



2010

Annual Report



Cowichan Valley
Division of Family Practice

A GPSC initiative



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Message from the Physician Lead



Dr. Jonathan Griffin
Physician Lead

As physicians, we spend much of our professional lives working independently to support the health of our patients. The Divisions initiative was founded on the belief that by working together, we can achieve broad-based enhancements to the delivery of primary care in our communities. In looking back over the past year, I have repeatedly seen the power of our collaboration first-hand. It has been a rewarding adventure which has enabled us to work with passionate people who have limitless energy and insight.

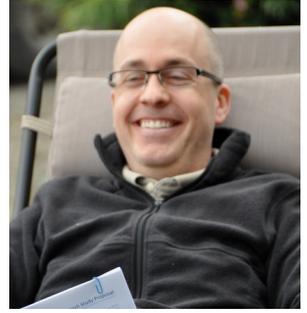
This passion is truly evident in the staff of the new Cowichan Maternity Clinic. An initiative of the Cowichan Valley Division of Family Practice (CVDFP), this clinic provides unsurpassed maternity care in the Cowichan region 24 hours a day.

Another exciting accomplishment this year has been the expansion of the Cowichan Community of Practice, which provides medical access to Electronic Medical Records (EMR). EMRs can be found in nearly 100 per cent of GP offices and walk in clinics in the region, further enhancing physicians' ability to provide quality health care to their patients. Cowichan Tribes has developed its own EMR, Mustimuhw, specific to the First Nation population. It is hoped that an interface can be developed in the near future that will allow GPs EMRs to communicate with the Mustimuhw system.

While we have faced many challenges along the road to these achievements, we have continued to learn, grow and create new goals that will influence primary care here at home and throughout B.C. Together, we can tackle issues none of us could effectively address on our own. Having seen how far we have come in the two short years since the Division was founded, I firmly believe we will one day enjoy the benefit of everyone having their own family doctor and the relationship of trust which develops from it.

Meaningful change does not happen in a vacuum. I would like to thank the BC Medical Association (BCMA), the General Practice Services Committee (GPSC), the Ministry of Health (MoH) and Vancouver Island Health Authority (VIHA), the Provincial Attachment Working Group (PAWG), the Practice Support Program (PSP) and Physician Information Technology Office (PITO) for their ongoing partnership on Division initiatives.

I would also like to recognize and honour the many leaders who have made a difference in our journey, and to encourage new leaders to join with us as we forge onward to the ultimate goal of better health care for all.



Cowichan Valley Division Board Members (clockwise from top left) Dr. Jonathan Griffin - Board Chair, Dr. Graham Brockley, Dr. Kim Gryamloski, Dr. Maggie Watt, Dr. Mark Sanders - Secretary/Treasurer and Dr. Tom Rimmer.



Message from the Executive Lead



Valerie Nicol
Executive Lead

Since joining the Cowichan Valley Division in mid-August 2010, I have been privileged to witness and support the astounding amount of work that has been done by this extraordinarily dedicated Division.

Cowichan is one of only three divisions in BC leading the Attachment Initiative work. In less than a year, we have started an Attachment Working Group, and completed both a Community Patient Attachment Survey and a Physician Self Assessment Survey with our members. We received approval from the General Practice Services Committee for our Attachment Strategy and launched the Cowichan Maternity Clinic, the Family Practice Hospital Support Program, an Aboriginal Health Working Group, and a Chronic Pain Working Group. As we review the data collected from patients and physicians, we move closer to determining what type of multidisciplinary services our division will provide. Our goal, as always, is to provide a population health approach, to improve patient outcomes while improving patient and provider satisfaction, and to reduce the overall cost to the system. And that's just the Attachment Initiative....

CVDFP also started a Locum Coordinator Program and began successfully matching available locums with physicians in need of their services. Many other divisions have approached us for how-to information so they might recreate this successful program in their area.

We have been hosting monthly general division meetings which provide an opportunity for our members to learn about our many initiatives and to contribute their perspectives to the process. These meetings, combined with regular email communication and word-of-mouth, have enabled us to engage 100 per cent of eligible physicians to become division members. We are the first division in B.C. to achieve this important goal.

So much more could be said about the many milestones we have achieved so far as a division, but really the most important attribute of this division is the people. I would like to thank the Board for giving me the opportunity to take on this challenging and very rewarding role. I would also like to thank the amazing staff that has become the glue holding all of our efforts together. It is a privilege to work with you all and I look forward to each day as we work toward primary health care transformation.

