



Divisions of Family Practice

A GPSC initiative



Photo courtesy of Laurel Steed

Annual Report 2020-21

PREPARED – NOVEMBER 2021

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Comox Valley Division of Family Practice ANNUAL REPORT 2021

The Comox Valley Division of Family Practice respectfully acknowledges that we work on the traditional unceded territory of the members of the K'òmoks First Nations

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Our Vision

The Division's current strategic plan was developed in late 2019. As the landscape in our community changes, we will be looking to revisit the plan and priorities over the next year.



VISION

HEALTHY, ENGAGED COMMUNITY



MISSION

To engage & support family physicians in our community to positively impact the health care system

To increase professional satisfaction & physician wellbeing

To be leaders through:

- Promoting cooperation & collaboration with patients & partners
- Anticipating, identifying & responding to health care needs



VALUES

- Fostering Inclusiveness and Diversity of Family Physicians in Practice in the Comox Valley
- Supporting Optimized/Improved Patient Care and Access to Care
- Supporting Collegiality
- Valuing Primary Care Providers



STRATEGIC OBJECTIVES

- Supporting Family Physicians
- Addressing Upstream Issues/Prevention
- How we Deliver Care/Team Based Care
- Leadership, Partnership & Collaboration

3 Year Strategic Direction			
Supporting Family Physicians	Addressing Upstream Issues/Prevention	How We deliver Care: Team Based Care	Leadership, Partnership & Collaboration
Focus Areas			
<p>Create robust mechanisms to hear and act on concerns from members to decrease stressors and encourage physician work-life balance</p> <p>Sustain and enhance quality, local Continuing Medical Education (CME) opportunities for a diversity of practices/interests / Transition provision of CME to align with new Rural CME model</p> <p>Evaluate how Information Management/Information Technology (IMIT) can be leveraged to support Family Physicians</p>	<p>Sustain current upstream/prevention initiatives</p> <p>Health Promotion</p> <p>Children and Youth Mental Health</p> <p>Address the Opioid Crisis</p> <p>Social Determinants of Health</p> <p>Address Climate Change</p> <p>Supporting Healthy Seniors</p>	<p>Support development of team-based care</p> <p>Improve/increase collaborative care between Family Physicians and other health care providers</p> <p>Bolster support and ensure sustainability of the Doctor of the Day program</p> <p>Enhance care of elderly</p> <p>Coordinate after hours care and access</p>	<p>Provide local leadership</p> <p>Increase profile of the Division</p> <p>Sustain and enhance partnerships</p>

Leadership, Partnership and Collaboration

CO-CHAIR'S REPORT

We would like to start off this year by thanking all of you for your hard work and dedication over this last year. Transitioning from full pandemic preparation in 2020 to the various iterations of “new normal” over this last year has been a challenge and we appreciate the work you have all put in.



Samantha
McRae
Co-Chair

We are excited to be able to meet as a group in this blended in person/ virtual model this year! Our hope is that we are able to offer participation to the widest group of members this way. We look forward to our first (annual?) Spirit Awards and celebrating those that have been recognized by their peers for making a difference.



Aaron
Macluskie
Co-Chair

We have had some exciting changes in the Division board and team. We want to extend a warm welcome to our new board members and Division team members since our last AGM:

Board:

- Dr. Darryl Macleod
- Dr. Joshua Wiggins our resident representative
- Sasha Nowicki our newest community board member

Team:

- Gavin Arthur, PCN Manager

- Lauralynn Shaefer, PCN Assistant
- Alida Sklarski, Virtual Care Assistant and Pathways Administrator
- Kate Carlson and Lauren Hook, Virtual Care Coordinators

We extend our thanks to Dr. Marie-clare Hopwood for your time and invaluable contributions on the board and to our community.

Last, but certainly not least, we wish Janet Brydon all the best in her retirement and are actively hiring for her replacement. Thanks to Laura, Bonnie, Rick and Adam and our board for your support of the recruitment process.

The Advisory Committee continues to meet monthly to provide feedback about the Division work and guidance to the Board regarding further projects and opportunities. The “boots on the

ground” perspectives from this group are invaluable in ensuring a diverse group of physician voices are represented. These meetings continue to happen over Zoom as that has allowed for flexibility and increased participation from our members. In 2021 we incorporated quarterly Division engagement events to focus on important topics for the community and to allow us to get as much input and guidance as possible. Topics thus far have been after-hours care and inpatient care. We intend to continue these larger events in addition to our Advisory meetings.

With hard work and tenacity, the After-Hours Urgent Care clinic was conceived of, planned, and executed. The AHUCC continues to run under the enthusiastic leadership of Dr. Alfredo Tura and Catherine Browne, Project Manager along with the support of the steering committee and the operational leadership at the clinic. The funding has been confirmed up until Dec 31 and the team is hard at work trying to source ongoing funding. Work is ongoing, modifying the project to ensure it is continuing to meet the needs of our changing community.

As the attachment gap has rapidly become a bigger issue in our community, Jacquie Kinney, Project Manager has led an attachment working group with Division, Comox Valley PCN, Island Health local leadership and Indigenous and patient partners.

Inpatient care has been a large area of work for the Division over the last year. With increasing community size, attachment gap and the innumerable demands on our community physician time, the support needed for both assigned and unassigned care has increased. In partnership with the Comox Valley Hospital Department of Family Practice, we have collected your feedback, begun implementing small changes in day-to-day hospital work and continue to look at system changes that will support the best care for patients in our hospital now, and over the long term.

The Primary Care Network Steering Committee has been meeting monthly, guiding the PCN team as we progress towards completion of implementation of our service delivery plan and the hiring of new allied care providers. Dr



An AHUCC gets up and running and all in less time than an Armadillo’s gestation period!

Bonnie Bagdan has provided an excellent report.

The divisions across the Island have been meeting monthly to discuss shared challenges and to problem-solve broad solutions while sharing local experiences and ideas. This “Island Collective” provides a mechanism through which we can draw on the broader experience of family practitioners across Vancouver Island to advocate for solutions to issues impacting all of our communities.

The Collaborative Services Committee is a multi-agency partnership table with Island Health local leadership, First Nations Health Authority, and other community partners. Its focus is to

address programs and concerns that do not fall under the scope of the PCN. Dr. McRae and Dr. Bagdan have been participating as Division representatives and co-chair supported by Janet Brydon and Judy Darby. This group reconvened in 2021 and is working through topics such as the opioid epidemic, long term care, home and community care provision. The aim is to facilitate broader community-based solutions that are suited to the needs of the Comox Valley.

Dr. Samantha McRae and Aaron Macluskie
Co-Chairs

EXECUTIVE DIRECTOR'S REPORT

“To everything there is a Season....”

Pete Seeger



Janet Brydon
Executive
Director

WOW, WHAT A SEASON IT'S BEEN!

As I prepare my last report as Executive Director, I have many reflections and emotions. It has been a privilege and pleasure (OK, most of the time) to support the work of the Comox Valley Division of Family Practice and to see it grow. There have been so many changes and achievements, large and small, since that committed group of family physicians came together in late 2010, early 2011 to put the wheels in motion for the Division.

I am very grateful to the Co-Chairs, Treasurers, and Program Leads with whom I worked most closely. Thank you for your time, your knowledge, your commitment, and most of all your support.

Thank you to all of you who have stepped forward into that (at times uncomfortable) leadership space, at the Board, at the Advisory, on committees. I feel so much confidence in our current board, including our Community Members, and their commitment to supporting primary care.

I feel very fortunate to have worked with such a dedicated Division team. Together that team provides the backbone for the Division initiatives. Thanks to all of you for your hard work.

As you look through the (many!) pages of this report, the reach of the Division's impact is clear and we haven't reported on all of the work (i.e., the Homelessness Coalition, the Community Action Team, the Community Wellness Collaborative, the Opioid response). None of this is possible without the participation of members who are willing and able to step up to make a difference. We all recognize that this is over and above your "day jobs". THANK YOU!

