

21
22



Chilliwack
Division of Family Practice
A GPSC initiative

ANNUAL REPORT

Table of Contents

Member Engagement	5
Primary Care Network	6
Emergency Management	8
Programs & Projects	9
Member Supports	12
Building Indigenous Relations	14
In Practice Supports	15
Health Clinics	16
Financial Update from the Treasurer	18
Division Team	19

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 influence on health care delivery and policy, and provide professional satisfaction for our Members.



BOARD of DIRECTORS 2021-2022



Dr. Dominic Black
Board Chair



Dr. Lori Laughland
Vice Chair



Mike Olson
Treasurer



Joanne Cecchi
Director



Amelia Cline
Director



Dr. Richard Darby
Director



Helen Edwards
Director

A Message from the BOARD CHAIR



Dr. Dominic Black

On looking back at another year, it is easy to feel, "Well we just carried on" or "that was another year of back to back crises". Yet, it is important while acknowledging this to be the case, we must also see that there have been many triumphs during the year, and of these we, as a community, can be proud.

Against the backdrop of environmental challenges, rising costs, increased burnout affecting so many sectors, family physicians and nurse practitioners have continued to step forward, to offer their time, energy, skills and insight to find ways to provide better health care to our co-residents in the area.

During the flooding in November 2021, the medical community worked in the most difficult of circumstances, managing to continue providing medical care to the communities of Chilliwack, Agassiz, Harrison Hot Springs and Hope, and indeed beyond Hope, when there was no - or very limited access. As the situation developed, the complexities and frailties of modern healthcare became more obvious. Communities ran short of medical supplies, and even baby formula; physicians, NPs and nurses were unable to get to their places of work. We were definitely reminded that it takes more than clinicians to make a health service run, had any of us forgotten. The Division, along with Fraser Health, worked with many agencies in the region to ensure that services continued to be delivered, even to remote areas. Lessons were learned and continue to be learned, as we prepare ourselves for the next event.

Providing care for our elderly patients in care homes has continued to provide new challenges. Dr. Donnelly has continued to lead our medical community in trying to mitigate the effects of high staff turnover, inadequate funding and of course recurrent lockdowns.

The Hospital Care Program implemented the new "Unified Night Call" system, meaning that instead of having four family physicians on call every night for non-maternity inpatient care, there is now only one - a big reduction in the number of on call nights. Despite the powers that be once again going back on their word to pay MoCap to family physicians, we have been able to find funding so that family physicians in Chilliwack are no longer required to

be on call overnight without pay. I pay tribute to Dr. VanderHorst especially for all his many hours developing this system, negotiating with Fraser Health, along with the members of the working group.

There are many other physicians and nurse practitioners, who contribute in so many ways, to make our community a great place to work and live. The selflessness, charity and kindness of our many colleagues continues to inspire.

PCN has continued to dominate many discussions and meetings at the Division. It is the chosen vehicle of the Ministry to provide additional resources to primary care, with admirable and lofty ideals of improving the breadth and availability of services available to physicians to support their patients. While the goals are simple, making them a reality is anything but simple. The new facility at Evans Road, Momíyelhtelaxwt, opened in May 2022, with a certain amount of hyperbole. It is now working through its teething problems. In time, it will be a remarkable resource for primary health in our region. I must acknowledge our Fraser Health partners in the PCN, and I am indebted to both Petra Pardy, Executive Director and Sandy Drieschner, Director of Clinical Operations, for their continued commitment to making PCN work for our communities.

I would like to pay tribute to the staff at the Division. They have continued to work behind the scenes supporting our programs. We are fortunate to have a highly skilled and dedicated team, who somehow manage to make managing complex projects, and incomprehensible budgets look easy. They bring a wide range of experience and expertise, and without whom the Board would have no chance of supporting our Members.

As I reflect on the second Truth and Reconciliation Day, and on the advice of Bonnie Henry from the outset of the pandemic, I am struck that the advice to "Be kind" would appear to be unnecessary for our remarkable community of physicians and nurse practitioners. You continue to support patients through many challenging demands. On behalf of the Board, I thank you all, and I am honoured to work with you, on this stunningly beautiful land, the ancestral unceded territories of the Tsel'weyeqw, Teit, Pilalt, Stó:lō and Nlaka'pamux Indigenous peoples.

A handwritten signature in black ink, appearing to be 'D. Black'.

Dr. Dominic Black

A Message from the EXECUTIVE DIRECTOR



Daphne McRae

Amongst other things, this past year has been marked by a widely publicized primary care crisis. Across the province there has been consistent messaging, that the shortage of family physicians and a funding model that fails to incentivize longitudinal care is significantly contributing to physician burnout as well as creating massive challenges in

recruitment and retention. The Doctors of BC and BC Family Doctors have worked alongside the Ministry of Health to develop mitigation strategies including a \$118 million in stabilization funding, availability of new-to-practice contracts with signing bonuses and loan forgiveness, increased medical education and residency seats, and the promise of a revamped billing model. We are thankful for DoBC and BCFD for representing, at a provincial level, the voice of family physicians in our communities.

Locally, several specific challenges in delivery of patient care were flagged by Members at our last AGM. Members asked for help in patient navigation, preparation of mental health plans, provision of culturally safe care, and support with virtual care. In response to these requests and in partnership with Fraser Health, we now have three PCN social workers for patient navigation and five PCN mental health clinicians, most of whom are located at the newly opened Chilliwack and Fraser Health Rural Primary Care Centre – Momíyelhtelaxwt. Combined, they have taken 181 referrals from 44 Members. In addition, the Division has hosted a monthly cultural learning series, canoeing led by local Indigenous community members, traditional plant walks, and opportunities for participation in Indigenous ceremonies. Our ready connections with local Indigenous communities, thanks largely to our Indigenous Relations Manager, Gracie Kelly and our Traditional Wellness Mentor, Muriel Victor, has enabled unique access to Indigenous learning opportunities, which we are very grateful for.