Year in Review – Highlights

February 2010

- Ministry of Health (MoH) funded a 90-day study of unattached patients to support the development of the Family Practice Hospital Support Program.

April 2010

- CVDFP formed the first Collaborative Services Committee in B.C. and held its first meeting.
- CVDFP became one of three Attachment prototype Divisions in B.C.

May 2010

- CVDFP launched the Locum Coordinator Program.

June 2010

- CVDFP hired the Executive Lead to function as both Division Coordinator and Attachment Lead.
- The Collaborative Services Committee made a formal commitment to open the Cowichan Maternity Clinic.

July 2010

- VIHA introduced the Integration Initiative to the Collaborative Services Committee.

August/September 2010

- CVDFP Executive Lead surveyed GP members on attachment issues in their practices and communities.
- CVDFP held its first Annual General Meeting; three new board members were elected.
- CVDFP Executive began participating in the Provincial Attachment Working Group (PAWG).

November 2010

- Full terms on the Family Practice Hospital Support Program contract were implemented, with a rotating roster and one patient assignment per GP.
- Eighteen unattached patients are admitted to CDH. The new FPHSP system prevented a single GP from becoming responsible for all 18.

January 2011

- Renovations for the Cowichan Maternity Clinic and staff recruitment began.
- CVDFP held its first Board Retreat.

February 2011

- The Cowichan Patient Attachment Survey began.
- PAWG approved Attachment funding strategy for prototypes.

March 2011

- Cowichan Maternity Clinic opened.
- The General Practice Services Committee approved CVDFP Attachment Strategy.

April 2011

- The revised Physician Self Assessment Survey began.

June 2011

- The Cowichan Patient Attachment Survey Final Report was completed.
- PAWG approved the Attachment Evaluation proposal.

July 2011

- The Revised Physician Self Assessment Survey was completed.
- Attachment Operating funds were received by CVDFP and GP members.
- CVDFP Executive participated in Attachment Prototype Communities retreat.
- CVDFP launched a research study of attachment issues, continuity of care and EMR use and optimization in partnership with the UBC Department of FP PHC Informatics LEAD lab and UVIC eHealth Observatory.
- CVDFP hosted Inter-Divisional Board Meeting with South Island and Comox Valley Divisions.





Patient Attachment Working Group members (left to right) White Rock/South Surrey Division: Dr. Grace Park, Jennifer Scrubb, Dr. Brenda Hefford, BCMA - Kyle Pearce, Cowichan Division: Valerie Nicol, Dr. Jonathan Griffin, Prince George Division: Dr. Barend Grobelaar, Dr. Dan Horvat and Olive Godwin.



Patient Attachment

CVDFP Attachment Initiative Report

In February 2010, the Ministry of Health provided funds for a 90-day study of unattached patients admitted to the Cowichan District Hospital. The results led to the creation of the Family Practice Hospital Support Program and a contract that provided participating GPs with compensation for providing care to unattached patients admitted to hospital. This contract is ongoing and has been renewed through December 31, 2011.

In April 2010, the CVDFP became one of three Divisions in BC selected to prototype the Attachment Initiative. Also known as “A GP for Me,” the initiative aims to increase the number of British Columbians who have a family physician. In working toward this ultimate goal, the CVDFP will gain additional resources and community partnerships which will enable the Division to work on improved health outcomes for patients, greater professional satisfaction for family physicians, and an overall reduced cost to the system.

In June 2010, CVDFP hired Valerie Nicol as Executive Lead, a position which blends the role of Division Executive Director and Attachment Lead. Upon starting in August, Valerie conducted interviews to survey GP members about attachment issues in their practices and communities. By fall, an Attachment Working Group was formed to develop a strategy for the Cowichan Region. Twelve GPs, representing each of the smaller sub-communities in the region, as well as Division staff, VIHA and various community partners have been participating in the process of collecting data and creating solutions for the attachment issues in the Division. In partnership with Social Planning Cowichan, a Community Patient Attachment Survey was conducted with the final report completed in June. In April, the CVDFP rolled out the Revised Physician Self-Assessment Survey to collect physician data. Analysis of the PSA data was completed in July and a final report is under development. The final data collection piece is an Action Research study that explores health system improvement in the Cowichan Region by addressing issues related to attachment and continuity, as well as EMR use and optimization.