Division work often relies on the strength of our relationships, with each other, with partners and patients, with allied team members, with other communities and with our own community. All of these will be so important as the Division continues to support the evolution of primary care to meet the growing needs of the Comox Valley. "Thank You" to the many partners who have been on this journey with me.

I am looking forward to the opportunity to support the new Executive Director to settle into the role. I am excited that with a new ED at the helm, the Division will continue to evolve, with new energy toward new opportunities.

With gratitude,
Janet Brydon, Executive Director

Thank you

Success isn't just about what you accomplish in your life, it's about what you inspire others to do.

Unknown

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TREASURER'S REPORT

APRIL 1, 2020, TO MARCH 31, 2021

On behalf of the Board, I am presenting the audited financial statements for the Comox Valley Division of Family Practice for the fiscal year ending March 31, 2021, as well as the Stub financial reports to August 31, 2021.



Keeley Young
Treasurer

The financial records of The Comox Division for Family Practice for the fiscal year April 1, 2020, to March 31, 2021, have been reviewed and audited by Chan Nowosad Boates. The auditors have confirmed in their opinion, “the Society's financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2021, and of its financial performance and its cash flows for the year then ended. The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.”

This was a truly unprecedented year with the announcement of a global pandemic (COVID-19) followed by an immediate national lockdown only weeks before the start of this fiscal period. The Division, its staff, members, associate members, and many Canadians were forced to revisit how everyday business was conducted and how to remain productive and healthy when normal life seemed to be turned upside down.

The Division triaged certain projects placing them on the backburners while ramping up support methods to our members. Priority for new IT applications (i.e., Zoom) to allow staff to work completely remotely, right thru to logistics surrounding PPE supplies all had an impact on the Division.

The impact of the pandemic is apparent when reviewing the financial statements. In-person meeting costs decreased, while office supplies (including costs for PPE) more than doubled. Staff (although working remotely) worked longer hours than usual at the beginning of the pandemic. This in combination with an overall increase in staff also saw increased spending.

As a Board, we re-implemented the finance committee who in turns vets all financial documentation at a committee level before presenting to the Board for approval. As Treasurer, I developed a financial orientation session for the Board and executive staff.

From a program perspective, the Division showed the following unspent amounts at the end of the fiscal year (March 2021), which have been externally restricted for the delivery of the specific program. Due to the pandemic, these amounts were retained by the Division for the 2021/22 fiscal year.

	<u>Balance</u> <u>March 31, 2020</u> \$	<u>Funding</u> <u>Received</u> \$	<u>Revenue</u> <u>Recognized</u> \$	<u>Balance</u> <u>March 31, 2021</u> \$
Infrastructure	143,412	538,012	577,758	103,666
Attachment Mechanism	22,122	25,000	2,395	44,727
Early Pregnancy Care	4,521	724	1,873	3,372
SC Enhancing Perinatal	25,392	2,384	8,117	19,659
Patient Medical Home	19,056	-	19,056	-
Patient Medical Home Networking	72,806	-	45,164	27,642
Patient Medical Home Innovation	-	48,669	34,775	13,894
Primary Care Network	313,358	132,890	400,166	46,082
GPSC Engagement	140,164	145,728	86,511	199,381
Health Connections Clinic	9,457	-	-	9,457
Long Term Care Initiative	125,336	180,000	189,162	116,174
Unassigned Inpatient Care	6,802	467,632	452,826	21,608
IH Supplemental DOD	-	52,800	52,800	-
COVID Funding	-	169,311	78,643	90,668
SC CBT	-	192,442	116,892	75,550
Maternity Care Network	-	32,000	21,916	10,084
Inpatient Care MOU	-	500,000	500,000	-
	<u>882,426</u>	<u>2,487,592</u>	<u>2,588,054</u>	<u>781,964</u>

All said and done, the Division had a successful year. We focused on being accountable for the funds obtained through funding agreements rather than profitable and declared a small deficit of \$ 400 overall. This in combination with the deficiency in retained earnings from prior years (first reported in 2016) now reflects a total deficit of \$18,349. The board has examined this reported deficit and in discussions with the auditor, has identified that no action is required. This is a deficit “on paper” and will not impact the operations of the Division. It is important to note that this does not reflect funding that is specifically allocated for programs.

AUGUST 2021 STUB FINANCIAL REPORTS

As required by the Society’s act, we are including the financial statements to August 31, 2021, since we are more than 6 months from the end of the fiscal year. These reports show where we are with our funding year to date across the various funding agreements, services, and projects that the Division supports. The Division is anticipating some increased expenses as we head into the last quarter of this fiscal period. This will be mainly contributed to by the recruiting costs for a new Executive Director, and the overlap required to ensure a smooth transition of the new incumbent. We are anticipating a large surplus of funding at the end of the 21/22 fiscal year. As this is also the end of the term for the Physician Master Agreement, funds will not be able to be retained at the end of this fiscal. Members are invited to identify priorities for support that align with our current programs, services, projects for completion by March 31, 2022.

Keeley Young

Treasurer

Supporting Physicians

COMOX VALLEY AFTER HOURS URGENT CARE CLINIC

It's been over one year since forming the Extended Hours Working Group (now After Hours Urgent Care Clinic (AHUCC) Steering Committee), and 8.5 months of operations at the clinic. The AHUCC provides urgent care to patients during times that most family practices and walk-ins are closed. Thank you to the dedicated physicians and clinic team members who have supported this work!

Steering Committee Members - Alfredo Tura (Physician Lead and Medical Director), Samantha McRae, Marie-clare Hopwood, Marcus Langhans, Matt Robertson, Genevieve Allen, Laura Matemisiz and Steve Jones (ER co-Lead Physicians), Kate Barker. *Division Project Support:* Ingrid Timmermans and Catherine Browne (Project Manager).



OPERATIONS

Over this time, **38 physicians** have provided care for over **3200 patients**:

- 25 Community family physicians—longitudinal care
- 5 Community family physicians—focused area of practice (non-longitudinal care)
- 6 family practice locums
- 2 hospital-based physicians

At the community level a major aim for this clinic is to support physician capacity to provide after hours care and access to urgent care for patients. All physicians in the community have been invited to participate, with the majority of participating physicians from longitudinal care practices.

We continue to develop and implement a physician triage system to prioritize urgent care visits and support patients with advice to see their family physician for non-urgent issues.

What we have heard....

After Hours Urgent Care Clinic (AHUCC) physicians report that **85% of patients seek care at the clinic for an urgent health concern** (care needed within 12-24 hours) and, overall, **64% are attached to a family physician**. As of late, we have noted an upward trend of unattached patients seeking urgent care with 53% of the October visits provided to unattached patients.

To support patient-centered care, patients receiving in-person care are regularly asked for feedback through a patient survey. We have heard from over 400 patients, and of those **53% would have gone to the Emergency Department** if not for this clinic and 100% of respondents were satisfied with the care they received.

For more detailed information and feedback on AHUCC operations and care [CLICK HERE](#).

SCOPE OF SERVICES

New Pilot! Comox Valley Hospital Discharged Unattached Patients Follow-up Care Referral Pathway

Over the next month, a pilot is underway to initiate a referral pathway with the Comox Valley Hospital to provide follow-up primary care for recently discharged unattached patients. The scope of care is for patients who need reassessment, not primarily to coordinate follow up referrals or investigations. We are working closely with the CVH Chief of Staff and the Doctor of the Day Program to establish and evaluate the effectiveness of this referral pathway to support complex care for unattached patients. For more information [CLICK HERE](#).

Emergency Department Partnership

The AHUCC continues to support communications and facilitate the referral process between the Emergency Department and the AHUCC to direct non-emergent cases to urgent care.

SUSTAINABILITY AND FUNDING

Temporary COVID Interim Primary Care funding has been extended to December 31, 2021. Work with the Comox Valley Primary Care Network is underway to request long-term funding of this clinic.