Last fall we also heard that Members wanted education and training on technologies for virtual access to care. In December we hired a full-time Virtual Care Coordinator, funded by the Ministry and the Rural Coordination Centre of BC, to provide one-to-one support to Members and patients for virtual

appointments and to establish virtual care hubs in remote regions of the Division. In an All Members' meeting in March of 2022 we heard from Members that they wanted help with technology, workflow, e-fax, hiring and onboarding of MOAs. In April we developed our "Menu of Services" for business supports. Since then, Division staff have responded to requests from half of the clinics in the region, providing 90+ hours of business support and MOA training. These are just a sample of the initiatives that have been conducted this year in response to Member identified needs. As a Member driven organization our staff aims to ensure that Members' priorities are the catalyst for all that we do.

It cannot be stated strongly enough that the success of the Division depends on the unwavering commitment of its leaders. This includes the Board and the physician and nurse practitioner Program and Project Leads who spearhead the 15 working groups and committees running throughout the year. Once a month these leaders meet to discuss progress on initiatives within Recruitment and Retention, Hospital Care, Long-Term Care, PCN, Wellness, and more. When there are local improvements in primary care, they can often be traced back to the work being quietly done in the background by this amazing, dedicated group of leaders. We thank you for the many hours of work you have invested to make our communities desirable places to live and practice.

Lastly, thanks to all of the Division Members who contribute in various ways to building a strong and unified medical community and providing excellent primary care services for our region. I am proud to say I am from the Chilliwack Division of Family Practice because of you, the people it represents.

Sincerely,

A handwritten signature in black ink that reads "Daphne McRae". The signature is fluid and cursive.

Daphne McRae

CHILLIWACK DIVISION QUICK FACTS

established 2010

149

FAMILY
PHYSICIANS



17

NURSE
PRACTITIONERS



PROVIDING
HEALTH
SERVICES
TO OVER

130,000

SERVING CHILLIWACK AND
FRASER HEALTH RURAL

22 FIRST NATIONS
COMMUNITIES

FROM CHILLIWACK TO THE FRASER CANYON

O V E R

40%

OF THE ENTIRE
FRASER HEALTH
GEOGRAPHICAL AREA

Members of the Chilliwack Division of Family Practice include family physicians, nurse practitioners and medical residents. Primary care providers practice in communities within the local health areas of Chilliwack, Agassiz, Harrison Hot Springs, Hope, and the Fraser Canyon—which includes 22 First Nation communities, and Métis and Inuit populations.

All Members Meetings

Our bi-monthly meetings provide information on new initiatives and resources, enable Member-wide discussion and input on decisions impacting the Division, and build shared understanding and a sense of community. We regularly have presentations from guest speakers, updates on provincial, regional and local health system initiatives, and Members sharing on hot topics.

Working Groups & Committees

This year the Division hosted 15 working groups and committees (listed below), many which are supporting ongoing projects and programs to enable Member-driven health system improvements. Local leaders from these groups met monthly to collaborate and support each other in program development.

- Recruitment, Retirement, and Retention
- Indigenous - Sharing Cultural Safety & Humility
- Fraser Health Rural Addictions Network
- Hospital Care Program
- PCN Steering & Operations
- Collaborative Services
- Network of Rural Divisions
- Traditional Teaching Advisory
- Long Term Care Initiative
- Wellness & Social Events
- East Fraser Pain Collaborative
- Chronic Disease
- After Hours
- Referral Tracker
- Emergency Planning

Training & Education

The Division facilitated 7 primary care provider education sessions on office efficiencies, chronic pain, post-trauma growth, Indigenous experiential learning, health data management, insurance forms, and Suboxone training.

Three family physicians were sent to six weekends of Leadership and Management Development training through Simon Fraser University. This program is offered annually to physicians serving in leadership or upcoming leadership roles.

These are a few of the many ways the Division has been supporting family physicians and nurse practitioners this past year to provide extraordinary health care by engaged family practice providers. If you are interested in any of these opportunities or need more information, please contact the Division at office@chilliwackdivision.ca.

PRIMARY CARE NETWORK

Project Leads: Preet Toor, Patti Scott, Gracie Kelly

Contact: ptoor@chilliwackdivision.ca

Steering Committee (Physician/NP Leads): Dr. Dominic Black, Dr. Darren Joneson, Dr. Jessica Kennedy, Dr. Jodie Lipka, Kimberley-Anne Reid

"A big highlight for our program this year has been moving to our new, purpose-built location on Evans Road. We've been proud to welcome out patients into this beautiful new space while continuing to provide high-quality integrated care. We are also very excited to be co-located and working collaboratively with the PCN Allied Health Team!"

