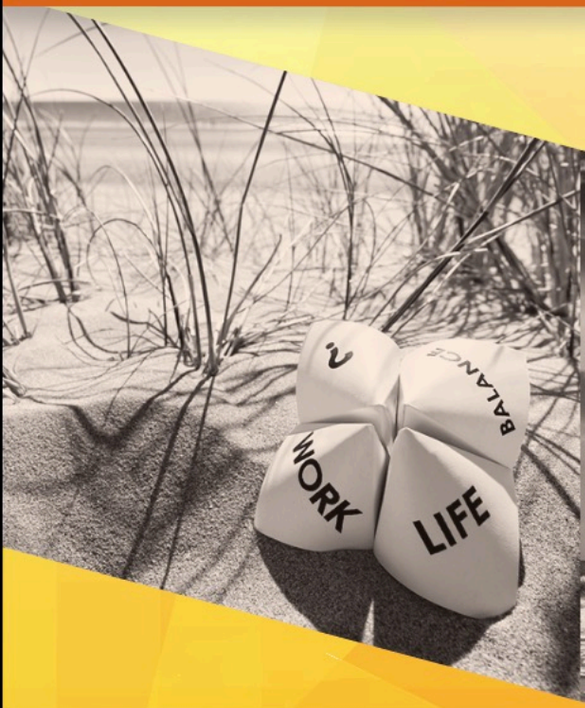
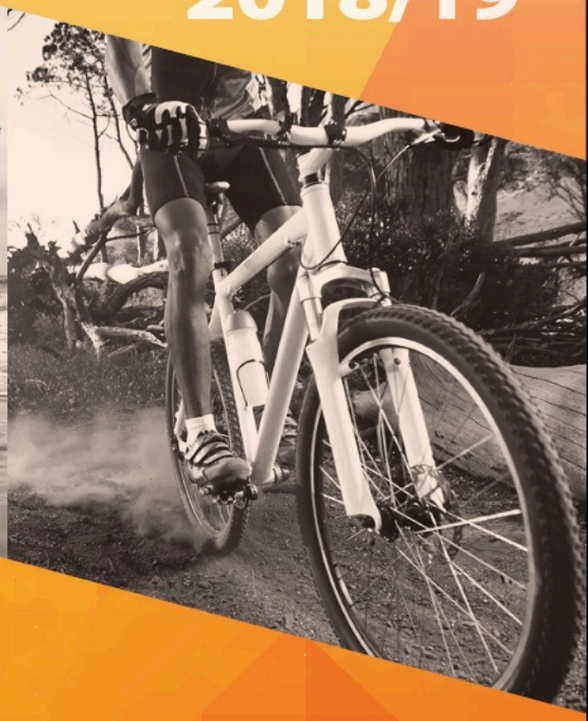
VICTORIA DIVISION OF FAMILY PRACTICE

Annual Report

2018/19





finding JOY in work

Connecting to meaning and purpose

Based on the Institute for Healthcare Improvement (IHI) framework for ***Joy in Work***, available at **ihi.org**

Victoria
Division of Family Practice
A GPSC initiative

JOY in work

Practicing family medicine is as rewarding as it is challenging. We are drawn to the profession because of our innate desire to help people, and by and large, it is the deep longitudinal relationships that we are able to cultivate, with our colleagues, and with our patients over many years, that keep us excited to come into the office every day. These meaningful, and often life-changing connections are what fill our days with joy.

NAVIGATION:

TABLE OF CONTENTS

2018–19 BOARD OF DIRECTORS:

Dr. Tim Troughton (Incoming Co-Chair), Dr. Molly Neil, Dr. Liz Pharo, Dr. Ian Bekker, Dr. Steve Goodchild (Outgoing Co-Chair), Peter Lockie, Dr. Kathy Dabrus, Dr. Valerie Ehasoo, Dr. Geoff Inman, Dr. Katharine McKeen (Co-Chair)

We are extremely grateful for the tireless efforts of our Board members, and extend extra special thanks to those who are stepping aside after their years of outstanding service with the Division: Dr. Valerie Ehasoo (founding member), Dr. Kathy Dabrus (founding member), Dr. Ian Bekker, Dr. Steve Goodchild, and Dr. Molly Neil.

CELEBRATION:
CO-CHAIR'S REPORT

Dr. Katharine McKeen

Dr. Tim Troughton

The *Annual Report* provides an overview of our successes at the Victoria Division, and shines a spotlight on some of your colleagues who are finding joy in their work. We hope, as you read through this *Report*, that you will also see yourselves reflected in these pages and in the many opportunities offered through the Division. Your participation is what gives our Division strength, and in turn, is what will strengthen primary care in Victoria.

Our Division continues to make progress in achieving our vision of healthy communities through access to excellent local primary care. Evaluation of our programs, and feedback from our members and from our community, demonstrate our many accomplishments. For example, the Transitions in Care Patient Summaries project, the successful collaborative CORE model in RCI, the value of Care Conferences in long-term care facilities, and collaborative planning for priority populations in the Care of the Elderly and Mental Health and Substance Use Working groups.

During the past 18 months, the B.C. Ministry of Health has begun a provincial Primary Care Network (PCN) initiative that is being implemented in waves in communities around the province. Our VDFP Board decided to join neither wave one, nor wave two. We wanted first to collaborate with Victoria family doctors on their needs, to research networks in other jurisdictions, and to have the opportunity to learn from other B.C. communities.

JOY in work

Joy in work impacts provider engagement and satisfaction. It impacts patient experience, quality of care, and safety. It even impacts organizational performance.

CELEBRATION:

CO-CHAIR'S REPORT

Our approach to plan for our network was to refocus on the challenges that come with delivering care to your patients. To better understand your needs, and in keeping true to our mission to support family practice, we initiated a series of consultation sessions. Under the guidance of the Division's Patient Medical Home (PMH) Steering Committee, between Fall 2018 and Spring 2019 we met with more than 100 family doctors at 13 neighbourhood meetings throughout the city. We built upon our years-long engagement with more than 50 members of our mature working groups dedicated to Care of the Elderly and Mental Health and Substance Use. We conducted research, and we explored network models from other jurisdictions. All of this work culminated in the development of VDFP primary care and network principles.

In early July, we collated all of this information and presented at a large Collaborative Working Group meeting. These collective principles and recommendations were endorsed by all of the working groups, and we now have substantive evidence for our approach on the changes required—at both the systems and practice levels—to improve your working conditions. We have the basis upon which to build our PCN.

Discussion with our members has continued since that July meeting. We have agreed to move forward with planning for those elements of the primary care network that are most aligned with our mission, our mandate, and our member's needs.

As always, we will be guided by what we hear and learn from our members. Our approach to our work will continue to be evidence-based. Our guiding question continues to be, "What is of

Succeeding thanks to the incredible dedication of our members, who continue to drive necessary health system change through meaningful engagement in grassroots, democratic action.

most benefit for our members, and for their patients?"We will be evaluating what the PCN has to offer to solve local challenges in primary care. We know that we cannot build a PCN without a strong foundation in primary care.

In early 2020, our Board will re-examine and refresh our vision and our strategic plan. Our commitment to our members will be to continue as a grassroots, physician-led, evidence-based organization dedicated to improving primary care for providers and patients. The Division will continue to support your needs, and will continue to ask you to participate in our working groups, to attend our Dine and Learn and other CME sessions, and to receive other benefits of membership such as Pathways, RCI participation, social and networking functions, and recruitment and retention support.

Our guiding question continues to be, "What is of most benefit for our members, and for their patients?"

Moving forward, we will see some changes to our Board composition. Dr. Steve Goodchild left us earlier this year to become Medical Director for Primary Care with Island Health. Two founding members of the Division, Dr. Valerie Ehasoo and Dr. Kathy Dabrus, are leaving the Board as of the end of the 2019 AGM. Dr. Ian Bekker is also ending his six year tenure as a Director. And we congratulate Dr. Molly Neil, as she is no longer a resident and therefore has graduated out of her R2 position on the Board. We thank these excellent leaders for their many outstanding contributions to the Board's work. We know their ties to the Division will continue to be strong.

We would like to thank each VDFP member for your work throughout the past year. Without your involvement as Board Directors, as physician leads of the many Division projects and programs, as members of committees and projects, and as family doctors practicing here in our community, there would be no Victoria Division of Family Practice.

We are your Division, and you are greatly valued. Thank you for your commitment, your time, and your energy.

Dr. Katharine McKeen
VDFP Co-Chairs

Dr. Tim Troughton

INTROSPECTION:
EXECUTIVE DIRECTOR'S REPORT

CATRIONA PARK

Thank you, to everyone on this amazing team, for your energy and commitment. I'm very grateful for the opportunity to work with all of you.

:: CATRIONA PARK, VDFP EXECUTIVE DIRECTOR

I simply cannot believe that I'm again pausing to reflect on all the work accomplished by your Division. Where does the time go? It seems like just yesterday that I was compiling my last Executive Director's Report. Perhaps time moves so swiftly because every moment of my day is full—responding to members, supporting the Board of Directors, working with staff and contractors, engaging with local partners, and reaching out to the other Divisions across the region to learn from their experiences and to develop our collective island voice.

