

# Annual Report 2020/2021



Chilliwack  
**Division of Family Practice**  
A GPSC initiative

We work on the traditional, ancestral, and unceded territory of the Tsel'weyeqw, Teit, Pilalt, Stó:lō, and Nlaka'pamux peoples.

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**WE ARE:**  
innovators  
influencers  
facilitators  
synthesizers  
implementors  
coordinators  
connectors  
translators

### STRATEGIC PRIORITIES:

1. Team Based Care
2. Human Resources
3. Wellness
4. Full-Service Family Practice
5. Leadership



**VISION:** Extraordinary health care by engaged family practice providers.

**MISSION:** To empower family practice providers to deliver, in partnership, access to longitudinal, comprehensive health care.

### WE WORK IN PARTNERSHIP COLLABORATIVELY WITH:

- Physicians • Nurse Practitioners • Specialists
- Health Authorities • Patients • Community

### OUR DECISION MAKING IS GUIDED BY BEING:

- Expansive • Adaptive • Time Efficient • Supportive of Work/Life Balance
- Information and Data • Priority Driven • Good Governance

Front cover image, pages 3 and 5: Fred Meyerink Photography

## WE ARE the Chilliwack Division of Family Practice



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.

### Membership

126 family physician Members and 15 nurse practitioner associate Members representing primary care providers in communities within the local health areas of Chilliwack, Agassiz-Harrison, and Hope/Fraser Canyon. The population served is over 116,000, and over 40% of the geography of Fraser Health.

### Our Areas of Practice

Serving Chilliwack, Hope, District of Kent, Harrison Hot Springs, communities in the Fraser Canyon, including 22 First Nation communities and Métis and Inuit.



## Board of Directors 2020-2021



**Dr. Dominic Black**  
*Board Chair*



**Dr. Lori Laughland**  
*Vice Chair*



**Dr. Joshua Greggain**  
*Secretary*



**Joanne Cecchi**  
*Director*



**Helen Edwards**  
*Director*



**Mike Olson**  
*Treasurer*



**Dr. Shari Sajjadi**  
*Director*

## s y n t h e s i z e r s



**Dr. Dominic Black**

After one extraordinary year, yet another one has now passed. We have lived and coped with the extra burdens brought by Covid, while trying to continue to provide the best possible health care to our patients, support our physician and nurse practitioner colleagues, and continue all the other demands that make up modern health care, be it teaching medical students and residents, working with the health authority to run our hospitals and elderly care homes, providing outreach support as far as Boothroyd or striving to reach the disenfranchised within our communities.

We have balanced the need to see our patients in person, rounded on in-patients, provided care in childbirth, counseled those with mental health illnesses, all the while donning and doffing gowns and gloves, trying to remember the different necessities between droplet spread precautions and contact precautions. And all this we have tried to do with good grace, holding the tension between work life and home life.

In the midst of this, the Division has continued to work with its many partners, on behalf of the family physicians and nurse practitioners of Chilliwack, Agassiz, Hope and beyond. We have been engaged with Fraser Health to progress the Primary Care Network (PCN) from being an ideal, a mission and then a set of documents, to an entity that is now providing direct patient care, and helping colleagues to support our fellow townfolk.

The PCN now has the equivalent of two registered nurses in physicians' offices, three mental health and substance user workers, two nurse practitioners and two social workers. The PCN would not be where it is today without the investment of our PCN steering committee, the Division and health authority staff, and our strong collaborative partnership with our local Fraser Health team. Moreover, the Ministry of Health has given our PCN permission to proceed with a plan to engage Traditional Wellness Mentors, in a program which is in the vanguard of collaborative health care in the Province, and being used as a model in other communities.

This has been achieved through what Chilliwack, Agassiz and Hope health care communities do best: good humoured collegiality. We also owe a great deal to the support of our colleagues in Fraser Health, Fraser Health admin, GPSC and Doctors of BC.

As professionals, we can only continue to support our patients if we also look after ourselves, and the Division has been trying to be more active than ever, in a greater variety of ways, to promote the wellness of our physicians and nurse practitioners, during this challenging time. This included meeting on zoom for cooking classes, and family gathering at the Corn Maze, as we have been able. These activities are an integral part of our wellbeing and ability to remain connected, a core aspect of our Division, and is ever more important. We recognize the toll that this pandemic has had on each of you to varying degrees, and want you to know that you are valued for who you are, not only the work that you do.

This report would not be complete without acknowledging Katrina Beppele, our ED for the previous 5 years, until March 2021. Not only did she bring her many talents to the Division as a programme manager and then ED, but she also has continued to be supportive of our Division and the new ED, lending her knowledge with the generosity which has always been typical of her and for which we are so grateful. We are now so fortunate to have Daphne McRae in the role as executive director and feel the future is bright with her leading our team with great expertise and good humour.

I want to thank the board, and all of the Division Members who serve in leadership. Without each of you, the Division would not function the way that it does. I recognize the hard work that everyone puts in to ensure that we continue to be a driving force in all aspects of health care in Chilliwack and surrounding regions. I especially want to welcome all the new physicians and nurse practitioners who have joined our Division in the last year. We are looking forward to meeting you more face-to-face in the coming months, and as we can return to a version of social engagements.

Finally, I would like to thank all the staff of the Division, without whose dedication, creativity and diligence the Division would not be able to continue to support our communities. We are better with your ongoing support and promotion of the values of the Chilliwack Division and all of its Members.

Dr. Dominic Black



Daphne McRae

I'd like to congratulate the Division Members and staff for successfully managing the delivery of primary care services and Division programs and initiatives amid the changing demands of COVID-19. This year has required agility in adapting to virtual solutions, adopting new processes, responding to provincial health restrictions, managing staff shortages, etc. Your hard work, dedication and innovation have proved invaluable in maintaining the high standard of care which characterizes our region.