Kimberley-Anne Reid, NP



Primary Care Network Strategies:

1



**VULNERABLE
ACCESS &
ATTACHMENT**

- Opening of the Chilliwack and Fraser Health Rural Primary Care Centre – Momíyelhtelaxwt, with the help of our Fraser Health PCN partners
- 3 Registered Nurses in Practice (RNiP) hired and co-located in 4 practices
- 7 PCN NPs, 4 PCN FPs

2



**CHRONIC
DISEASE
TEAMS**

- 1 PCN Chronic Disease Nurse
- Chronic Disease Working Group formed
- Chronic disease service model draft developed



3



**TRANSITIONS
IN CARE**

- 3 PCN Social Workers
- Transitions to specialized community services and resources (ie. home health and social prescribing)
- 17 practice meet and greet visits between PCN allied health and FP/NPs
- 4 quarterly PCN Hub Meetings

4



**CULTURAL
SAFETY &
HUMILITY**

- First Traditional Wellness Mentor hired, and launching traditional wellness
- Locally delivered training and traditional experiential activities
- See page 14 for more details

"We have really enjoyed working with our PCN MH counsellor, and our PCN SW. They have both helped support patients that would otherwise have challenges connecting to resources."

Chilliwack Family Physician

"[As a result of the Cultural Sharing Series] I walk with dignity and respect of whose stolen land I am on. I am committed to healing and connection through respectful conversation."

Cultural Sharing Series participant

"PCN is the only way for primary healthcare to be sustainable into the future. It's been great to be able to offload some of the mental health and social work ... onto other providers who are just as capable, and probably better capable than me of doing it. The patients are immediately more accepting of that care because it's been endorsed by myself, and a name has been provided."

Dr. Allison Henry

"Having an allied health community prevents early burnout in providers. If we look after ourselves and work together as a team, we can stay in practice for longer." Dr. Astrid Wells

5



FRASER HEALTH RURAL ACCESS & ATTACHMENT

- Virtual Care Coordinator hired through RccBC funds
- Improving infrastructure for virtual services in remote communities (Manning Park and Sunshine Valley)
- PCN Rural Working Group formed to strategize recruitment, retention, and integration

6



MHSU ACCESS & ATTACHMENT

- 5 PCN Clinical Counsellors
- PCN mental health and social work prototype models launched at hub-level
- Partnerships with specialized community services (ie. adult mental health)



"I have had so many patients sharing how much you are helping them, managing finances and disability and sorting emotions. Everyone comments that you both make them feel welcomed. Thank you, thank you."

Chilliwack FP to PCN Clinical Counsellor & Social Worker

"Since the referral process is quick and easy, patients are quite happy to follow through with the referral."

Chilliwack Family Physician

7



SAME DAY PRIMARY CARE

- 4 clinics offering extended hours (services outside of 8am-6pm)
- Exploring ClineCall initiative – a network of providers who offer in-person and virtual care through a collective primary care booking portal

8



CHANGE MANAGEMENT

- 11 clinics supported through the Menu of Services with activities like workflow improvement, e-fax, billing optimization, MOA training, Practice Manager coaching, and more
- 181 Referrals to PCN allied health providers by Division Members between April-June 2022, by 44 unique primary care providers

"The PCN steering committee is working to identify physician and patient needs and roll out services to enhance health care delivery in our community."

Dr. Jessica Kennedy

Health Connect Registry

Project Lead: Jennica Grenier

Contact: jgrenier@chilliwackdivision.ca

The Health Connect Registry was developed to help British Columbians register for a primary care provider in their community. The Health Connect Registry launched in our PCN communities in March 2021. Patients in our community can register themselves, their family or a person in their care by visiting: www.HealthLinkBC.ca/health-connect-registry or by simply calling 8-1-1.

Rather than saying, "No we are not accepting patients" you can now say, "Register with the Health Connect Registry".

How does it work? Patients register online or by phone, and when there is capacity, we attach them directly off the registry. If you are accepting new patients we can assist in adding to your practice at a pace that works for you. Connect with Jennica to get started today!

**7,000
PATIENTS
ATTACHED
since
OCTOBER
2021**

EMERGENCY MANAGEMENT

Heat Dome, Flooding, Mudslides & Wildfires

Project Lead: Natasha Raey and Paula Reguly

Contact: preguly@chilliwackdivision.ca

Funding Partner: General Practice Services Committee (GPSC)

Recognizing the extreme weather conditions in our region in November 2021, GPSC provided emergency management funding to the Division to support primary care providers involved in emergency response. This funding is now available on an on-going basis for Divisions requiring support in the event of an emergency. In addition, GPSC provided funding this past year for the Division to engage in Emergency Management Planning.

The EM Management Planning committee has:

- Created a contact list of Members willing to provide:
 - Clinic space for displaced Members
 - Guest lodging for displaced Members
 - Urgent primary care services
 - Wellness checks at evacuation centres
 - Primary care to displaced persons
- Created a list of local pharmacies willing to assist in an emergency
- Created a list of Abbotsford clinics that Members can direct their patients to during an emergency in Chilliwack, and likewise Chilliwack clinics that Abbotsford Members can direct their patients to in the event of an emergency in Abbotsford
- Created criteria for an EMR query to identify vulnerable patients for wellness phone calls



An aerial view over Abbotsford



FLOOD RESPONSE

"I was the only ER doctor in town and that was probably the most stressful shift of my career thus far."

Dr. Stefan Patrascu (pictured on left) with Dr. Aseem Grover

On November 17th our region was hit by an "atmospheric river", leading to a provincial state of emergency.

As gas rations and travel restrictions were implemented, and grocery store shelves emptied, the resourcefulness and strong ties between the Division Members, Health Authority, municipal government, Indigenous communities, and general public was tested and proved to meet the challenge.

Division Members were ready to respond, staffing the Fraser Canyon Hospital ER and supporting Health Authority efforts to transport supplies, medical staff, and medicine by helicopter to affected areas. Several municipal- and Indigenous-led evacuation shelters were opened in Hope and Chilliwack with local doctors and nurse practitioners providing wellness checks. In addition, primary care providers opened their clinics to evacuees and displaced persons.



