Annual Report 2011

Shuswap North Okanagan
Division of Family Practice
A GPSC initiative

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Message from the Physician Lead

Dr. Ken Perrier
Physician Lead

In the 21 months since the Divisions initiative began in our community, the Shuswap North Okanagan (SNO) Division of Family Practice has become an effective mechanism for family physicians to voice their concerns and pursue solutions. As SNO's physician lead, I wish thank our members for participating in engagement events and connecting with board directors about your priorities. You shared your perspectives on the crises in Shuswap Lake General Hospital Emergency and the Vernon Jubilee Hospital Doctor of the Day program. You highlighted the need for improved access to CME, palliative care and community care services, and shared concerns about how residential care is provided. You spoke with us about how communities need doctors and physicians need locums. Those of you who provide obstetrical care shared you key concerns as well.

These are complex challenges. I am especially thankful for members' willingness to participate in solving them. It has allowed SNO to establish a CME committee that will soon be holding its first events. We also have physicians working with the health authority to improve palliative care and community services for our patients. Still others are working with the IHA to improve IM/IT services and residential care. Through the combined voice of all interior divisions, the IHA has begun working on a plan to improve both the recruitment of family physicians and access to locums. Of course, there is still more to do, but the progress we have made is thanks to family physicians voicing their needs to the board and working together for change.

These solutions will not come easily or quickly. Working over the last year-and-a-half with our collaborative services committee partners has taught me that while physicians are willing to make dramatic changes almost immediately, the multi-billion dollar organizations we work with must go through long multi-step processes. For us to be successful, we must press on even when frustrated with what seems like glacial pace of change. I believe our partners want this process to be successful, because they understand it is the way to a sustainable health care system where both patients and physicians will be happier. I believe the future of family practice in B.C. is bright and that our value to the system is finally receiving the recognition it deserves. Thank you for your participation. Your efforts are shaping our future.

A huge thank you also goes out to our great staff: Tracey Kirkman, our executive director, and Tammy Beneshek, our administrative assistant. They have worked tirelessly to ensure all our events occur smoothly, as well as organizing our working groups and maintaining the service agreement requirements. I also want to thank the board of directors for their due diligence and tremendous advice as the Shuswap North Okanagan Division of Family Practice matures.

Message from the Executive Director

Tracey Kirkman
Executive Director

As I reflect on the progress the SNO Division has made over the past year, it is clear our Division has transitioned from a crisis-driven organization to a member-driven one, where we can begin to focus on the needs and priorities of the family physicians in our community.

When the Division was born, the board's focus centred on finding collaborative solutions to the Vernon Doctor of the Day and Salmon Arm Emergency Room crises. Through the combined efforts of the Division, the Interior Health Authority and the Ministry of Health, we have successfully resolved these issues. In the future, the rural ER situation will receive further review, with the hope the resulting recommendations will lead to a more sustainable solution for rural ERs throughout the province.

In May 2011, we held our SNO in 3D member engagement sessions, where issues and priorities were identified. Members have stepped forward to form working groups, taking the lead and active roles in suggesting changes to improve the health care system for patients and physicians alike.

From an organizational development perspective, it has been interesting to observe the development of the Division as well as the collaborative services committee (CSC). All new groups experience four stages of development: forming, storming, norming and performing. I think this fact is often overlooked and can result in people feeling frustrated at the lack of progress and/or slow pace of change. However, new groups need to struggle and move through the developmental phases in order to become well-adjusted, highly motivated and productive teams.

I believe the Division and CSC are in the storming/norming phase of development. We have come to the table with different ideas and perspectives. The storming phase is usually characterized by difficulty in making decisions, unrealistic goals and expectations and a lack of focus. The negative experiences of the past are still referred to. For the team to progress through this phase, solid leadership is critical.

Our Division is very fortunate to have an excellent board and physician lead at the helm – without whom I think we would have been lost at sea. I believe we have weathered the brunt of the storm and now have a well-functioning CSC with a common purpose. As we move into the norming phase of development, which is characterised by group consensus and collaboration, we will see slow but steady progress towards reaching our goals.