We have made great strides again this year, and the work we have accomplished together continues to bring me joy. For example, the results coming forward from the Patient Medical Home Steering Committee, the continued success and expansion of RCI, the Familiar Faces project, and the newly launched Long-Term Care Transitions project.

Moving forward, the present provincial focus on primary care reform—in the shape of implementing primary care networks (PCNs)—may provide an opportunity to resolve the critical challenges our members face every day in their offices. As noted in the Co-chair's Report, we are planning for those elements of the PCN that are most aligned with our mission, our mandate, and our members' needs. I remain cautiously optimistic about the solutions this process may realize for our members, and for their patients.

At the same time, we need to maintain and potentially expand those programs you have come to value and depend upon. For example, the ever popular Dine & Learn series, Pathways, the CBT

Looking back on another eventful year that has been marked by so many successful projects, and our focus is now turning toward carving out Victoria's unique brand of primary care reform.

Series for physicians, other health and wellness opportunities, and family socials such as the holiday party and Fall BBQ.

None of our accomplishments over this past year would be possible without our exceptional Board of Directors, our dedicated family physicians, and our talented staff and contractors. Thank you, to everyone on this amazing team, for your energy and commitment. I'm very grateful for the opportunity to work with all of you.

As always, please don't hesitate to contact me if you wish to discuss anything, or if you would like to get more involved in any of the initiatives you read about in this report.

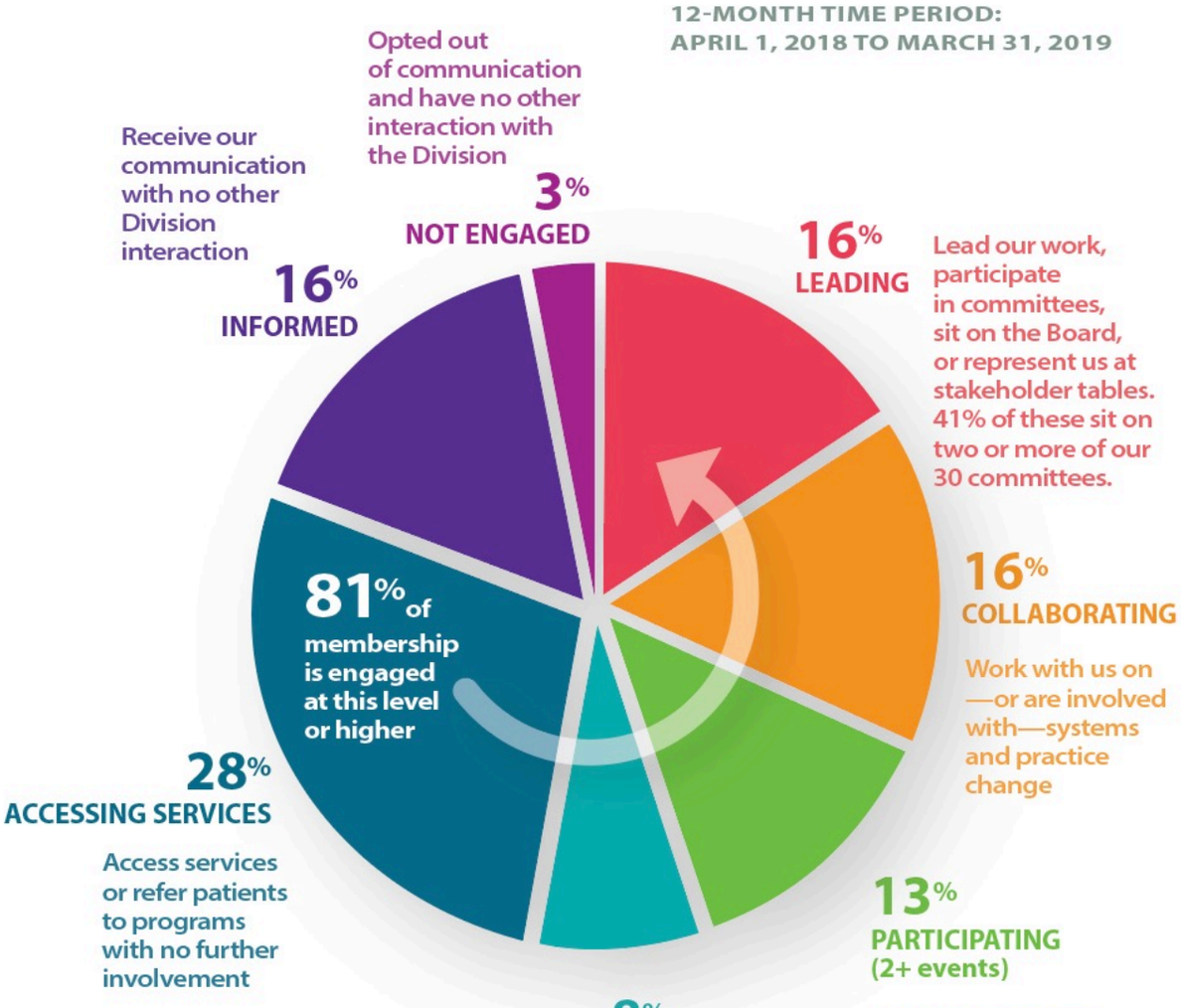
Catriona Park
VDFP Executive Director

JOY in work

Create a positive attitude toward the organization and its values, and improve engagement, which is critical to having a high performing team.

PARTICIPATION:
MEMBER ENGAGEMENT

12-MONTH TIME PERIOD:
APRIL 1, 2018 TO MARCH 31, 2019



METHODS AND CHANGES

Engagement levels are drawn from sessional data, attendance information, and staff records

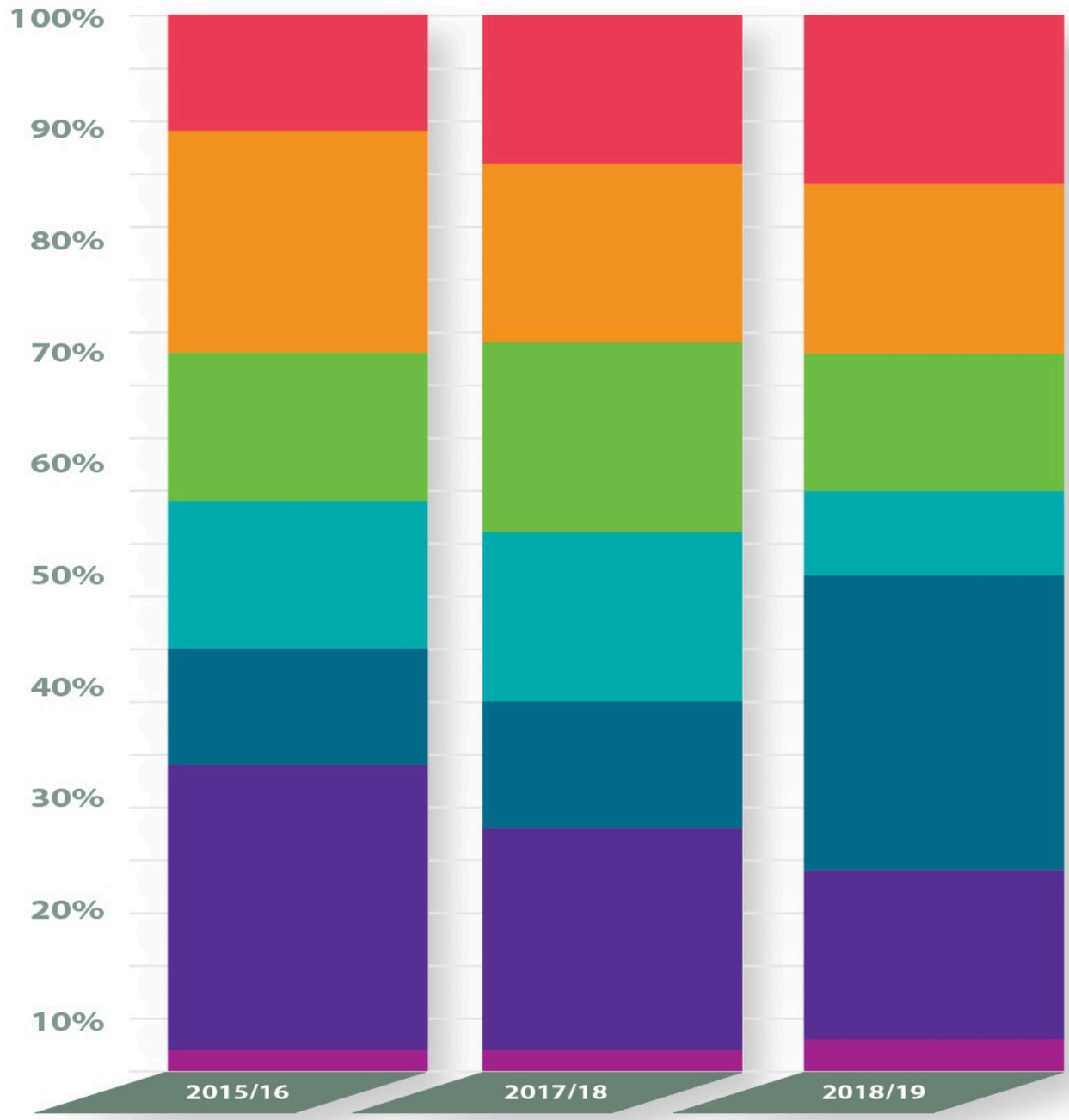
MOAs were able to represent their office GPs at PMH self-assessment events

Attending the AGM counted as higher engagement

UpToDate records were not available, which could result in slightly underestimated engagement

More detailed analysis about our members can be found in the *VDFP 2018 Survey Analysis Report*

Assessing annual participation data to determine the extent to which VDFP members are engaged in Division work, and comparing findings to the previous year.