Physicians in Hope who helped in the mudslide and flood response: Dr. Rebecca Adams, Dr. Ben Love, Dr. Stefan Patrascu, Dr. Aseem Grover, Dr. Josh Greggain, Dr. Danica Whalley and Dr. Jeff Schulz

PROGRAMS & PROJECTS

Hospital Care Programs Chilliwack General & Fraser Canyon Hospitals

Project Lead: Elly Meyerink

Contact: emeyerink@chilliwackdivision.ca

Funding Partner: General Practice Services Committee (GPSC)

CGH Physician Lead: Dr. James VanderHorst

FCH Physician Leads: Dr. Richard Darby, Dr. Jeff Schulz

The Chilliwack Hospital Care Program is addressing the growing population of unattached patients admitted to CGH. With a growing community, and changes to practice styles, Members are seeing an increased need for this. By adding dedicated hospital physicians, the Hospital Care Program has been able to maintain the provision of care to unattached patients. Additionally, the flexibility built into the program has better allowed family physicians to practice the way they want.

The consolidation of night call groups into a single Unified Call schedule has led to a drastic reduction in call responsibilities for all physicians. The simplification has also led to improved communication between family medicine and other services like emergency medicine and nursing staff. There is also consistent feedback from residents that they feel better supported in the new system. Overall this change has been positive for everyone involved.

This year, like CGH, FCH qualified for GPSC Inpatient Bridge Funding to ensure family physicians can continue providing hospital care. In Hope, family physicians provide acute care on the hospital ward for their own patients and those who are unattached, rotate through the Emergency Department, and provide services for long-term care as well as managing their busy clinic schedules.



Fraser Canyon Hospital



Chilliwack General Hospital

Chilliwack **GENERAL** Hospital

253 UNATTACHED PATIENTS
average CARED FOR EACH
MONTH AT CGH

LONGITUDINAL
PROVIDERS

41



29 PROVIDERS
ON THE F-CALL ROTA

15
LOCUMS
worked here



PROGRAMS & PROJECTS

Chronic Pain



Project Lead: Tracey Arsenault
Contact: tarsenault@chilliwackdivision.ca
Funding Partner: Shared Care
Physician Leads: Dr. Cam Ross, Dr. Aseem Grover

Started in 2019, this 3-year regional project led by the East Fraser Pain Collaborative, through Shared Care and Division support, has engaged with over 170 family physicians, specialists, nurse practitioners and allied health professionals across 4 local Divisions (Chilliwack, Abbotsford, Mission and Fraser Northwest).

Awareness, Prevention & Optimization in Pain Management

As this project comes to a close this month, we celebrate the completion of a few initiatives:

- Launch of comprehensive online Provider Pain Portal
- Launch of online Client Self-Management Roadmap
- Delivery of 2-hour CME session: Low Back Pain
 - Hosted 44 attendees – this CME has now been taken on by a collaboration between Pain BC & Shared Care
- Development of 2-hour CME: Complex Patients on Opioids: Management Strategies & Support for Primary Care Providers

LOW BACK PAIN CME TUESDAY, MAY 31 / 6-7:30PM
VIRTUAL / REGISTER BY MAY 30

LEARNING OBJECTIVES:

- Apply a pattern-based approach in the recognition and management of LBP - emphasis on the back-pain history
- Avoid inappropriate testing and implement evidence-based management strategies
- Incorporate key patient messages and supports
- Learn when to refer & how to support patients awaiting specialist appointments

PRESENTED BY AN INTERDISCIPLINARY TEAM:

- Dr. Michael Nikolakis, Neurosurgeon, RCH
- Dr. Aaron MacInnes, Pain Specialist, JPOSC, FH Division Head of Pain Medicine
- Dr. Peter Fries, Mission Division of Family Practice
- Dr. Cam Ross, Chilliwack Division of Family Practice
- Brenda Pouton, FH Clinical Pain Lead, Community Pain Program
- Eric Perkins, Physiotherapist

Panel Q&A to follow session.

Questions?
Contact Tracey at tarsenault@chilliwackdivision.ca

Audience: Primary Care Providers & Community Health Care Providers.

REGISTER TODAY!

This session has been approved by the Royal College of Physicians & Surgeons of Canada for 1.5 hours of Section 1 credit for the Maintenance of Certification Program.

Long-Term Care

Project Lead: Tracey Arsenault
Contact: tarsenault@chilliwackdivision.ca
Funding Partner: Shared Care
Physician Leads: Dr. Dara Donnelly (Chwk) and Dr. Stefan Petrascu (Hope)

The Long-Term Care (LTC) program has seen several changes this year yet continues to thrive thanks to the phenomenal leadership of our dedicated Physician Leads, Medical Directors, clustering physicians & NPs, and all Members who follow their patients into LTC.

- Chilliwack's fee structure changes have decreased the administrative burden for clustering physicians. 60% of all Chilliwack LTC elders are under the care of 20 clustering physicians and 2 nurse practitioners.
- We have successfully added a paid after-hours on call shift, covering Agassiz and Chilliwack facilities. Shifts are being covered by a rotation of 7 physicians.

Current LTC-related projects include:

- Transitions in Care from acute to LTC
- Hip Fracture project
- "Pink Bracelets" to facilitate transfers from LTC to hospital
- Family/caregiver focused education on the journey of dementia

Virtual Care

Fraser Health Rural Virtual Care Coordinator: Kat Smart
Contact: ksmart@chilliwackdivision.ca
Funding Partner: Rural Coordination Centre of BC (RCCBC) and Ministry of Health

As of this year, the Division now has a Virtual Care Coordinator who can support primary care providers and patients by:

- Electronic device set up for virtual medical appointments
- Assisting Members with 3-way virtual appointments with a specialist or allied health provider and patient

Two virtual care hubs are now operational for patients in Manning Park and Sunshine Valley.