Respectfully Submitted,
Catherine Browne, Project Manager

VIRTUAL CARE ENABLEMENT SUPPORT IN THE COMOX VALLEY

A REVIEW AND INTRODUCING THE COMOX VALLEY'S VIRTUAL CARE TEAM!

The Comox Valley Virtual Care Enablement strategy supports providers' and patients' access to and use of virtual care technology and supports.

Earlier in 2021, the Division partnered with the Doctors Technology Office (DTO) to host the Virtual Care Enablement Webinar Series. Dr. Deni Hawley facilitated sessions with guest panellists from North Shore Medical Group, the Practice Support Program (PSP), local physicians and office staff, allied health, and DTO. Over the three sessions, the webinars engaged nine physicians, six office staff, one RN and one patient partner to cover the following topics:

1. Engaging Your Team and Promoting Video Visits to Your Patients
2. Preparing Clinics for Video Appointments
3. Conducting Video Appointments and Working Remotely

In the months following the workshop, PSP worked with interested physicians and office staff to create action plans to implement their learnings. The Division continued to support members to create a safer, healthier, less injury-prone workplace by offering ergonomic assessments by a licensed Occupational Therapist. Eight physicians and seven office staff received either in-clinic or in-home workplace assessments. Moving into late fall, the Division secured funding to hire local Virtual Care Coordinators to support virtual care enablement at the clinic level. As of November, three new members have joined the Comox Valley Division of Family Practice as part of the Virtual Care Coordination team. Kate Carlson and Lauren Hook have joined us as the Virtual Care Coordinators,

and Alida Sklarski as the Virtual Care Administrator.

Together, they will support clinics to enable video care encounters to connect primary care providers, patients, and specialists/specialized services to enhance collaborative care.

The team provides in-clinic supports to support administration, identification of technology solutions, workflow development, and coordination of referral pathways to support virtual care collaboration.

Currently, five clinics have expressed interest in support from the Virtual Care Coordination team. The team is now in the assessment stage to understand the needs in the community. They will be in touch with interested clinics in the next few weeks. If your clinic is interested and has not expressed interest, please reach out to the team at lhook@divisionsbc.ca.

Your Virtual Care Coordination Team:

[Lauren Hook, Virtual Care Coordinator](#)

[Kate Carlson, Virtual Care Coordinator](#)

[Alida Sklarski, Virtual Care Administrator](#)

The Rural Coordination Centre of BC has provided funding to support these roles until March 31st, 2022, with the anticipation of renewal.

MOA NETWORK

The Division recognizes the importance of the Office Managers, MOAs and other team members that support the effective operation of the clinics.

The Division’s goal is to support sharing of information with these valuable team members.

To that end, 5 online MOA networking events were held over the last year. The networking events provide the opportunity for the participants to build relationships while sharing what’s working

and to learn from each other to address what’s not.

The Division also hosted learning opportunities for Clinical Office Staff, and Physicians including a Situational Awareness and De-escalation workshop and a Mental Health First Aid workshop.

Through a monthly newsletter specifically for the Office Managers and MOA’s the Division shares information to support billing, attachment processes, workflows, and other practice organization issues.



ATTACHMENT MECHANISM

In the past year the Comox Valley experienced a growing attachment gap. As of November 23, 2021, the gap is estimated to be just under 14,000 people, including people being “held” by clinics and awaiting a physician. During the year we transitioned from the Central Referral Mechanism (CRM) to the provincial Health Connect Registry (HCR), a self-referral mechanism for individuals who are seeking a physician in the Comox Valley. The HCR was soft launched in April 2021 with limited registration. With physician transitions, we have seen an increase in registration and are currently seeing approximately 100 registrations per week. Since July 2021, 212 people have been attached to a Family Physician or Nurse Practitioner from the HCR and the CRM.

The HCR will support the creation of balanced panels for new physicians to the community, or physicians who are changing their practice.

The HCR removes the need for clinics to maintain their own waitlists. Clinics are encouraged to direct patients seeking a primary care provider to the [Health Connect Registry](#)

Clinics are encouraged to support attachment through acceptance of new patients through the Health Connect Registry. There is no “minimum” commitment and patients provide a brief screen to support a “best fit”.

Respectfully Submitted

Lisa McDougall-Lee
PCN Coordinator



Division office, during the reno...2019

PATHWAYS

Pathways Achievements & Plans – November 2021

Pathways – Streamlining referrals, improving patient care

Website: <https://pathwaysbc.ca>

Email: comoxvalley@pathwaysbc.ca

Physician Lead: Vacant

Pathways Administrator: Alida Sklarski

Are you listed on the Pathways Medical Care Directory?

- The **Pathways Medical Care Directory** is a **province-wide public directory to support doctor-patient relationships and provide easy access to information**. Created in response to COVID-19, it helps people connect to care.
 - It includes individual family doctor, nurse practitioner, and clinic listings with information on hours of operation, virtual care options, access to online eforms, and contact information.
- As of November 1, there are **48 physicians listed on the Pathways Medical Care Directory**. This represents 54% of providers in the Comox Valley.
- All doctors and nurse practitioners are encouraged to add their practice information** to the Pathways Medical Care Directory by filling out this [Pathways Medical Care Directory form](#).
- The Division offers support in creating and updating listings, for assistance please contact the **Comox Valley Pathways Administrator**, Alida Sklarski at comoxvalley@pathwaysbc.ca

Looking for community resources for patients? Direct them to the [Comox Valley Community Services Directory](#) for listings of community and social services.

FP Physicians Use of Pathways¹

FPs with Profiles:	89 (5% increase from 2020)
FPs using Pathways in last 30 days:	51 (11% increase from 2020)
FP Clinics using Pathways in last 7 days ² :	32 (190% increase from 2020)
FP Clinics with access to Pathways:	16

¹ Includes Walk-In Clinics ² Total of 16 FP Clinics using Pathways

Specialist Profiles

Specialists with profiles:	30
Specialist Offices using Pathways in last 30 days:	9
New CV Specialists listed in 2021:	
• Dr. Peter Bolton, Neurology	
• Dr. Chris Sladden, Dermatology	
• Dr. Tyler Wilson, Internal Medicine	

Help us by encouraging the specialists to whom you refer to join Pathways

Looking for a new Comox Valley Physician Lead for Pathways!

After 3 years at the helm, Dr. Karen Nishio is passing the torch in her role as Physician Lead for Pathways in the Comox Valley. Karen shares "Pathways is such a valuable tool for family practice, and I think it's underutilized. It is so much more than just a listing of specialists. I encourage all of you to take some time to explore the physician resources, patient handouts, and functionality of the platform."

What does the lead physician do? Here are some of the responsibilities:

- Support communication with specialists and family practice offices to champion the benefits and capabilities of Pathways.
- Work with the Pathways Administrator to support up to date information on Pathways and onboarding new physicians.
- Liaise with the Pathways Provincial Committee and represent the Comox Valley.

Interested physicians are invited to express their interest to undertake this important role in the community! Reach out to Catherine Browne at cbrowne@divisionsbc.ca.

Referral Tracker Coming to Pathways

– a dashboard to track specialist referrals | viewable patient referral status | documentation can be sent directly to specialists | patients can be sent updates about their appointment automatically.

To prepare for Referral Tracker: All FPs need their own Pathways Access ID – ask your Pathways Administrator to set up your access ID and profile today!

