

February 2018

Dear Division Colleagues,

Having just come from our *Splash Into the New Year* murder mystery event, thoughts of you and the fun we shared are running through my mind. Dr. Stuart Ockelford and his wife Julie, took the prize for their alarmingly realistic murderous pose. Dr. John Trepess in a manner not typically befitting a Board member, was the sly murderer. He managed to take out quite a few of us and judging by the barely suppressed grin on his face, quite enjoyed it. Dr. Shaun van Pel, Marie and *fetus* per her nametag, correctly surmised that John was the murderer and have forever sealed his fate.



It was wonderful to see many of you there and meet some new faces in our community. One of the mainstays of our annual Splash events is the celebration of “new” in our community and there’s lots of new this year. Welcome to recently graduated Family Medicine Residents -- Dr. Anita Rashidi, Dr. Peytra Davies, and Dr. Jesse Gordon who have chosen to remain in Nanaimo. Despite the significant challenges in the medical system this year, our community has remained strong. I believe the values we share and the welcoming relationships we provide motivate a number of people to stay or move here. Dr. Valerie Leroyer from Quebec and Dr. David Mayer from Phoenix have chosen to make Nanaimo their home. It was great to welcome some of the new Specialists in town who joined us for the event. We look forward to working with all of you.

Other news I’m delighted to share with you is about the driving force behind the success of our recruitment and retention program, Myla Yeomans-Routledge. She was contacted last week by a CBC Halifax television reporter. The reporter had come from a discussion at the Halifax legislature about their [physician recruitment](#) efforts. The sum of the story is that Halifax wants to do recruitment “[like Nanaimo does it](#)”. The news crew were here last week to interview Myla and I along with two physicians who came through our recruitment program, Dr. Jenny Bell and Dr. John Trepess.

Our Project Manager for Substance Use, Beccy Robson, has been invited to provide a poster presentation at the BC Patient Safety and Quality Forum this month about the *e-mentor* support program for physicians seeking additional expertise and advice from our GPs who have sub-specialty in addictions medicine. The program has been picked up by Divisions across the island. Based on the successes of the substance use program, we have been granted additional funds from Doctors of BC to support further work in opioids and into a new arena of alcohol addiction.

A CBT train the trainer program will be available this Spring in Nanaimo at which GP referrals for patients with mild to moderate mental health challenges will be welcome. It's an 8-week program where a Psychiatrist and GP work together as the GP is mentored in CBT skills. In the second 8-week the GP leads the group and once this is completed, the GP will be able to lead the 8-week sessions solo with patients. The first session involves Psychiatrist, Dr. Kehinde Oluyede and GP, Dr. Jennifer O'Farrell. Another Psychiatrist, Dr. Shelley Mark has committed to the program with interest also expressed by other Psychiatrists in the community. If you're interested to train in this program, please contact Leslie Keenan. Further details will be forthcoming.

We're in the process of developing a Division member loyalty program titled, *Core* (reflective of our [apple a day](#) strategy).

Each member will be mailed a membership card you can use at participating vendors in Nanaimo. Business names and their offers to Division members will be listed on our [website](#). Harris Mazda and VI Home Group have signed on and discussions are underway with other businesses. More on this to come.

Snuneymuxw First Nations has begun construction on a new Wellness Centre in Cedar. On completion, primary care, allied and alternative health services will be open to the public. Snuneymuxw's generosity is reflective of the deepening bond we share. Marina White, the Coast Salish liaison is a regular member of our Collaborative Services Committee where we meet monthly with Island Health, community agencies and the City to work on shared issues and solutions. Marina keeps us apprised of developments in our First Nations communities, including the new [Jordan's Principle](#) for health and social service funding for children and youth. Funding can be used to pay for any gaps in access to an **essential health or social service**, e.g., if there is a long waitlist for an essential service, funding can be accessed for a private pay practitioner. GPs, NPs, Residents, etc. can apply on the child's behalf. The partnership between Snaw-Naw-As First Nations, the GPs who work there, Island Health and the Division has worked to secure a Nurse Practitioner maternity leave replacement to the Wellness Centre.

