stabilizing some vulnerable patients through the CPCC, we are able to transition them to family doctors in the community which is changing the frequency of ER visits and hospital stays. A recent trend analysis showed that on average, a small group of those patients were estimated, per patient, to have avoided 0.5 ER visits and approximately 9.9 acute care bed days.

In total, attachment to a family doctor in the community for this small group of patients resulted in 71 fewer ER visits and 735 fewer acute care bed days.

If you have room to take on more patients, please contact Jennica at jgrenier@divisionsbc.ca.

If you are interested in joining the CPCC team, please contact Janetta at jcook@divisionsbc.ca



Thank you so much to all who continue to make this possible, from the GPs and NPs who work in the CPCC, to GPs who accept our "packaged-up" patients, to GPs who see CPCC patients on F-call. Your commitment enables us to continue to stabilize and attach patients.

The team: Physicians: Drs. Dominic Black, Christina Brooks, Robert Brooks, Chantal Chris, Ralph Jones, Adam Jones-Delcorde; Clinical Pharmacist: Arden Barry; Nurse Practitioners, Michelle Ambrose, Navneet Bhogal, and Angie Fast; MH Clinician: Jennifer Thomson; and Medical Office Assistants Janetta Cook, Jennica Grenier Jennifer Thornton, and Pauline Walton.



*Top: Janetta and Pauline at the front desk of the CPCC;
Bottom: The waiting room at the CPCC*

Chilliwack Youth Health Centre

Dr. Melanie Madill, Physician Lead

The Chilliwack Youth Health Centre (CYHC) celebrated its second birthday in January 2017, and over 2500 visits from youth and young adults in May 2017!

The CYHC is a committed, integrated, diverse group of service providers for youth and young adults and their supports, informed by lived experience. We stand for accessible quality health care in a safe, inclusive, and culturally relevant environment to empower youth and young adults to exercise autonomy and build resilience.



For the people we serve, we are committed to:

- Actively eliminate barriers that prevent access to services
- Support evidence based practice and practice based evidence
- Stay relevant and responsive
- Support bridging and connections to resources and organizations in our community

And they can count on us to:

- Be authentic, compassionate, trustworthy, and persistent
- Find or create innovation solutions
- Be here for the long term

The CYHC has two sites dedicated to wellness for youth and young adults ages 12-26 years. They don't need a referral, it's free, confidential, and drop-in. Our team can address their medical and mental health needs. Come see us for anything from acne to sexual health to counselling for issues related to anxiety, depression, substance use, gender identity, family conflict, peer conflict, and school and life planning.

Our team includes family doctors, counselors, a pediatrician (referral required), and a psychiatrist (referral required). The pediatrician specializes in behavioral intervention, school integration, anxiety and depression, and coping skills. The psychiatrist specializes in complex youth and young adults which could include those that are bipolar, schizophrenic, and/or have severe OCD, and likely require medication.

We welcome referrals from community doctors. Connect with Jennica to start the process at jgrenier@divisionsbc.ca or 604-795-0034.





Neighbourhood Learning Centre (NLC), 46361 Yale Road, attached to Chilliwack Secondary

EVERY TUESDAY

Counsellors 1-7pm, last drop-in 6pm

Doctors 3-6pm, last drop-in 5:30pm

604-819-4603

Bus Route: 1 Vedder, 3 Chilliwack, and 11 Agassiz/Harrison

Stó:lō Primary Health Care Clinic, 7201 Vedder Road, Building #7

EVERY THURSDAY

Counsellors 2-7pm, last drop-in 6pm

Doctors 2-5pm, last drop-in 4:30pm

604-824-3219 or 1-844-827-2473

Bus Route: 1 Vedder and 5 Yarrow/Greendale



The CYHC is able to provide care two afternoons every week with the generous support of many partners and the community. The CYHC was the grateful recipient of the funds raised from two large local fundraising events this year. The Annual Vita Bella Dinner and silent auction has raised more than \$10,000 over the last two years, and the Child and Youth Mental Health and Substance Use Collaborative Local Action Team brought Dr. Gabor Mate, a world renowned speaker who specializes in trauma, addiction, stress and childhood development, for an evening resource expo and talk which brought over 900 community members and raised over \$8200! Huge thank you to the planning committees for both of these awareness raising fundraisers!!

Partner organizations include: Chilliwack Community Services, Chilliwack Division of Family Practice, Fraser Health, Fraser Valley Aboriginal Children and Family Services Society/Xyolhemelyh, Ministry of Children and Family Development, Pacific Community Resource Society, School District #33, Stó:lō Service Agency, and the University of the Fraser Valley.

chilliwackyhcgmail.com

www.chilliwackyhcg.com

www.facebook.com/chilliwackyhcg



Left top: The new laptops purchased for the CYHC with funds raised from the Vita Bella Event; Left Bottom: New branding shown at the Stó:lō Nation site; Right top: Neighbourhood Learning Centre (NLC) location; Right bottom: Stó:lō Nation site.