Pathways Resources

- New!** Comox Valley PCN newsletters and huddle information
- Division news, including: IH MHSU Intake & ASTAT Wait Times; Division-sponsored/hosted events; Division bulletins/newsletters
- Important COVID19 / community / Health Area news items
- Specialist and FP clinic update alerts
- Community resources services including abuse/neglect, addictions, advocacy, caregiver support, condition specific support, disability, mental health, seniors', victim, child and youth, and First Nation services
- Top Resources searched in 2021:** Mental Health and Substance Use and Seniors Services

Key Areas of Focus for 2021

- Supporting all Comox Valley Family Practitioners and Specialists to have an Access ID for Pathways in preparation for Referral Tracker.
- Supporting all Comox Valley Family Physicians and Nurse Practitioners to be listed on the Public Medical Care Directory.
- Supporting FPs and Specialists to keep their profiles current.
- Please contact Alida Sklarski, your Comox Valley Pathways Administrator for support comoxvalley@pathwaysbc.ca



Pathways was launched in the Comox Valley on October 2017

Respectfully submitted
Alida Sklarski

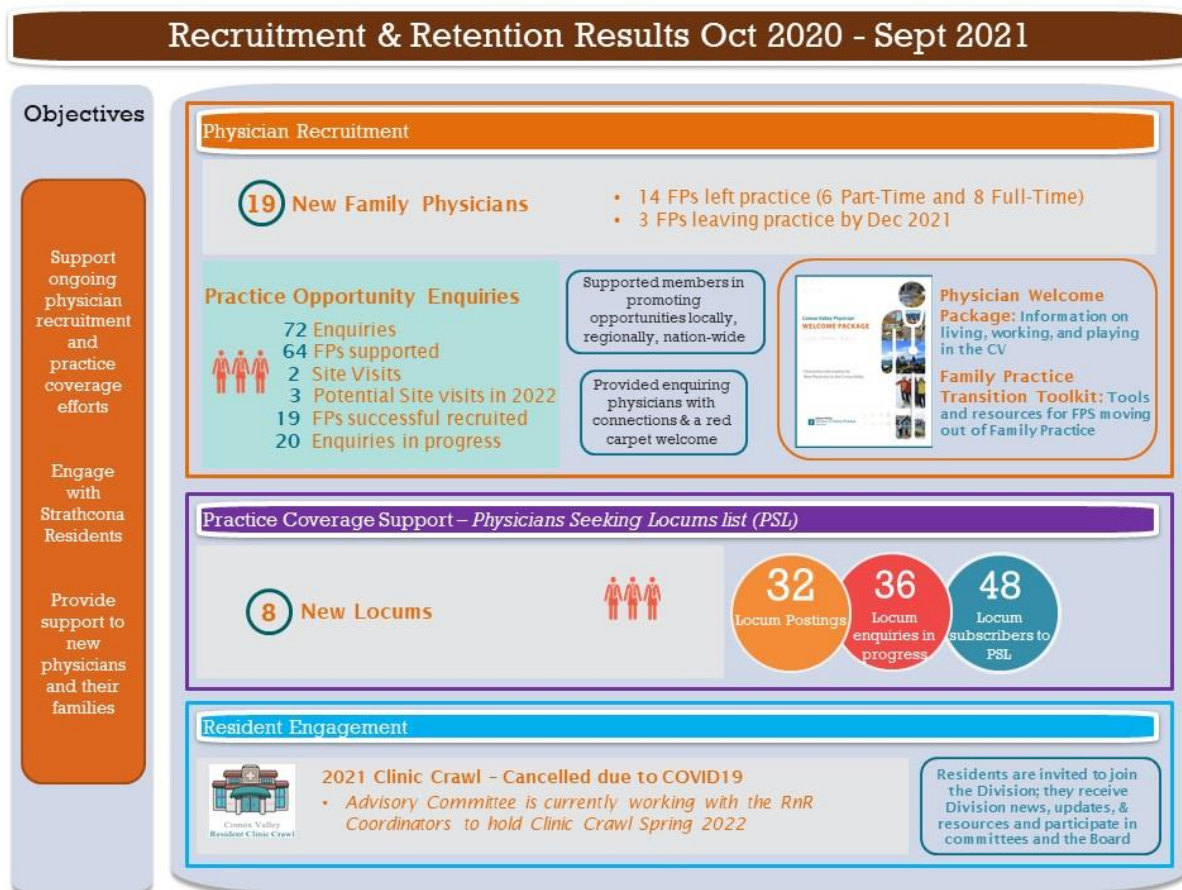
RECRUITMENT AND RETENTION

The Recruitment Coordinator, with support from the Recruitment and Retention Advisory Committee, works to support new and potential physicians to the Comox Valley, including Residents. The role also supports family physicians who are looking to make practice changes. Through close relationships with the clinics and the physicians, the Coordinator supports the Division to understand the recruitment needs in our community.

After 5 years with the Division, Lyndsey Jennings, Recruitment Coordinator retired. We wish her all the best in her retirement! Lisa McDougall-Lee and Ingrid Timmermans have joined forces to support the recruitment work.

We are excited that Jonathan Kerr will be joining the Recruitment and Retention Advisory Committee. Thanks to our current members, Darryl MacLeod, Shannon Jones, Rob Silcox and Sandra MacDonald (Resident)

Respectfully submitted,
Lisa McDougall-Lee and Ingrid Timmermans



Addressing Upstream Issues/ Prevention

CHILDREN AND YOUTH MATTER- COMOX VALLEY

FOUNDRY

Children and Youth Matter Comox Valley (CYMCV) continues to be involved in the roll out of the Foundry CV. The anticipated opening day of this multidisciplinary youth clinic is anticipated to be in March/April 2022. Supply chain and building delays have delayed the opening. CYMCV is now standing as one of the advisory groups to Foundry CV and receives regular reports from John Howard Society, North Island on developments. The Division's ongoing support of physicians and administrative staff has been crucial.

TRAUMA INFORMED CARE (TIC)

This item has now been prioritized as the focus of CYMCV. The group held a facilitated visioning event in the late spring sponsored by the north island women of native ancestry. The group has now developed a plan to assess community inventory of existing resources around tic, then will develop a broad-based community education week with follow up supported workshops. It's a big idea but the wheels are in motion

This highly committed group of community partners continues to meet on a regular basis.

The level of engagement has been astonishing. We are committed to serve the children and youth of the Comox Valley. We believe it is the right of every child and youth to thrive.

Thank you for the ongoing support of the division in this work

Respectfully submitted

Dr. Janice McLaughlin MD (she/her)
Co-chair CYMCV, Foundry CV-primary care lead
Comox Valley Division of Family Practice Physician
lead Child and Youth Mental Health

Working on the traditional land of K'ómoks First Nation

HEALTH PROMOTION – COMMUNITY CONNECTIONS AND HEALTHY LIVING

Primary health care settings are well placed to inform patients on resources in the community to assist in the adoption of healthy behaviours. The objectives of this work are to:

- Work with community recreation facilities to help patients adopt and sustain positive behaviours that will impact their health;
- Facilitate physician participation in health promotion activities; and
- Promote health awareness in concert with national health awareness days.

HealthSteps [\(click to follow link\)](#)

This 6-months pilot program an evidence-based, community-focused, lifestyle prescription program in our community. This is a patient self-referral program for personalized, virtual or in-person coaching to improve exercise and diet through a 6-month program.

Walk with your Doc [\(click to follow link\)](#)

After a hiatus in 2020 due to COVID, the Walk with Your Doc event was held at the end of September and was organised for Physicians to walk with their patients to promote healthy lifestyles.

Walks were organized for both Courtenay and Comox with a small, committed group of clinics and their weather-proof patients participating.



Be Active Every Day [\(click to follow link\)](#)

This event promotes an active lifestyle and healthy choices amongst school children. This partnership with local elementary schools coordinates a month-long challenge to get children moving. We are looking forward to the

Spring 2022 event after having to cancel the 2021 event due to COVID.

PHYSICIAN LEAD Dr. Ron Wilson
Ingrid Timmermans, Project Coordinator

CBT VIRTUAL SKILLS (SHARED CARE)



Cognitive Behavioural Therapy (CBT) Skills Groups are eight-week psycho-education sessions for adult patients (17.5-75 years old) who want to learn practical tools to improve their mental health. Family physicians are trained by local psychiatrist mentors while providing the service to patients. This successful training model was only available for family physicians who have access to local psychiatrists to train them, leaving the Comox Valley and other rural/remote Island Health communities without access. This project focused on the development of an alternative training model using a combination of modalities to train these family physicians as CBT Skills Group facilitators and to develop virtual skills groups for patient participants in the Comox Valley, Campbell River and other Rural and Remote areas of the North Island.