PROGRAMS & PROJECTS

Wellness & Social Events

Project Lead: Tracey Arsenault
Contact: tarsenault@chilliwackdivision.ca

This year we strived to build a sense of community among Members, providing opportunity for networking and social connection. This included social and wellness events with specialists through collaboration with Chilliwack Medical Staff Association. We have enjoyed some great outdoor experiences, and celebrated YOU on BC Family Doctor Day!

Growing Together: An Interactive Post-Trauma Seminar

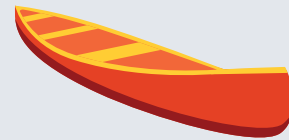
A group of 11 Members and specialists joined an evening workshop to learn about post-traumatic growth theories and how they may apply to our own reflections of trauma, growth, and personal world views. The workshop included the sharing of research, lively table discussions and hands-on activities which engaged participants in the content in personal and meaningful ways.

Switch Wellness Pilot

We conducted a pilot of an online wellness course "The Switch Model", the goal of which is to "help you better predict, prepare for, and navigate life's twists and turns". Ten Members participated and survey results showed significant positive changes in the ability to manage change and self-resolve issues both in the workplace and at home. Participants commented that the course was helpful, unique, and applicable to day-to-day life.

COMMUNITY

CORN MAZE



VEDDER FAMILY PICNIC

COAST SALISH CANOE NIGHT

C O L L A B O R A T E NETWORK



T R A I L BUILDING

PANCAKES / CINNAMON BUNS BC FAMILY DOCTOR DAY

Fraser Health Rural Addictions Network

Project Lead: Paula Reguly
Contact: preguly@chilliwackdivision.ca
Funding Partner: Shared Care
Physician Leads: Dr. Robert Fox and Dr. Aseem Grover

The Fraser Health Rural Addictions Network launched phase 1 of a Microsoft Teams pilot project, to connect and provide secure messaging amongst 18 health and community service providers who support addictions work.

Improving Inpatient Access to Suboxone

Project Lead: Paula Reguly
Contact: preguly@chilliwackdivision.ca
Funding Partner: Chilliwack Medical Staff Association (MSA)
Physician Leads: Dr. Diala El-Zammar and Dr. Ralph Jones

The Chilliwack MSA and the Chilliwack Division of Family Practice are partnering on a new project to improve inpatient access to Suboxone through quality improvement and educational activities.

Two Suboxone learning sessions have been held for 38 family physicians, specialists, nurse practitioners and medical residents.

MEMBER SUPPORTS

Recruitment, Retention & Retirement

Project Lead: Elly Meyerink

Contact: emeyerink@chilliwackdivision.ca

Physician Lead: Dr. Allison Salter

WHAT DO WE DO?

- Support recent residency graduates in their transition to practice
- Build a list of available locums
- Advise and prepare residents and International Medical Graduate (IMG) physicians as they sit for their Canadian exams
- Partner with the IMG program to support return of service in a PCN or rural placement
- Support provisional licensure
- Provide mentorship for new physicians
- Assist retiring physicians as they transition out of practice
- Host events to strengthen the community of practice, resource sharing and networking
- Collaborate with Chilliwack Economic Partners for community tours

WHAT WAS DONE THIS YEAR!

- Recruited 13 new family physicians
- Supported 3 retiring physicians, including reallocating 100% of panels
- Sourced and held a list of available locums

Meeting & Dinner at Old Yale (R)

Physicians enjoying breakfast on BC Family Doctor Day (below)



Elly at a Recruitment Conference

Nurse Practitioners Welcomed as Full Voting Members

Nurse practitioners have always been included as non-voting Members of the Division. In April there was a referendum to determine if the membership was in favour of including NPs as full voting Members of the Division.

74% of Members who voted were in favour of NPs becoming full voting Members. In May the Board ratified the decision.

Funding for NP membership is provided by the Nurses and Nurse Practitioners of BC and Ministry of Health. Previously the Division did not receive funding for NP participation in Division initiatives and activities.

Welcome to our 17 NP Members!



NP Network

This year, the NP Network was developed to increase and strengthen collegiality, connections and opportunities for team-based care.

Our first NP Network event highlighted opportunities for integrated Allied Health Services with primary care. It was held in Spring 2022 with 10 NPs in attendance.

Chilliwack Division "Menu of Services"

Project Leads: Patti Scott and Jennica Grenier

Contact: pscott@chilliwackdivision.ca / jgrenier@chilliwackdivision.ca

In response to requests from our Members for support with business operations, optimization of office workflow, and support and training for MOAs, we launched the "Menu of Services" in April 2022. So far 17 clinics have benefited from the service, with Division staff providing over 90 hours of in practice support in many of the following areas:

- Privacy and Security assessments, policies, etc
- EMR support
- E-forms
- E-fax
- Administration efficiencies
- Billing efficiencies
- Chart templates
- Closing a practice support
- Manager skills (HR, AR, etc)
- Locum set up and billing support
- Excelleris
- Care connect
- Pathways training
- EMR encounter coding for NP and new to practice physicians
- Provider onboarding
- Problem solving
- Change management support
- Staff performance reviews and interviewing

MOA & Practice Manager Networks

In addition, we launched an MOA Training Network and Practice Manager Network in December 2021. Since its inception we have hosted 7 sessions, with 58 participants, providing training sessions on MOA Tips and Tricks, Privacy and Security, and Indigenous Cultural Teachings.