Hospital Care Program

Dr. Meghan Newcombe, Physician Lead

It's said that "the old order changeth." That may be true soon, but for the time being, the Hospital Care Program (HCP) continues to function as it has for the past few years for House Doc and F-Call. Our coverage of unattached surgical and psychiatry patients, as well as ALC medical patients, remains consistent. Furthermore, we are following – from a respectful distance! – those patients whose MRP is one of our internist colleagues. We continue to provide reassessment of patients without a family physician who require IV therapy, in the hopes of relieving some of the strain from the Emergency Department. Rarely does a shift go by without a colleague calling the HCP phone to hand over a patient or to ask for help with rounds. This is our niche and we are happy to help.

This year has been particularly positive with regards to regularly filling our House Doc shifts. No doubt thanks in part to Elly's devoted work, we now rarely have gaps in our coverage. What's more, thanks to the "piggy-backing" of weekends with the Residential Care Program (RCP) shifts, we are endeavouring to ensure access to a physician seven days a week. This reduces the possibility of the deterioration a non-acute patient over a Saturday/Sunday period without a physician on hand. We have been combining the HCP/RCP weekend shifts for over a year now and, despite a few minor bumps in the road, the feedback seems to be generally positive.

This past year has also brought challenges with our F-call program. Chilliwack family physicians facilitate coverage of unassigned patients year-round, and stepped up during a two-month period over Christmas when CGH was at extreme overcapacity to ensure all unassigned patients had a family physician MRP. Unlike other communities that are seeing a decrease in the number of family physicians who are retaining their hospital privileges, we are not. We've heard clearly from our physicians, specialists, and medical residents that we want to continue to be a family physician run hospital, and need to be supported to do so.

At least one colleague will, I'm sure, find my quotation of Tennyson in the opening paragraph amusing but much has been discussed in the past six months as to the direction and restructuring of the HCP program. As our community and hospital continues to develop, this is certainly inevitable and we will "[yield] place to new" as the route becomes more obvious. For the time being, however, we will continue to deliver quality care to the patients on our list and we appreciate hopefully being of aid to the physicians who continue to cover F-call patients.

Did you know...?

Of the 68 family physicians who have offices in Chilliwack, 46 (68%) have privileges at the Chilliwack General Hospital, and 30 (44%) accept patients off the F-Call roster.



Left: Chilliwack General Hospital; Right: Participants at the 'It's Your Future' Visioning Session

Hope and the Fraser Canyon

Dr. Josh Greggain, Site Medical Director (Fraser Canyon Hospital), Medical Director (Hope Medical Clinic and Fraser Canyon Clinic) and Lead Physician (Anderson Creek First Nations Outreach Clinic)

The small town of Hope, with 8,000 residents, boasts a collaborative medical approach, with 9 Family Physicians, 2 Nurse Practitioners, Emergency Department Physicians, and visiting Specialists providing comprehensive, local care to patients in Hope and the Fraser Canyon. Hope offers physicians the ability to practice a full-spectrum of family practice from seeing patients in the office, working in the ER, and providing residential and palliative care.

With the addition of new physicians, including the return of Dr. Botha, there is capacity now on the team to maintain the primary care, in addition to adding services based on interest of the physicians and needs of the community.

As an example, the new-to-Hope physician, Dr. Grover, has worked with the Surrey and Chilliwack Methadone Clinics to bring that service to Hope; As well, NP Sue Lawrence has engaged her passion for youth and mental health to run a Youth Drop-In program on Tuesday afternoons. Dr. Greggain reports that Hope can adapt to find local solutions to community needs because of adequate support for primary care.



By partnering with Fraser Health and the First Nations Health Authority, the installation of telehealth terminals at the Anderson Creek Rural Satellite Clinic and Fraser Canyon Clinic in Hope, allow for telehealth opportunities in Boston Bar. Last year noted an opportunity to

increase the uptake of the telehealth component, and by an act of mother nature, residents were all but forced into trying it out. At the end of March there was a tremendous rock slide in the Canyon and the highway was shut for days. In this time, there was a record number of telehealth appointments. Dr. Greggain hopes that this momentum maintains as it is a great way to provide care to these remote communities.