Physician Leads: Marie-clare Hopwood, Dana Hubler, Marjon Blouw (Victoria) & Lauren Dake (Victoria), Erin Burrell (Victoria), Wanda Crouse (Victoria), & Joanna Cheek (Victoria)

- Over 94 Comox Valley patients referred to the CBT Skills Groups Society to participate in CBT Skills Groups in 2021
- Ongoing Phase 3 & 4 training for rural and remote physicians. Three Comox Valley physicians have completed Phase 3 and are in the process of completing Phase 4 of their training. All Comox Valley physician facilitators offered CBT Skills Groups to patients in 2021.
- Promotion of the program for patients from rural and remote communities on Vancouver Island underway. See published article in Summer edition of [CV Collective](#)
- Data collection for evaluation purposes underway – qualitative and quantitative analysis for patients and for pre-post symptom measures

The focus for the remainder of the CBT Skills Virtual Training project is to continue to support rural and remote facilitators in phase 4 of their training and increase promotion of the virtual program to referring physicians and patients. All deliverables will be completed before March 31, 2022.

NOV 2021 UPDATE - EMERGENCY PREPAREDNESS COMMITTEE - DFAS

The goal of the initial project was to establish existing physicians' clinics in the Comox Valley to serve as emergency response stations in the event of a catastrophic event and to coordinate services with the regional community emergency response plan.

- Five clinics are established, posting their DFAS signs and ready to respond in the event of a significant community emergency (Comox Medical Clinic, Highland Family Practice, Crown Isle Medical Clinic, Valley Care, and Southwood Medical Clinic).
- The collaboration with CV emergency services remains active and DFAS is recognized as a part of the emergency response for the Comox Valley. See link <https://www.comoxvalleyrd.ca/services/emergency-management/emergency-preparedness>
- Emergency kits were expanded and updated.
- A physician lead role is continuing to represent the Division at CV Emergency Preparedness (CVEP) and to liaise with the pertinent agencies and programs.
- Continued engagement with HEMBC with new developments with Chelsea Stangers

and her team. e.g., Focus on high level overview of hospital disaster plan, role of community physician in a disaster (Christchurch case study) and DFAS concept.



- A link with the Division in Campbell River was developed to establish a DFAS program in their community.
- Signage is monitored at all DFAS. Damaged signs replaced or fixed.
- Pamphlets are distributed regularly.
- Radio tested yearly (walkie talkie).

- RCMP is engaged with DFAS.
- Local Pharmacies are aware of DFAS plan
- Regular communication and updates for DFAS and coordinators
- Started to use the app called “Signal”

Thanks again for supporting this project

Respectfully

Committee Chair
Dr. Alfredo Tura



IF DISASTER STRIKES THE COMOX VALLEY,
OUR UNIQUE DISASTER FIRST AID STATION
CLINICS WILL BE ACTIVATED

Once you and your loved ones are safe, as a CV Family Physician, your help will be vital at any DFAS location

HOW WE DELIVER CARE/TEAM BASED CARE

DEVELOPMENT OF A POOLED REFERRAL SYSTEM FOR OBGYN IN THE COMOX VALLEY (SHARED CARE)

Through an Expression of Interest (EOI) process, engagement is supported to determine if there is a need, interest, and support, among patients, primary and specialist care providers, in developing a pooled referral system/single entry model for OBGYN care in the Comox Valley. The EOI process will also determine if the foundational components are in place to move forward including information technology, communication processes, collaboration, and practice agreements.

Family Physician Leads: Trevor Shoesmith & Carol Galway

Specialist Physician Lead: Matthew Bagdan

- OBGYN team working with Comox Valley Hospital leadership and Cherolyn Knapp (mediator) to hire fourth obstetrician gynecologist and to develop a practice agreement using Rural Obstetrical and Maternity (ROAM) Sustainability Program funding through Rural Coordination Centre of BC (RCCbc)
- Project team working with Garth Vatkin (Specialist Services Committee) and EMR

vendor for guidance on the development of single-entry referral models and funding opportunities through Specialist Services Committee and Shared Care

- Project team has collaborated to develop a pilot referral form and materials developed to engage and learn about patient experience with OBGYN referrals

Hornby Denman Leadership

Ron Wilson, Family Physician Denman Island
Dana Hubler, Family Physician, Hornby Island
Paula Carr, Facilitator, RCCbc, Vancouver
Trish Murphy, Geriatric Family Physician, Comox Valley
Lori Nawrot, ED, Hornby Denman Community Health Care Society, Hornby Island
Maggie Ellis, RN, Hornby Island
Butch Leslie, Community Member, Hornby Island
Karen Neilson, Home Care Supervisor, Hornby Island
Gill Forsyth, Community Member, Denman Island
Leanne Frechette, Island Health, Comox Valley
Lesley Howie, Island Health, Comox Valley
Muggs Sigurgeirson, Community Member, Hornby Island
Lindsay McGinn, Comox Valley Community Health Network, Denman Island
Gail Dugas, Community Member, Denman Island

HORNBY & DENMAN ISLANDS: CARE FOR OLDER ADULTS - EXPRESSION OF INTEREST (EOI)

At the Rural Coordination Centre for BC (RCCbc) and FNHA summit (June 2020), the Hornby and Denman Island community table was fortunate to have Dr. Ken Hughes (co-chair of the Shared Care Committee) sit as a guest while they focused discussions on team-based care for Hornby-Denman elders. Dr. Hughes encouraged the community to bring forward an application to the Shared Care Committee. The focus: to further enhance the islands' successful and homegrown, relational home support program by exploring virtual care options to bring together geriatricians and other relevant specialists with our local FPs, RNs and local home support workers, family and neighbour caregivers and other community organizations to keep frail eldercare closer to home.

The ultimate vision is to develop a Rural Community Health Centre (CHC) that is community governed and provides a continuum of local multi- services delivered in home, clinics, community, and hospitals. This includes primary care, specialist care, urgent care, and works to address the social determinants of health for all ages of residents on the islands. This Rural CHC will be enabled through virtual and physical spaces and well trained and supported health human resources, with local hiring as a priority. The first focus to achieving this vision will be on

the frail elderly and closer to home supports that strengthen and sustain a rural system of long-term care that includes frailty prevention home care, respite, end of life, mental health, dementia adult day care, gathering places and other helping community supports.

The aim of the EOI phase is to set the community and leadership group up to be successful in the project phase to:

- Create a more robust team supporting frail elderly in their homes with includes patients, family/neighbour caregivers, community services, FPs, FPs with specialties in geriatrics and palliative care, geriatrician, nurses, home support workers, occupational therapists, social workers, and other Allied Health Providers.
- Build collaboration with focus on geriatric support and end of life care with the intention to branch out to other specialists and support needs from there.
- Identify and address technology connectivity challenges to better provide virtual services and supports.
- Enhance connectivity with home support workers for consults with FP, FP with geriatrics and palliative care specialty, Geriatrician, and other relevant caregivers.
- To facilitate relationships with specialist and FPs with specialties and with patients and to

develop a process that provides availability for virtual support.

Physician Leads:

Drs. Dana Hubler, Ron Wilson and Trish Murphy

- Establishment of leadership group with focus on relationship-building, orientation to the communities, defining the vision and purpose.

Find Mission and Vision document here.

- Networking with key advisors – Dee Taylor (RCCbc); Christina Krouse (BC Patient Safety and Quality Council (BCPSQC)); Marilyn Malone and team (Seniors Health, Island Health)
- Establishment of planning team to undertake:

ENHANCING PERINATAL CARE IN THE COMOX VALLEY

Phase 2 of this project funded through Shared Care Committee funding focussed on two streams of work to address the unique needs of marginalized and vulnerable perinatal populations:

- 1) A group care pilot to support perinatal and post-natal care and education for women and families
- 2) Develop a collaborative, interdisciplinary approach to help support antenatal mental health

AIM

The intended outcomes are to:

- o Care provider, patient/client, and family support interviews to better understand the strengths and challenges for keeping older adults at home on the Islands as they age

- o Winter CME planning with local physicians, geriatric family physician, speaker on the importance of social/emotional connections, and Dr Grace Parks from Fraser Health to

- introduce CARES (Community Action and Resources Empowering Seniors) program

- o Working with upcoming Division of Family Practice Virtual Care Coordinator roles to support virtual care conversations with family physicians, specialist physicians, and patients from the Islands.