- LEADING
- COLLABORATING
- PARTICIPATING [2+ EVENTS]
- PARTICIPATING [1 EVENT]
- ACCESSING SERVICES
- INFORMED
- NOT ENGAGED

INTERPRETATION

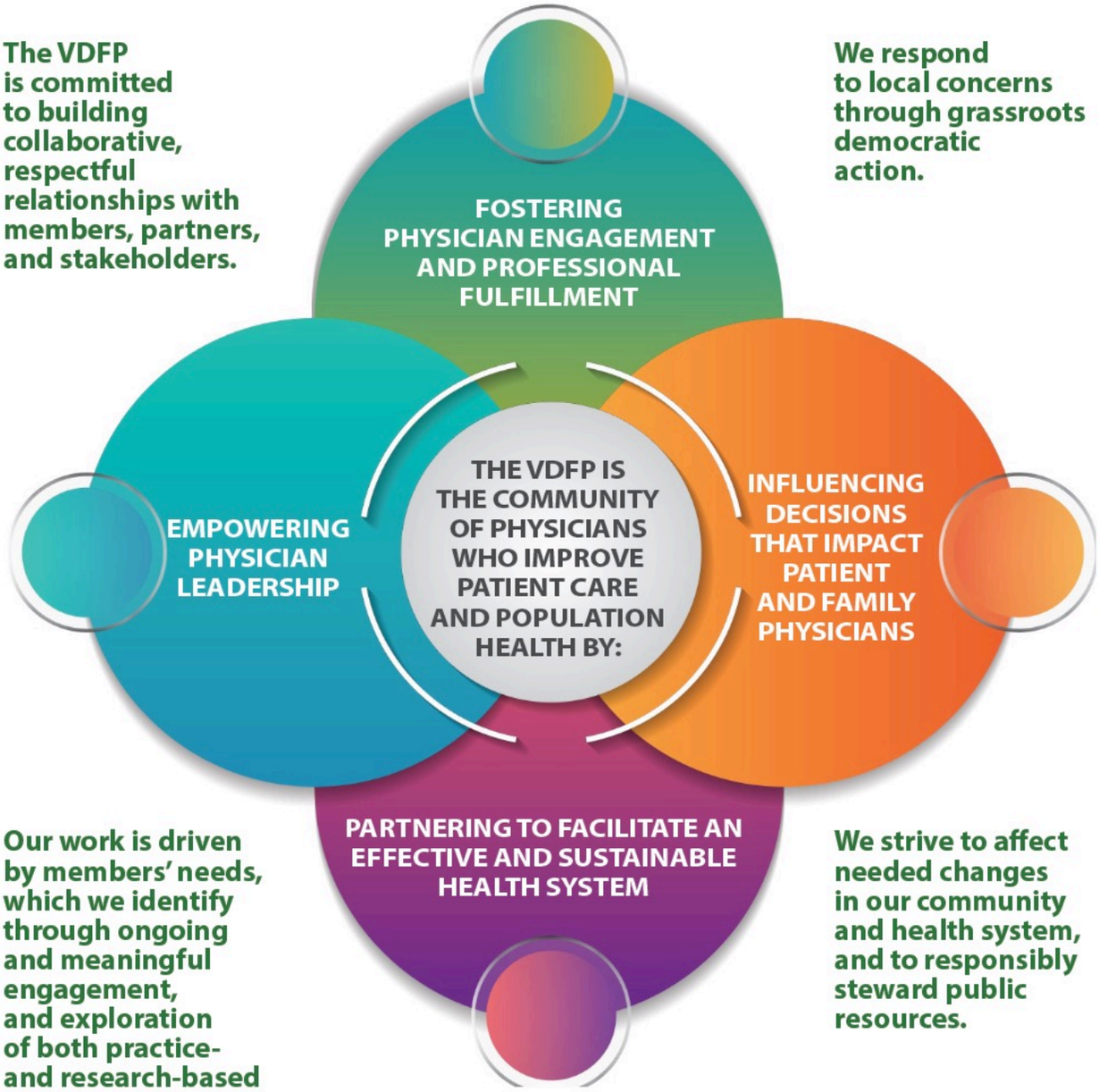
- High engagement remains stable at about one-third of members (collaborating and leading)
- Overall engagement is high at 81% and increasing year to year
- More members are accessing services
- The Division is succeeding in engaging new members
- Physician Connector + Member Site use are boosting access to services
- Less committees and events contributed to a decrease in participation

INTENTION:

OUR MISSION + VISION

The VDFP is committed to building collaborative, respectful relationships with members, partners, and stakeholders.

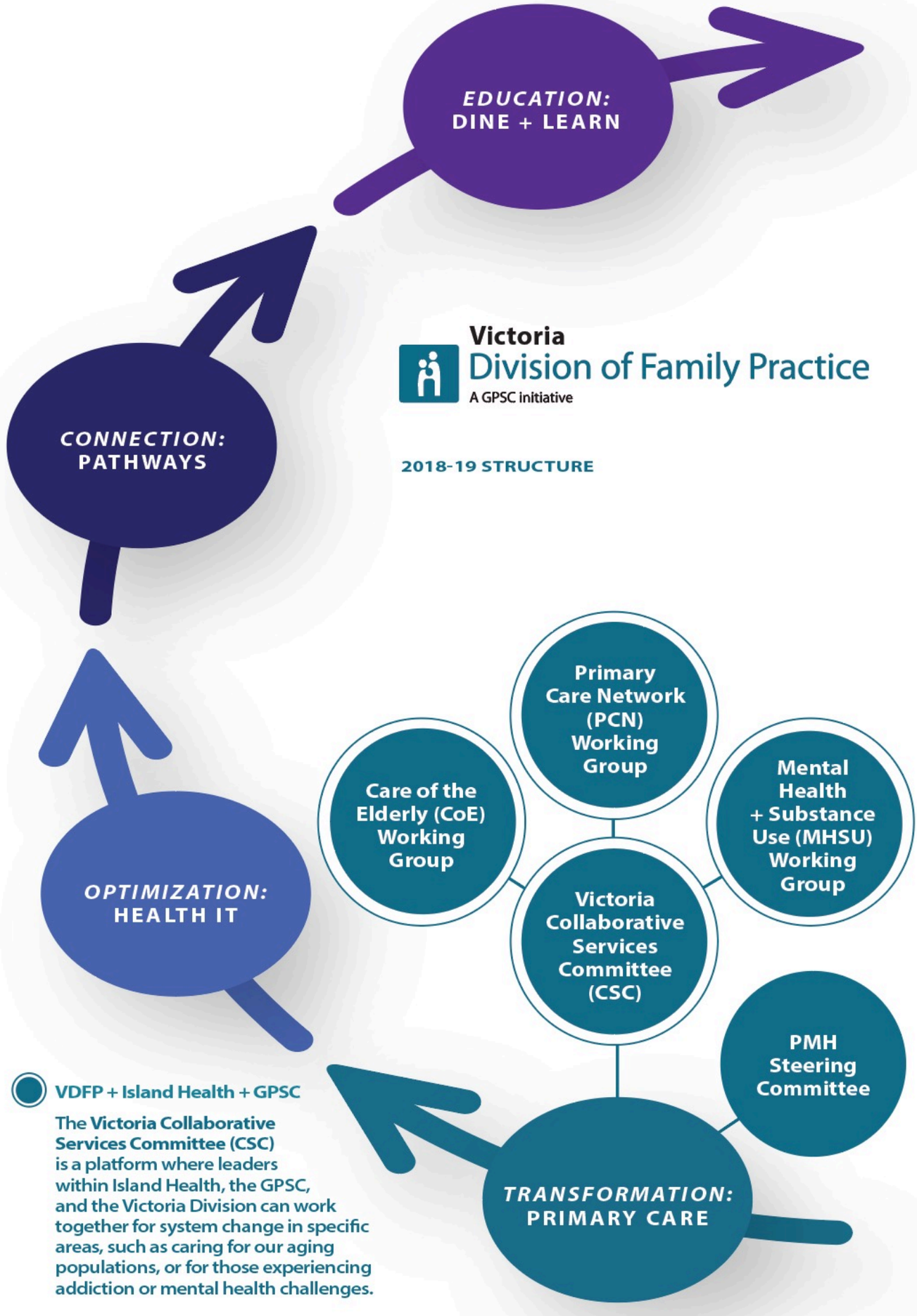
We respond to local concerns through grassroots democratic action.