Outreach to the Anderson Creek Rural Satellite Clinic has been successful in reaching vulnerable, sometimes marginalized, patients in the Fraser Canyon (with 964 visits between April 2016 - March 2017). A multidisciplinary team of a family physician and nurse practitioner (weekly), in addition to Older Adult Mental Health, Riverstone (daytox), Public Health, Home Health, and Free Reign (computer training, resume building, and job search) provide local access to primary care, mental health, and social service supports. A tremendous area of growth this past year was additional clinic at local First Nations communities of Boothroyd and Spuzzum with an NP on site twice a month.

Partnering with the Division, the Patient Attachment Mechanism (PAM) has become instrumental in the streamlined attachment of patients to primary care providers Hope. Though some referrals are taken through the side or back door, most patients are accepted through PAM. Whatever they're doing, it's working for them because they have no waitlist!

What's next for Hope? Dr. Greggain is excited about the changes that the \$500,000 Fraser Health grant has made in its first year:

- 1) Transportation – patients now have access to medical care between the communities, for ongoing care and specialist appointments
- 2) Youth Services through Hope and Area Transition Society
- 3) Mental Health services have expanded to Hope and the Fraser Canyon
- 4) Volunteerism – capitalizing on services already available in Hope
- 5) Full-time Health Services Coordinator working to facilitate 9 different specialists into Hope (Prenatal, Gynecology, Pediatrics, Orthopedics, Mental Health, Respiratory, Orthotist, Physiotherapy, General Surgery, and Internal Medicine to be added later in 2017)



And finally, this has leveraged new opportunities for funding grants, including the upcoming all-new city bus route between Hope-Agassiz-Chilliwack, biking trails between 3 local areas of town, and more!

Yes, big things are coming out of our very special little community.

Left: Members of the Hope team; Middle: Dr. Greggain using the telehealth console; Right: Fraser Canyon Hospital

Patient Attachment Mechanism (PAM)

Jennica Grenier, Patient Attachment Mechanism Administrator



The Patient Attachment Mechanism (PAM) was established through the GP for Me funding in 2014, with the goal of establishing a single point of contact for unattached patients looking for a primary care provider. It gives our physicians, nurse practitioners, front-line staff, and community partners a process for patients to become attached. Rather than saying, "No we are not accepting patients" or "I don't know how you'd find a family doctor" they can say, "Call PAM, our local patient attachment mechanism".

PAM currently prioritizes unattached F-call patients discharged from hospital and links them with the Chilliwack Primary Care Clinic. Building partnerships in the community, we also have the capacity to immediately attach priority populations including pregnant women, child and youth, and Indigenous.

How does it work? You 'Contact PAM' and are placed on a waitlist by either self registering online at www.divisionsbc.ca/chilliwack/pam or those without internet access can call 604-795-0034 to register over the phone. When there is capacity in the community, in established or new practices, patients are invited to the Chilliwack Primary Care Clinic to be seen and packaged up before attaching them to a primary care provider that best meets their needs.

Between April 2014 – June 2017, we have successfully attached 2,625 patients to community practices through PAM. In addition, 891 patients are currently attached to the Chilliwack Primary Care Clinic to receive ongoing care before being packaged up and transferred to a permanent care provider in the community. That's 3516 patients!

If you are looking to take on new patients but don't want to be overwhelmed with new patient requests, PAM can assist in building or adding to practice panels by matching patients to your practice scope and capacity.

Congratulations to everyone who has helped make PAM a success. Physicians and nurse practitioners for accepting patients into their practice, medical office assistants for facilitating the process of attachment, community partners for promoting the service to their clients, and finally to the Division staff who work with these stakeholders to enable patient attachment, mostly notably Jennica Grenier, the amazing PAM!

****If you have room to take on patients, please contact Jennica at jgrenier@divisionsbc.ca.***

To request copies of the new PAM posters and cards, please contact Emily at esayward@divisionsbc.ca

Pathways

Home | Admin | Resources | Forms | Favourites | You | Search

Now viewing Pathways as an Administrator in the following divisions: Chilliwack.

ALL SPECIALTIES >

Show front page for:

Bella Bella / Bella Coola (R&R) | Burnaby | Campbell River / Comox Valley | Central Okanagan | **Chilliwack** | Cowichan Valley | Delta | Fraser Northwest | Gabriola Island (R&R) | Hazelton | Kootenay / Boundary | Langley | Long Beach (R&R) | Mission / Abbotsford | Nanaimo | Northern Interior Rural | North Peace | North Shore | North Vancouver Island (R&R) | Oceanside Division | Pacific Northwest | Pemberton (R&R) | Port Alberni | Prince George | Provincial | Revelstoke (R&R) | Richmond | Ridge Meadows | Salt Spring Island (R&R) | Sea to Sky | Shuswap North Okanagan | South Island | Sunshine Coast | Surrey / North Delta | Thompson Region | Vancouver | Victoria | West Interior (R&R) | White Rock / South Surrey

Specialties

Addiction Medicine
Allergy
Anesthesiology
Cardiac / Thoracic Surgery
Cardiology
Dermatology
Emergency Medicine
Endocrinology
ENT / Otolaryngology
Family Practice **NEW**
Gastroenterology
General Surgery
Genetics
Geriatrics

What is Pathways?