We're learning a lot through our joint work with Anchor Physicians, their staff, and the Practice Support Program through the Patient Medical Home(PMH) prototyping. We're gaining a deeper understanding of supports needed to fulfill the clinic's vision for patient centered care as described by the PMH attributes. They are striving to go beyond the 12 attributes hence the title of Anchor's model, *Primary Care +*. Board members who work in a Family Practice are in the process of participating in the PMH assessments so we understand the work first-hand. Dr. David Sims, the Physician Lead for PMH has undergone the assessment and has some valuable pearls to share with you. The PMH Advisory committee is finalizing plans to offer clinic visits with Dr. Sims and Laura Loudon, the PMH Project Manager. We'll be communicating more with you about these, the lessons we've learned along the way and the plans going forward to engage with our rest of our members. If you have any questions, please feel free to contact [Leslie Keenan](#).

I'm so proud and grateful to be working with a Board, staff, and Division members who inspire our standards of excellence. My heartfelt thanks to all of you.

Regards,

Melissa Oberholster, MD
Board Chair



Physician Updates:

Dr Peter King has retired from family practice as of December 31, 2017. Sports medicine referrals will continue to be seen at Anchor Family Medicine, 1450 Waddington Road, Nanaimo and consult requests can be faxed to 250-754-5954. WorkSafe BC Medical and Return to Work Planning assessments will be available through CBI Nanaimo by a request on your form 8 or 11 or fax to 250-729-0991.

Dr. Rachel Carson, MD, FRCPC, Nephrology and Internal Medicine

Over the last 18 months, Island Health has replaced the old "code status" or "resuscitation orders" with MOST (medical orders for scope of treatment). In January of this year, computerized physician order entry (CPOE) was switched on across the island **just for MOST**. This means that all doctors on the island can enter the single order (MOST) electronically and it can then be seen across the island by anyone using Powerchart. Order entry is only by privileged physicians. Physicians without privileges would do as they do now: fax in a paper MOST for a privileged colleague to officially complete the order.

The End of Life Palliative and MOST clinician teams in Island Health believe this can make patient care better and more respectful. They want it to be as minimally traumatic for physicians as possible and are offering to arrange for demos/calls/visits/presentations/help to physicians outside of the usual Island Health structure so that physicians have a chance to learn about it. If you have any questions, please feel free to contact Dr. Carson directly. Rachel.Carson@viha.ca

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Please join the Recruitment & Retention team in sending out a warm welcome to all new GPs who have joined our medical community recently. If you have an opportunity to meet any of these new names at a CME or division event, please reach out and introduce yourselves:

- Dr. Valerie Leroyer
- Dr. Sharon Collins
- Dr. Ian Cafferky
- Dr. Marie Hellen
- Dr. Tim Bintley
- Dr. David Meyer

We are grateful for the successes with site visits and would like to thank all clinics, staff and partners involved in showcasing our unique medical and social community. The collaboration has been truly inspiring.

If anyone has any questions, please do not hesitate to reach out.

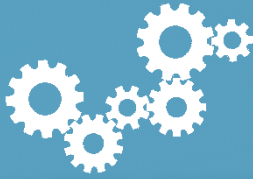
Kindly,

Myla Yeomans-Routledge
MylaYR@divisionsbc.ca



NANAIMO WOUND CARE

OUR SYSTEMS APPROACH



Finding solutions to enhance care for complex wounds in Nanaimo requires an approach which fully understands all aspects of the current system. It takes into consideration multiple perspectives, recognizes and builds on system strengths and reveals opportunities to address what's missing.

Since wound care was identified as a priority in 2012, the Division and Island Health, have done a significant amount of discovery including, environmental scans, Island Health wound care audits, patient journey mapping and interviews, a physician survey, a physician forum and countless face to face meetings.

What we discovered through this process was a very complex and fragmented system of care which encompasses many different providers working in multiple settings including community, primary care and acute care. The patient experience that we heard highlighted the struggle to find the right care, from the right provider, at the right time.

Looking at the system as a whole the Nanaimo Wound Care Project identified and took action in 5 main areas:

- Partnerships
- Clinical Decision Support
- Technology to Enable Team-based Care
- Patient Self-Management
- Knowledge Sharing and Education



Partnerships

Through our patient journey mapping we learned that every patient's journey is unique, starting and ending at different points in the system and connecting with different members of the care team. To truly enhance wound care, meaningful collaboration between GPs, Specialists and Island Health was essential.

In the early stages of the Nanaimo Wound Care Project, the idea of a centralized wound care referral clinic was identified. A central clinic like this would rely on the expertise of skilled wound care nurses and would need to be led by Island Health. This concept, while important, was outside the scope of this Shared Care initiative. However, it would be critical to partner with IH and stay engaged in their progress towards such a clinic.