The performing phase of group development is achieved when groups are strategically aware and innovate through continuous improvement. For our Division to reach that stage, we need a greater level of membership involvement and engagement. The success of the Divisions of Family Practice initiative relies on physician input. Dr. Brian Day stated that "the Canadian health care system is about to be redesigned. Physicians must not just sit at the table, they must position themselves at the head, where they can lead and direct the nature of that redesign."

The Shuswap North Okanagan Division of Family Practice provides you with this opportunity. I hope to see many new faces at our table in the coming year, as we continue to storm, norm and perform our way to health care reform.

***Below** - members of the SNO Division participate in a member engagement session.*

Year in Review

April 2011
Quarterly Division newsletter launched

May 2011
Member engagement session held in Salmon Arm and Vernon. Topic: SNO in 3D: Discuss, Determine, Decide

July 2011
Vernon Jubilee Hospital Care Program Service Agreement signed and implemented

August 2011
Bulk office purchasing negotiated for Division members
The SLGH ER unit clerk position's hours are increased

September 2011
Division's first AGM
A GP for Me presentation to the Board

October 2011
Rural Emergency Enhancement Funds (REEF) approved for Salmon Arm ER
Divisions of Family Practice Provincial Round Table event in Vancouver

November 2011
"Let's make a difference" member engagement session

December 2011
New Collaborative Services Committee Terms of Reference approved

February 2012
Interim report on Vernon Jubilee Hospital Care Plan submitted
Palliative Care working group Terms of Reference and budget approved

March 2012
Residential Care working group Terms of Reference and budget approved
Division reaches 120 members
Initial meeting with the Integrated Care Teams working group

Above *- members of the SNO Division (left to right) Dr. B. Botha, Dr. F. Dippenaar and Dr. R. Hillis participate in a member engagement session.*

Mission

With the support of the General Practice Services Committee, the Shuswap North Okanagan Division of Family Practice will:

1. Actively engage and support each family physician member in a transparent, interactive communication process to identify, understand and prioritize primary health care service gaps and related options to improve key medical issues;
2. Represent each family physician member with senior IHA and MOHS officials as well as current and potential future health care partners, in an open, collaborative problem-solving forum that aims to develop, implement, monitor and revise related community and hospital primary care initiative; and
3. Increase professional satisfaction and physician wellness.

Constitution

1. To provide leadership, guidance and support to family physicians in order to enhance patient care in the community.
2. To provide a forum for family physicians to represent their expertise as it relates to issues affecting community and patient health.
3. To provide a forum for innovative and collaborative approaches to healthcare with other stakeholders.
4. To participate in planning of improvements, research and evaluation in relation to patient care.
5. To develop and administer programs related to physician health.
6. To do all such other things as are incidental and ancillary to the attainment of the foregoing purpose and the exercise of the powers of the Division.

Vernon Jubilee Hospital Family Physician Hospital Care Plan Service Agreement

Highlights from the Interim Report

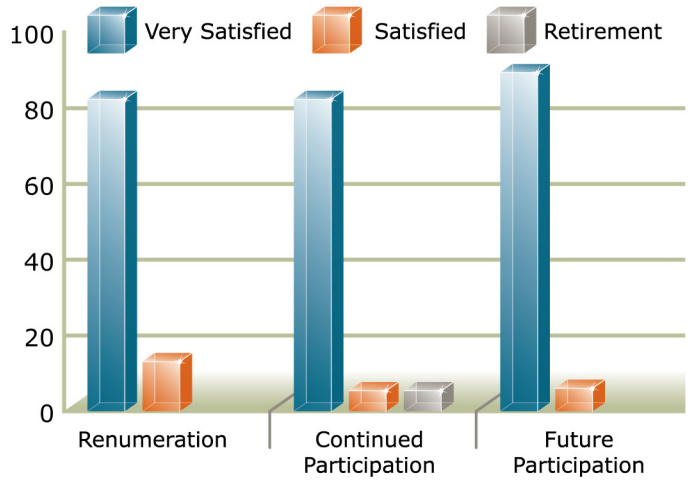
The Vernon Jubilee Hospital Doctor of the Day Program (VJH DOD) had been experiencing a steady decline in the number of participating physicians for several years. In fall 2010, the physicians became concerned about the program's long term viability and brought their concerns to the SNO collaborative services committee (CSC) seeking a solution.