Despite the challenges of the past year, we have seen impressive progress in the development of family practitioner-led, partner-engaged initiatives. This includes the design and service model development of the *Momíyelhtelaxwt - Primary Care Network Health Centre*, slated to open in February 2022. The Health Centre will be a hub for interdisciplinary services, supporting and enhancing team-based care throughout our region. Likewise, under the leadership of our physicians and NPs we've seen the redesign of the Hospital Care Program to better address unattached inpatient workload and night call duties. In long term care there has been a successful night call coverage system implemented. In-person wellness activities have resumed. The Chilliwack Division has been recognized as a leader in cultural safety and humility at a regional and provincial level. We have seen an increase in net new physicians and NPs in our communities. Partnership clinics have continued to close gaps in care for underserved populations. Community members have benefited from the willingness of our family practitioners and health care partners to provide education sessions on vaccinations and chronic pain. And the list goes on of how you, our Division Members and staff, are significantly improving primary health care services in the region. There isn't space here to name all of those involved, reflecting the level of member engagement; but you know who you are, and it is your vision and initiative that is transforming patient care.

On a personal note, I want to whole-heartedly thank all of you for welcoming me to the Division in March of this year. I feel genuinely embraced by this community and privileged to work alongside our dedicated team of physicians, NPs, staff and individuals from our partner organizations. This is both an exciting and demanding time. In part, the success of our Division lies in our ability to tap into the strength of collaboration. I am confident that we will persist in doing this, meeting the challenges before us and continuing to exceed expectations.

Thank you to all of you for making this another successful year.

Sincerely,

Daphne McRae



Mike Olson, CPPC, CA

The Chilliwack Division of Family Practice was faced with many challenges through the year related to the pandemic and the corresponding impact on operations. For some activities that normally would be occurring, these were curtailed due to the impact of COVID-19, such as recruitment events. Funding allocation for this dropped to \$6,000 for the past fiscal year as in person activities were curtailed.

The operating income for the year increased over 34.4% from the prior fiscal period. Revenue for the year was \$4,084,014 (2020 - \$3,034,043) The increase in funding was essentially across the board as the Division's activities increased due to increased activity. However, the main areas which increased were:

- Hospital Care
- Primary Care Network
- Infrastructure

Hospital Care increased over the previous year as COVID-19 increased the overall operations and expenses. The impact was more time and hours being expended during the period. The Primary Care Network revenue increased due to administrative and change management functions being reallocated. Overall funding and operations was impacted by an increase in infrastructure funding; additional support for the programs was required.

For the year the deficiency of revenues over expenditures was \$27,680, which can be attributed to the increase in operations related to COVID from an overall operational context and infrastructure needs and the shortfall related to the Primary Care Network.

However, the overall financial position of the Society is in a solid position. We have \$1,415,234 in cash, which is a mixture of cash and short-term deposits. The level of cash we have on hand reflects the advancement of funds we have received for programs in advance as there is \$1,410,634 in deferred revenue. The bulk of the deferred revenue at the end of the fiscal year relates to the Primary Care Network with \$1,073,522 (2020 - \$129,393).

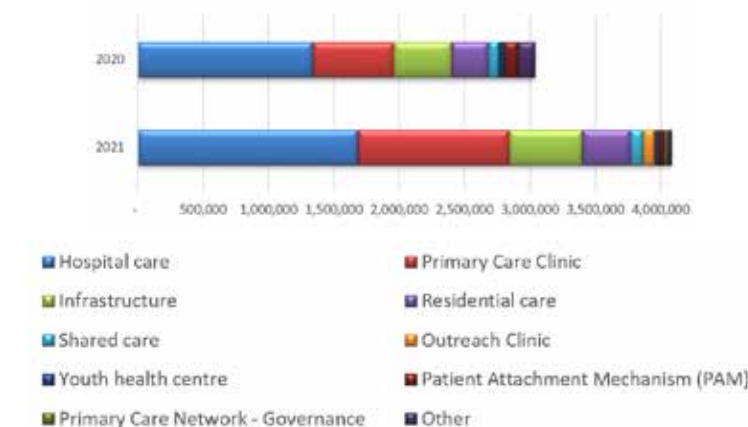
For the current year, there were capital asset additions which related to computer equipment and network equipment. These assets were purchased to increase the capacity of the network, and provide the infrastructure to operate remotely. These expenses were common across all types of operations in the past year, as operations caught up with the new reality of operating in COVID.

At this time, I would like to take the opportunity to thank the Division's operational team which have done an excellent job through out the year, in an unusual working environment. Their efforts in making the Society the success it is, is appreciated.

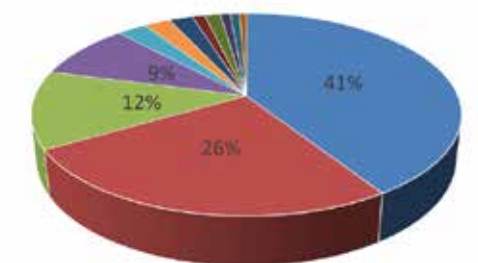
Sincerely,

Mike Olson, CPA, CA

## Revenue



## Expenditures



- Hospital care
- Infrastructure
- Team-based primary care
- Outreach Clinic
- Recruitment
- Patient Attachment Mechanism (PAM)
- Primary Care Clinic
- Residential care
- Shared care
- Other
- Youth health centre
- COVID



**Tracey Arsenault**  
Project Manager • Division



**Shannon Beer**  
MOA • CPCC



**Janetta Cook**  
Lead MOA • CPCC/Div



**Melissa Erickson**  
MOA • CPCC



**Kristin Gill**  
Communications Lead • PCN



**Jennica Grenier**  
MOA • Division/PCN



**Meghan Helmer**  
Project Coordinator • PCN



**Gracie Kelly** Indigenous  
Relations Manager • PCN



**Michael Kha**  
IT Manager • Division/PCN



**Lara McLachlan**  
PCN Manager • PCN



**Daphne McRae**  
Executive Director • Division



**Elly Meyerink**  
Office Manager • Division



**Kristina Quinnell**  
MOA • CPCC



**Paula Reguly**  
Project Manager • Division



**Nexxis Schreurs**  
MOA • CPCC/Division



**Patti Scott**  
Practice Improvement & Change Manager • PCN



**Carol Van Muyen**  
Admin Assistant • Division

## translators

## COVID-19 Response

**It would be an incomplete Annual Report to omit mention of our COVID-19 efforts.**

Throughout this past year, we have had several Members participate in shifts at local **COVID testing centers**, taking lead roles in supporting these efforts.