Island Health has since added a new specialist wound care nurse position to explore how this role can build capacity for wound care in community. Plans are also underway for a dedicated community wound care clinic and we'll continue to work with our Island Health partners to ensure the tools we're developing through the wound care project align with changes to services.

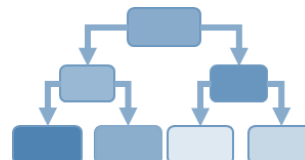
Clinical Decision Support

To provide greater clarity regarding wound care triage, who best to refer to and how, the project team worked with GPs, specialists and nurses to develop a wound care decision support tool. The tool is made up of a series of algorithms that aim to standardize assessment, initial treatment and referrals based on the clinical presentation of the wound.

Our hope is this tool will also build awareness of local resources and help providers better navigate services for their patients.

The development of the tool has been an iterative process, testing each version with GPs, specialists and residents then incorporating the feedback to develop a final version of the decision support tool that has strong clinically utility and is intuitive to use.

We expect to start a broader phase of testing and evaluation in March.



Technology to enable team-based care



Another high priority was the ability to leverage technology to facilitate better team based care, specifically the sharing of secure photos of wounds for consultation, advice, referral and ongoing wound management. A pilot group of 2 Specialists, 2 GPs, 2 Hospitalists/Locums, 1 Resident, an ER physician and an RN from Snuneymuxw First Nation, were recruited for 3 months to assess the effectiveness and practical application of a secure photo sharing app, ShareSmart. The pilot was effective in determining how secure photo sharing could be used to support collaboration and clinical decision making and in confirming the requirements of such technology to be most effective for these purposes.

Now that the initial pilot is complete the project team is working with Island Health to explore sustainable options to use secure photo sharing to support clinical workflows between community and Island Health providers.

Patient Self-Management

Patient self-management materials, including a patient passport and a series of self-care booklets have now been developed. After an initial scan of available resources in Canada, the project team choose to adapt materials developed in Ontario. These materials were vetted through a patient focus group, reviewed and edited by an experienced wound care nurse and received final review by two local GPs.

Knowledge Sharing & Education

Three Wound Care Knowledge Cafés (CMEs) have been held, with the last one taking place this past November. The Cafes were purposely structured to allow for small group learning and discussions, giving each participant ample opportunity to ask the Specialists specific questions, but also to share experiences and troubleshoot challenges.

The Knowledge café's also served to develop and support better relations and communications between all levels of wound care providers.

HELP TO ADVANCE WOUND CARE IN NANIMO

We're looking for GPs in Nanaimo to put these new tools into practice and help us evaluate quality improvement in wound care. If you are interested in taking part, or to learn more, please contact the Wound Care Project Manager – Laura Loudon lloudon@divisionsbc.ca

Residential Care Initiative (RCI) Pilot Project Updates

The Nanaimo RCI is launching a new project in response to the shortage of local Geriatric-Psychiatrists. The Behavioural Support Team (BeST) initiative will be in Long Term Care facilities to help manage dementia patients. Based upon a model of care developed at Malaspina Care Residence (Nanaimo), the BeST team is a multi-disciplinary group consisting of a Physician, Geri-Psychiatrist, and facility staff (ex. RN, Care Aid, PT, etc.) who will monitor and manage a resident's behavioural symptoms on an ongoing basis using the P.I.E.C.E.S. methodology.

Shared Care funding is supporting the initial three month scoping work, with a full proposal to be submitted in Spring 2018. Working Group members include the Nanaimo Geri-Psychiatrists, RCI Physician Leads, Geriatric Support Services (GSS) and Long Term Care managers.

Another pilot project already underway is assisting physicians to attend facility care conferences via video. Utilizing the videoconferencing software Medeo, Core Physicians are able to remain in their office while attending care conferences between patient visits. Facility schedulers work with physician MOA's to coordinate schedules to allow for 40 minutes between sets of conferences, allowing the physician to retain patient appointments in clinic and maintain patient flow. The pilot has been running successfully at Eden Gardens with roll out planned to additional facilities in the coming months. If you are an RCI Physician interested in becoming a Core Physician to utilize this software, please contact [Katherine Henley](#)

Substance Use: E-Mentor text line updated

A reminder that the [Physician E-Mentor text line](#) is now open to **all addictions related questions**, including, but not limited to, advice and information on Suboxone prescribing. The text line is a fast and flexible option to connect with addictions medicine physicians, who are able to provide 1-to-1 coaching and guide you to local resources.

