

South Okanagan Similkameen Rural Physician Corridor

Joint Standing Committee on Rural Issues

2016-2018

Eighteen months of progress in our rural communities

In this booklet, we highlight eighteen months of improvements made to health care delivery in our South Okanagan Similkameen rural communities. For easy reference, our work developing sustainable rural practice communities is separated into three sections:

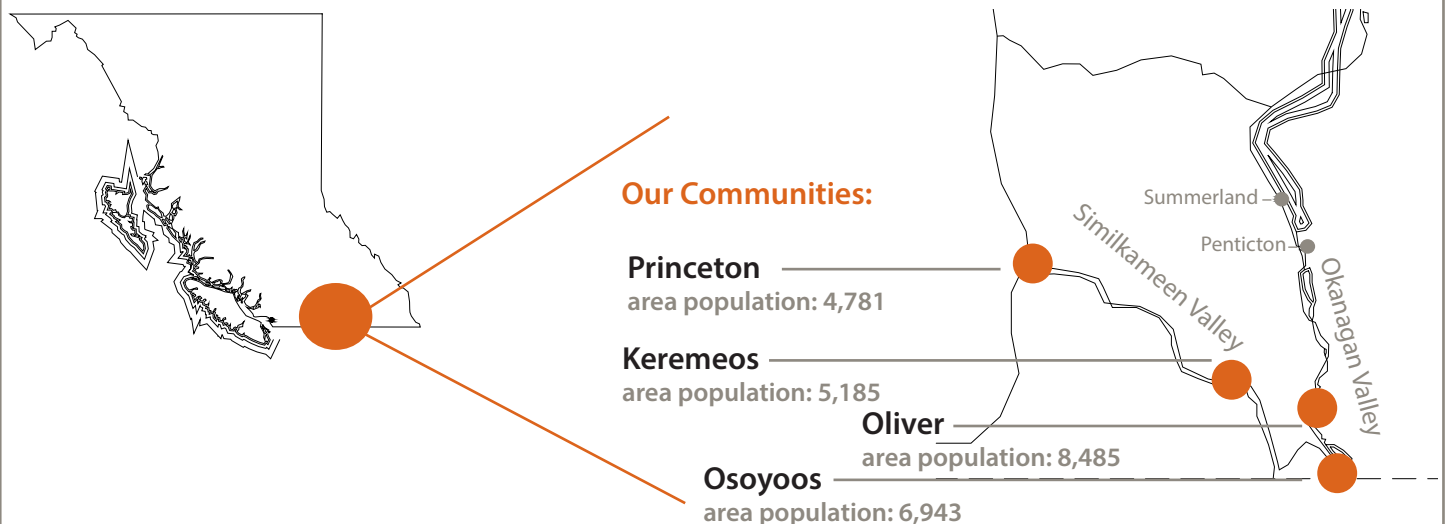
- **Practitioner Collective**
- **Community Coalition**
- **Protocols**

Under each heading, we list our key activities, showcase information from our newsletters, events and reports, and let you know where we're headed next. We hope you enjoy!



The South Okanagan Similkameen Rural Physician Corridor

Location of the South Okanagan Similkameen within BC



The South Okanagan Similkameen Division of Family Practice supports health care improvements in our rural communities: Oliver, Osoyoos, Keremeos and Princeton, as well as in the communities of Penticton and Summerland.

SOS Rural Corridor Practitioner Collective

Developing strong, mutually rewarding collegial relationships amongst all SOS rural corridor physicians

Our key activities included:

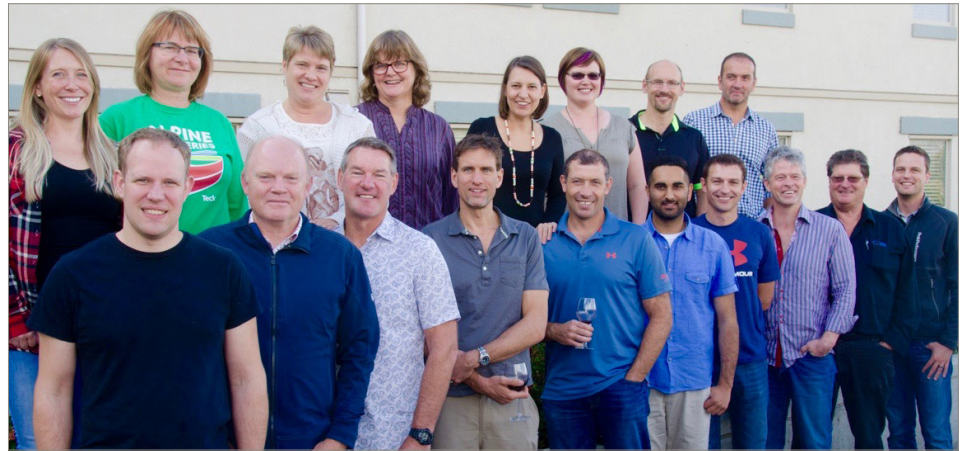
- ① Hosting relationship building events for rural physicians and their families
- ② Supporting team approaches to care
- ③ Facilitating EMR integration and access

1 EVENTS

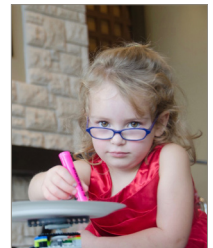
October, 2016

We hosted a successful Get Connected Event, which started with a physician meeting and was followed by a family social, lunch and family-friendly activities.