Pathways is a web based resource to streamline and optimize patient referrals.
[Learn more.](#)

Latest Specialist and Clinic Updates

BC Centre for Vulvar Health (Obstetrics / Gynecology) has recently opened a new location in Vancouver.
Natascha (Dou-Anne) Siew (Internal Medicine) has recently opened a new office in Burnaby.
Rob (Robert) Peers (Plastic Surgery and Sports Medicine) has retired.
Neurological Associates (Neurology) has closed.
EMG - Valley Laboratory (Neurology) has closed.
You can see past specialist and clinic updates [here](#).
[Edit Specialist and Clinic Updates](#)

Featured Content

RACE Program

- RACE App - Rapid Access to Consultative Expertise Program - Fraser Health
- RACE App - Fraser Valley Region ★

Physician Resources

- Depression Treatment Options (Option Grid)
- Heavy Menstrual Bleeding - Periods - Treatment Options (Option Grid)
- Parkinson's Disease - Medication Treatment Options (Option Grid)
- Knee Osteoarthritis - OA - Self-Management Options (Option Grid)

Pathways is a web-based resource for Family Physicians, Specialists, and MOAs to facilitate optimal patient referrals. Pathways optimizes the specialist and clinic referral process by providing all the information required to make the right referral the first time.

Pathways works because:

- It contains all the needed information to make an efficient, 'first time right' referral
- It uses simple but powerful search and filtering capabilities facilitating the identification of appropriate specialists/clinics within a minute
- It is web based so it can be used anywhere and is also phone and tablet friendly
- It was designed by FPs for FPs so it supports the way they work

Interesting fact:

... In Chilliwack, the total number of page views was 118,051!

Programs Coordinator, Emily Sayward, is available to come to clinic offices to give brief tutorials to Physicians, Specialists, MOAs, and/or other office staff. Please contact her at esayward@divisionsbc.ca to set up a time, or email to be registered for free access with a user log in.

A total of 3757 specialists, 980 clinics, 76 hospitals and 1517 resources can now be found on Pathways.

There are a total of 42 specialists and 78 GPs practicing in Chilliwack who are featured on Pathways.

Physician Practice Support and Coaching

Ron Plowright, Practice Support Specialist



Dr. Madill represents the Chilliwack Division of Family Practice at the Regional Practice Support Committee and helps make decisions on how to allocate practice support resources each fiscal year. Here are some highlights of the last year's PSP activity in the Chilliwack Division area:

Small Group Learning Sessions (SGLS)

Last fiscal ended with a Small Group Learning Session on Local Indigenous Culture and History Training. 7 physicians went through this training with Kelowa Edel of Stó:lō Service Agency.

Training is currently underway for local physician peer mentors for the Dementia (one session), Team Based Care (3 foundational sessions plus 6 optional sessions in a series) and Quality Improvement: Making Practice Improvement Work for You (2 -3 session series) SGLS. These will all be offered in fiscal 2017/18.

Electronic Medical Record support

In 2016-2017 local Peer Mentors were again very busy helping to bring new tools, scripts and tricks to individual practices and the practice community. For OSCAR users, new toolkits/smart forms were created, demonstrated and loaded for Chronic Non-Cancer Pain Management, Lower Back Pain management and treatment, and Rheumatoid Arthritis diagnosis and Management.

For Telus Wolf users, a dashboard was created and piloted across the region for the Understanding your Patient Panel tool. Local GPs decided not to be in the pilot phase but will be able to take advantage of the tool in fiscal 2017/2018. Thanks to David, John, Cam, Quentin and Marty for all your work this last year!

In-practice support

In-practice support was provided to follow up on past module and SGLS content. Support was also given for human resources and practice management templates, new approaches to Mental Health patient self-management and cross-sectoral collaboration as well as advanced access training for practice staff. Most notably, and a focus in the 17/18 fiscal, are the three new tools being supported by PSP. The tool will be offered to every interested Division member.

- Understanding Your Patient Panel: 3 physicians piloted this new tool. This takes physicians and staff through a series of demographic and disease registry data points and gives a baseline snapshot comparing this to what we would expect from population health data. If desired, physicians can then look at how to improve

the quality of the data through better demographics management to case find all patients who have a chronic health problem but aren't currently in a disease registry for more proactive patient care. If you are willing to share the data with the Division, it will allow the Division to identify needs at a practice and community level and work with our health authority and community partners to advocate for and align appropriate resources for team based care.