How does it work?

- 1. Text 450-990-6200 with 'Addictions' at the beginning of your message**
- 2. Ask your question**
- 3. Include your contact information (Name and phone number / email) and send!**
- 4. Await a response from a local E-Mentor within 2-4 hours**

"[E-Mentor] took the time to listen to my questions and gave excellent and timely advice that not only was of great help to the patient in question, but, also to myself." – Nanaimo physician after accessing E-Mentor

Need Support for Addictions Patients?

Local Ementors are only a text message away



>> Did you know there is local network of support to help you manage and treat patients with addictions? <<

450-990-6200



BENEFITS

- ✓ **Fast** Does not interrupt patient flow
- ✓ **Flexible** Receive calls anywhere
- ✓ **Personal** 1-2-1 advice and discussion
- ✓ **Comprehensive** All addictions concerns and queries answered

HOW DOES IT WORK?



TEXT: 450-990-6200



TYPE: Addictions to start the message.



ASK: Your question



REMEMBER: Add your contact details!



In less time than it has taken to read this document, you could have already requested a 1-2-1 support from an addictions specialist!

E-MENTOR

Nanaimo
Division of Family Practice
A GPCC initiative



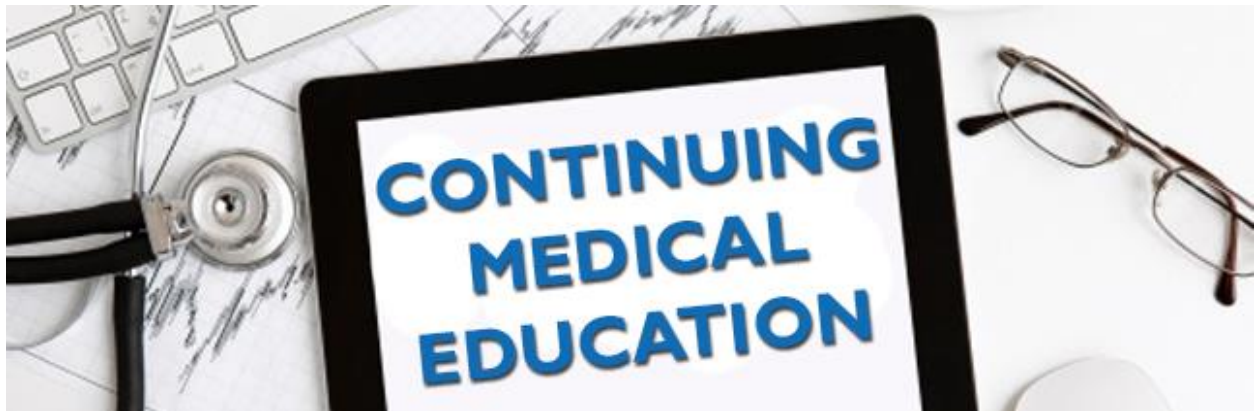
Pathways has over 90% participation by the Nanaimo Specialists and is actively adding GPs with areas of special interest and Nanaimo-based speciality clinics. All Division members and your staff are entitled to access to Pathways at no cost.

Dr. Melissa Gillis and Dr. Kelly Cox have been making clinic visits to introduce Pathways to Nanaimo Physicians and their staff. To date, we have sent out 117 Pathways access keys to Family Physician practices in Nanaimo. Logging on to Pathways is fast and easy providing you with access to Specialist information, their sub-specialties, updated wait times and referral information for all of BC. Upon seeing Pathways, MOAs have said, *"it's nice to get rid of the wall of sticky notes"* and *"This is wonderful it will really save time!"*

Here's a link to the Pathways introduction video https://www.youtube.com/watch?v=7cl-aBoK_YA

If you need your Pathways access key, want to schedule a clinic demo, or need more information, please contact: Janice Schmidt, Pathways Administrator @ nanaimo@pathwaysbc.ca





CMEs

CMEs was one of the core priorities identified by Division members in 2012 soon after the Division began. It was affirmed as a continuing priority through our membership survey last summer. Dr. Kelvin Houghton, the Division Physician CME Lead, wanted Physicians to be able to access their Mainpro + credits without leaving the island as they wish. This year, we have a schedule of CMEs that will allow you to do just that. The [2018 CME calendar](#) will show you what is in the hopper so far for this year.