After a three-month research project carried out at VJH from December 2010 to March 2011, the SNO CSC partners created a Family Physician Hospital Care Plan (FPHCP) service agreement that addressed inadequate remuneration for in-patient care and its negative impact on physician participation in the VJH DOD. The service agreement took effect on July 1, 2011.

Enhancing satisfaction

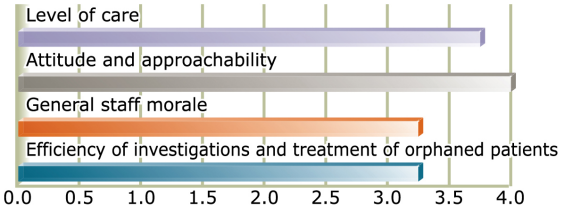
Following the implementation of the agreement, physician satisfaction was assessed through personal interviews, a participant survey and a DOD participant engagement event. The results of these showed:

Physician Satisfaction



As well, an assessment of the in-hospital impact of the FPHCP Service Agreement was done by surveying patient care coordinators (PCC), which are the equivalent of "head" or "charge" nurses. The PCCs clearly indicated the service agreement has resulted in improvement in all areas:

Patient Care Coordinators Assessment



A score of 3 indicates neutral or no change while scores greater than 3 reflects an improvement.

Improving patient attachment

Increasing the continuity of care for unattached patients is a challenge facing the DOD physians.. Many DOD physicians will accept some of the admitted unattached patients into their practices. They also work with non-DOD physicians or integrated care coordinators to help locate potential family physicians for unattached patients. While progress has been made in this area, SNO has not yet determined a method to quantify the rate of permanent family physician attachment being achieved.

To further support continuity of care, VJH DOD physicians have adopted the IHA Triplicate Discharge Order form, a copy of which is forwarded to a DOD patient's community family physician, if they have one. The Discharge Order form includes a list of medications at time of discharge, referral services requested post-discharge and the patient's follow-up needs.

Looking ahead

The Family Physician Hospital Care Plan service agreement at Vernon Jubilee Hospital appears to have stabilized the Doctor of the Day program.. The SNO board is hopeful this prototype funding model will be maintained and made available to other sites in B.C. where it could offer a solution for sustaining the in-hospital care of unattached patients.

There are still improvements to be made that do not involve money. SNO has determined that along with better remuneration, better communication with participating doctors and more flexible scheduling are key tools for improving morale and satisfaction in the group as a whole.

Of great concern is the relative undervaluing of family physician in-hospital care compared to in-office care has destabilized the long standing foundation of family doctors providing in-hospital care locally and likely across B.C. While many factors exist which negatively impact whether a family physician chooses to work in a hospital or not, many local family physicians feel that a great gap between in-hospital and in-office fee schedules exists. This gap is reported as a strong disincentive to continue providing in-hospital care.

A detailed copy of this report is available on the Division website at www.divisionsbc.ca/sno/news.

SNO in 3D - Discuss the issues, Determine the priorities, Decide what to do

The Based on input from members in both the Vernon and Salmon Arm communities, the Shuswap North Okanagan Division of Family Practice identified the following priorities:

- **Palliative Care**
- **Community Care**
- **Mental Health**
- **Locums**
- **Residential Care**

These priorities have been set based on the feedback from the membership as summarised below.