**Walnut Grove Resort,
Osoyoos, BC**



We engaged 17 physicians, 1 resident, 13 partners and extended family, and 24 children.



We created a newsletter roundup of this event.



At the event, physicians from multiple clinics and communities had the chance to ask each other questions and hear about how other clinics deal with similar challenges.



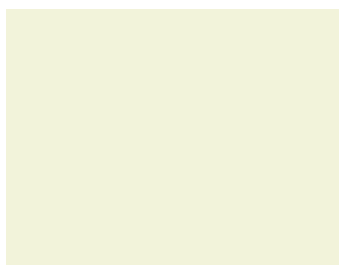
"Most of us don't have time to sit together and chat about each other's work," Oliver physician, Dr. Madia Smallwood said about the event. "It was great to have the opportunity to listen, and see how we might be able to work together as a team."

SOS Rural Corridor Practitioner Collective



July, 2017

Following the success of our first Get Connected event, we held a second under sunny skies at Watermark Beach Resort in Osoyoos. It included a physician meeting, great food and plenty of fun activities for kids!



We attracted new physicians to the event.



We distributed a second newsletter with a physician meeting recap for those unable to attend.

Physicians met at the second Get Connected event and discussed a number of health-related items. Among those were the current and completed projects of the SOS Rural Corridor Developing Sustainable Rural Practice Communities Initiative. In addition, Dr. Alan Ruddiman spoke about other regional JSC initiatives such as Stabilizing the Rural Community Point System, Supporting Rural Obstetric Networks, and the Selkirk College Rural Pre-medicine program. SOS Division of Family Practice Board Chair, Dr. Tim Phillips, provided an update on SOS Division projects, as well as other provincial Division projects.



"I really enjoyed putting names to faces and meeting the community," said Dr. Ifeju Omojuwa, who attended the event for the first time after moving in to his practice in Keremeos, BC. He is pictured here with his family.

A third Get Connected Event is planned for Fall, 2018

SOS Rural Corridor Practitioner Collective

2 TEAM APPROACHES TO CARE

We undertook a number of initiatives to support rural physicians working in team approaches to care, in preparation for Patient Medical Home and Primary Care Networks. The newsletter story below from 2017, highlights work done in Keremeos to create office efficiencies. This story was picked up and shared provincially.

Improving office workflow in Keremeos was 'an absolute pleasure'

Keremeos family physicians recently tackled their clinic and office flow challenges with amazing results.

They were able to make efficient, practical changes by accessing the coaching and guidance of the Practice Support Program Advanced Access/Office Efficiency series, supported by the SOS Division of Family Practice and a local MOA peer mentor.

"We offered protected time to work out details that would lighten workloads, and make sure office staff and physicians were working within the scope of their roles," explains Wendy Boyer, PSP Coordinator for the South Okanagan Similkameen.

"Working with Wendy and Rob was an absolute pleasure," says Dr. Johan Boshoff. "We have benefited from their facilitation experience in identifying the varied issues at our clinic. This has greatly improved our clinic efficiency, workplace atmosphere and overall enjoyment in our employment."

To begin the improvement journey, South Similkameen Health Centre physicians and multidisciplinary team members came together for an evening learning session, which included confidential team



Physicians and staff pictured in front of the South Similkameen Health Centre in Keremeos (from left): Danielle Lanneville, Gloria Sheets, Stacey Carter, Lisa Porter, Nadine Allen, Janet Young, Laurel Skadberg, Dr. Mark Baillie, Dr. Marina Louw, Dr. Ifeju Omojuwa, Dr. Johan Boshoff

discussions, process mapping, and problem and solution identification.

"The physicians and team were so dedicated to making improvements," says Boyer. "All attended the planning meeting, and expressed 100 percent buy-in for change."

This quickly led to an office work plan that prioritized improvements ranging from scheduling/work flow, attaching patients, EMR panel updates, EMR user-training, communications, and setting aside dedicated time for rapid access patients. "Being able to see patients expeditiously with Advanced Access built into every day has helped to be of service, and improve patient

satisfaction without compromising being 'relatively' on-time," says Dr. Mark Baillie.

"The whole journey was very practical and it was enlightening to get input from other offices," says Dr. Marina Louw.