A Green Paper is being developed to consolidate the research findings and to create an opportunity to explore possible solutions to attachment issues. Upon completion, the Green Paper will be presented to the Attachment Working Group, the CVDFP Board and the Collaborative Services Committee for consideration and discussion.

Responding to Community Needs

In March 2011, the CVDFP conducted a Community Patient Attachment Survey to inform effective planning in support of the Attachment Initiative. A total of 1,261 surveys were completed, representing 1.6 per cent of the region's population. Of these, 95 per cent of respondents had a family physician. This translated into approximately 4,100 unattached people in the Cowichan Valley.

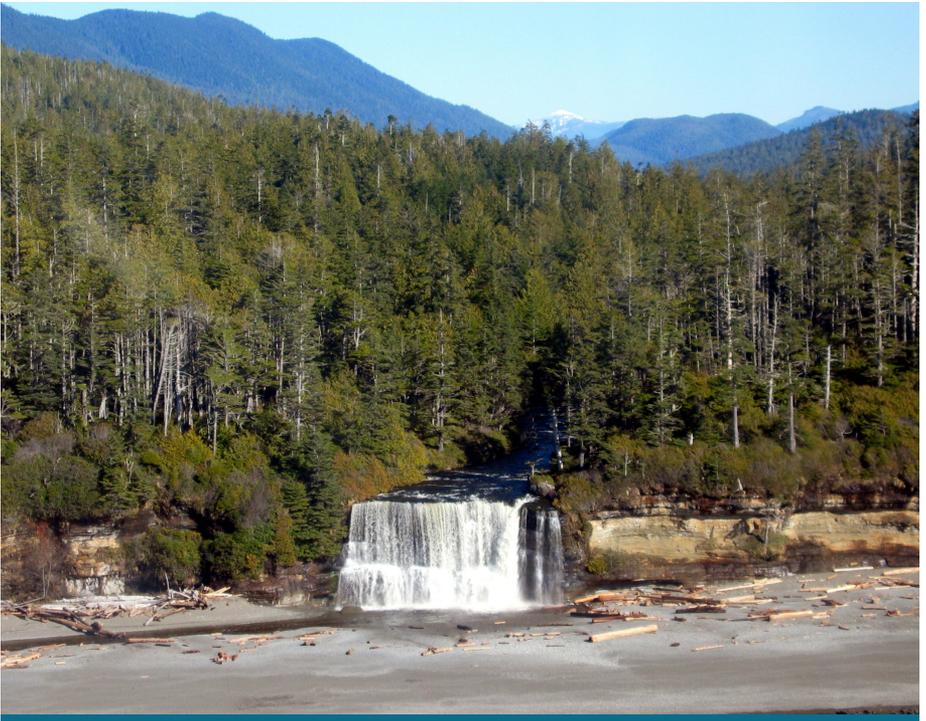
The survey also showed that 40 per cent of patients with a family doctor use walk-in clinics and the emergency department for after-hours care or for convenience. For those without a family physician, the greatest barrier to accessing health care of any kind included lower income levels and lack of transportation to a doctor's office. This challenge was most acute in Lake Cowichan.

Survey respondents also made recommendations for improving their access to care, including:

- Extend clinic hours on the weekends and in the evenings.
- Bring more doctors to the region.
- Make better use of physician assistants and nurse practitioners.
- Make a list of doctors taking patients available to the public.
- Have longer appointment times.
- Have online and telephone access to doctors.

The CVDFP Attachment Working Group is using the results from this survey, as well as those from the Physician Self Assessments and local community data, to create strategies to solve patient-doctor attachment issues and achieve:

- Fewer hospitalizations.
- Fewer visits to the ER.
- Enhanced patient experience of care.
- Enhanced support for family physicians.



Cowichan Maternity Clinic

This was a very exciting year for the Maternity Clinic Working Group. After much anticipation, and some minor delays, the Cowichan Maternity Clinic (CMC) opened its doors on March 1, 2011.

Nine GPs provide seamless on-call coverage for Maternity Clinic patients. Two half-time nurses and two half-time medical office assistants are also on staff. A total of 147 patients were delivered in the first five months since the clinic was opened. As of early August 2011, the CMC was providing care to 262 patients (217 women and 45 babies). To date, clinic staff has been able to match 28 unattached patients to GPs in the community.