Once provincial immunization sites were rolling out, our Members stepped up and supported **COVID-19 vaccinations** - both on site at First Nations communities or at community sites. Several pop-up locations included lakeside beaches, farmer's market, community halls, Walmart parking lot and other local spots.

In hospital our Members continually step up to the call, **supporting COVID-19 positive patients**, and the healthcare teams caring for each one.

And in several ways our Members supported Public Health when childhood immunizations were paused, increasing the administration of flu shots.

There is **STRENGTH** in our membership. Everything we had to do this year, we had to do **MORE** in every way. **We did this TOGETHER!**

COVID Support: All our Members



## Wellness

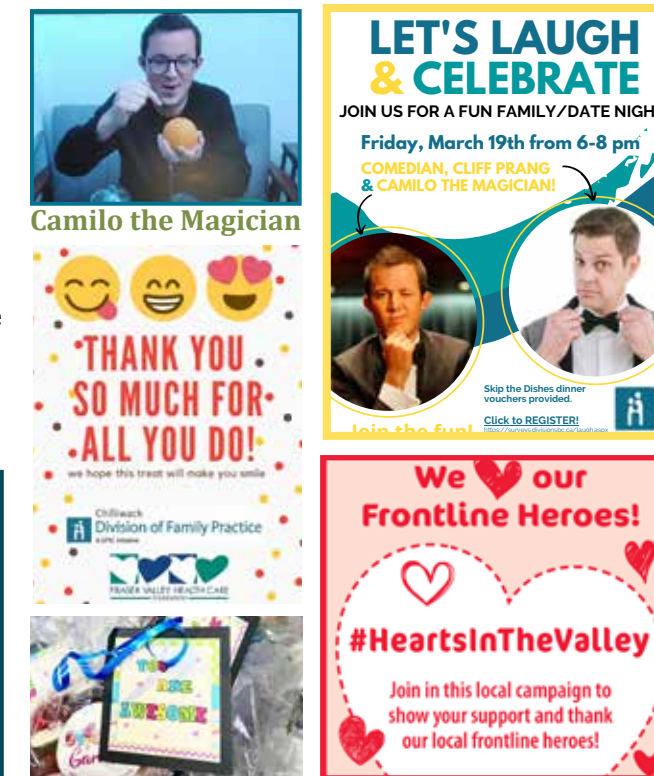
Words cannot adequately express how grateful we are to our Members for your tireless work this past year. Time after time, you have showed up for your community and colleagues despite facing great challenges and exhaustion. We are so proud of all of you!

This past year we have relied on supporting wellness "at a distance". We have been able to host virtual Holiday and year-end celebration events, Valentine's treats, recognition notes and goodies (in collaboration with the Fraser Valley Healthcare Foundation and Chilliwack Economic Recovery Network), online cooking classes, a family BBQ at Cultus Lake and an in-person Corn Maze event. We look forward with great anticipation to the 2021/22 year which will hopefully see more opportunities to gathering together.

Division Lead: Tracey Arsenault



Cooking with Chef Dez



## facilitators

# PRIMARY CARE NETWORK

## PCN in Year Two

Physician Leads: Dr. Joshua Greggain, Dr. Dominic Black, Dr. Jessica Kennedy, Dr. Jodi Lippa  
 Implementation Team: Lara McLachlan, Gracie Kelly, Patti Scott, Muna Ali, Kristin Gill, Meghan Helmer

The Chilliwack and Fraser Health Rural Primary Care Networks are well underway implementing resources in our community - responding to the needs of both patients and physicians. To date, PCN has implemented the following human resources into the community: family physicians (FPs), nurse practitioners (NPs), registered nurses in-practice (RNiPs), social workers and mental health and substance use clinicians. In addition, we have developed an innovative Traditional Wellness Mentor (TWM) Micro Health Project for Indigenous communities. PCN has provided in-practice support when implementing the PCN resources into the family practices including support for practice efficiency, teamwork and efficient service utilization.

With the approval of our PCN application we will receive more than \$12.9M in FP, NP, nursing, allied health, and traditional wellness support by 2024. In year one, we worked with community practices to develop a team-based care service model for mental health & substance use supports. Mental health and substance use clinicians had a significant impact on patients and providers, holding close to 300 visits in the first 3 months of the service.

We are excited in this second year to focus on scaling our mental health and substance work, and introducing social work supports to benefit the entire membership of the Division. Our goal is to ensure that these allied health providers. At the same time, we are continuing to integrate attachment resources into the community, such as FPs, NPs and RNiPs. So far, we have made a significant impact on patient attachment with 4,889 patients finding primary care providers since the inception of PCN in April 2020.