Our work is driven by members' needs, which we identify through ongoing and meaningful engagement, and exploration of both practice- and research-based evidence.

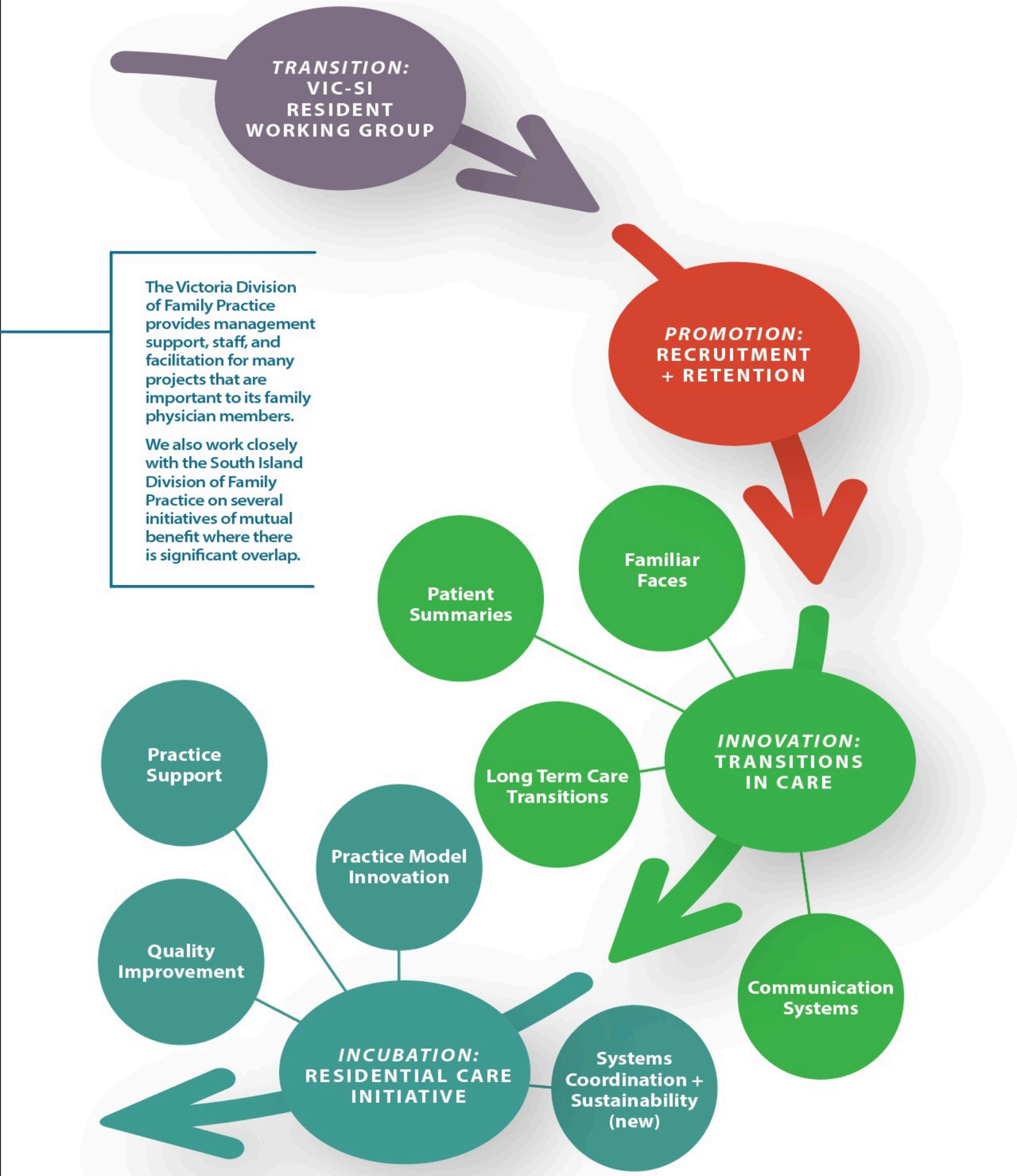
We strive to affect needed changes in our community and health system, and to responsibly steward public resources.

Healthy communities through access to excellent local primary care



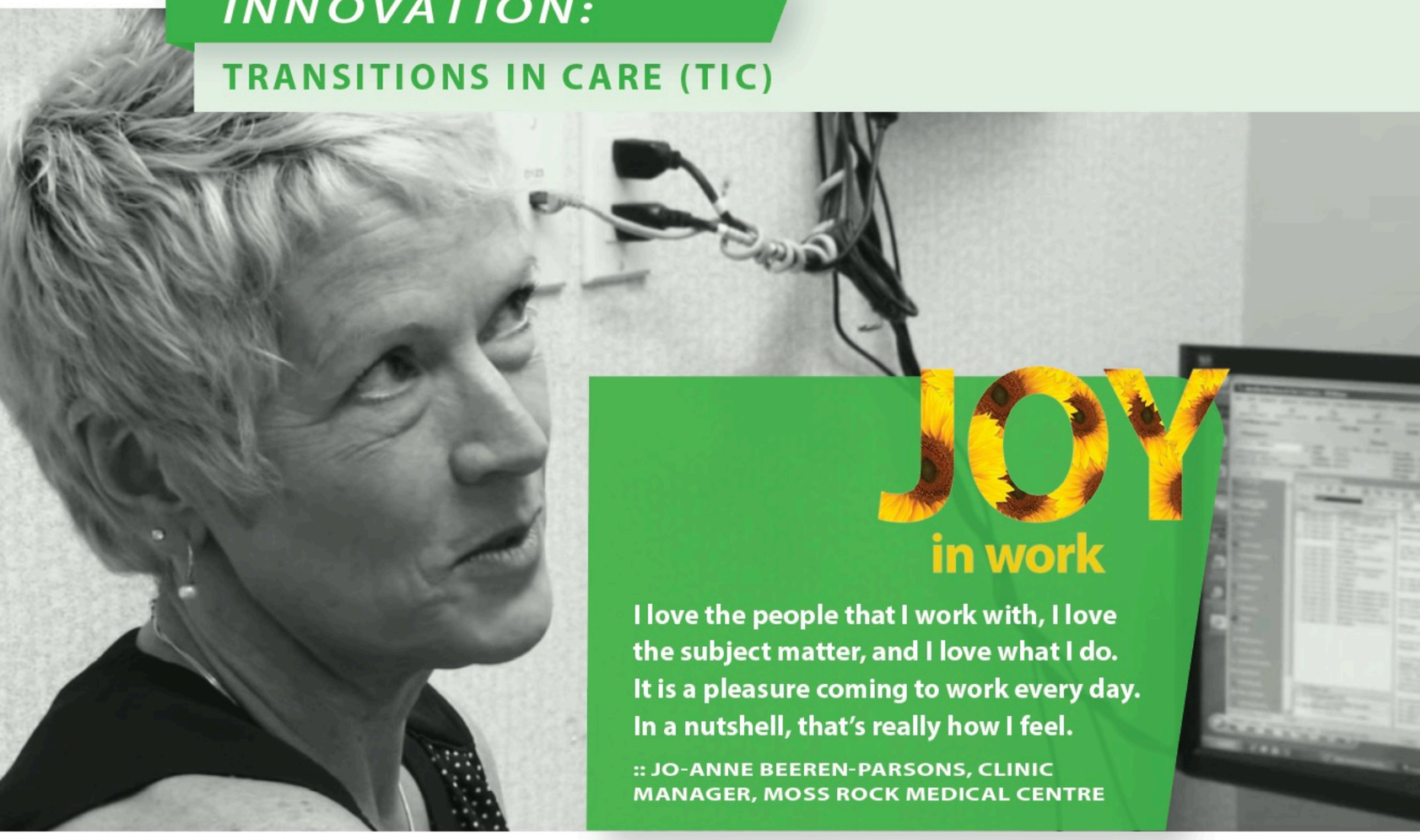
VDFP + Island Health + GPSC

The **Victoria Collaborative Services Committee (CSC)** is a platform where leaders within Island Health, the GPSC, and the Victoria Division can work together for system change in specific areas, such as caring for our aging populations, or for those experiencing addiction or mental health challenges.



The Victoria Division of Family Practice provides management support, staff, and facilitation for many projects that are important to its family physician members.

We also work closely with the South Island Division of Family Practice on several initiatives of mutual benefit where there is significant overlap.



JOY in work

I love the people that I work with, I love the subject matter, and I love what I do. It is a pleasure coming to work every day. In a nutshell, that's really how I feel.