- Reduce stigma around mental health and substance use supports in the perinatal period
- Increase access to mental health and substance use supports in the perinatal period
- Ensure a standardized approach to screening and supporting new parents with mental health and substance use challenges
- Improve attachment and bonding between mothers and their babies

Physician Leads: Theresa Wilson, Suzanne Watters, Matthew Bagdan

This engaged group of physicians and midwives

have been involved in the project since 2015 and many of the goals of the project have been achieved. Capacity among care providers during COVID as well as funding opportunities through ROAM (RCCbc) and GPSC MCI (Maternity Care Initiative) have kept this group involved in other activities. Remaining project funds are available to support the group in quality improvement activities related to mental health and substance use support in the perinatal period and are available until the end of March 2022.

- March 2021 Suzanne Watters and Theresa Wilson [presented](#) the approach to working with patients with perinatal addictions using patient journey mapping to Perinatal Addictions Network and the Cowichan Valley maternity clinic
- Small Group Learning Event (October 6, 2021) with focus on perinatal substance use in the third trimester with Dr Sara Lea (Victoria) and Dr Megan Wooler (Firsquare)

- [Pregnant in the Comox Valley](#) - pre-natal education videos from Chilliwack are being reviewed by care providers as an additional resource to include on the website.
- Interest in promoting the group care model with the Comox Valley Primary Care Network
- Opportunity to train local CBT Group Skills facilitators in perinatal specific Cognitive Behavioural Therapy (CBT) groups
- Touchpoints training is continuing in person (October 2021) and is reaching a provincial audience



PRIMARY CARE NETWORK

PCN EARLY ADOPTER CLINICS

To build out the PCN interprofessional team to support local primary care clinics, the PCN team has been working in close consultation with the 9 “PCN early adopter” clinics that have started the journey of PCN implementation. These include Southwood Medical Clinic, Highland Family Practice, Sea Cove Medical Clinic, Cottage Medical Clinic, 5th Street Family Practice, Courtenay Medical Clinic, Westward Medical Clinic, Denman Island Medical Clinic & Hornby Island Medical Clinic. The PCN team has been working with the clinics to integrate the allied care providers (ACP’s) into their Patient Medical Home teams. We value team-based care & colocation as they are important predictors for optimum health care delivery. The PCN team includes advisory & working groups (Information & Communication Technology, Community Wellness Collaborative, Measurement & Evaluation, Health Connect Registry, Team Based Care, Indigenous Health) as well as patient advisors who provide invaluable perspectives & insight into PCN planning & implementation.

PCN @ HEALTH CONNECTIONS CLINIC (HCC)

The PCN has provided resources to enhance coordination & access to primary care for patients at the Health Connections Clinic/Nursing Center, by adding physician sessions, a nurse practitioner, RN, social worker & administrative support. The HCC also implemented IHealth EMR this year. The clinic was very busy, reaching capacity for new patients and is now working through a waitlist. The HCC collaborated with Physician COVID Outreach & Transition Society to better attend “hard to reach” patients during COVID.



PCN ATTRIBUTES

The goal of the PCN is to provide primary care that is:

- Accessible & timely
- Attachment Focused
- Offers Extended hours
- Provides Advice/Information
- Comprehensive
- Culturally Safe
- Coordinated
- Has Clear Communication

PCN BIG PICTURE

Through the PCN, and other services available in the community, primary care providers will be supported to provide care that is timely, seamless, comprehensive, culturally safe and sustainable. The PCN also aims to expand services for vulnerable patients & those with complex health conditions.

ENABLERS OF TEAM-BASED CARE

- Agreed Upon Definition of a Successful Team
- Shared Core Team Values and Principles
- Multi-disciplinary Teams, Including Patients and Caregivers
- Roles and Responsibilities
- Team Structure and Dynamics
- Co-location
- Effective Communication
- Leadership
- Information Technology (IT) Systems
- Training and Professional Development
- Continuous Data Measurement

TEAM BASED CARE (TBC) CULTURALLY INFORMED LEARNING JOURNEY

Our Culturally Informed Team-Based Care (TBC) Learning Journey has officially begun! Founded on the known enablers of TBC (including team learning, communication, shared values & principles), the sessions

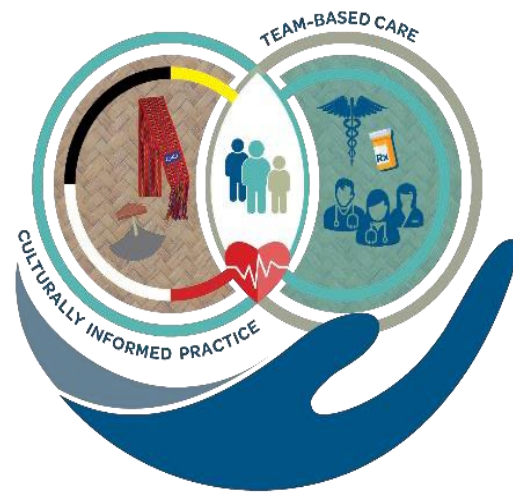
create a space for primary care providers, medical office assistants and ACP team members to come together to learn to be an effective, culturally aware team.

The learning journey was developed in collaboration with all stakeholder groups and is supported by the PCN Indigenous Health Working Group. It is the foundation of the PCN's implementation plan for TBC. Over 9 months, in-person small group sessions will be held on topics important to learning about cultural safety. The topics include History of Indian Hospitals, Relational Practice, Indigenous Diversity & Lateral Racism, Trauma Informed Practice, Land-based Healing, Traditional Medicines, Indigenous health Services & Benefits.

As a PCN, we are fully committed to embedding Cultural Safety in our work together, woven into the PCN like a cedar basket.

In addition to the learning journey, the PCN and Practice Support Program have teamed up to provide in clinic supports for things like team mapping, communication, & role clarity discussions.

TBC grants are also available through the GPSC and our PCN team has been instrumental in helping complete the applications.



Primary Care Network Comox Valley **VISION**
An integrated, coordinated health system



Allied Care Provider Staff Welcomed in 2021

Clinical Pharmacist – Hired in March. Sadie Quintal has integrated into the teams at all 9 early adopter clinics.

Social Workers- Hired in Oct. Susanna Millar has joined teams at Southwood, Courtenay Medical, 5th Street & Westward clinics. Eric Girard has joined the teams at Cottage, Highland, Sea Cove, Hornby & Denman clinics.

Mental Health / Substance Use Clinicians - Hired Oct/Nov 2021. Sandra Lewis joins teams at Southwood, Courtenay Medical, 5th Street & Westward clinics - Jessica Araya joins the teams at Cottage, Highland, Sea Cove, Hornby & Denman clinics.

Indigenous Wellness Liaison – Hired in September. Reina Thurmer joined the PCN team and is supporting all 9 early adopter clinics

EVALUATION & MEASUREMENT IN 2021

A Patient Experience Survey was circulated in the community & the results amalgamated & finalized, with both clinic specific & community wide results available. ([Link to Survey Results](#)) There are other surveys that are ongoing that will be measuring effectiveness/success of PCN implementation. We are working toward producing objective measurements of improvement of health care delivery & outcomes, to ensure sustainability of this health care reform.

PCN IMPLEMENTATION TEAM

Through PCN funding, the Division welcomed our new PCN Manager, **Gavin Arthur**, and new PCN Administrative Assistant **Lauralynn Shaefer** to our PCN Implementation Team, which includes **Maureen Clarke, Lisa McDougall-Lee, Jacquie Kinney, and Alex Jules, (Indigenous Wellness Liaison)**. The PCN Implementation team works closely with all Division team members, PSP team members and operational leadership at Island Health to support successful implementation.