As part of the Cowichan Valley Community of Practice, the clinic has implemented Med Access as its EMR. It is the largest clinic in the province using Med Access for maternity care, and this has unquestionably been its largest challenge, as the workflow in the EMR is very different from the paper BC Maternity Record that most GPs previously used. Clinic members continually seek ways to make the Med Access Prenatal template more user-friendly. Dr. Tom Rimmer has secured funding through PITO Special Projects to work on this further in the coming months.

The clinic has also started to provide undergraduate and postgraduate teaching onsite. This included an R2 Family Medicine resident from Memorial University in April, and Cowichan ICC students and UBC Rural Family Practice students over the past few months. The CMC's teaching contribution will expand over the next year to include an elective for fourth year undergraduate students from UBC. Clinic members believe exposure to this type of sustainable clinic model offers an excellent learning opportunity for students and residents, and will hopefully increase the likelihood they will choose to provide prenatal care in their future practices.

The feedback on the clinic to date has been very positive from physician, patient and community perspectives alike, and the clinic looks forward to building on this foundation in the coming year.

Dr. Maggie Watt

Physician Lead – Maternity Clinic



At the Cowichan Maternity Clinic (left-right) Dr. Luc Beaudet (obstetrician), Dr. Tom Rimmer, Dr. Deana Robertson, Dr. Nicolette Pearce, Dr. Anne Thompson, Dr. Karen McIntyre, CDH maternity nurse Janet Mercer, MOA Sadie Thomas, MOA Denise MacDonald, Dr. Angie Szabo, clinic patient and her children, Kathryn Coopsie, RN, Dr. Maggie Watt and Dr. Susan Barr. Absent – Dr. Lorna Cutt. Below - Cowichan District Hospital.



Aboriginal Health

Initially known as the First Nations Health Working Group, this committee has undergone a number of changes during the year. This includes the adoption of a new, more inclusive name, the Aboriginal Health Working Group, in response to input from community partners.

The working group's membership brings together representatives from the three First Nations health centres, the Ministry of Health and VIHA, along with a number of Division members, including initiative co-leads Stephen Faulkner and Juliette Eberhard. Starting with the fall sessions, participation will be further expanded to include representatives from the First Nations Health Council, the Cowichan Valley Metis Association, and the Hiiye'yu Lelum House of Friendship.

Prior to the summer break, a collaborative session resulted in development of an overall working group mandate statement:

"The Cowichan Collaborative Services Committee and the Aboriginal peoples of the Cowichan Valley, inclusive of First Nations, Metis and Inuit people, will work in partnership to improve health outcomes for Aboriginal individuals, families and communities within the Hul'qumi'num' territory."

Several areas of initial focus have also been identified, including in-hospital support for aboriginal populations; aboriginal-based Patient Voices Network training; development of an interface with the Mustimuwh EMR, and various community engagement and reciprocal sharing opportunities.

With this initial groundwork laid, the Aboriginal Health Working Group looks forward to a productive year ahead.

Chronic Pain Initiative

Early in 2011, the CVDFP recognized the need for a chronic pain service in the Cowichan Valley as part of its larger Attachment Initiative. This need was identified through a polling of family physicians, reports from emergency room physicians, from physicians in the valley servicing the newly built homeless shelter, and from input acquired from VIHA's Mental Health and Addiction Services. Pain BC, a non-profit organization formed in 2008, also supports the development of local chronic pain services to assist family physicians in the treatment of pain, thereby streamlining services and decreasing the burden on tertiary care chronic pain centers.

The vision for the Cowichan Valley, which serves a population of approximately 80,000, is to have a multidisciplinary facility which can be accessed both by physician referral and by patient self-referral. The multidisciplinary team would likely comprise physicians, nurse clinicians, pharmacists, exercise specialists, allied health professionals with training in meditation practice, and cognitive behavioral therapy specialists. Use of group visits and peer-led self-management programs may also be incorporated. By using group visits/networking, it is hoped patients will acquire an empowerment philosophy that will lead to better outcomes.