:: JO-ANNE BEEREN-PARSONS, CLINIC MANAGER, MOSS ROCK MEDICAL CENTRE

Patient summaries prove missing link between GP and hospital communication

Spend a little time with Dr. Bill Cavers and Jo-Anne Beeren-Parsons, and you might get the idea that they love volunteering their Moss Rock clinic as test-pilots for new health care technology. And that's exactly what happened when they first learned that Transitions in Care (TIC) wanted to roll out the Patient Summaries project.

Cavers, whose retirement includes being Medical Director for the clinic, has made a lifetime of advocating for and enabling health system improvement. He was instrumental in the creation and governance of the GPSC, and has served as President of both Doctors of B.C. and the Society of General Practitioners. And Beeren-Parsons, who is Clinic Manager at Moss Rock, also sits on the TIC Working Group and conducts outreach with the Practice Support Program (PSP). Together, they jumped at the chance to introduce the beta model in their office.

"The question was, how can we improve communication between acute care hospitals and GPs in the

Supporting communication innovation between acute and community care settings such as GP offices, hospitals, emergency departments, and specialists, as well as with Island Health.

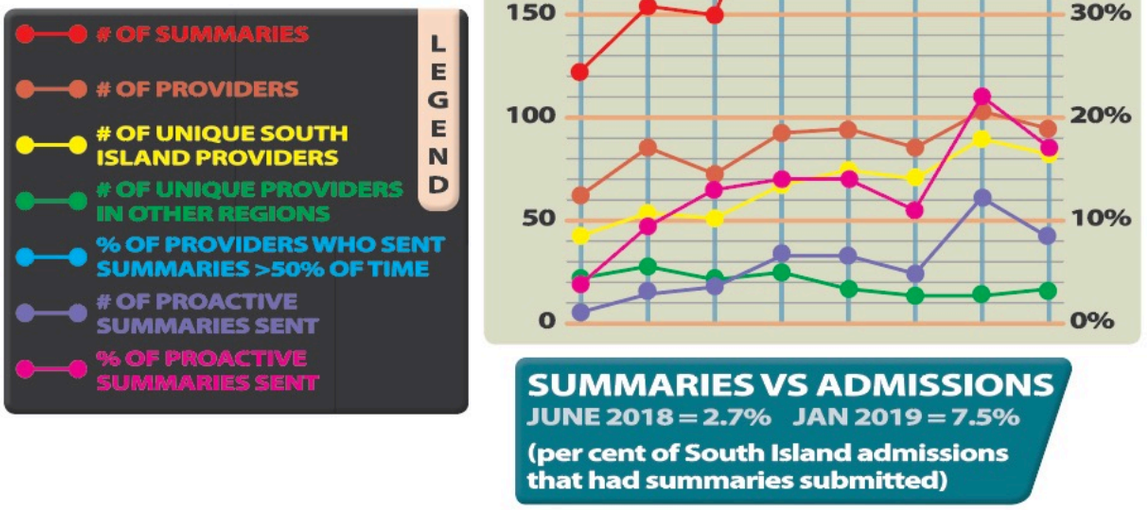
community?" recalls Beeren-Parsons, citing TIC's e-notification project as the foundation for Patient Summaries, the digital platform that allows GPs to provide details about their patients for hospitalists. "I thought it was a real win for us, and we could provide feedback from the community provider's perspective."

She took up the challenge of creating a template that would work with their EMR. Once it was working well, she began to offer the resource through Intrahealth and with the PSP.

ISLAND HEALTH ON BOARD

At that time, Island Health was making strides on a similar objective and needed to conduct some testing. Enter Beeren-Parsons, who, of course, volunteered Moss Rock for the gig.

That's when Island Health was able to see the Intrahealth Patient Summary in action. They liked that it was designed to integrate seamlessly into existing workflow, and determined that it came close to meeting all provincial requirements to be adopted widely. "A lot of physicians were faxing patient summaries anyway, so Island Health



SUMMARIES VS ADMISSIONS
JUNE 2018 = 2.7% JAN 2019 = 7.5%
(per cent of South Island admissions that had summaries submitted)

thought it made sense to take the project, make it really robust, and start spreading it from there," she says.

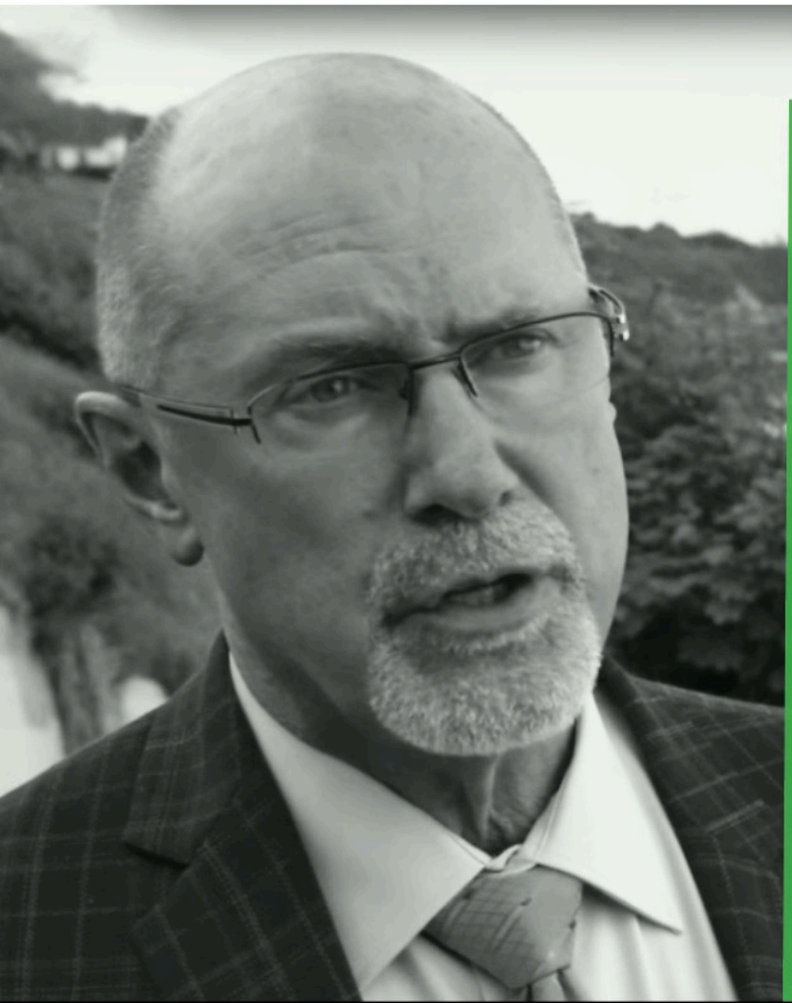
By August 2018, patient summaries were being scanned into PowerChart. Monitoring between July 2018 and February 2019 shows summaries on the rise, with almost 280 sent in January of this year alone.

This fall, TIC has added a template for the Oscar EMR, and has been working toward providing patient summaries for every MedAccess and Wolf user throughout Vancouver Island.

PROACTIVE SUMMARY AND AMBULANCE TRANSFERS

For complex or frail patients more likely to need hospital care, physicians can now send proactive summaries to prepare hospitals in the event the patient is admitted. The summaries are also being integrated during clinic-to-hospital ambulance transfers.

"Historically, documentation was faxed to emergency, or given to the patient or paramedics in paper form," says Beeren-Parsons. "That paper didn't go beyond emergency, it didn't get uploaded onto PowerChart, and it didn't follow the patient into a ward."



JOY in work

The fact that I'm working two to four days a week after retirement should tell you something. I find that I get joy by doing the right thing, and by knowing that I am providing quality. If you find satisfaction, you can look at yourself in the mirror and say, you know, we're doing a good job here.

:: DR BILL CAVERS, MEDICAL DIRECTOR, MOSS ROCK MEDICAL CENTRE

Supporting communication innovation between acute and community care settings such as GP offices, hospitals, emergency departments, and specialists, as well as with Island Health.

ADOPTING PATIENT SUMMARIES

These days, when Beeren-Parsons visits GPs with the PSP team, she makes sure to encourage them to adopt patient summaries as a normal part of their practice. By Spring of 2019, 346 physicians were sending patient summaries (including those beyond the south island region). More education for hospitalists and word-of-mouth support between GPs would help toward system-wide integration.

"I would like to see every office on the island adopt it, quite frankly," she says. "It's a tool available to them, and ultimately, it's about providing better patient care."

"And it's really easy," Cavers assures. "We get the notification of admission, and I send the task to the front desk for a patient summary to be sent. The computer generates it, with all the information in the EMR in terms of medications, allergies, and the whole works. It's just like creating a referral letter, but you click on patient summary instead."

"I get a lot of satisfaction in providing the information, and some hospitalists and patients have said that it's made a positive difference," he says. "It's just become part of our normal workflow."

Patient Summaries have given us a voice in our patients' acute care, and created a collaborative relationship with our hospital colleagues. I have had my EMR set up to collect all the data with one mouse click.