MOA & Practice Manager Training Workshop



MOA Christmas social at Bow & Stern

BUILDING INDIGENOUS RELATIONS

Project Lead: Gracie Kelly

Contact: gkelly@chilliwackdivision.ca

It is with great appreciation and with a good heart that those that make up our Primary Care Networks take the time to learn, share and build relationships. We commit to doing the work in a good way by recognizing Indigenous worldviews. Our First Nations, Métis and Inuit peoples believe wholeheartedly that decisions today impact our next seven generations. These are the valuable lifelong teachings that we center our work around.

Q'elme'tsét is 'We Believe' in the 7 Caring Teachings to provide 'quality health and wellness services as we acknowledge our ancestral and traditional teachings'.



Muriel Victor leading a plant walk

Cultural Safety & Humility

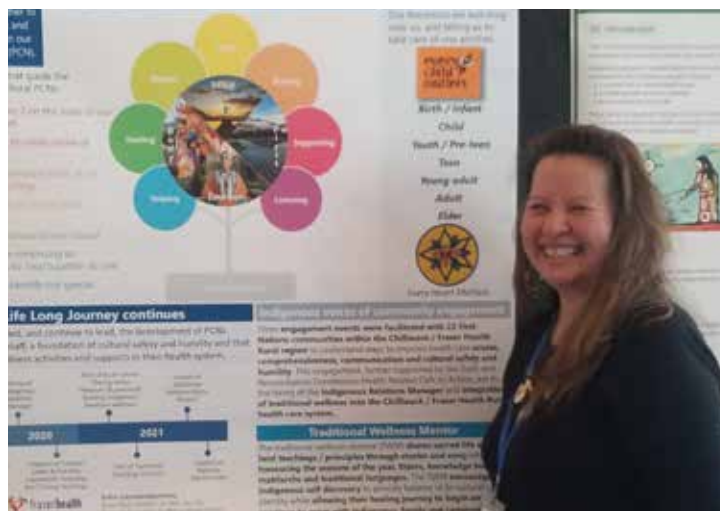
This year we aimed to build Indigenous awareness and strengthen relationships as we reviewed "In Plain Sight", a report describing systemic racism in BC healthcare, over three sessions with our medical residents. In the spring, Dr. Tosh Mizzau, Gracie Kelly and Muriel Victor shared teachings with Dr. Alison Henry and the residents reviewing the report, and concluded with an Indigenous perspectives blanket exercise and a traditional plant walk through the local Soowahlie First Nation community.

Traditional Wellness Practices

- Hired Muriel Victor as the first Traditional Wellness Mentor (TWM) in BC
- Created a TWM referral pathway for physicians, allied health workers, and community members. The TWM can support with herbal remedies, sharing circles, 1-on-1 mentor support, and traditional plant walks.
- Initiated the Traditional Teachings Advisory Working Group of Indigenous local representatives to guide the work of the traditional wellness practices within their communities

Opportunities

- Gracie and Councillor Eddie Gardner of Sqwa (Skwah First Nation) presented a Canada-Wide Virtual Talking Circle "Reconciliation takes heart work and hard work" for Truth & Reconciliation Day, September 30th, hosted by Reichert and Associates with 166 participants.
- Gracie presented on the 7 Caring Teachings and 'the stages of life' in June 2022 at the BC Patient Safety and Quality Council Forum.
- Gracie shared on the role of the Indigenous Relations Manager with other Divisions. Nanaimo and Victoria Divisions have now hired Indigenous Relations Managers to support their local communities. The three IRMs are working towards anti-racism strategies.



Gracie Kelly presenting the 7 Caring Teachings



Honouring local artists

Community Connections

- Gracie provided cultural teachings to support the opening of the Primary Care Centre: Momíyelhtelaxwt "helping one another"
- We were grateful to have Chief Angie George Bailey, Aitchelitz First Nation, and Elder Laura Wealick, Ch'iyáqtel First Nation, assist with providing Halq'emeylem language names and honouring of local Indigenous artists whose artwork is on display throughout the building.
- Facilitated community connections to support decisions around use of Ministry funding for the TWM position
- Assisted Allied Health in learning about and connecting with the TWM
- Supported the hiring process for a nurse practitioner with Seabird Island Health, and an Indigenous clinical counsellor
- Supported the Traditional Wellness Micro Health Project by assisting with funding for the Sqwa' (Skwah) First Nation's completion of the Sweatlodge grounds relocation. The Sweatlodge and is now in operation providing holistic ceremonies.

Pathways

Project Leads: Paula Reguly and Judy Hamel
Contact: preguly@chilliwackdivision.ca

Used widely across the province, Pathways has continued to provide comprehensive information to assist family physicians and nurse practitioners in making referrals to specialists, clinics, and community services.

- Access to provider and patient resources for family physicians, nurse practitioners, and specialists
- Served as providers' formal forms repository for entire province
- Public access to patient and family caregiver resources and information about community services
- Housed individual family physician and nurse practitioner listings enabling attached patients to access information about their primary care provider's practice

DID YOU KNOW?

- Over 5,000 monthly views of the Community Services Directory
- 1,991 forms are available on Pathways (Core Medical)
- Access to 6,522 specialists provincially
- 83% of Chilliwack & Fraser Health Rural FPs and NPs have publicly visible listings on the Medical Care Directory. *Is yours?*

Referral Tracker

Project Leads: Paula Reguly
Contact: preguly@chilliwackdivision.ca

While Pathways has always been used as a tool to inform decisions about patient referrals, the addition of the Referral Tracker to Pathways has allowed physicians and their staff to send and track referrals.