- EMR Functionality: 2 physicians piloted this new tool. This takes physicians through an assessment across several domains of EMR then enables them to make an action plan to improve in some of those areas through coaching, individual study, or peer mentoring.
- Patient Medical Home Practice Assessment: 1 physician piloted the paper version of this new tool. It asks practice and community of practice-based questions looking at how current care compares to the attributes of the Patient Medical Home. The physician can choose to work on improving aspects of the assessment individually, with support of the Division, and/or with coaching support from PSP. It is now launched online, keep your eyes open for a GPSC PMH Assessment Party that brings together physicians to complete the tool together, and support dialogue around the questions.

Modules

Chronic Non-Cancer Pain Management

25 local physicians took part in this 5 month, 3 session, 2 action period quality improvement learning opportunity led by Dr. Cam Ross and Practice Support Specialist Katie Harmer. Physicians and staff were introduced to a new structured multi-modal approach to chronic pain management and to several tools for measurement and monitoring of pain severity, functionality and other domains, and helped with understanding the College's new Guidelines around Opiate prescription.

Musculoskeletal (MSK)

24 local physicians participated in this 5 month, 3 session, 2 action period quality improvement learning opportunity led by Dr. Matt Blackwood with support from Rheumatologist Dr. Sonny Gill looking at a syndromal approach to Mechanical Low Back Pain and a structured approach to Osteo and Rheumatoid Arthritis as well as shorter pieces on Gout and Ankylosing Spondylitis.

The Physician Practice Support Team: Dr. Melanie Madill - Lead; Dr. Cam Ross - Chronic Non-Cancer Pain Module Physician Peer Mentor; Drs. D. Page, J. Robertson, Q. Smith, M. Dodds and C. Ross - OSCAR EMR Physician Peer Mentors; Ron Plowright - Practice Support Specialist with FH Practice Support Program Regional Support Team

Residential Care Program (RCP)

Dr. Erin Lynch, Physician Lead

The Residential Care Program (RCP) has continued the efforts of its founders over the last year with ongoing coverage of a Residential Care Physician on weekends with the added coverage of hospital based orphaned patients. The incentive fees for 'Proactive' visits and attendance (in-person or by phone) at case conferences to your residential care patients continue to be available. The RCP has developed an Educational Series providing many opportunities for providers including: P.I.E.C.E.S., Polypharmacy training, and the Serious Illness Conversation Guide for Residential Care. This year we also had an exciting pilot as we trialed Nurse Practitioner support at Heritage and Bradley Center. This shared care support has been received well by physicians and facility staff. Thank you to NPs Michelle Ambrose, Navneet Bhogal, and Angie Fast for your support and willingness to pioneer a new model of care.



The primary goal for the RCP in Chilliwack is to support community physicians following their patients into facilities and a 'Clustering' model of attachment for those family physicians interested in providing care to residents requiring a family physician. At an April engagement event, the RCP team heard that both models of care within residential care are important and there were some foundational values that were important to a family physician working in residential care: the longitudinal relationship with patients and their families, intrinsic motivation such as job satisfaction and joy, and healthy collaborative relationships with facility staff. We are grateful for the insights from our community family physicians and facility staff as they contribute to our local RCP.

In Agassiz, Drs. Paul Graham and Tammy Wojcik provide longitudinal primary care for the nearly 100 residents in the two nursing home facilities (Cheam Village and Glenwood). The RCP offers support by covering call on the weekends for these facilities, primarily by phone. Agassiz also facilities a transitional care unit (TCU) that hosts 10 beds associated with Cheam and serves those patients needing rehab/convalescence prior to independent living.

In Hope, Nurse Practitioner Marina Rosu replaced Linda Yearwood as the MRP for all the Lodge patients as of April 2016. Both Marina and Dr. Ray Green were able to attend the P.I.E.C.E.S. and Polypharmacy reduction CME events in the past year and plan to attend another conference on Palliative Care in September. Marina continues to work on polypharmacy reduction with the help of Anna Eldridge (Pharmacy). As MRP she has also attended on the patient care conferences over the past year. This proactive approach has managed to keep residents at the Fraser Lodge and avoided admissions to acute care over the past year.



Top: Doctors and participants at the P.I.E.C.E.S. Training; Bottom: RCP related event posters

Recruitment, Retention, and Retirement (RRR)

Dr. Allison Salter, Physician Lead

The Recruitment, Retention, and Retirement (RRR) Committee continues to work to attract physicians to our community, support recent residency graduates in their transition to practice, facilitate a locum pool, advise and prepare IMG physicians as they sit their Canadian exams, retain current physicians, and assist retiring and relocating physician as they transition out of practice.