### What SUPPORTS are provided?

- **Clinical staff** to work with you to achieve an expanded scope of practice
- **Training** on team-based care and related billing
- **Access to Minor Tenant Improvement (MTI) grants** through GPSC - these are renovation grants where you are able to access up to \$82,000 to improve the physical conditions of your practice to accommodate PCN resources on site
- **Access to new Team-Based Care grant** of \$15,000 to offset the costs of recruiting and onboarding interprofessional resources. Included in this are costs related to setting up and upgrading EMRs, office hardware and more
- **A learning community** to participate with other family practitioners that are expanding their practices with PCN resources

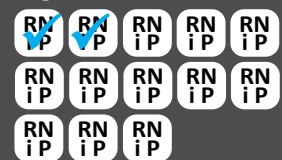
## Primary Care Network Resources

Total Approval by Year 4: 2023/24

### Allied Health Professionals



### Registered Nurse in Practice



### Clinical Pharmacist



### Traditional Wellness



### Family Physician



### Nurse Practitioner



✓ = positions filled  
 updated October 2021

## Impact of PCN Mental Health and Substance Use Supports on Patients:

"We have this collaborative care-plan with the doctor and counsellor, it is this synergistic care plan where one plus one equals three."  
 - FP/NP Interviewee

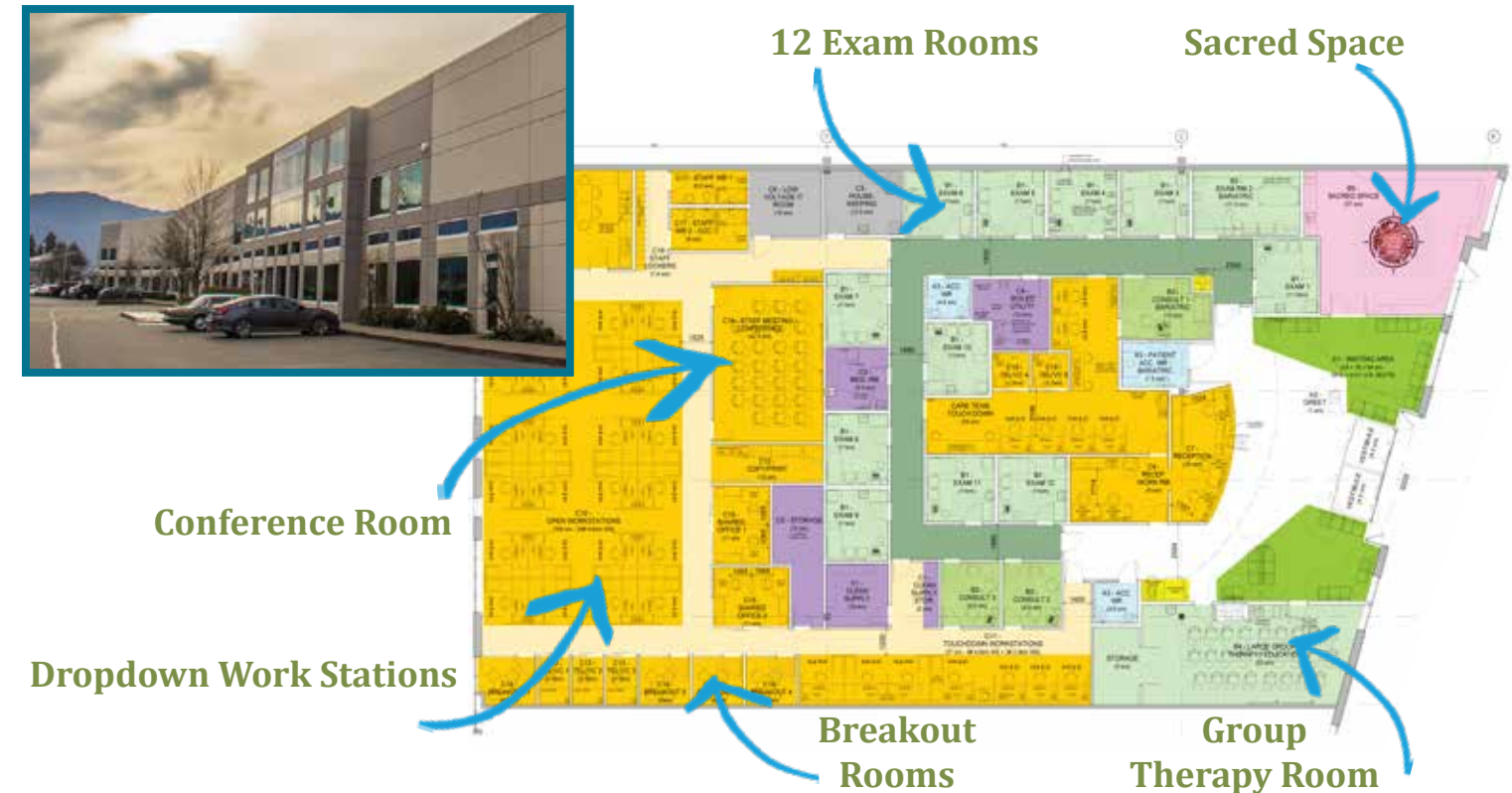
"Having the person in your office is a really positive thing partly because patients know the office and are comfortable coming there... it's an extension of what they are used to already, rather than an unknown entity"  
 - FP/NP Interviewee

## coordinators

The PCN ensures patients get access to timely, coordinated team-based care. Building on and enhancing what you currently do as family physicians and nurse practitioners.

## c o n n e c t o r s

### Momiyelhtelaxwt - Primary Care Centre OPENING FEBRUARY 2022 - 7955 Evans Road, Chilliwack



## Patient Attachment Mechanism & Health Connect Registry

Division Lead: Jennica Grenier

The Health Connect Registry was developed as a simple, easy to use online form 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](http://www.HealthLinkBC.ca/health-connect-registry) or calling 8-1-1.

**4,889 patients have been attached since April 2020.**

Front-line staff and community partners have a simple process for supporting patient attachment. Rather than saying, "No we are not accepting patients" or "I don't know how you'd find a family physician" they can say, "Register online with the Health Connect Registry".

How does it work? Patients register online or by phone, and when there is capacity in their community, we attach them directly off the waitlist.

If you are accepting new patients we can assist in building or adding to your practice at a pace that works for you.

Contact Jennica at [jgrenier@chilliwackdivision.ca](mailto:jgrenier@chilliwackdivision.ca).



## Cultural Safety & Humility Framework

Division Lead: Gracie Kelly, Indigenous Relations Manager

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, Metis 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.

Moving forward, our Cultural Safety and Humility Framework will create a balance and understanding of Indigenous Worldviews. 'We will learn and share together as One.'