A working group consisting of representatives from the Division, VIHA, the Ministry of Health and when applicable, patient resources, has been formed to consider this initiative. Several meetings have been held to discuss and plan this vision, with valuable input received from patients, physicians, a nurse practitioner, pharmacist, mental health services, an occupational therapist and others. The group received a presentation from representatives of the Comox Chronic Pain Service and the Nanaimo Chronic Pain Resource. Quality improvement work has begun with the development of an overall framework, incorporating issues such as an aim statement, goals, data collection and measures. This has been done under the guidance of a QI advisor from Impact BC, who is at present mining information from a local practice that sees chronic pain through its work with the homeless shelter. Physician representation at the recent Pain BC meeting in Vancouver has connected the Cowichan Valley area with other regions in BC attempting to set up similar initiatives. Pain BC has given unqualified support to this initiative.

Locally, a continuing medical education (CME) event has been organized for physicians and health care providers through the Practice Support Program. This will occur in October 2011 and is hoped to increase family physician knowledge of treatment modalities for chronic pain as they exist today. Ongoing education and specialized training for interested physicians will be required in the future in order for the initiative to be successful and provide the full complement of services needed for Cowichan Valley's practice population.

Dr. Lyn Pascoe

Physician Lead – Chronic Pain Initiative



Locum Coordinator, Stacey Taylor, and GP Lead, Dr. Roy Gilbert, promoting the Cowichan Division of Family Practice at a UBC seminar in June, 2011.



Locum Coordinator Program

The focus for the Locum Coordinator Program this year has been to promote the Cowichan Valley as “the place” to work as a locum. Efforts have included a series of well-placed journal ads, as well as contacting every family practice training program in the country on a number of occasions. In addition, Locum Coordinator Stacey Taylor pursues every available locum lead and has been in regular contact with Health Match BC. CVDFP promotional efforts this year culminated in sponsoring the UBC course “Practice Survival Skills – Everything I Wish I Knew in My First Year of Practice.” This course was held in Vancouver in early June and provided a perfect venue to connect with potential new locums, many of whom had already heard of the CVDFP Locum Coordinator Program.

In addition to promotion, CVDFP has made it financially attractive to work in the valley with the guaranteed daily minimum incentive. Through the program, the locum coordinator also supports those new to the region by providing assistance in areas such as accommodation and hospital privileges.

This year has seen three new locums spending time in the Cowichan Valley. In addition, CVDFP has been in contact with/interviewed three other locums contemplating work in the valley in the near future. A large database of locum contacts has been developed to enable regular communications with potential candidates on the benefits of locuming in the community.

These efforts are beginning to pay some dividends. CVDFP is known, and locum physicians are expressing interest in the Cowichan Valley. Looking ahead, the Locum Coordinator Program plans to continue with its promotional efforts and find novel ways to attract locum physicians to this beautiful valley.

Dr. H. Roy Gilbert

Physician Lead – Locum Coordinator Program

Family Practice Hospital Support Program

The focus of the CVDFP's Family Practice Hospital Support Program (FPHSP) is to support physicians who provide hospital care. The first program under this umbrella focuses on physicians who take on hospital care for unattached patients.

The latest review of this program included consideration of call out times to GPs who have been assigned an unattached patient (currently being performed between 6 a.m. to midnight), and ways in which this system could be improved.

Investigation is underway regarding implementation of doctor to doctor notes within the Cerner program. This could potentially aid with call outs by allowing administrative personnel to place calls to GPs to advise of the admit, while still providing for doctor to doctor contact through Cerner.

Members are encouraged to provide feedback on the system, offer suggestions for improvement and join a smaller strategy group to consider alternatives to make the FPHSP program both effective and sustainable.

Dr. Jonathan Griffin

Physician Lead – Family Practice Hospital Support Program



Treasurer's Report

The Board of Directors have reviewed and approved the Division's unaudited financial statements for the year ended March 31, 2011 and recommends they be received by Members.

Financial Position

The Division ended the fiscal year with a deficit of \$13,137. The majority of the deficit, \$12,499 was realized in the Infrastructure Fund, with the remaining \$638 in the Attachment Fund.

The Receivable as at March 31, 2011 represents an eligible HST rebate in the amount of \$6,901.

Deferred contributions of \$159,669 in the Attachment Fund represented the remainder of the Phase 1 Development Funds received, of \$323,740.