This past year continued to be a learning process for committee members as we strive to achieve these mandates.



SUCCESSSES

- Recruitment of ten family physicians between June 2016 - June 2017 to the communities that the committee serves.
- The RRR Committee worked with incoming physicians to take on practices of retiring or relocating physicians.
- Continued support from The Chilliwack Economic Partners Corporation (CEPCO) who provide the community component of the site tour for potential recruits.
- Regular contact with Health Match BC.
- Regular contact with potential recruits and organization of community tours
- Mentorship of soon-to-be and newly practicing graduates of our residency program as they locum and establish practices.
- Successful support of IMG's sitting their Canadian Exams – WAY TO GO!!
- Hosting social events to support work-life balance, relationships, and communication.
- Creation of a comprehensive Retirement Guide including 5 year projection planning, how to notify patients of practice closure, letter templates for easy use, legal requirements, post retirement options, and more!

CHALLENGES

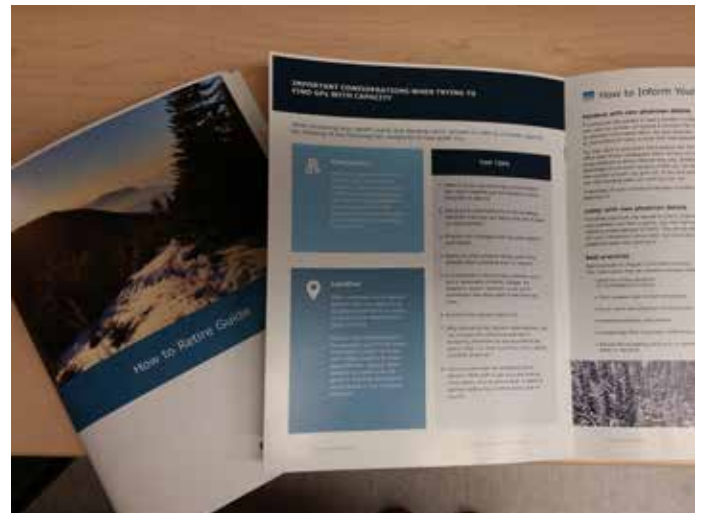
- To maintain and grow the physician workforce at a time when Chilliwack is one of the fastest growing cities in the Fraser Valley
- Retirement/relocation of five family physicians between June 2016 - June 2017

THANK YOU

Thank you to Dr. Alison Henry for her outstanding work and leadership since the inception of this committee. Dr. Henry is stepping down from her role to pursue other interests, but it is her work that has laid the foundation for our committees continued success. Thank you Alison!

Finally, the RRR Committee would like to thank YOU, the physicians and medical staff in Chilliwack who make our job so easy. It isn't hard to promote a community like this when your colleagues are outstanding. Keep up the great work and please, say hello to a strange face when you see one – you never know if that smile "seals the deal" for a new Chilliwack physician recruit!

To request a free copy of the Retirement Guide or Medical Community Resource Guide, please contact Emily at esayward@divisionsbc.ca.



Members of RRR Working Group: 4 Family Physicians, Drs. Salter (Lead), Henry, Kennedy, Esau with continued input from Dr. Low; RRR Coordinator, Elly Meyerink; Division Executive Director, Katrina Beppele; Division Programs Coordinator, Emily Sayward; Representative from the Chilliwack Economic Partners Corporation (CEPCO), Netty Tam.

Left: Drs. Salter and Henry presenting to the Residents during a Recruitment and Retention event. Right: The new 'How to Retire' Guide.

Child and Youth Mental Health Substance Use Collaborative (CYMHSU) - Shared Care

Maggie Aronoff, Local Action Team Coordinator

This year the Division was an active partner in the CYMHSU (Child and Youth Mental Health and Substance Use) Collaborative sponsored by Shared Care (Doctors of BC) to improve the child and youth mental health service continuum by engaging youth, families, and providers. The Division coordinated two Local Action Teams in Chilliwack and the Fraser Cascade (Agassiz-Harrison, Hope and the Fraser Canyon communities). Both LATs had the same three objectives: education and awareness; integration of services, and cultural inclusion. We had dedicated teams of youth and parents sharing their lived experiences to help us find the gaps. Our gems are an upcoming Family Peer Support parent education and support group connected to school counselors and the Youth Health Centres a Calm Area in the CGH ER waiting room, and stronger collaboration with our First Nation service partners. Here are some of the other things we've accomplished this year.