Improvements to clinic workflow also made it easier to cope when locums and an LPN were added to clinic operations.

The Keremeos team encourages other clinics thinking about improvements to contact the SOS Division of Family Practice (info@sosdivision.ca), or Wendy Boyer (wendy.boyer@interiorhealth.ca).

The following newsletter story from 2018 highlights work being done to find ways to talk about building primary care service plans under the Primary Care Network initiative in our region.

Engaging the Media



Physicians and Board Directors shared ideas about how to talk to the media, and how to engage the public on local issues at a recent media training event in Oliver.

Through the media training experience, the group discovered that they are facing many common challenges and talked about how

their communities can support each other as they build primary care plans for the entire South Okanagan Similkameen region.

Participants at the event included two physicians from Oliver, two from Osoyoos, a Nurse Practitioner from Princeton and two Penticton physicians.

SOS Rural Corridor Practitioner Collective

The following SOS Division newsletter story ran in 2018, and highlighted the ways team-based care and the presence of a community worker make clinics attractive to new physicians.

Team-based approach helps new physician settle in Keremeos

Dr. Ifeju Omojuwa is thrilled to finally be settled in Keremeos and feels very welcome in his new community.

He first moved with his family from Nigeria to Calgary in 2013 to complete the process to practice medicine in Canada.

Since establishing himself at the Keremeos clinic, Omojuwa has been focusing on integrating and building an understanding of the community, which is key to his practice.

Omojuwa says although it took time to gain an improved understanding of community culture and addressing patient needs, a team-based and interdisciplinary clinic has helped him settle smoothly into practice in Keremeos.

In particular, Omojuwa recognizes the unique value of the Community Worker, who assists and connects patients with psycho and social needs to community resources. This not only helps patients but provides peace of mind to physicians that their

patients' needs are being met in the community.

He also notes how valuable it is to have an LPN working alongside physicians. "For instance, the patient comes in and the LPN has already put on the blood pressure cuff and takes the blood pressure. That gives me more time to do other clinical things."

According to Omojuwa, these resources, along with other allied professionals that work as part of the Keremeos team, help provide good patient care and allow the physicians

to better work at top of scope and feel more satisfied at the end of the day.

Omojuwa feels grateful to be working at the interdisciplinary clinic, noting that a number of international medical graduates that he knows who came to Canada, feel isolated and aren't in systems that are as supportive. "I so appreciate the support of the other doctors here, and the nurses and the MOAs. The best thing for me is the teamwork."

He looks forward to continuing to serve the community in the future.

*Dr. Ifeju Omojuwa
moved to Keremeos
almost two years ago
to practice family medicine*



The SOS Division is supporting the integration of community paramedics into our primary care clinics in a number of ways. We host meet and greets for physicians and paramedics, and as seen in the 2018 SOS Division newsletter story, we help clarify their roles.

Community Paramedics: More community supports for rural physicians in Keremeos

Rural physicians in Keremeos are welcoming more community supports with the addition of Community Paramedics.

Already in place in Princeton, Community Paramedics can attend a patient, referred by a family physician, RN or NP, at their home, and assist with care of three conditions: COPD, diabetes management and congestive heart failure.

They can also help other patients (such as fall-risk patients) with self-management, and use Home Health Monitoring to assist COPD patients.

Community Paramedics receive training to understand other health workers' roles, so that they are well integrated into the community care network.

"The Community Paramedic is a great resource in our rural communities, and highlights how many partners, which are a part of primary care, are at the table," says Aarin Frigon, SOS Division of Family Practice Project Manager.

The Community Paramedic program will soon be launching in the community of Osoyoos.



SOS Rural Corridor Practitioner Collective

3 EMR INTEGRATION AND ACCESS

In a 2017 SOS Division newsletter, we announced that our region was selected as one of the pilot sites for testing the first phase of the Clinical Data eXchange (CDX) project.

CDX allows for interoperability between all the different EMR systems and Meditech.

EMR integration coming to the South Okanagan Similkameen

The South Okanagan Similkameen has an exciting opportunity to provide feedback on an EMR Integration project being led by Dr. Douglas Kingsford (CMIO & EMD, Interior Health).

Phase One of this project will be rolling out in the SOS region in April 2018. The vision is to have a single virtual record, and on-demand access to clinical information and coordination

of care delivery between multiple EMRs.

The EMR will have a push function that allows static data (e.g., medication list, care plan, problems list) to be pushed between Med Access and Meditech.

Other EMRs vendors will be included in the future. In 3-4 years, full integration will allow for the pushing and pulling of dynamic data between all EMR vendors in the province.

In January 2017, the SOS Division of Family Practice hosted an information night at the Osoyoos Indian Band Nk'Mip Resource Centre. Presenter Dr. Douglas Kingsford led a discussion on the CDX project and interoperability.

The event had 25 attendees including physicians, mayors, the OIB health director, community wellness director and NGO members. Out-of-area physicians joined the discussion via teleconference.