PCN GOVERNANCE AND OVERSIGHT

The Comox Valley PCN Steering Committee provides strategic direction for the implementation of the PCN through a partnership of the Division of Family Practice, First Nations Health Authority/Indigenous Partners, Island Health local leadership and patient partners.

The Division representatives on the PCN Steering Committee are:

Bonnie Bagdan, PCN Physician Lead and Co-Chair of the Steering Committee;
Samantha McRae, Division Co-Chair; Janet Brydon, Executive Director

PCN FUTURE - BEYOND 2021

Exciting new PCN additions will include hiring 3 RN's & potentially 1 dietician early in 2022 to complete our existing roster of ACP's. A partial FTE new to practice contract was recently approved and will be in place early in 2022 to support the Westward clinic team as it grows and moves into a new location. The PCN also secured funding for the equivalent of 1 FTE physician at the Comox Valley Foundry. The Foundry is to open in Spring 2022 and provide primary care, mental health, substance use support, peer support & social support for youth (12-24 y/o).

As we close in on completing the implementation of the allied health roles in our current Service Plan, we are looking ahead to continuing growth and impact of the PCN in supporting primary care needs in the Comox Valley. The PCN will evolve and be responsive to the requests and needs from the community to optimize primary care access and quality.

We are awaiting information from the Ministry regarding the timeline for evolution towards "PCN 2.0". Engagement and collaboration will continue, and we look forward to a great year ahead.

Respectfully submitted
 Dr. Bonnie Bagdan
 PCN Physician Lead

Primary Care Network Comox Valley

SHARED PURPOSE

ASA STEERING COMMITTEE WE ARE COMMITTED TO:

- Identifying risks and assumptions
- Acting as advocates for our community
- Monitoring progress and results
- Removing barriers
- Committing resources where appropriate to support the success of the PCN
- Being fiscally responsible
- Encouraging consultation and communication
- Weighing, balancing and sharing differing perspectives in a culturally informed manner
- Providing direction and making strategic decisions

WHY
 We engage with members of our community to inform the way we provide care. We value the members of the care teams and support them to work together in a coordinated way with a holistic approach.

HOW
 All members of our community have access to timely, seamless culturally informed care where patients and families are at the centre.

SUCCESS LOOKS LIKE

- Satisfied patients
- Happy providers
- Improved health outcomes
- A sustainable health system
- A community that people see as being Culturally Safe
- Fully engaged teams and community
- People are well at home
- No one is left behind
- Members are valued
- We are dismantling hierarchy within the system

RESPECT UNDERSTANDING COLLABORATION PATIENCE CONNECTION EQUALITY PURPOSE

LONG TERM CARE INITIATIVE

This has been a busy year as we welcomed some new physicians to Long Term Care, while also losing some doctors. We remain extremely limited in the number of physicians who are willing/able to attend patients in Long Term Care. A number of physicians providing Long Term Care have started to cohort their patients at just a few facilities in order to limit cross-exposure and also make it more efficient to leave the office to do Long Term Care visits. The incentive payments for unattached patients, attendance at Care Conferences and Med reviews, etc. and payment for following the 5 best practices for Long Term care are vital

We are piloting a [Sudden and Acute/Crisis order set fillable form](#) for Long Term Care which is rolling out at *Glacier View Lodge* to facilitate care of patients in emergencies while awaiting a call back from their attending physician.

We also hosted a virtual Long Term Care CME event, with an addiction specialist and physiatrist providing sessions on alcohol and cannabis in Long Term Care, and Botox in Long Term Care, as well as interactive small group meetings reviewing the challenges ahead. We were glad to also involve members of the Division of Family Practice of Campbell River and Port Hardy at that event.

to maintaining financial viability for this type of practice.

The 1-888- On-call service, funded annually by the Division's Long Term Care Initiative funding through the GPSC, wherein facility staff only have to call a direct line when trying to reach physicians on-call has drastically decreased frustration on both sides and is very efficient. Conveniently, there is only 1 phone/fax number that physicians need to contact to provide on-call information including last minute changes, rather than calling multiple wards and facilities. This model has been shared with other communities in BC through the Long-Term Care Leadership network that I belong to

We have held virtual meetings every 2 -3 months with leadership from all facilities, physician representatives, pharmacists, and Division staff (particularly Lyndsey Jennings) to discuss issues in Long Term Care and to review/clarify and distribute policies from Island Health for things such as COVID -19 policies, medication order sets, etc. At our most recent meeting in September, we had a 90-minute presentation from Victoria LTC physician leads Dr. Margaret Manville and Dr. Ian Becker about their cohorting model and discussion about this is ongoing for our community as we are trying to find a group of physicians for each facility who are interested in accepting new unattached patients to make it easier and more streamlined to match patients.

Physician On-Call Process

Comox Valley Long-Term Care Home staff are asked to follow the process below when calling a patient's Physician

- STEP #1** Assess The Situation—Confirm MOST designation
- STEP #2** Complete SBAR prior to calling physician/answering service
- STEP #3** Identify the patient's physician and THEN...
- STEP #4** Follow instructions below **DEPENDING UPON THE ATTENDING PHYSICIAN**

- **For Drs. Chifor, Hunter, Matous, & Russell-Atkinson:** Call their **CELL PHONES 24/7** – cell#s have been provided; a message can be left. Cell phone messages will indicate any on-call physician covering and contact info. If unable to reach, **CALL ANSWERING SERVICE (1-888-686-3036)** to connect to a physician.
- **For All OTHER PHYSICIANS:** Check the DAY and TIME...
 - **if daytime office hours (9am-4:30 pm Mon-Fri):** **CALL PHYSICIANS CLINIC/OFFICE** - contact info has been provided to each LTC Home. If unable to contact or leave a message at the office, **CALL ANSWERING SERVICE (1-888-686-3036)** to connect to a physician.
 - **if weekday evenings & overnight (4:30pm-9am Mon-Fri) & weekends (Fri 4:30pm to Mon 9am) or Stat Holidays:** **CALL ANSWERING SERVICE (1-888-686-3036)** to connect to a physician.

**PLEASE ADVISE THE ANSWERING SERVICE IF THE REQUEST IS URGENT OR NON-URGENT:
Urgent calls are if response is required within 1 hour.**

Staffing shortages at Long Term care facilities continues to be a challenge as well.

The Views at St. Joseph's, Comox was taken over this year officially by Providence Living, Vancouver (formerly St. Paul's), and plans are ongoing to demolish the old St. Joseph's Hospital, and to build a new facility with completion date hopefully August 2023.

Glacier View Lodge reopened their Adult Day program, Cumberland Lodge managed to avoid any outbreaks, and Comox Valley Senior's Village continues to have challenges with staffing and leadership.

A new private Long Term Care facility from *Golden Life, Inc.* is being built in south Courtenay,

which will also house the new 6 bed *hospice*, slated for completion in summer 2022. It is a privilege to serve on this committee, and I am accompanied by Dr, Daniela Chifor, Dr. Kevin Swanson, Dr. Dan Wainberg, and Dr. Sand Russell-Atkinson, who also is present in the capacity of Island Health Geo- 1 Lead for Long Term Care. Dr Rob Silcox has also

been present at many of the meetings and we appreciate his sage advice. I wish to express my profound gratitude to Lyndsey Jennings for her wonderful support. I will miss her.