:: DR. FRANK EGAN
GP/HOSPITALIST

LOOKING TO THE FUTURE

If Cavers gets his way, these summaries will have opened the doors for far greater system connectivity. "I want a standardized patient summary that any EMR can push, and that any EMR can pull, to and from other sites," he says. "I want EMRs interconnected with each other, and with the health authorities."

Cavers also envisions EMR servers that produce pre-authorized summaries for patients who want one, so in case they are rushed to emergency at midnight, that information would be ready.

"The patient should control it, and I would already have created it long before it would be needed," says Cavers. "Just like me creating a referral that doesn't get sent until someone comes and gets it."

Grand visions like these are what enable Moss Rock to see the value in test-driving ideas, and in taking the baby steps along the way.

Frequent visitors to RJH emergency getting care boost through Familiar Faces project

The Emergency Department (ED) at Royal Jubilee is often a busy place, and when the TIC team inquired about most pressing concerns, the staff was quick to flag the issue of patients who return to the ED at a high frequency. That's when the Familiar Faces in the ED project was born.

"The idea came up to analyze these high frequency users of the emergency department, and to create care plans for them so that we could provide better longitudinal care that's less fragmented between primary and hospital-based care," explains Dr. Abhinav (AJ) Joshi, one of the physicians involved in the project.

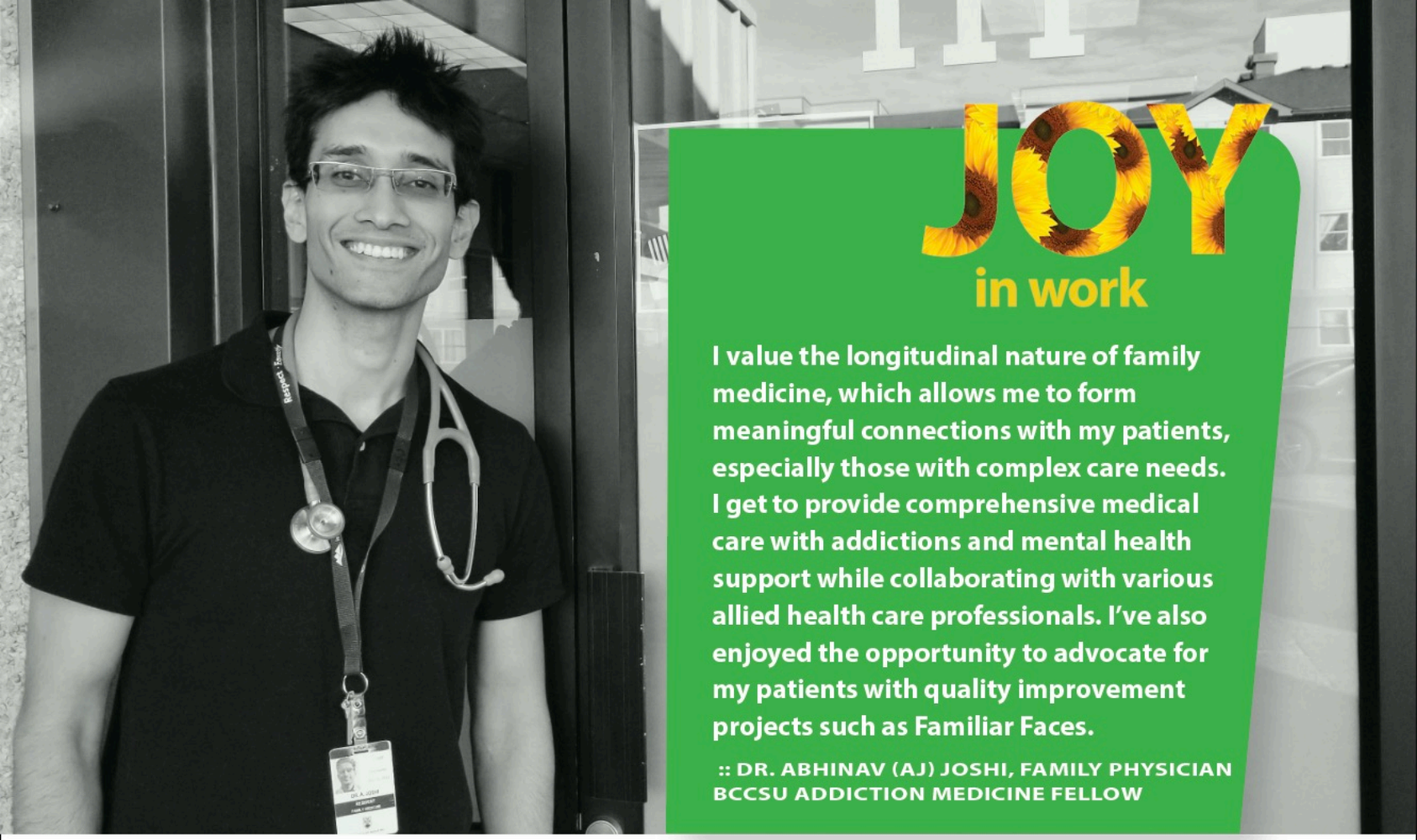
The team created a list of the top 50 highest users of the system, who averaged 26.7 visits to the emergency department (ranging from 17 to 83) over 12 months. Because much of this activity is related to mental health and substance use issues, folks from the Portland Hotel Society and Cool Aid Community Health Centre were invited to participate.

The team created a list of the top 50 highest users of the system, who averaged 26.7 visits to the emergency department in a 12-month period.

"That's where a lot of these patients were actually seeking primary care, so we wanted to collaborate with both the PHS and Cool Aid to make sure they have their own care plans for these individuals," he explains. The team needed to ensure these care plans were properly documented for emergency physicians. "Some patients have case workers, or someone who is following them longitudinally for mental health reasons, so we wanted that information to be readily available to the emergency physicians if they needed it."

Results of the data have highlighted some trends. Many of the patients do have doctors in the community, but are often turning to emergency services in crisis. Many have chronic histories of substance use, homelessness, and mental health issues.

For Joshi, the work is a perfect fit. His many hats include working as a locum in Mill Bay, completing a full-time Addictions Medicine Fellowship out of the B.C. Centre for Substance Use, and



JOY in work

I value the longitudinal nature of family medicine, which allows me to form meaningful connections with my patients, especially those with complex care needs. I get to provide comprehensive medical care with addictions and mental health support while collaborating with various allied health care professionals. I've also enjoyed the opportunity to advocate for my patients with quality improvement projects such as Familiar Faces.

:: DR. ABHINAV (AJ) JOSHI, FAMILY PHYSICIAN
BCCSU ADDICTION MEDICINE FELLOW

working at inner city clinics like Cool Aid and PHS.

"We are seeing a lot of clientele where there is a very high risk of medical complications, and because these chronic needs are unmet and their care is so fragmented, these patients are recurring to the hospital."

Particularly rewarding for the Familiar Faces team was its success in involving all stakeholders, including social workers, psychiatric emergency services, nursing, community physicians, and other providers to create care plans for the individuals. These care plans will move into the chronic medical system so that they are readily available should the need arise.

Although emergency departments across Canada are reporting having some people they see more frequently, Familiar Faces is a local solution that responds to Victoria's unique risk populations. In the next phase, the TIC team will explore how it can expand the work to contribute to quality improvement at other hospitals.

Because this population in Victoria is expanding and evolving quickly, each year the team creates up-to-date lists of the top 50 users. Working with their partners, they will develop those care plans, and will continue to look for ways to further support the patients with the hope of moving them off of that list, for good.

INNOVATION:
TRANSITIONS IN CARE (TIC)

LONG-TERM CARE TRANSITIONS

The Vic–SI Residential Care Initiative (RCI) and TIC teams have joined forces on a collaborative project to improve patient transitions related to long-term care.

The initiative aims to improve information flow between community, acute, and long-term care settings, to build strong, collaborative relationships between clinicians, and to support care continuity and coordination for patients.

JOY in work

Focus on understanding. Ask providers, "What matters to you?" Listen to learn from—rather than to tell—those around you.