Innovation Hub:

The SOS Division will be the first Division to collaborate with the Ministry of Health, Telus Health, Doctors of BC and Interior Health on an Innovation Hub initiative. The purpose of the Innovation Hub is to support the implementation of the South Okanagan Similkameen Primary Care Network by piloting/testing digital IM/IT solutions, which will enable and enhance the delivery of primary and community care services.

In March 2017, the SOS Division hosted a EMR Clinical Processing Mapping session in order to prepare for the Innovation Hub. The group mapped clinical process for specific projects/areas within our healthcare teams, including rural and First Nations.

This mapping allowed us to use a grassroots approach to determine our community needs as we move forward with Telus and the Ministry of Health in the development of the Innovation Hub initiative, which will support our Primary Care Network and Primary Medical Home initiatives.

EMR ED Project:

We will soon be implementing this pilot project, which will ensure that emergency department physicians have access to patients' more complete medical history when they present at emergency.

Currently, 4 out of 7 clinics in the Oliver/Osoyoos area provide the South Okanagan General Hospital Emergency Department with read-only access to their clinic EMRs. Making this patient information accessible to all practitioners will increase cost effectiveness by reducing the amount of duplicate testing and procedures, and will be essential for establishing more coordinated team-based care, such as with Patient Medical Home and Primary Care Network initiatives in the SOS Rural Corridor.

Related Outcomes for the SOS Rural Corridor Practitioner Collective

- Increase in practitioner retention
- Breakdown of existing silos
- Building of foundation for Patient Medical Homes/Primary Care Networks

SOS Rural Corridor Community Coalition

Building a strong community coalition that includes membership from SOS Rural Corridor practitioners, municipal governments, First Nations, Allied Health and additional community organizations

Our key activities included:

- ① The Developing Sustainable Rural Practice Communities Initiative
- ② Community Engagement and Education
- ③ Evaluation of the Community Coalition

① DEVELOPING SUSTAINABLE RURAL PRACTICE COMMUNITIES INITIATIVE

The Developing Sustainable Rural Practice Communities initiative, partnering with both municipalities and First Nations, combines existing strengths and resources to establish sustainable and patient-focused healthcare in the SOS Rural Corridor. This project fosters networking and connection, the sharing and implementation of best practices, communication, and collaboration. In addition, this is a way for physicians, community members and politicians to learn about each other's systems and work.

In a 2015 SOS Division newsletter, we introduced the Developing Sustainable Rural Practice Communities Initiative and JSC funding to physicians across the region.

New funding aims to develop sustainability in local rural practices

Rural communities are extremely vulnerable to small changes, which can threaten the sustainability of health care in an entire region.

"By working together and pooling resources, small rural communities can provide health care that our patients deserve and need," says Dr. Peter Entwistle, a family physician and South Okanagan General Hospital Chief of Staff in Oliver.

Oliver, Osoyoos, Keremeos and Princeton now have a unique opportunity to do just that.

Together with Interior Health, Entwistle successfully submitted an application to receive Joint Standing Committee on Rural Issues funding for \$500,000 over the next two years. This funding will be used to facilitate innovative and novel service delivery arrangements, which could potentially resolve issues of recruitment, retention,



Dr. Peter Entwistle

and/or service delivery in these communities.

The South Okanagan Similkameen Division of Family Practice has already hosted an initial meeting to discuss

current successes and ongoing projects in the communities, as well as the development of a steering committee for the project.

Held at the Keremeos Health Unit, attendees included physicians from Princeton, Keremeos, and Oliver and other health service providers such as BC Ambulance, and Interior Health. Community representatives, the RDOS, the Osoyoos and Lower Similkameen Indian Bands, and the Okanagan Nation Alliance also came to the meeting.

In the upcoming months, additional meetings will be held to explore strategies that address the most pressing needs in each community.

If you would like more information or would like to take part in this initiative, please contact: Aarin Frigon at: 778.476.1878 or aarin.frigon@sosdivision.ca.

SOS Rural Corridor Community Coalition

2 COMMUNITY ENGAGEMENT AND EDUCATION

We engaged with community organizations, municipal councils, the Regional District of the South Okanagan Similkameen and the hospital board. This engagement also included the education of patients and citizens.

The following Summer 2017 SOS Division newsletter article, let physicians know about two Chronic Pain seminars taking place in Osoyoos and Keremeos.



The South Okanagan Similkameen Division of Family Practice is hosting two seminars on Chronic Pain Management, which are free to the public.

The seminars will feature local physician Dr. Peter Entwistle, pharmacist Connie Chan, and physiotherapist Neil Pearson, as

well as representation from Pain BC and other resources.

The seminars take place Sept. 19th at the Osoyoos Senior Centre, and on Sept. 26th at the Keremeos Legion Hall. In addition, a series of three articles about the seminars and chronic pain management will run in local newspapers.