Operations and Expense Allocation

The Division incurred \$503,238, in total expenditures of which \$139,788 represented the Family Practice Hospital Support Program (FPHSP) and was netted against receipts for the program from the Ministry of Health Primary Support Program. The balance of expenses totaling \$363,450 is allocated among various categories as represented in the following chart:

Expense Allocation



Future Funding

Attachment funding of \$1,052,194 for Phase 2: Division and Multidisciplinary Care were released to the Division in July 2011. Infrastructure funding of \$269,000 based on Physician Membership was received in two equal portions of \$134,500 in April 2011, and July 2011.

Conclusion

I would like to thank General Members, Board Members and Division Management for their continued support and development of Division initiatives.

Dr. Mark Sanders

Treasurer

Financial Statements

The Statement of Financial Position and Departmental Statement of Receipts and Disbursements are based on an unaudited statement for the period of June 21, 2010 to March 31, 2011.

Statement of Financial Position

	Infrastructure	Service Contracts	Attachment	Total
Asset				
Current Assets				
Cash	(\$8,370)	\$16,967	\$175,218	\$183,814
Receivable	\$4,491		\$2,409	\$6,901
	(\$3,879)	\$16,967	\$177,627	\$190,715
Liabilities				
Current Liabilities				
Due to infrastructure	-	-	-	-
Accounts payable other	\$15,810	\$16,181	\$12,192	\$44,183
Deferred Contributions	-	-	\$159,660	\$159,660
	\$15,810	\$16,181	\$171,861	\$203,852
Equity				
Current Earnings	(\$12,499)	(\$1)	(\$637)	(\$13,137)
Interfund allocations	(\$7,190)	\$787	\$6,403	0
	(\$19,689)	\$786	\$5,766	\$13,137
	(\$3,879)	\$16,967	\$177,627	\$190,715



Departmental Statement of Receipts and Disbursements

	Infrastructure	Service Contracts	Attachment	Total
Receipts				
BCMA	\$185,53	-	\$164,06	\$489,394
Ministry		\$139,785		
Interest	\$76	\$3	\$137	\$216
Donations	-	-	\$500	\$500
Total receipts	\$185,608	\$139,788	\$164,705	\$490,100
Disbursements				
Human Resources				
Contracts	\$83,515	-	\$52,681	\$136,196
Physicians	\$75,280	-	\$67,939	\$143,218
Professional Development	\$2,994	-	-	\$2,984
Worksafe	\$120	-	-	\$120
Service Contract	-	\$139,798	-	\$139,788
	\$161 899	\$139,798	\$120,619	\$422,306

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	Infrastructure	Service Contracts	Attachment	Total
General & Administrative				
Bank charges	\$486	-	\$117	\$603
Insurance	\$750	-	\$627	\$1,377
Meetings	\$10,850	-	\$4,260	\$15,110
Membership/ subscriptions	\$196	-	-	\$196
Professional fees	\$10,205	-	-	\$10,205
Society fees & Licenses	\$75	-	\$2,000	\$2,075
Travel	\$4,610	-	\$137	\$4,747
Office supplies	\$649	-	\$1,487	\$2,136
Computer Hardware	\$1,372	-	-	\$1,372
Furniture	-	-	\$535	\$535
Harmonized sales tax	\$4,518	-	\$2,383	\$6,901
Advertising	\$184	-	\$13,521	\$13,705
Postage and courier	\$25	-	-	\$25
Printing	\$897	-	-	\$897
Cowichan Social Planning		-	\$16,000	\$16,000
Impact B.C.		-	\$2,520	\$2,520
Rent	-	-	\$1,136	\$1,136
Telecommunications	\$1,391	-	-	\$1,391
	\$36,208	-	\$44,723	\$80,931
	\$198,107	\$139,798	\$165,342	\$503,238
Excess of Receipts over				
Disbursements	(\$12,499)	(\$1)	(\$637)	\$13,137



Cowichan Valley hosted the South Island and Comox Valley Divisions for an interdivisional meeting.



Division Staff Team

Valerie Nicol – Executive Lead

Valerie joined the Cowichan Division in August, 2010. She had previously been seconded from VIHA to Impact BC, where she worked as a Quality Improvement Advisor. Prior to that, Valerie managed VIHA's six Primary Health Care Integrated Health Networks. She also worked as a VIHA Primary Health Care Developer in the Central Island where she developed Community Advisory Committees to engage GPs, NGOs and other Health Authority service providers in Integrated Health Networks.



Valerie has a Bachelor of Arts in Sociology from University of Victoria and a Master of Arts in Counselling Psychology from the University of British Columbia. Valerie worked as a Clinical Counsellor in private practice for more than ten years.