**Q'elme'tsét is 'We Believe' in each other to provide 'quality health and wellness services' within our PCNs.**  
**Letsé'môt, Letsé'tha:le is defined in our Halq'émeylem Language as 'One Spirit, One Mind'**

## Cultural Sharing Series

Presented with Reichart and Associates

Gracie's role as Indigenous Relations Manager includes advocating for consistency in the health care that the Indigenous communities are receiving. **Cultural Sharing Series webinars occur the last Friday of every month from 12-1pm.** Gracie, with the support of the Vancouver-based evaluation firm Reichart and Associates, hosts an ongoing webinar series with a focus on 'building Indigenous relations'. All are welcome to join, contact [gkelly@chilliwackdivision.ca](mailto:gkelly@chilliwackdivision.ca) for webinar details. Two webinars have been hosted to date which have been attended by a total of 338 participants from Divisions of Family Practice, Health Authorities, community and health care organizations, local and provincial government, educators, and more from across the province.



## Traditional Wellness Mentor (TWM)

The Fraser Health Authority and the Chilliwack Division of Family Practice are investing to support Indigenous worldviews (7 caring teachings) by offering a TWM Micro Health Project. The TWM Project is intended to provide opportunities for community-based traditional wellness practices that are directed at improving health outcomes within the 22 Chilliwack Primary Care Network Indigenous communities including Metis and Inuit.

We look forward to continued discussions with the Traditional Teachings Advisory Group to support ongoing work of the TWM Micro Health Project activities.

For more information on the topics discussed and to access recordings of previous webinars, please visit: [reichartandassociates.ca/webinars/](http://reichartandassociates.ca/webinars/)

### Feedback from webinar attendees:

- The importance of relationships/community connections
- The importance of acknowledging and listening to personal stories/experiences
- The need for non-Indigenous people to be more active in reconciliation
- The trauma is ongoing
- Need to heal together

"Seeing a leader like Gracie is a very powerful to show that we welcome and respect the leadership of Indigenous people trying to lead their people's journey of healing."

## Chilliwack Hospital Care Program

Physician Lead: Dr. James Vanderhorst  
 Division Lead: Elly Meyerink

The Enhanced House Doc Program has been running for over three years. The House Doc (physician or nurse practitioner) work in partnership to provide extended daytime clinical support and continuity for House Doc, unattached, and IV Therapy patients.

Two mini hospital lines: HCP1 and HCP2 are now being introduced. These newly created positions are designed to support the burgeoning population of unattached patients admitted to Chilliwack General Hospital. With the two new HCP lines in full force, the number of slots for our F-call census will increase to 72 unattached patients in hospital. It also supports the family physician workforce and replaces the previous physician involvement in the House Doctor program. It is a great option for physicians wishing to do more hospital-based medicine. The NPs will continue to provide clinical support and continuity for the unattached surgical, psychiatric and IV therapy patients.

### DID YOU KNOW WE HAVE...

- 74% of our family physicians care for unattached patients in hospital (F-call)
- 50 family physicians help support Hospital Care
- 20 locums on our list

**NEW! Unified Night Call:** One physician (plus a back up physician in case of OR assists) on call M-F during evening hours.

### Reasons for Unified Night Call:

- Supporting the HCP physician patient load out of hours
- It just makes sense
- We will only do 25% of the night call we currently do
- We will be funded for this (daily stipend paid per night)
- Opportunity to give away night call shifts if desired

## Mass Flu Shot Clinic

Division Lead: Tracey Arsenault

To help assist Public Health with flu shot immunizations, we hosted a Drive-In Flu Shot Clinic in November 2020 at Chilliwack Heritage Park (the big red barns).

We were able to immunize 1,199 people through our efforts. Thank you to those that stepped in to support and immunized our community members of all ages!

## Long-Term Care Initiative

Physician Lead: Dr. Dara Donnelly  
 Division Lead: Tracey Arsenault

The long-term care program has remained stable over the past year, a feat to be celebrated amidst an ongoing pandemic. The clustering program continues to support over 55% of elders in Chilliwack, while Agassiz and Hope elders remain well cared for by one primary MRP in each community. We are also excited to have recently welcomed two of Chilliwack's NPs into the LTCI program, both of whom are sharing a cluster at Bradley Centre – welcome Navneet and Angie!

In her role as Physician Lead for the LTCI program, Dr. Donnelly launched a pilot program, offering physicians the opportunity to sign up for paid, weekday evening on-call shift. This was implemented as an effort to release the existing MRP call groups from some of their call burden in the wake of heavier hospital-related duties and increasing exhaustion due to Covid. This program has proved to be successful in keeping hospital transfers lower and ensuring facility staff are contacting the correct physician after-hours. Participating physicians report being contacted on average 1-2 times per shift, with the rare occurrence of needing to be onsite in order to avoid a hospital transfer.

Finally, the dedication of staff and physicians, along with the quick response of Fraser Health in providing vaccines, has resulted in extremely low Covid case rates among elders and facility staff in 2021. We remain grateful for the ongoing hard work of our clustering physicians and welcome any inquiries from additional physicians interested in taking part in this essential work.

Contact Tracey at [tarsenault@chilliwackdivision.ca](mailto:tarsenault@chilliwackdivision.ca).

t r a n s l a t o r s

In partnership, the Division supports a growing number of 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 Primary Care Clinic (Referral through Fcall or PAM only):

Physician Lead: Dr. Robert Brooks

The Chilliwack Primary Care Clinic (CPCC), in its ninth year of operations, continues to grow its team, increasing the number of family physicians and nurse practitioners that work alongside a clinical pharmacist, psychiatrist, and mental health clinician, all supported by a fantastic team of MOAs.