Practice Support


UpToDate.com


Nurse Practitioner funding model


Integrated Care Coordinators


Shared Obstetrical support


Billing support


PWD forms


Administration overload


MD Management Seminars


EMR - IT liaison with Interior Health

Community Care

Access to mental health

Residential Care

Communication with pharmacists

Lab services

Integrated Palliative Care services

Cardiac and Pulmary rehab program

Volunteer systems for seniors

Home blood draws

Lifestyle issues

Locum support

CME

Family physician manpower plan

In-patient Care

Support (financial and systems) for physicians doing in-patient care

On call issues: DOD, OBGYN, Surgical assists

Rejected hospital code visits

Transport issues

Specialist support


MacKENZIE


CITY HALL

Residential Care Working Group

The Residential Care Working Group was formed in response to several changes in both patient needs and operational realities at residential facilities in recent years. These include:

- Patients are more frail and have multiple complex medical conditions.
- Patients have mobility issues making most unable to attend a physician's office.
- Patients without a family doctor in the community are admitted due to "first available bed "rules.
- Increasing numbers of family physicians are working in the community without hospital privileges and without belonging to a call group.
- There are more facilities and more physicians with a result that physicians have only one or two patients in a facility and the facility can have 30 or more attending physicians.
- Patients are admitted later in the course of their disease, lengths of stays are becoming shorter, and more patients require intensive end-of-life care.
- Care conferences are an important part of medical care but occur during physician's office hours when the other team members are available.
- Nursing care is changing from RN to more LPN responsibility.

Key challenges in delivering best quality care include:

- Lack of proactive care: patients are not being seen by their family physicians.
- In Vernon, a study at three facilities showed 58 per cent of patients were not seen at all during 2010 (ranges from 35-77 per cent).
- Lack of timely response to phone calls and faxes.
- Lack of after-hours availability for doctors without a call group – which leaves facilities without guidance and can increase transfers to emergency.
- Orphan patients admitted and relying on a volunteer system to obtain a family physician.
- Lack of attendance at care conferences.
- Lack of regular follow-up on medication changes resulting in overuse of antipsychotic medications and poly-pharmacy in general.
- When care is conducted by fax, there is poor communication among facility staff, physicians, residents and families because the lack of personal connection results in less confidence in each other. As well, end of life issues are not discussed.

The goal of the Residential Care Working Group is to engage family physicians in improving delivery of care in residential facilities and to bring recommendations for a service contract to the Collaborative Services Committee.
The working group will be in place for one year, through to March 2013.

Residential Care Working Group members:

Dr. Rick Sherwin
Dr. James Levins

For updates or to leave comments for the working group, members are asked to visit the forums tab on the SNO Division's web page at www.divisionsbc.ca

Palliative Care Working Group

In February 2012, a Palliative Care Working Group was formed to bring together providers of palliative care services or those with knowledge in designing and supporting the health care system to explore opportunities to improve palliative care in the Shuswap North Okanagan region.

The objectives of the palliative care working group are:

- To enable palliative care patients to die with peace and dignity, supported by competent, compassionate and continuous care.
- To provide a physically and emotionally sensitive environment which supports the maximum possible quality of life until natural death.
- To address the challenges of a geographically dispersed population in a sustainable manner.
- To ensure palliative care is provided in accordance with established national best practices.
- To provide seamless care within the broader health authority, recognizing the triple aims of quality patient experience, improved standard of care and reduced cost.
- To provide client and family-centered care that recognizes the key role of the family physician and ensures palliative patients without a family physician receive access to one.
- To support and encourage appropriate education and use of resources to help support family physicians, Interior Health staff and all other care givers in caring for palliative patients and their families.
- To acknowledge and respect cultural diversity as it applies to palliative care.

To achieve these goals, the Palliative Care Working Group will:

- Develop and present actionable recommendations to the CSC, including projected timelines and recommended involvement.
- Upon discussion at the CSC, work in partnership to bring forward change.
- Report back to the CSC all activities and outcomes.

For updates or to leave comments for the working group, members are asked to visit the forums tab on the SNO Division's web page at www.divisionsbc.ca

Palliative Care Working Group Co-chairs

Dr. Joan Bratty,*SNO Division member and family physician*
Reneè Roberge, *Manager Community Integration Health Services North Okanagan, Rural Shuswap – Revelstoke*

Palliative Carew Working Group members

Dr. Adele Preto, *SNO Division of Family Practice*
Sharon Whitby, *practice lead for Community Care Issues, Interior Health*
Claire Scott, *Salmon Arm Hospice*

Additional individuals, including representatives from Patient Voices Network, will be invited to attend discussions and decision making processes when the topic under discussion affects their area of responsibility or impact.