COMMUNICATION SYSTEMS

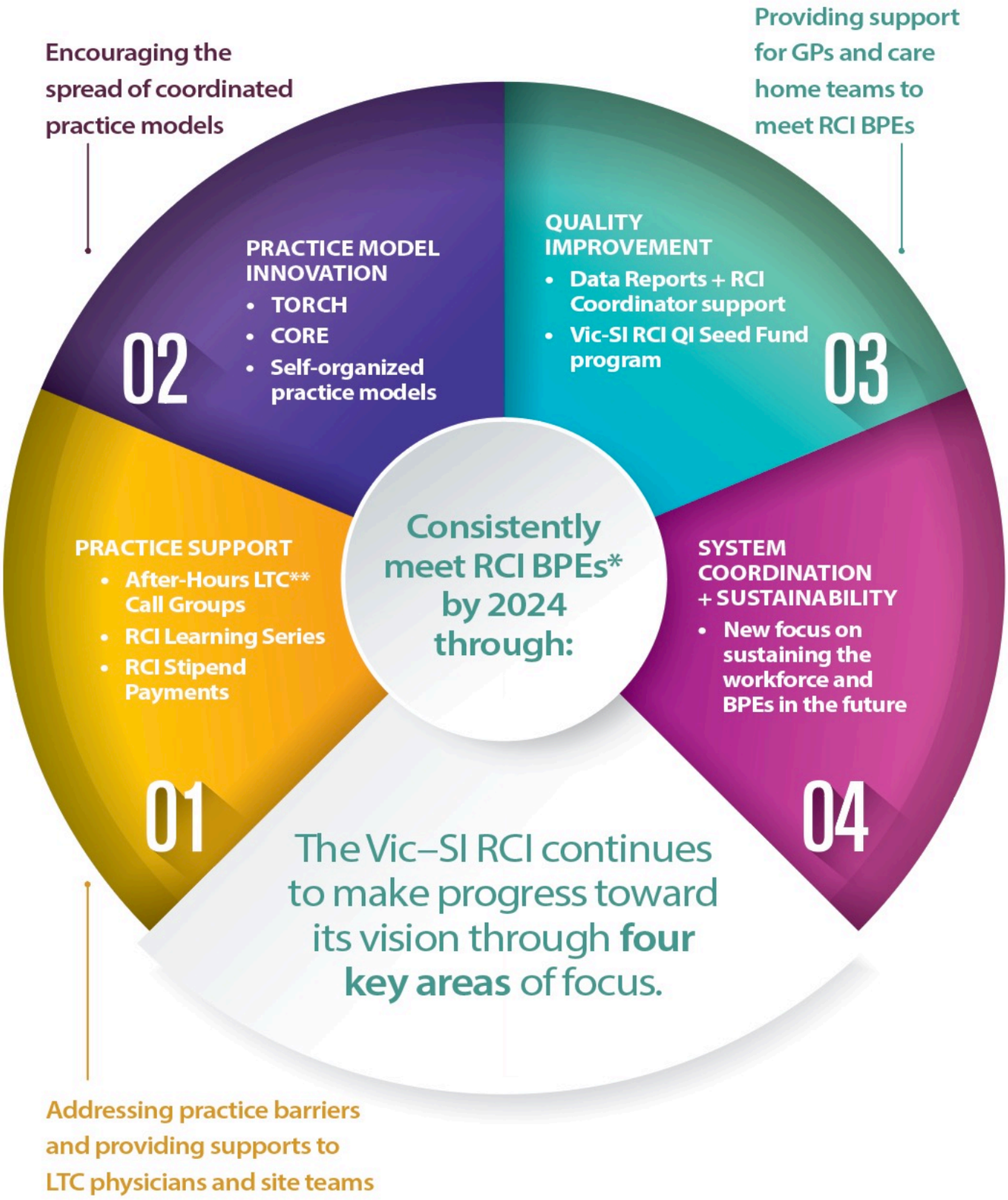
TIC continues to identify workflow and technology gaps that prevent providers from communicating easily across health care sites, and to test potential solutions that would enable better care transitions.

Examples of this work include testing secure mobile communication applications, and working with Island Health to improve the accessibility of GP contact information within the health authority's electronic health record.

Supporting communication innovation between acute and community care settings such as GP offices, hospitals, emergency departments, and specialists, as well as with Island Health.

INCUBATION:

VIC–SI RESIDENTIAL CARE INITIATIVE [RCI]



Improving medical care for all long-term residents by supporting GPs to meet provincial Best Practice Expectations (BPEs), and by facilitating collaborative, sustainable system change.

PRACTICE SUPPORT

- **After-Hours LTC** Call Groups:** provides coverage 100 per cent of residents in Victoria, Saanich Peninsula, and Sooke.
- **RCI Learning Series:** provides ongoing clinical education sessions for LTC physicians and care home staff, on relevant topics such *Practical Skills for Terminal Stage Care* and *Dementia Behaviour Management.*
- **RCI Stipend Payments:** supports physicians to better meet the BPEs.

QUALITY IMPROVEMENT/ EXCELLENT CARE

- **Data reports** and **RCI Coordinator support:** reviews care practices and trials new approaches to team-based care. This past year, the Vic-SI RCI focused on attendance on care conferences, which is highlighted in this *Annual Report*.
- **Vic-SI RCI QI Seed Fund** program: physicians and care home teams can apply collaboratively for funding to make improvements to the BPEs.

*BPEs = Best Practice Expectations
**LTC = Long-Term Care

PRACTICE MODEL INNOVATION

- **TORCH:** structured. GPs meet all BPEs. Attend weekly at regular time. 20-30 residents. Team-based care. Cross-coverage. Great for large homes (100+): The Heights at Mount View, Kiwanis Pavilion, Glengarry Hospital. The Summit at Quadra Village will open in 2020.
- **CORE:** more flexible. Physicians meet all BPEs. Attend regularly. 5-20 residents. Great for mid-sized sites: Glenwarren Lodge, Gorge Road Hospital, James Bay Care Centre, Luther Court, the Priory, Rest Haven Lodge. In development: Aberdeen Hospital, Beckley Farm Lodge, Parkwood Court, Sunrise.
- **SELF-ORGANIZED:** also successful at: Mount St. Mary Hospital, Veteran's Memorial Lodge at Broadmead.

SYSTEM COORDINATION + SUSTAINABILITY

- **This new area of focus is designed to ensure an effective and sustainable long-term care system.**
- **Activity will help to safeguard a robust physician workforce for the decades to come, to maintain whole system excellence, and to encourage continued success with the best practice expectations.**

INCUBATION:

VIC–SI RESIDENTIAL CARE INITIATIVE [RCI]

With CORE, the nursing staff is really happy because they have fewer doctors to contact. And because those doctors are committed, they often come in on a regular basis. If it's not urgent, they know when the doctor is coming and we're not wasting a lot of resources trying to contact people. And the team is cohesive. We meet regularly so it becomes very easy to disseminate important information.

:: DR. BEN HOW, MEDICAL DIRECTOR, GLENWARREN LODGE, ON WHY THE CORE MODEL IS GOOD FOR RESIDENTIAL CARE FACILITIES

Vic–SI Steering Committee [opposite page, L–R]: VDFP Executive Director Catriona Park; Dr. Robin Saunders; Vic–SI RCI Co-Chair and VDFP Co-Chair Dr. Katherine McKeen; Vic–SI RCI Co-Chair and Medical Director, Long Term Care, Island Health Dr. Tom Bailey; Vic-SI RCI Program Manager Juna Cizman; RCI Clinical Lead Dr. Margaret Manville; and, Dr. Mike Miles. Not pictured: SIDFP Executive Director Clay Barber, SIDFP member Dr. Ernie Chang.

VIC–SI RCI STEERING COMMITTEE

Success of collaborative CORE model at residential facilities seen as blueprint for team-based care

In the four years since its inception, the Vic–SI Residential Care Initiative has supported all 38 local long-term care facilities in transitioning to team-based, collaborative care models—including CORE (Collaboration and Coordination for Residential Excellence), and its predecessor TORCH (Toward Optimal Residential Care Health). The shift responds to member input about the need for models that would promote consistency and efficiency for GPs, patients, families, and nursing home staff.

Lessons learned in RCI will help us as we move forward to support patient medical homes in our community.

:: CATRIONA PARK, EXECUTIVE DIRECTOR VDFP

"At one time, I had one or two patients in 12 different nursing homes, and you're driving around to see patients all over the place," says Dr. Ben How, medical director at Glenwarren Lodge. Instead, the CORE model clusters small groups of dedicated physicians in each care facility, allowing for stronger relationships, better communication, and resource efficiency.

"For years, there have been fewer and fewer doctors seeing nursing home patients. As medical director at Glenwarren, I was being asked to take on more and more patients, and I was getting overwhelmed," says How, on why he was keen to adopt the CORE practice model at Glenwarren Lodge. As it turned out, he wasn't alone.

The regular RCI physicians are genuine members of the community at the facility. They know the residents, their families, and the staff.

:: SOCIAL WORKER

"I sent out a bunch of letters and we got more doctors interested than expected. The model really encourages GPs to take on nursing home patients," he says. "The financial incentive from RCI is the big thing. Without that, it would not have happened."

Already at Glenwarren, 75 per cent of patients are with CORE physicians, and that number is rising. "We are basically putting all new patients to the CORE doctors, so within another year we will probably be at 95 per cent," says How.

INCUBATION:

VIC–SI RESIDENTIAL CARE INITIATIVE [RCI]

RCI is active at all 38 local residential care sites, with 86 RCI physicians.

RCI physicians act as MRP for approximately 90% of all 3,441 LTC residents.

100% of residents are covered by after-hours call groups in Victoria, Saanich, and Sooke.

11 sites were Seed Fund Recipients in 2019 (up from 5 in the previous year).