A partnership between the Division and Fraser Health, we serve as both a safety net for vulnerable patients not suitable for a traditional FFS community practice and as an attachment hub for those without primary care here in our community. The CPCC also provides services to the community including:

- Polypharmacy reduction and take-home naloxone training - our Clinical Pharmacist, Dr. Arden Barry, takes referrals from community providers for their patients.
- Family Medicine Discharge Clinic (FDMC) - we will see unattached patients discharged from hospital to stabilize them prior to transition to community. Since our inception in February 2019, we have been able to attach 2 out of every 3 patients referred to the FDMC to a long-term primary care provider, thanks to your ongoing support.

**8,804** visits this year, serving **2,164** clients

Jan - Sept 2021

## Chilliwack Youth Health Centre (Drop-in):

Physician Lead: Dr. Melanie Maddill

The CYHC has two sites 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 team can address medical and mental health needs and can be seen for anything from acne to sexual health to counselling for issues related to anxiety, depression, substance use, gender identity, family conflict, peer conflict, school and life planning, and more!

The team includes family physicians, nurse practitioners, counselors, and a psychiatrist (referral required). 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.

- WHEN:** Tuesdays  
**WHERE:** Neighbourhood Learning Centre, 46361 Yale Rd.  
**PHONE:** 604-819-4603
- WHEN:** Thursdays  
**WHERE:** Stó:lō Primary Health Care Clinic, 7201 Vedder Rd.  
**PHONE:** 604-824-3219



**Chilliwack Youth Health Centre**



CYHC Virtual Doctor Visits Made EASY!

a year ago · 4.7K Views

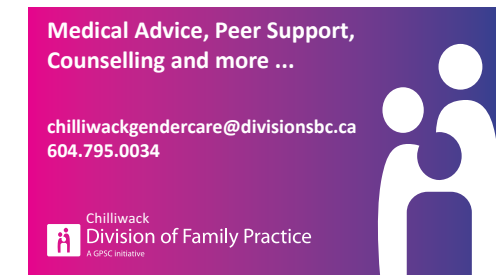


NLC: **110** in-person medical visits, **17** virtual  
Stó:lō: **64** in-person medical visits, **48** virtual

Jan - Sept 2021

## Chilliwack Gender Care Clinic (Referral Needed):

Physician Lead:  
Dr. Megan Mackenzie



The Chilliwack Gender Care Clinic provides medical advice, social support, post-op care, and hormone and surgical readiness assessments by a social worker, physician and NP, to all ages of gender questioning, gender diverse, and transgender individuals. Referral is by primary care provider or patient/caregiver, and there is a waitlist.

Referrals can be made by email, phone or fax.

**EMAIL:** gendercare@chilliwackdivision.ca  
**CLINIC CELL:** 604-316-9445 or **OFFICE:** 604-795-0034  
or **FAX:** 604-795-4111.

Serving **255** clients, **52** new clients this year  
**75%** of patients are self-referring to clinic

Jan - Sept 2021

## New Hope Health & Wellness Clinic (Drop-in):

The New Hope Health and Wellness Clinic has a vision to provide access to low barrier and culturally safe health care to those managing poverty, homelessness, and addiction. We will connect the most vulnerable people to local health care providers. No referral needed, we provide free, drop-in, confidential access to primary care services (family physician and nurse practitioner on site) in a non-threatening, friendly environment. Offering services every Wednesday and Friday since July 2019.

- WHEN:** 9am-12:30pm every Wednesday & Friday  
**WHERE:** New Hope Health and Wellness Clinic,  
Ruth and Naomi's, 46129 Princess Ave, Chilliwack  
**PHONE:** 604-795-2322 ext 101

**444** visits this year,  
serving **340** clients,  
**100** new clients in 2020



These health clinics are made possible through partnership with a variety of community agencies, including:



If you are interested in working with any of the health clinics, please connect with us at [office@chilliwackdivision.ca](mailto:office@chilliwackdivision.ca)



The Division is grateful that Shared Care is supporting multiple projects within our communities looking to address challenges in access, transitions, communication and attachment. We are thankful for the collaborative efforts of our physicians, nurse practitioners, allied health professionals, health authority, and community partners who had a hand in making our goals for these projects a reality.

## Chronic Pain: Awareness, Prevention & Optimization in Pain Management

Physician Leads: Dr. Cameron Ross, Dr. Aseem Grover & Dr. Ralph Jones / Specialist Lead: Dr. Petrus Retief  
Division Lead: Tracey Arsenault / Project Management Team: Gerry O'Hanley, Brenda Poulton

In Spring 2021, we were successful in securing funding from Shared Care to expand the East Fraser Pain Collaborative's (EFPC) work into a regional project encompassing Chilliwack, Abbotsford, and Mission Divisions. The current 18 month regional project now involves a Strategic Planning team of over 15 active family physicians, specialists, allied health, Fraser Health and community partners dedicated to moving the work forward through to Fall 2022.

### Highlights from the past year:

- Expansion of work to a regional level including Abbotsford and Mission Divisions, and recruitment of additional physicians.
- Finalizing the online Client Self-Care Roadmap which includes: education, self-management, navigation support, local, regional & provincial resources.
- Finalizing the Provider Education Portal which will contain a repository of learning resources for New to Advanced Learners, and A Guide – 'How to Build Your Knowledge if a New Learner'.
- Successful implementation of a bimonthly Medical Pain Management Consultation Service (pilot) located at the Ruth & Naomi's (RAN's) Mission. The target population are managing poverty, homelessness, with complex pain and often concurrent mental health and substance use issues.
- Application submission to SUAP for funding to support Rapid Access Clinic (RAC) for Low Back Pain (LBP) based on the existing and successful shared-care model out of Ontario, which would allow us to have timely access to appropriate pain care through advanced practice assessment and stratified approaches to self-care and treatment, and specialty services including spine surgical consultation, rheumatology consultation and pain specialists for interventional procedures.
- A special EFPC Strategic Planning Team Meeting was held in May 2021, where we reviewed the Canadian Pain Task Force's Final Task Force Report and its six priority goals. This task force is an external advisory body that has been assisting the Government of Canada to better understand the needs of people who live with chronic pain. The Final Report outlines recommendations for targeted actions necessary to improve outcomes for Canadians living with chronic pain (see [paincanada.ca](http://paincanada.ca) for full report).