Respectfully submitted,
Sue Hunter

[On Call Poster and FAQ](#)

[Sudden Acute Orders Facility Teaching Materials](#)

Board of Directors and Team 2021

BOARD MEMBERS

Dr. Samantha McRae, Co-Chair
Aaron Macluskie, Co-Chair (Community Member)
Betty Tate, Secretary (Community Member)
Keeley Young, Treasurer (Community Member)
Dr. Marie-clare Hopwood
Dr. Deni Hawley
Dr. Darryl Macleod
Sasha Nowicki (Community Member)
Joshua Wiggins (Resident Member)

CURRENT DIVISION TEAM

Janet Brydon, Executive Director
Judy Darby, Executive Assistant
Susan Muller, Operations Manager
Catherine Browne, Project Manager
Lisa McDougall-Lee, PCN & Recruitment Coordinator
Ingrid Timmermans, Project & Recruitment Coordinator
Gavin Arthur, PCN Manager
Lauralynn Shaefer, PCN Assistant
Jacquie Kinney, Project Manager, Evaluator
Alida Sklarski, Virtual Care Assistant, Pathways Administrator
Lauren Hook, Virtual Care Coordinator
Kate Carlson, Virtual Care Coordinator



CONTACT INFORMATION

Comox Valley Division of Family Practice
Unit 1324,
2137 Comox Ave
Comox, BC, V9M 1P2

Website: <https://divisionsbc.ca/comox>
Email: comoxvalley@divisionsbc.ca (please note our email domain will be changing as of Dec 10/21 to initiallastname@comoxvalleydivision.ca)

ACKNOWLEDGEMENTS

The Comox Valley Division of Family Practice gratefully acknowledges the funding of the General Practices Service Committee and Shared Care Committee, as well as the support of the Division of Family Practice provincial office and Shared Care central office.

We extend our thanks for the contributions of our many partners.

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC



Financial Statements

STATEMENT OF FINANCIAL POSITION MARCH 31, 2021

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Financial Position

March 31, 2021	2021	2020
	\$	\$
ASSETS		
Current Assets		
Cash	637,962	1,385,052
Short Term Investments	550,060	-
Accounts Receivable	31,066	16,157
GST Receivable	9,370	8,619
	<u>1,228,458</u>	<u>1,409,828</u>
Equipment (Note 3)	<u>2,904</u>	<u>2,127</u>
	<u>1,231,362</u>	<u>1,411,955</u>
LIABILITIES		
Current Liabilities		
Accounts Payable and Accruals	453,953	431,195
Government Remittances Payable	13,794	19,918
Due to Doctors of BC	-	96,365
Deferred Revenues (Note 4)	781,964	882,426
	<u>1,249,711</u>	<u>1,429,904</u>
NET ASSETS	<u>(18,349)</u>	<u>(17,949)</u>
	<u>1,231,362</u>	<u>1,411,955</u>

Approved by the Directors:


Director


Director

CHAN NOWOSAD BOATES
CHARTERED PROFESSIONAL ACCOUNTANTS

STATEMENT OF OPERATIONS MARCH 31, 2021

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

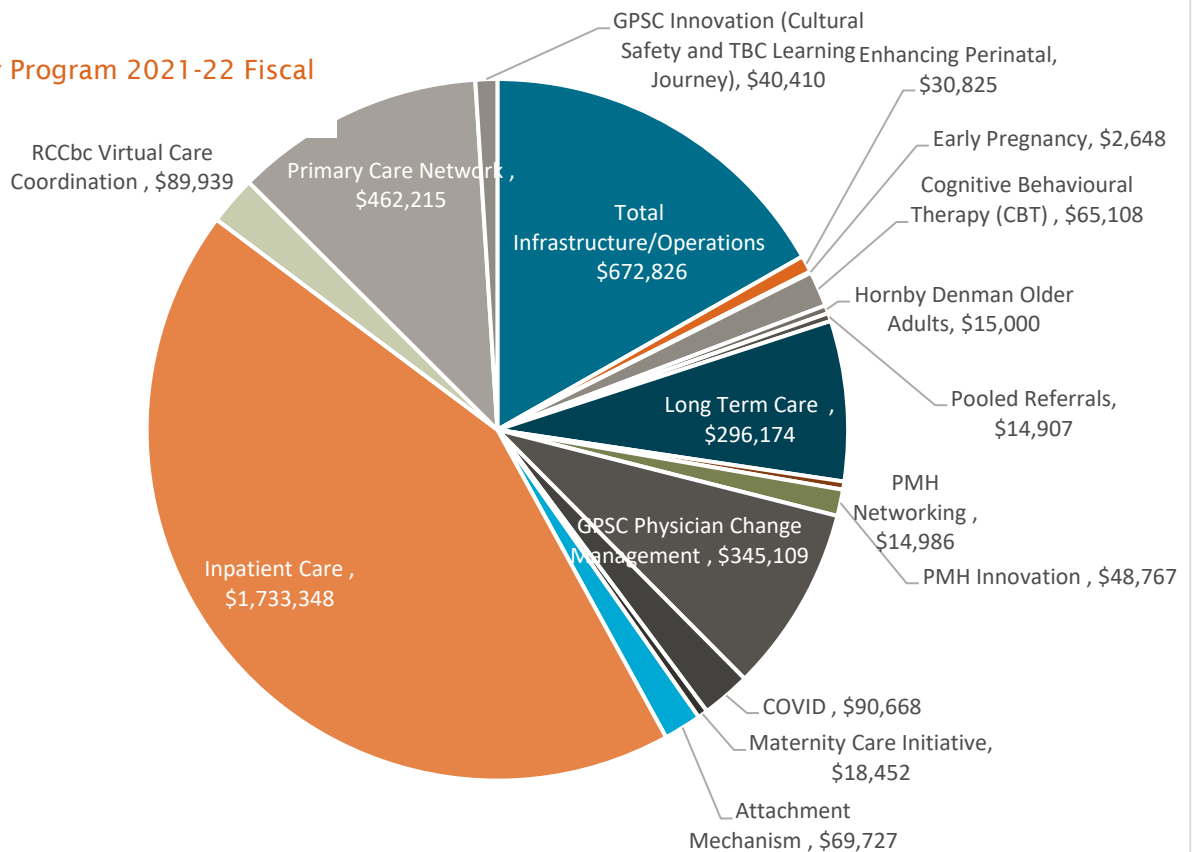
Statement of Operations and Changes in Net Assets

Year ended March 31, 2021	2021	2020
	\$	\$
Revenues		
Grant Revenue	634,406	347,516
Deferred Grant Revenue	757,090	640,049
Long Term Care Incentive	189,162	150,292
Unassigned Inpatient	452,826	476,135
Doctor of the Day Supplemental	52,800	-
Inpatient Care MOU	500,000	499,973
Interest	1,033	10,339
Expense Recovery and Other	-	8,925
	<u>2,587,317</u>	<u>2,133,229</u>
Expenditures		
Accounting and Legal	20,134	9,071
Advertising	8,752	4,766
Amortization	790	740
Bank Charges and Interest	639	1,257
Board Expenses	93,922	62,450
Committee Expenses and Member Honoraria	326,836	257,753
Contracted Fees (Note 7)	230,254	75,184
COVID Ward	21,200	-
Dues and Subscriptions	1,977	3,011
Education (Member and Board)	70	3,875
Honoraria - Non-Physicians	16,308	43,698
Inpatient Clinical Fees (DOD and Attached Inpatients)	996,822	973,770
Insurance	1,875	2,700
Long Term Care Initiative	140,975	104,638
Meeting Costs	3,223	29,871
Office Supplies and Printing Costs	45,958	17,708
Salaries and Benefits	673,102	522,073
Staff and Contractor Education	2,857	1,228
Travel	2,023	8,047
	<u>2,587,717</u>	<u>2,121,840</u>
Surplus (Deficiency) of Revenue Over Expenditures (Note 10)	(400)	11,389
Net Assets - Beginning of Year	<u>(17,949)</u>	<u>(29,338)</u>
Net Assets - End of Year	<u>(18,349)</u>	<u>(17,949)</u>

CHAN NOWOSAD BOATES
CHARTERED PROFESSIONAL ACCOUNTANTS

2021-22 STUB FINANCIAL GRAPHS

Funding by Program 2021-22 Fiscal Year



Spending by Program to Aug 31 2021, unaudited