The following Winter 2018 SOS Division newsletter article shares the success of the Chronic Pain seminars.

Chronic Pain Seminars in Osoyoos and Keremeos were popular with the public

Free Chronic Pain seminars held in Osoyoos and Keremeos this fall attracted large numbers of people dealing with chronic pain, as well as their caregivers.

This audience learned about self-management and options for their care from a panel of experts, which included Dr. Peter Entwistle; Neil Pearson, physiotherapist; and Connie Chan, pharmacist.

"The public was extremely appreciative, and showed a great deal of interest in alternative pain control," says Aarin Frigon, SOS Division Project Lead. These seminars, hosted by the SOS Division of Family Practice



The public in Osoyoos listens to a panel of experts talk about chronic pain management.

and the communities, through the Developing Sustainable Rural Practice Communities Initiative (funded by

Joint Standing Committee on Rural Initiatives), followed the success of a similar event in Princeton in 2016.

We hosted a Mental Health and Substance Use meeting in Keremeos in June, 2018. The invitation is below:

Please join us for a Mental Health and Substance Use Meeting in Keremeos – June 12th, 2018

A special topic meeting on Mental Health & Substance Use

9:00am to 11:00am

Council Chambers, Village Office, 702 – 4th Street, Keremeos

Amanda Mitchell and Heather Mcvicar from Interior Health will be attending to provide an update.

Christina Tarasoff from the RCMP will be in attendance to include the RCMP perspective as part of the discussion.

SOS Rural Corridor Community Coalition

The Regional Alliance for Rural Health, formed in the Fall 2016, brings together many communities and organizations to create a vision for improving rural health and well-being. Eleven partners collaborated to share research, and increase awareness and knowledge about the social determinants of health.

The Alliance is guided by a Steering Committee, which is comprised of one representative from each of the eleven partner organizations: Association of Kootenay Boundary Local Government, Southern Interior Local Government Association, College of the Rockies, Selkirk College, Okanagan College, Nicola Valley Institute of Technology, Thompson Rivers University, University of British Columbia's Okanagan campus, Rural Divisions of Family Practice, First Nation Health Authority and Interior Health.

On April 9, 2018, the Regional Alliance for Rural Health hosted a community engagement event in Osoyoos, BC, funded by the South Okanagan Similkameen Division of Family Practice and the First Nation Health Authority. Participants were from a variety of community services agencies including, not-for-profits, social, and health agencies.



The SOS Division supported SOS Rural Corridor communities and community groups to host health-related community forums (Pictured: Overdose Forum held in Princeton, BC in 2017)

Related Outcomes for the SOS Rural Corridor Community Coalition

- Foster openness and inclusiveness when identifying and prioritizing community healthcare goals
- Optimize community engagement to collectively mobilize around solving local issues
- Increase the SOS Rural Corridor's community awareness of healthcare issues and resources

Next Steps for the SOS Rural Corridor Community Coalition

- Increase Coalition representation
- Report out to the wider community

Next Focus for the SOS Rural Corridor Community Coalition

- Mental Health & Substance Use
- Nutrition
- Sustainability
- Creation of dedicated resources

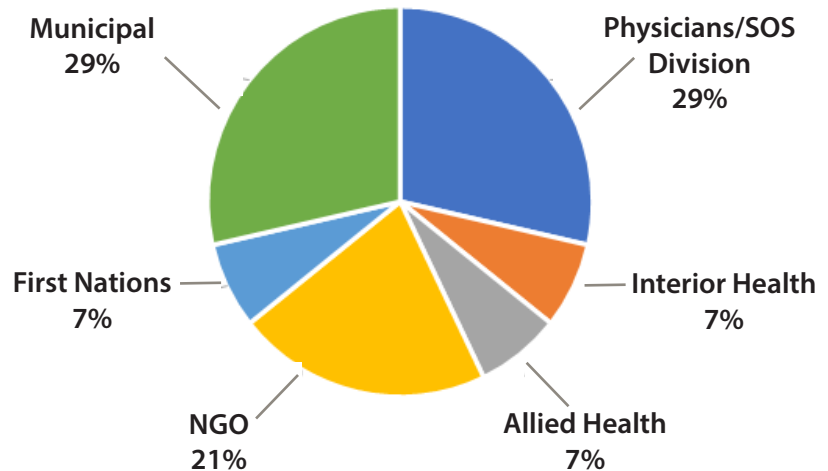
SOS Rural Corridor Community Coalition

3 EVALUATION OF COMMUNITY COALITION

The Community Coalition meets monthly, and brings together a variety of health partners to discuss issues facing our SOS Rural Corridor.

This Coalition allows us to address issues from a whole system perspective, and allows us to combine our existing strengths and resources to establish sustainable and patient-focused healthcare in our rural communities.