Fraser Cascade:

- Indigenous Cultural Safety Training
- Stó:lō Cultural Impact Training
- Mental Health First Aid Training
- SafeTalk & ASIST Trainings
- START Suicide Risk Assessment Training
- PSP CYMH Module Training
- Clinic-In-A-Bag Lunch & Learn
- Aboriginal E-mentoring Lunch & Learn
- "Screenagers" Documentary Screening
- "Resilience" Documentary Screening
- "Paper Tigers" Documentary Screening
- Photo-Journey Mapping with Youth
- Youth-Adult Partnership Meetings

Chilliwack:

- Indigenous Cultural Safety Training
- Stó:lō Cultural Impact Training
- Mental Health First Aid Training
- Emotion Focused Family Therapy Training
- Photo-Journaling Training
- Family Smart Pilot Training
- Transitions to Adult Services Pathway
- International Youth Day
- Understanding Addictions Public Event
- "Screenagers" Documentary Screening
- Dr. Gabor Mate Keynote Event
- Cannabis Education Public Event
- Provider-Family Conversation Resources

These are just some of the LAT's achievements. The lateral projects, partnerships and improvements are many. We couldn't have done it without our partners – the Chilliwack and Fraser Cascade School Districts and the Ministry of Child and Family Development who opened their space and their staff to collaborate with us. Our work continues in the new fiscal year as we wrap up some pilot projects and finalize some pathways to guide families and service providers to the right service at the right time. Stay tuned!



Medical Imaging - Shared Care

Tracey Miyashita, Shared Care Project Manager

Physician Lead: Dr. Martin Dodds
Specialist Lead: Dr. Amarjit Bajwa

The Medical Imaging Project is aiming to improve communication between GPs and the medical imaging department by enhancing the referral process, improving requisitions and reducing congestion and waitlists by focusing on appropriateness of referrals.

The three main focus areas that were identified were:

- 1) Improving Requisitions
- 2) Appropriateness of referrals
- 3) Improving Communication



Since January, there have been two MOA Tours and Talks in the medical imaging department, GP Dine and Learn sessions to discuss appropriateness and red flags in imaging, referral process card developed and a new requisition form was launched in January 2017.

Thank you to Dr. David Page and the radiology team for their work on this requisition. Through the radiology project we were also able to launch the first edition of the comprehensive Chilliwack Medical Community Guide. This guide will assist with improved communication and allow the medical community to have contact information and pictures for their colleagues. The concept of the guide was identified as a valuable tool of connection for new-to-town doctors and residents, as well as existing docs getting to know new doctors. This document will be updated annually and includes pictures and contact information for family doctors, specialists, nurse practitioners, as well as clinics and hospitals and Division staff.

Project evaluation and surveys indicated that improvements were made as a result of the project:

- 30% increase in satisfaction with communication between radiology and GPs.
- 93% of GPs indicated receiving urgent results in a



reasonable time frame – an increase of 28% from the start of the project.

- 73% of GPs indicated they now receive abnormal results in a reasonable time frame. At the start of the project only 30% were satisfied with the timing of receiving these results.
- 76% of GPs felt they learned something new about medical imaging as a result of attending the learning sessions or dialogue meetings.
- At the start of the project there were 50 referrals per week – 14% that were identified as inappropriate or missing info. At the end of the project, only 1% are identified as inappropriate.

The radiology project will conclude in the fall of 2017 with one more physician dialogue session planned for October. Thank you to all who have participated!



To request a free copy of the Medical Guide, please contact Emily at esayward@divisionsbc.ca.

Left: MOAs during a Radiology walk-through event; Right top: Dr. Page presenting the new Smart Form; Right bottom: The new Medical Community Resource Guide

Community Education

Emily Sayward, Chilliwack Division of Family Practice Programs Coordinator

Building on current initiatives and existing partnerships, community education is working to improve patient experience by raising awareness about the importance of primary health care, how to find a primary care provider, as well as how, when and where to access primary care. We have enhanced partnerships with organizations to accomplish this, namely in supporting joint programs through funding and promotion, and dissemination of information through online links and printed materials through community partners.

WALK WITH YOUR DOC

Walk With Your Doc ran again this year in partnership with Doctors of BC. Doctors, NPs, nurses, and MOAs across the province host free walking events for their patients and community members throughout the second week of May. Separate events were hosted in Chilliwack, Agassiz, and Hope.

Walk with your Doc is an opportunity to promote healthy lifestyles in our communities, and for health care professionals to connect with their patients in a non-clinical environment. This event allows less active patients who want to begin an exercise regimen the starting point to do so in a friendly environment, and enables doctors to Walk the Talk when it comes to prescribing exercise for their patients while also discussing the benefits of being more active.