- Improve patient and provider satisfaction with the referral process
- Improve the efficiency of referrals and decrease workload for clinic staff
- Act as a node in the digital health initiative; work to improve system performance

DID YOU KNOW?

- 75% of family physicians in Chilliwack & Fraser Health Rural are onboarded
- 40% of specialists in Fraser East (Chilliwack, Fraser Health Rural, Abbotsford, and Mission) are onboarded
- Over 1,190 referrals have been sent from Fraser East physicians

INITIATIVES

Manning Park Health Services

Nurse Practitioner Lead: Shandalin O'Mahony
Contact: office@chilliwackdivision.ca

Manning Park is an isolated community that has roughly 180 staff who live and work at the resort year round and are in need of in-person services that most cannot access due to many barriers. This program allows for in-person services on site. The care is addressing the diverse needs of the population including on demand medical concerns, preventative health including screening (paps, skin surveillance), and mental health services. The contracted mental health services are provided by a clinician on site the same day as the medical clinic. Mental health and medical services can liaise easily and patients are quite often cared for in the same day. The resort management team has seen a reduction in the number of sick days and missed shifts since the delivery of services on the mountain began. The management team has brought this model forward to other isolated mountain resorts in the province with the aim of replicating it. The latest addition to this model is with the support of the Division, a virtual hub has been added on site to expand care. This is just one more piece we can offer this isolated community to connect them to various care providers around the province.

"Being able to start a program in the early days of the pandemic was a source of comfort to the people of Manning Park, who have struggled with COVID, forest fires and a flood. The relationships that were developed and maintained through consistent in-person care, addressed many areas of people's lives. Some of these included substance use, mental health issues, sexual assault and educational barriers, to name a few. Seeing smiles on faces and expressed gratitude from our patients has been extremely motivating."

Shandalin O'Mahony, NP



HEALTH CLINICS

Chilliwack Youth Health Centre

Physician Lead: Dr. Melanie Madill
Contact: office@chilliwackdivision.ca

The CYHC is dedicated to wellness for youth and young adults ages 12-26 years. Youth don't need a referral—it's free, confidential, and drop-in. The CYHC continues to expand each year with increased visits annually. We were extremely fortunate to be able to use PCN funding to recruit and hire an NP to both stabilize and expand medical services, bringing outreach to street entrenched youth as a new focus which was a need we had not previously addressed.

On average, 10 outreach patients are being seen each month. Services provided weekly in collaboration with Cyrus Centre and Switchback.

New Hope Health & Wellness Clinic

Physician Lead: Dr. Scott Bakker
Contact: office@chilliwackdivision.ca

The New Hope Health and Wellness Clinic, operating on site at Ruth & Naomi's has a vision to provide access to low barrier and culturally safe health care to those managing poverty, homelessness, and addiction, connecting the most vulnerable people to local healthcare providers. Clients can self-refer, and services are offered every Wednesday and Friday.

Since January, the providers have had 567 visits. 282 of these patient visits were for those with housing insecurities.

In partnership, the Division supports these local health clinics that address the needs of complex patients and those with vulnerabilities. As we are all acutely aware, the capacity challenges are immense within our community. We thank all of you who already provide care for unattached patients from the hospital, from the community, and from the various clinics we support as a Division.

Chilliwack Gender Care Clinic

Physician Lead: Dr. Megan Mackenzie
Contact: office@chilliwackdivision.ca

The Chilliwack Gender Care Clinic (CGCC) now has a panel of 292 patients since opening in late 2017. The demand for gender affirming care in Chilliwack remains high! In 2021, the two CGCC providers (1 FP and 1 NP) saw 70 new patients for gender affirming care. A highlight of the CGCC program this year has been the interest of two local nurse practitioners and the Chilliwack UBC Family Practice residents and their site director in making gender affirming care part of their training. This shows promise that gender affirming care will eventually become a regular aspect of all primary care practices.

The greatest challenge has been the volume of new referrals to CGCC, leading to an unreasonable waitlist for first visits and also increasing waiting times for follow up visits. Unfortunately, both the 1 NP and 1 FP doing gender affirming consultations through CGCC had to stop taking new referrals this year due to lack of capacity. Since closing to new intakes 4 months ago, in June 2022, the CGCC has received 62 new referrals that have been redirected to Trans Care BC in Vancouver.

"The CGCC is helping gender diverse patients access much needed gender affirming resources, by providing a low barrier service that can be accessed even without a referral from a PCP. However, the CGCC is unable to keep up with the volume of patients, so more needs to be done to bring gender affirming care into the primary care practice of all FPs and NPs in the community."

Dr. Megan Mackenzie

Chilliwack Primary Care Clinic

Physician Lead: Dr. Robert Brooks (*ended August 2022, currently vacant*) **Contact:** office@chilliwackdivision.ca

The Chilliwack and Fraser Health Rural Primary Care Centre, Momíyelhtelaxwt "helping one another" opened its doors to the public in May 2022. This centre is located on Evans Road and is home to both the clinic and many of the new PCN resources for our community, replacing the previous clinic which was located at CGH. Though the clinic is now operationally a Fraser Health site, it continues to be a partnership between the Division and the Health Authority, that endeavors to serve as both a safety net for vulnerable patients and as an attachment hub for those without primary care here in Chilliwack.