SOS Rural Corridor Community Coalition Members



The relationships built at the Community Coalition have helped us garner support, and improve the implementation of our projects, as well as complete more public education.

As a result, our communities are moving away from traditional bilateral relationships, and are fostering openness and inclusiveness when it comes to identifying goals, prioritizing, and decision-making.

The Coalition optimizes community engagement to collectively solve local health issues while driving the development of sustainable healthcare.

In addition to the Community Coalition's monthly meetings, smaller working groups formed to bring together individuals with expertise on special topics. These Special Topics Working Groups include:

- Chronic Pain GMV
- Chronic Pain Public Education
- Elderly Nutrition
- Mental Health & Substance Use
- Recruitment
- Pharmacy

Sample Community Coalition member feedback from our qualitative evaluation (Feb., 2018):

- 1.) "It has representation from all of the stakeholders, which I think is very important part of it. It includes a broad political spectrum."
- 2.) "This is the only vehicle we have that gives us that connection with these other communities."
- 3.) "We're all there – from mayors, community nursing, community volunteer groups. You're getting a wide range of experience from different areas, different perceptions."
- 4.) "Because we're coming together as four of five different communities, we're able to see what each community is doing and be able to work with each other... I think it's great the way we're able to network."

SOS Rural Corridor Protocols

Creating a strong foundation to allow for the collaborative development of community and practice protocols throughout the SOS Rural Corridor

Our key activities included:

- ① Chronic Pain Management (Group Medical Visits Project)
- ② Community Worker Project
- ③ Recruitment and Retention
- ④ After Hours Access
- ⑤ Pharmacist in Practice

1 CHRONIC PAIN MANAGEMENT (GROUP MEDICAL VISITS)

To address the need for rural physicians to educate their patients about chronic pain management, we developed a complete presentation package of education resources, which will be made available to any physician wanting to provide Chronic Pain Group Medical Visits in their clinic.

The education resources package includes a power point presentation, facilitator guide, audio recordings, videos and other resources.

In 2018, we piloted the presentation format and education resources package with a three-part series of presentations for patients with chronic pain. Held in Oliver, we received 40 referrals for the presentations in just 3 days. The presentations were led by physiotherapist, Neil Pearson (left) and family physician, Dr. Peter Entwistle, and were limited to 20 attendees.

Topics covered at the sessions included:

- What is pain?
- Self-care techniques (ie: breathing exercises)
- Goal setting for pain management
- Medication
- Nutrition



At each session, the patients were given handouts and self-management techniques to try at home. At the end of the final session, the patients were asked to make an appointment with their family physician for follow up.

The education resources package was created by a Group Medical Visits working group, consisting of two physicians, one pharmacist and one physiotherapist.

The education resources are currently being revised, and once complete will be made available to any physician wishing to conduct Chronic Pain Group Medical Visits. In addition, a new series of presentations will be held at the Osoyoos Indian Band Nk'Mip Resource Centre in the near future.

Comments from evaluation forms given out at the 3-part series in Oliver:

"Thank you for encouraging us as a group and that you are here to search out alternatives for our pain. Many times, people don't feel like they are heard and you have provided a platform to express viewpoints. Encouragement is beneficial."

"If possible, additional sessions or perhaps a "Phase 2" would be beneficial."

SOS Rural Corridor Protocols

2 COMMUNITY WORKER PROJECT

In order to improve efficiencies and to have physicians working at top of scope, the Community Worker Project introduced community workers into the physician office, first in Princeton, followed by Keremeos. The Community Worker's role is to connect patients to community services and programs, assist patients in everyday activities as directed by their family physician, advocate for patients with government (e.g., Ministry of Health) and other organizations (e.g., WCB, CPP), help patients transition from home to facilities, assess patients' needs, and attend physician/patient appointments, if necessary. The following 2015 SOS Division newsletter announces the start of the Community Worker program in Princeton, BC.

Princeton doctors no longer hanging on by a thread

Princeton physicians have lowered stress levels and at the same time are helping vulnerable patients, thanks to a Community Worker Project in Princeton. Michelle Johnson, local Community Worker, has helped more than 30 complex patients during the last six months by connecting them with much needed community resources and through offering general support.

As a result, patients have been able to get the help they need and have not had to use the emergency department.

Prior to the Community Worker Project, a particular Princeton resident was using the emergency department at least once a week. Now, this individual is connected to a variety of services in Princeton and has stopped using emergency entirely.

"Just that one case — the load that is off our system, that's off our staff — that's off the hospital is tremendous," said one of the local physicians in a recent evaluation survey with medical staff.



Michelle Johnson, Princeton Community Worker, has helped more than 30 complex patients during the last six months, keeping patients out of the Emergency Room, and reducing stress for Princeton family physicians

The Community Worker Project has lifted a significant burden of stress from physicians. "You don't know how hanging on by a thread we were, how close we were to bailing out on this whole community, which would have meant not enough doctors to keep the emerg open, which would have meant the emerg closing, which probably would have then led to the hospital closing," wrote another physician on the evaluation survey. "We were just on the brink of a total catastrophe here."