SOCIAL MEDIA

Regular press releases are being published in the Chilliwack Progress to share the various fronts on which primary care is improving in our community. Recent media coverage has focused on PAM, the Chilliwack Primary Care Clinic, Mini Med School, and the roll out of the Use Your ER Wisely campaign.

The Chilliwack Division facebook page continues to be a valuable source of connection to the community to disperse regular health and wellness tips, promote local upcoming events (Division run as well as partner sponsored events), update program details (Live 5-2-1-0 playboxes, etc.), and more.

This year there were 195 facebook posts reaching 77,451 - That's an increase of 322% from last year!



LIVE 5-2-1-0 PLAYBOXES

The Live 5-2-1-0 Playboxes have continued to struggle this year with vandalism and theft. Despite several attempts to encourage locking and making the "rules" more obvious in the messaging, 2 out of the 3 boxes had to be deactivated and reevaluated. Working with partners, we identified a new location at Greendale Elementary Community School to relocate the Landing Leisure Centre playbox, and have partnered with the YMCA to use the Central Community Park playbox for their programming so that it can be used in a different capacity. The Watson-Glen Park playbox continues to be well-used and well-loved!



Continued...

USE YOUR ER WISELY CAMPAIGN

"Educating patients about where to go to receive timely and available medical attention not only gives them a better understanding of our health care system, but also helps them feel engaged in their own care," said Dr. Ralph Jones. "This leads to patients making healthy and informed choices that improve their overall experience."

'Use Your ER Wisely' is a campaign being rolled out by Chilliwack Division of Family Practice and Fraser Health in partnership with Chilliwack Healthier Community. When everyone gets "the right care, at the right place," as the tag line goes, they can avoid using the ER inappropriately. Posters and rack cards have been distributed into the community through community partners.

More than 26,000 visits to the ER in Chilliwack General Hospital in 2015-16 were deemed "semi-urgent" or "non-urgent." The idea of the new campaign is to cut that number way down — by making people more aware of all the options.

"We believe that this campaign could have a significant impact on our community, just as it has with neighbouring communities," said Petra Pardy, Executive Director, Health Service Areas Chilliwack, Hope & Agassiz, for Fraser Health. Similar efforts in White Rock-South Surrey, where the campaign started, saw visits to Peace Arch Hospital cut down by more than 1,100 in the first year.

"We expect to see compounded results as the message spreads throughout the community and changes the way people think about their health care options."



BE ACTIVE EVERY DAY

This year was the biggest Be Active Every Day event to date with more than 5800 kids in 60 schools answering the 60-minute activity challenge laid out by local doctors. Doctors of BC members went above and beyond the call engaging with their local communities to arrange classes with local dance studios, connect with local MLAs, and work with schools to get kids active.

The Divisions of Family Practice continued to be an integral part of community engagement this year. The Chilliwack Division reached nearly 1,000 kids in the Fraser Valley, ranking us the second most engaged Division in the Province through the efforts of the seven doctors and one nurse practitioner that participated, with Division staff, Emily Sayward, bringing everything together to make it happen!



MINI MEDICAL SCHOOL

This year marked the 9th Annual Mini Medical School. The topics were relevant to the current needs of the community, presenting "Medicine At The End of Life", "Fentanyl Addiction, and Homelessness", "Nutrition", and the always popular "How To Talk To Your Doc". The popular and always anticipated series is run by Dr. Chantal Chris who teaches one session herself and coordinates residents to teach the rest of the sessions.



Page 25: Left: Dr. Joneson with his daughter at Walk with Your Doc; Right top: The Chilliwack Division facebook page; Right bottom: One of the Live 5-2-1-0 playboxes; Page 26: Left: The Use Your ER Wisely poster; Right top: NP Lisa Helegeson presenting 'Be Active Every Day' at Rosedale Elementary; Right bottom: Dr. Chris presenting at Mini Med School.

2016-2017 Highlights...



Left to right: News coverage of PAM and the CPCC; P.I.E.C.E.S. Training; Radiology Smart Form launch presented by Dr. Page; Medical Student Brett Hryciw presented "Be Active Every Day" at Strathcona Elementary; "Screenagers" Film Documentary Viewing at the NLC through the LAT; Vita Bella Fundraiser silent auction; Telehealth system in the Fraser Canyon; CPCC's Nurse Practitioners at the Walk with your Doc event; Drs. Larson, Madill, and Harder at the Chilliwack Walk With Your Doc Event; Dr. Costello presenting at one of the Mini Med School sessions; "Chose the ER Wisely" campaign dissemination through Chilliwack; One of the three Live 5-2-1-0 Playboxes in Chilliwack; Gwen Haworth presented at a TransGender Care Workshop.

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