"It has been my great privilege to serve in the capacity of Physician Lead since 2016, and though I perhaps wish the transition had a different ending, I am proud of the work we have done over the years to support many of the most vulnerable in Chilliwack. There is a great opportunity for a new provider to take on the leadership of this program, to build upon the past successes and drive the evolution of primary care services in our community."

Dr. Robert Brooks

Despite the excitement of the new site, challenges have been abundant this last year. The clinic has seen the exit of all our long-term physicians including Dr. Rob Brooks, the clinic Physician lead, and one of our long-standing nurse practitioners. It has furthermore been tested by a multitude of operational changes including a new EMR. This has unfortunately led to the work of the Family Medicine Discharge Clinic (FDMC), namely the stabilization of unattached patients discharged from hospital prior to transition to community, being put on hold into the Fall.

New challenges bring new opportunities and one hopes new growth and development. At this time, two new physicians, Dr. Imtiaz Hussain and Dr. Chris Whittington have joined the existing team of three nurse practitioners. Recruitment of physicians, Physician Lead, and nurse practitioners are on-going, and the purpose of the clinic remains steadfast in its goals, ever strengthened by the new supports provided by the PCN.

Financial Update from the TREASURER



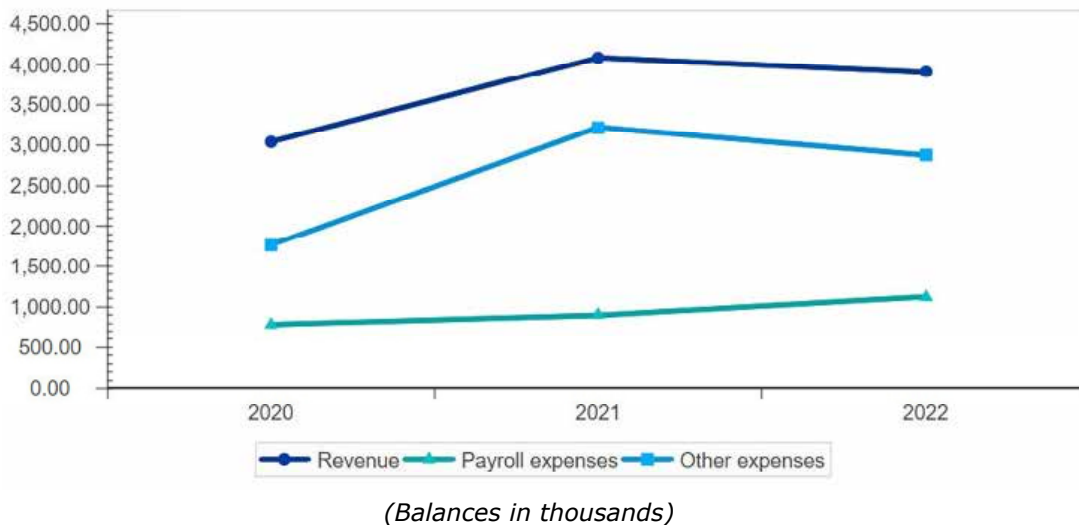
Mike Olson
Treasurer

The Chilliwack Division of Family Practice has had another successful year, in which we were able to provide support through the year to our Members. Although in-person events were still not occurring during the first half of the year, an example of a return to normalcy was that recruitment expenses increased from \$6,000 to \$35,100.

Revenue for the year declined by 4.4% from the previous year. The decline in revenue was precipitated by the decline in government funding for the current year. The decline in revenue was not unexpected as the Division had received additional funding in the previous year related to COVID funding.

The Division's overall expenditures have been consistent with the overall revenue increases and decreases. As shown within the graph below the overall expenses are on a proportionate basis. Overall operating expenses for the year declined by 3.0% compared to the previous year.

Revenue, Expenses & Earnings



Income for the year was a loss of \$89,001 (2021- (\$25,180)) Of this loss, \$25,885 related to the amortization of the capital assets of the Division. On an operational basis, the loss was impacted by the infrastructure funding being lower in regards to the Pathways E-Referral and Wellness. Additionally, the Outreach Clinic funding was lower then the expenses.

Overall, the Division is in a strong position, with the Division having positive cash flow from operations. This year, the operating cash flow was \$12,706 (2021 - \$662,723). In both years, the cash flow was influenced by the deferred revenue from program funding received in advance of the program expenses. As in the prior year, the main program with funds that are to be spent in the coming year is the Primary Care Network with \$823,805 (2021 - \$1,112,235).

I would like to take the opportunity to thank the Division's operational team which have done an excellent job throughout the year. The Division would not be as strong without the staff's continued support. Additionally, I would like to thank the Members who are instrumental in the success of the organization.

Mike Olson, CPPC, CA

DIVISION TEAM



Tracey Arsenault
Project Manager



Kristin Gill
Communications Lead



Jennica Grenier
Attachment
Coordinator



Meghan Helmer
Project Coordinator



Gracie Kelly
Indigenous Relations
Manager



Heidi Massie
Administrative
Assistant



Daphne McRae
Executive Director



Elly Meyerink
Office Manager



Paula Reguly
Project Manager



Patti Scott
Practice Improvement
& Change Manager



Kat Smart
Virtual Care
Coordinator



Preet Toor
PCN Manager



Carol Van Muyen
Executive Assistant



Muriel Victor
Traditional Wellness
Mentor





Chilliwack

Division of Family Practice

A GPSC initiative

45600 Menholm Road, Chilliwack, BC V2P 1P7
604-795-0034 | office@chilliwackdivision.ca

www.divisionsbc.ca/chilliwack
www.facebook.com/cdofp/ / @chilliwackdivision