Princeton family doctors credit Michelle, along with a few other office efficiency changes, for reducing their workload by at least 20%. Prior to the

Community Worker arriving, physicians were each working up to 100 hours per week.

"For many people, social problems become medical problems if they go unaddressed", explained a local Princeton physician.

The community worker is able to target highly vulnerable patients and offer support to navigate and access systems such as WCB and Income Assistance, food security, and provide general support for medical and/or other appointments. The community worker is also used for time-limited support such as for bereavement, or for patients just needing a check-in.

The following 2017 SOS Division newsletter article lets physicians know about the extension of the successful community worker program to Keremeos.

Successful Community Worker program now up and running in Keremeos

The Community Worker project was such a success in Princeton that a similar program was recently adopted and launched in Keremeos.

Sherry Reimer, Princeton's Community Worker, helped get the program started in Keremeos during their hiring process. She provides practical and direct support to primary care physicians for psycho-



Princeton's Community Worker, Sherry Reimer, is currently assisting with the Keremeos CW position

social issues. That support can include help with forms and documents, assisting with other health or

dental appointments, setting up transportation for patients, and helping patients connect to other community resources.

"We had such positive feedback from Princeton physicians and patients, it's encouraging to see the Joint Standing Committee Initiative support this expansion into Keremeos," says Aarin Frigon, SOS DivoFP Project Manager.

SOS Rural Corridor Protocols

In 2017, we conducted surveys and interviews with the community workers, physicians and clients in Keremeos and Princeton to evaluate the impact of the Community Worker Project. We have included sample feedback.

Community Worker feedback:

"The advocacy provided by our program to assist this client (and of course others like him) was an important crisis prevention measure. Being able to make a difference in a client's life with this assistance is very rewarding."

— Loretta Robinson

Physician feedback:



"This program has dramatically improved the delivery of care in Princeton and save me personally countless hours of non-medical work and frustration. Being able to delegate and liaison with Sherry Reimer (community worker) to coordinate and expedite care as well as help patients navigate a complex medical and social system has without a doubt alleviated some of my personal burden but also moved patient care forward in a meaningful way. The key to the success of this position is the flexibility and outreach that allow her to be truly patient-centered. Sherry and the program have my full support and losing it is simply not an option."

— Dr. Ella Monroe (Princeton)



"Princeton's Community Worker continues to provide a tremendous service to our community. Our Community Worker has supported many patients with a broad range of needs. One of the greatest strengths is the flexibility of her role. Our Community Worker is an important member of our collaborative team and losing her would be a terrible blow to Princeton."

— Dr. Colleen Black (Princeton)



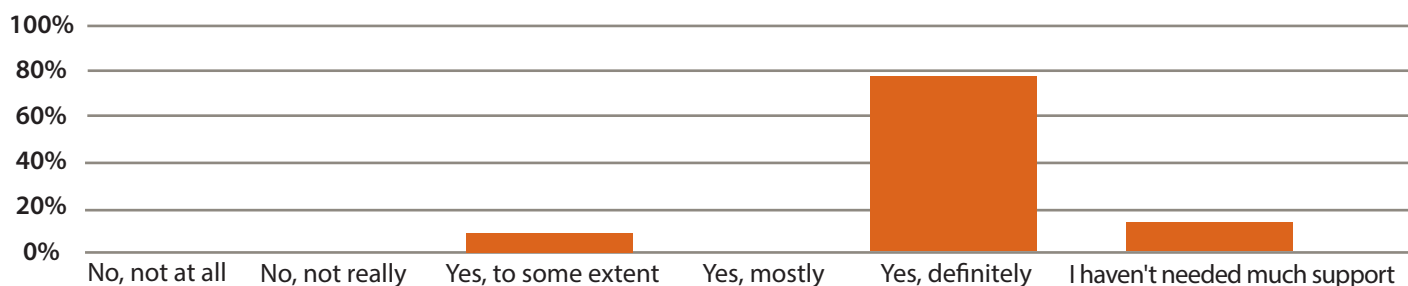
"I and my colleagues find the Community Worker program valuable in Princeton. Our community worker is an advocate for the socially and economically disadvantaged, ensuring they get the care they need, whether it be a ride to the lab, imaging or office visit or as a support person through tough times. Our community worker helps many clients, mostly for acute or short-term issues that resolve."