Valerie has two daughters, aged 10 and 12. In addition to acting as chauffeur to various weekly activities, Valerie enjoys trail running, attending fit camp classes and renovating her home. Other interests include chairing the Board of Social Planning Cowichan, and serving on the advisory committee for the Status of the Community Report for the Cowichan Region.

Jennifer Berg – Financial Administrator

Jennifer has over 20 years' experience in the accounting profession. She has provided financial and business support to many leaders in the manufacturing and technology sectors. In the public sector, she has developed budgeting and forecasting process improvements.

Jennifer completed her formal accounting education at Athabasca University and The University of Manitoba. She holds a professional accounting designation from the Certified Management Accountants Society of British Columbia. Jennifer joined the Division team at the end of May 2011.



Tiffany Littmann – Executive Administrator

Tiffany joined the Division team in September 2010 with a 15-year background in business administration and strata management. Tiffany has worked extensively in a multi-faceted not-for-profit environment, developing and administering policies, providing support to boards of directors and corporation owners, working interactively with multiple operational departments, contractors and staff, and collaborating closely with legal counsels, provincial and federal government agencies, various professional



organizations and community groups.

As a life-long equestrian, Tiffany has many years' experience in coaching, training and competition, specializing in the sport of three-day eventing. Tiffany was born in Queensland, Australia, but is a longtime resident of the Cowichan Valley with deep ties to the community. She operates a small farm in North Cowichan with her husband and an array of critters, large and small.

Bonnie Nisbet, Executive Assistant

Bonnie joined the Division at the end of May 2011 as Executive Assistant to Dr. Jonathan Griffin, Chair of the Cowichan Valley Division of Family Practice. She lives in Cowichan Valley and is excited about helping create a better health care system in her community. Bonnie was born in Victoria, graduated from Mount Douglas Secondary School, completed two years at the Victoria College of Arts, became a Veterinarian Assistant while raising her family and was a legal secretary with the Ministry of Attorney General before joining the Division. She loves to row, paddle and kayak and brings a variety of talents to the Division. Her favourite word is "Believe."



Cowichan Valley Division staff members (left to right) Jennifer Berg, Tiffany Littmann, Valerie Nicol and Bonnie Nisbet.

Cowichan Valley Division of Family Practice

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Board of Directors

Dr. Jonathan Griffin - Board Chair
Dr. Graham Brockley
Dr. Kim Gryamloski
Dr. Tom Rimmer
Dr. Mark Sanders - Secretary/Treasurer
Dr. Maggie Watt

Division Staff

Valerie Nicol - Executive Lead
Jennifer Berg - Financial Administrator
Tiffany Littmann - Executive Administrator
Bonnie Nisbet - Executive Assistant

Locum Coordinator

Stacey Taylor

Maternity Clinic Physicians

Dr. Susan Barr
Dr. Lorna Cutt
Dr. Karen McIntyre
Dr. Nicolette Pearce
Dr. Tom Rimmer
Dr. Deana Robertson
Dr. Angie Szabo
Dr. Anne Thompson
Dr. Maggie Watt

Maternity Clinic Staff

Kathryn Coopsie - Nurse Lead
Denise MacDonald - MOA
Sadie Thomas - MOA

Photographs of the Cowichan Valley area courtesy of:

Dr. Jonathan Griffin

Page 4 - Killer Whale.
Page 11 - fishing and boating in the Cowichan Valley and Tsushiat.
Page 25 - Harbour Seal and a fish swimming in a sea anenome.

Dr. Mark Sanders

Page 13 - Cowichan District Hospital.
Page 16 - Cowichan Bay.
Page 25 - interdivisional session.

PictureBC.com:

Cover - rural area near Ladysmith.
Page 7 - floating on the Cowichan River.
Page 8 - fireworks over City Hall and market day, both in Duncan.
Page 19 - Duncan, the city of totem poles.
Page 22 - trails near Ladysmith and Lake Cowichan Beach.

Division members

Page 8 - Provincial Attachment Working Group.
Page 16 - Locum Coordinatior Program.
Kurt Knock
Page 13 - Cowichan Valley Maternity Clinic.
Robin Duncan
Page 26 - Tiffany and Maguyver.

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association.

www.divisionsbc.ca/cv



Cowichan Valley
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