Our work in the upcoming year will include completion of these ongoing projects, as well as: a focus on public awareness and patient education; Emergency Department education and provision of resources for staff and pain patients; identification and prioritization of gaps in service and recommendation actions based on input from all 3 communities; formation of an Abbotsford-based Making Sense of Pain program; formation of an Indigenous Making Sense of Pain program; creation/adaption of a CME course for physicians who want to be involved in the RAC for LBP; the development of a condensed Client Self-Care Roadmap for the ER; provider survey across all 3 communities; project evaluation.

Stay tuned and be on the look out for the release of the Provider portal & Client Self-Care Roadmap!

## Mini Med School 2021



The 13th Annual Medical School series took place virtually in April this year, being recorded LIVE in Cowork Chilliwack's studio.

Our two topics this year covered: **Chronic Pain: Finding your Pathway to Living Well**; and **Vaccines: From Childhood to COVID**.

A HUGE thank you to everyone who participated in these events. We had over 65 viewers join us live, and our videos have been viewed 150 times.



## Fraser Health Rural Addictions Network

Division Lead: Paula Reguly  
FP & NP Leads: Dr. Robert Fox, Dr. Aseem Grover, Sue Lawrence, NP and Sean Young, NP

The Fraser Health Rural Addictions Network encompasses communities from Sts'ailes to Boothroyd, and encompasses a broad view of addictions: including substance dependency and misuse of illegal, controlled and legal substances; and behavioural addictions.

We aim to improve:

- Addictions prevention, treatment and recovery services, and concurrent mental health disorders services.
- Patient experience and outcomes.
- Provider experience.
- Relationships and networking of providers, within and across sectors.
- Knowledge among providers, clients/patients and public to reduce stigma and increase safe substance use practices.

Since the Working Group has continued their work this year, they have:

- Moved forward with Shared Care project activities.
- Remained an interdisciplinary, multi-sectoral group that includes family physicians, NPs, mental health clinicians and addictions counsellors, Fraser Health leadership, Indigenous Partners, community pharmacists, leadership from community service providers and other key stakeholders.
- Supported relationship building and knowledge exchange. This was accomplished by: the 2020 Fraser Health Rural Addictions Virtual Gathering in November 2020, which brought together nearly 60 individuals, including family physicians and NPs; the Fraser Health Rural Addictions Network Basecamp space; the learning events described below; and other activities.
- In partnership with Fraser Health and the Chilliwack Division of Family Practice, offered a Two-Eyed-Seeing (2ES) workshop in November 2020. 2ES refers to the inter-weaving of western and Indigenous worldviews. This workshop aimed to help Indigenous and non-Indigenous participants develop or enhance their ability to interchange their professional lenses to better understand and support Indigenous peoples and programs. The workshop was facilitated by Jordan White, (FHA) who is a FH Rural Addictions Network Steering Committee member. Jordan is mixed ancestry and identifies himself as a Métis person. His passion for Two-Eyed seeing comes from a desire to bring about more balance among Indigenous and non-Indigenous ways of knowing, doing, and being.
- Partnered with the Hope and the Fraser Canyon area "Engaging our Partners Project" (supported by CAI Community Wellness Harm Reduction Funding) to offer a PSP Adult Childhood Experiences and Trauma Informed Practice learning session for family physicians, NPs, and frontline staff (incl. clinicians and social workers) from community organizations. The session was facilitated by Dr. Melanie Madill and Ron Plowright (PSP), in January 2021.

## Hip Fracture Project

Division Lead: Natasha Raey  
FP Lead: Dr. Dara Donnelly  
Specialist Lead: Dr. Danny Gillis

The aim of this project is to develop a formal approach to managing fractures in long-term care (LTC) with orthopedic consultation that will aim to avoid ER admission from LTC facilities for fractures so that patients will not be at risk for increased levels of delirium, skin breakdown and other iatrogenic harms during the patient journey.

For the 2020/2021 year, the committee achieved the following:

- Creation of a robust leadership team with representation from Fraser Health, the Division and Long-Term Care facilities.
- A comprehensive stakeholder engagement process with relevant departments at Chilliwack General Hospital to establish a new pathway for LTC facility hip fracture patients.
- The creation and socializing of the new pathway and process and expected pilot start date of November 1, 2021. This pathway begins in the LTC facility, reducing evening/overnight transfers and ER exposure. It also addresses barriers to timely operative intervention at the time of fall.



## In-Practice Support

### Pathways

Used widely across the province, Pathways has continued to assist physicians in making referrals with comprehensive specialist and clinic information. This web-based resource has continued to expand.

Locally, we have 159 practitioners using the core Pathways service - including 110 FPs, 46 local specialists, NPs and 44 clinics! The clinics include the Youth Clinics, Anderson Creek, the labs, Medical Imaging, Public Health, and more.

### Referral Tracker

While Pathways has always been used as a tool to inform decisions about patient referrals, the addition of the Referral Tracker to Pathways will now allow physicians and their staff to send and track referrals as well! Features include:

- A collaborative dashboard (accessible through your existing Pathways account) where both FPs and specialists can track patient referral status (i.e., sent, received, patient wait listed or booked).
- The ability to use your existing office workflow to send a referral letter and accompanying documentation to the specialist clinic.
- Secure messaging between FP and specialist offices through the dashboard.
- Free automated electronic patient notifications sent by email or text, including patient instructions.

Pathways Administrator: Judy Hamel  
Division Lead: Paula Reguly  
Pathways Referral Tracker Trainer: Patti Scott

### Medical Service Directory

Another Pathways initiative, called [PathwaysMedicalCare.ca](http://PathwaysMedicalCare.ca), is a new one-stop online directory created for British Columbians to easily find the latest clinic updates, booking information, and appointment options for doctor's offices across BC. To date, there are 2,455 total FP/NP listings equalling a total of 631 clinics.