— Dr. Tim Van Der Heide (Chief of Staff, Princeton General Hospital)

Client feedback:

- 1.) *"As far as I'm concerned, I feel like (the community worker) has helped me, saved my life by getting me to rehab."*
- 2.) *"(The community worker) helped me get the medical treatment I was avoiding."*
- 3.) *"This has been an absolutely great experience, wonderful support and information. I'm so happy to have this resource. Made a tremendous impact on my life."*
- 4.) *"This is a great service. I find things like this extremely frustrating. With (the community worker's) help it was much easier, less stressful."*
- 5.) *"I much appreciate the help and services (the community worker) has helped me with."*

Client survey results for the statement: The Community Worker has helped me to manage issues or concerns in my life that have impacted my health (n=18)



SOS Rural Corridor Protocols

3 RECRUITMENT AND RETENTION

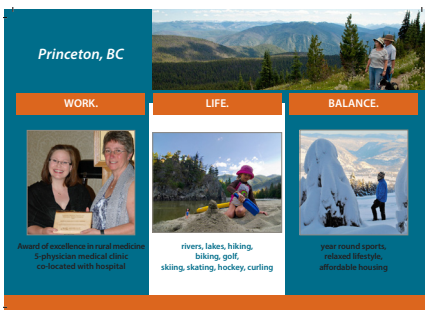
As a part of our recruitment efforts, we developed recruitment materials for each community, promoted the region at conferences, developed a website which details clinic information and recruitment needs, and engaged the media and local politicians to welcome new physicians to the area.

Sample recruitment resources: postcards and banners to highlight our communities

Recruitment materials include banners, handouts and postcards. The postcards (pictured right) highlight community, recreation and practice information. On the flipside, we focus on specific community amenities, housing prices and physician incentives.

We promoted the region's communities at conferences (table pictured right):

- Rural Locum Forum
- UBC's Practice Survival Skills
- Keremeos Recruitment Meeting
- Princeton Physician & Residents
- SOGH Recruitment
- Integrated community recruitment strategy



We have developed and continue to update a recruitment website, which profiles clinics with write-ups, photos, location maps and their specific recruitment needs.

The website can be reached through a link on the South Okanagan Similkameen Division of Family Practice website: www.divisionsbc.ca/sos.

We engage the media and local politicians to welcome new physicians and inform the public about new care options. The following is an excerpt from a 2018 press release, which was circulated in the local media.

For immediate release April 18th 2018:

New family physician is coming to Keremeos in July

"We are looking forward to Dr. Webb joining our clinic and community in July," says Dr. Marina Louw of Keremeos. "I'm sure the community will assist us in welcoming him and helping him make Keremeos feel like home."

Through engagement, the mayor of Keremeos offered to tour the physician around town, and introduce him to the community.



Dr. Josh Webb

Next Steps for recruitment include:

- Formalize locum/resident resources such as accommodation assistance, and point person of contact
- Locum pool

SOS Rural Corridor Protocols

4 AFTER HOURS ACCESS

After hours care:
The Osoyoos Indian Band walk in and after hours clinic at the Nk'Mip Resource Centre is now open Tuesday 4:00 -7:00pm (expanded hours) and Thursday 1:30-4:30pm. The clinic is open to people who are not OIB members.
Pictured (from left) are: Dr. Kevin Hill and clinic staff: Lindsay Kovacs and Kaiya Douglas



5 PHARMACIST IN PRACTICE

Not one of our four original projects, the Pharmacist in Practice project in Oliver, BC facilitates pharmacist medication review appointments at a multi-physician office in Oliver. The medication reviews take place on one full day per month.

The three practitioners at this office review their polypharmacy patient panels, and select suitable patients for a pharmacist consultation. In addition, physicians can also select patients from a list generated at the pharmacy. When a physician finds a suitable patient, they book that patient for a medication review with the pharmacist. The patient is told the reason for the medication review visit, and is advised on what blood work or tests need to be completed before the appointment. The patient is also reminded to bring all of their medication to the appointment. Both physicians and patients appreciate the extra support and care that these conferences provide.

Related Outcomes and Opportunities of the SOS Rural Corridor Protocols

- **First Nations Physician Recruitment:** We hosted a number of meetings with FN representatives in our region to examine how the bands could work together to create a full time position that would enable the recruitment of a physician designated to the FN clinics
- **Methadone 101 Course:** The SOS Division helped organize and support bringing the Methadone 101 course, rarely provided outside the lower mainland, to Oliver
- **OAT (Opioid Addiction Treatment):** We supported the expansion to Kootenay Boundary
- **Physician Leadership Training:** We provided more to support to rural physicians
- **Research Opportunities:** The SOS Rural Corridor Community Coalition wrote a letter of support for a research grant application to study Men's Shed in the South Okanagan
- **EMR user group:** Created with PSP collaboration

For more information:

**South Okanagan Similkameen
Division of Family Practice**

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The South Okanagan Similkameen Division of Family Practice greatly appreciates funding from the JSC,
which helps to support our improvement work in our rural communities.

We would also like to give special thanks to the Community Coalition members. The work accomplished and the great
relationships that have been built will serve as a foundation to continue to improve healthcare in our rural communities.