Above *- The Shuswap North Okanagan Palliative Care working group (left to right) Claire Scott, Renee Roberge (Manager Community Integration and Co-chair), Dr. Joan Bratty (Co-chair). Absent from this photo: Dr. Adele Preto and Sharon Whitby (Community Practice Lead).*

Financials

This financial statement is based on an unaudited statement for the period of April 1, 2011 to March 31, 2012.

Assets

Current Assets

TD Canada Trust - 0928	$	210717.22
Total Current Assets	$	210,717.22

Capital Assets

Office Furniture & Equipment	$	795.14
Total Capital Assets	$	795.14
TOTAL ASSETS	$	211,512.36

Liability

Current Liabilities

Accounts Payable	$	27,852.03
Vacation Accrued	$	1,318.65
Total Current Liabilities	$	29,170.68
TOTAL LIABILITY	$	29,170.68

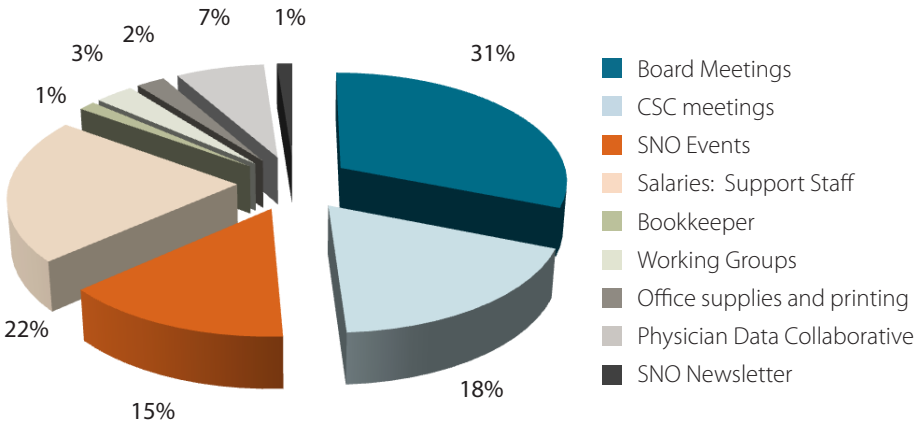
Equity

Retained Earnings	$	217,077.68
Current Earnings	$	-34,736.00
TOTAL EQUITY	$	182,341.68
LIABILITIES AND EQUITY	$	211,512.36

Expenditure - April 1, 2011 - March 31, 2012

Board Meetings	$	55,117.07
CSC meetings	$	32,307.94
SNO Events	$	25,598.82
Salaries: Support Staff	$	38,039.90
Bookkeeper	$	2,427.60
Working Groups	$	5,577.35
Office supplies and printing	$	4,113.85
Physician Data Collaborative	$	12,600.00
SNO Newsletter	$	2,175.03
TOTAL EXPENSES	**$**	**177,957.56**

Expenditure - April 1, 2011 - March 31, 2012



Shuswap North Okanagan Board of Directors

Kenneth Perrier - *Lead and Chair*
James Levins - *Treasurer*
Gavin Smart
Robert Hillis
Ross McDonald

Staff

Tracey Kirkman - *Executive Director*
Tammy Benischek - *Admin. Assistant*

Shuswap North Okanagan Division of Family Practice

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Piccadilly Mall
Salmon Arm, BC V1E 1T3

Photographs of the SNO area courtesy of:

PictureBC.com
Cover: Vernon, with Kalamalka Lake in the background.
Page 5: sunset at Shuswap Lake, Sicamous.
Page 6: Lumby and Haney Heritage Village in Salmon Arm.
Page 8: Shuswap Lake , Sicamous.
Page 14: downtown Vernon at night and downtown Enderby.
Page 17: McGuire Lake Park in Salmon Arm.

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

www.divisionsbc.ca/sno