Our local Pathways Administrator, Judy Hamel is available to come to clinic offices to give brief tutorials to you and your staff, and to connect you and your staff with Patti Scott for Referral Tracker training.

Please contact Judy at [chilliwack@pathwaysbc.ca](mailto:chilliwack@pathwaysbc.ca) to be registered for free access, or to set up a training time.



**Judy Hamel**  
Pathways Administrator

# i m p l e m e n t o r s

### Community Service Directory

In February 2021, we launched the public-facing Pathways Community Service Directory in Chilliwack. Our online Pathways Community Service Directory now is available for the public in Chilliwack and Fraser Health Rural. With thousands of page hits each month, this resource is providing a valuable and necessary service to our communities. Visit the directory at: [pathwaysbc.ca/chilliwack-fraserhealthrural](http://pathwaysbc.ca/chilliwack-fraserhealthrural).

The directory consolidates a wide variety of services and resources in one place and provides easy navigation for the complex world of community services. This resource is made possible through collaboration and the support of many organizations from Chilliwack and Fraser Health Rural.

#### Pathways Community Service Directory – Features & Benefits

- Comprehensive information about local services, plus information about services in surrounding communities, as well as regional and provincial services. Especially important where needs cannot be met in Chilliwack and Fraser Health Rural
- Enhanced technological capabilities, such as more sophisticated search functionality and user-friendly design
- Service categories that can be drilled down to meet the needs of individuals
- Printable handouts with service details and contact information that are easily generated
- Access to helpful resources such as videos, apps, information sheets, self-help groups, etc.

## Recruitment, Retention & Retirement

Physician Lead: Dr. Allison Salter  
Division Lead: Ely Meyerink

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 for their Canadian exams, retain current physicians and assist retiring physician as they transition out of practice.

#### Successes:

- Recruitment of eight new family physicians (see list)
- Continued mentorship and support by Dr. Allison Salter for new physicians
- Collaboration with the Chilliwack Economic Partners (CEPCO) for Community tours
- Wellness supported by Tracey Arsenault, Division Program Manager

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! Please say hello to all the new faces around our medical community when you see one! Connections are very important through this time as it is harder to bring everyone together to meet and greet our new additions.

### Recruited/Arrived as of Jan '21:

- **Dr. Unwana Ekaette** - Garrison Medical Clinic PCN
- **Dr. Richard Darby** - Hope Medical Clinic
- **Dr. Brianna Armstrong** - Hope ER
- **Dr. Jacques Brussow** - Mountain View Medical clinic as well as Hospital
- **Dr. Ryan Falk** - Locum and surgical assists
- **Dr. Roohina Virk** - CYHC and various clinics
- **Dr. Etienne Roux** - Mountain View Medical clinic
- **Dr. Perry Tompkins** - joining Dr. Heather Leyen
- **Dr. Koen Geerts** - winding down practice in 100 Mile House, locum in Agassiz
- **Dr. Leila Kloppers** - locum in Agassiz
- **Dr. Marium Shahid** - Cedar Family Practice PCN

## Physician Practice Support & Coaching



It's difficult to reflect on 2020-21 as anything but one of the most difficult times in our history. For this report however, we'll focus on all the good that happened during this time that made it easier to get through the bad. We didn't miss a beat in our work with the Division and its Members, providing remote support (over 400 virtual visits) for practices to transition to virtual care, to make sure that vulnerable patients didn't fall through the cracks and to keep the Quality Improvement (QI) and Panel Management work going.

For some, practice slowed down quite significantly giving a chance to work on the Panel Development Incentive Fee process or Panel Maintenance. 15 FPs signed-up and 22 FPs completed Panel.

We continued to connect those in need to our awesome FP and MOA Peer Mentors and continued rolling out our new "product" called "Practice Facilitation Cycles" (QI Cycles.) These cycles enable FPs and staff to be paid and accredited for up to 15 hours per cycle to do practice Quality Improvement initiatives of their choosing. 60(!) of these cycles were completed in fiscal 20/21 including Virtual Care enablement, Team-Based Care, EMR Optimization, Practice Efficiency & Workflow, and Customized Support. We also switched our education model to "Flexible Learning" and offered sessions in Team-Based Care, Palliative Care in LTC, Adverse Childhood Experiences/Trauma Informed Practice and OSCAR EMR.

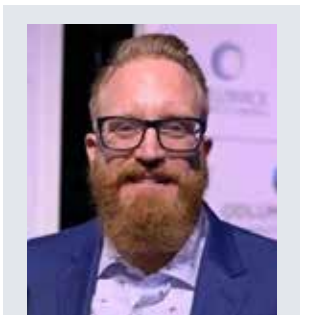
#### Last 5 Months Update

An additional 2 FPs completed the Panel Development Incentive process, 1 completed phase 2 so far and 4 new FPs have started. Half of eligible FPs are now complete and 3/4 of FPs are engaged or completed panel now! 24 QI Cycles have already been completed in this time as well with more and more proactive care focus. This has been our great pleasure to help FPs move from "catching up" or "just keeping up" on Chronic Disease Management to proactively reaching out to patients that have not been seen and might have "fallen through the cracks" and ended up presenting to ER otherwise.

#### To Come ...

As the **\$1,000 Health Data Coalition (HDC) Incentive** rolls out, we hope to see more folks using HDC for Quality Improvement. We'd like to see more FPs taking advantage of the Panel Maintenance Incentives and getting closer to 100% completed Panel. We look forward to even more proactive care QI.

Contact PSP Chilliwack Division Liaison Ron Plowright at: [ron.plowright@fraserhealth.ca](mailto:ron.plowright@fraserhealth.ca). He can connect you with his PSP colleagues Karen Steegstra or Panel Assistant, Lynn Dubois.



**Ron Plowright**

innovators  
influencers  
facilitators  
synthesizers  
implementors  
coordinators  
connectors  
translators

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**Chilliwack**  
Division of Family Practice  
A GPSC initiative

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