20 GPs and 50 care home staff/leaders were trained in QI through SGLSs.

SEED FUNDING SHINES LIGHT ON IMPORTANCE OF CARE CONFERENCES FOR QUALITY CARE

Dr. How is also part of a team that was awarded seed funding over the past year to embark upon a quality improvement project to promote consistent participation in annual care conferences for each of Glenwarren's patients. These collaborative meetings gather the patient, their family, and the MRP, along with a multidisciplinary team that can include nurses, care aides, a dietitian, a pharmacist, a recreational therapist, and others as necessary.

"It would be nice if physicians could participate in every single care conference, but that's not always possible," says How, who is hoping to have participation by the MRP at 75 per cent of the annual care conferences, up from 50 per cent currently. The team has implemented strategies to boost attendance, such as enabling phone-in participation and offering alternates in the schedule.

SMALL GROUP LEARNING SESSIONS (SGLS) GUIDING RECIPIENTS IN HOW TO IMPLEMENT QI

Dr. How credits the RCI's small group learning sessions (SGLS) for guiding his team through the quality improvement process.

"Certainly from my nursing home, between myself, another CORE doctor, and two staff members, we have been to every single session, so that will contribute to us doing other QI projects in the future."

Working through the PDSA (Plan, Do, Study, Act) cycle they're following through the SGLS, the team's next step is to survey all types of participants for ways to make care conferences more effective.

Annual care conferences—like this one at Glenwarren Lodge—gather a multidisciplinary team of caregivers, the patient, and family to discuss and revise the care plan.

THE FUTURE OF LONG TERM CARE IN OUR COMMUNITY

Despite these gains, ongoing challenges to the sustainable delivery of medical care in LTC persist:

- 14 physicians caring for 928 residents in the region plan to retire within the next five years, which equates to 27 per cent of all LTC patients
- Substantial variance across care homes is impacting care for residents:
  - o the extent to which BPEs are being met
  - o the type of physician model in practice
  - o levels of coordination, organization, and team-based care

These issues tell us that solutions to ensure an effective and sustainable LTC system are essential, and therefore the Vic-SI RCI Steering Committee is adding a new key focus area in System Coordination and Sustainability (see pp 20–21 for details).

The RCI has encouraged many doctors who might not have thought about doing long term care to consider it, and for others, to do it again. It has provided funding not just for CORE doctors, but also to help set up more robust care for nursing home patients.

:: DR. BEN HOW

INCUBATION:

VIC–SI RESIDENTIAL CARE INITIATIVE [RCI]

In many ways, the lessons being learned today, through the Division's Residential Care Initiative, are allowing us to test a variety of team-based care models that can help to guide the way for the primary care network of tomorrow.

JOY in work

I enjoy my patients, and I've developed a relationship with them. I've been in practice for more than 30 years, so I know my patients very well. That gives me a lot of positive feedback. Being able to help people in a longitudinal manner, seeing people go through different things in their lives, knowing their families, seeing their kids grow up, that's the big thing about family practice for me.

:: DR. BEN HOW

IN MEMORY

DR. TOM BAILEY, SEPTEMBER 1951–OCTOBER 2019

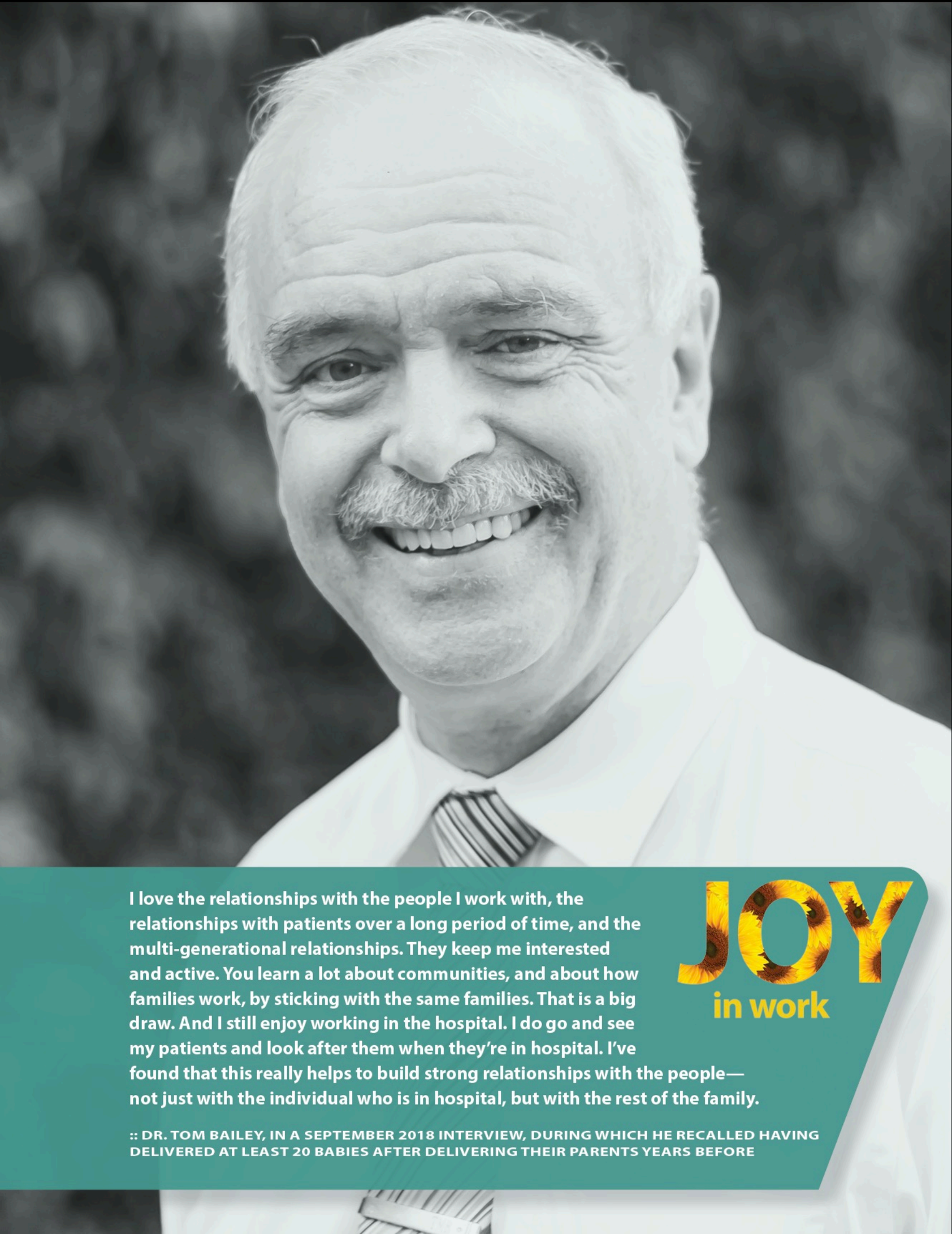
In addition to his many other roles dedicated to improving our health system, Dr. Bailey maintained his family practice in Victoria for almost 41 years.

Dr. Tom Bailey was a truly exceptional man. In addition to his local full-service family practice caring for patients throughout their entire lifespans, and his medical leadership with countless organizations such as The College of Family Physicians Canada and Island Health, Tom was an integral part of the long-term care (LTC) system. He cultivated an enormous vision for medical care excellence in LTC, and saw the long game of our work. He embodied the notion, 'gentle persistence, relentlessly applied' to making improvements in the system, with professionalism, wisdom, and humour.

In his role as Medical Director of Long-Term Care at Island Health, Tom worked closely with the Divisions of Family Practice to make improvements to primary care within LTC. He co-led the development and implementation of the TORCH program from 2013–2015. Since 2015, he was Co-chair of the Victoria–South Island RCI, working alongside Dr. Katharine McKeen, Dr. Margaret Manville, and many other RCI physicians and leaders. He was centrally involved in all aspects of the RCI Steering Committee and program, as well as in many other areas of Division work such as Care of the Elderly and Transitions in Care.

Tom was a wonderful leader and mentor who could always be counted upon for insightful advice and thoughtful support. He delighted us with his playful attitude and funny seasonal neckties. He has left an amazing legacy that impacted countless people, and he will continue to inspire many.

We miss him tremendously.



JOY in work

I love the relationships with the people I work with, the relationships with patients over a long period of time, and the multi-generational relationships. They keep me interested and active. You learn a lot about communities, and about how families work, by sticking with the same families. That is a big draw. And I still enjoy working in the hospital. I do go and see my patients and look after them when they're in hospital. I've found that this really helps to build strong relationships with the people—not just with the individual who is in hospital, but with the rest of the family.

:: DR. TOM BAILEY, IN A SEPTEMBER 2018 INTERVIEW, DURING WHICH HE RECALLED HAVING DELIVERED AT LEAST 20 BABIES AFTER DELIVERING THEIR PARENTS YEARS BEFORE

TRANSFORMATION:

PRIMARY CARE/COLLABORATIVE SERVICES COMMITTEE (CSC)

The Victoria Collaborative Services Committee (CSC) is where community physicians represented by the VDFP work partner Island Health. The CSC identifies priorities common to both organizations, and enables shared lead–lead work to make improvements to local primary care. It supports three Working Groups:

1. Primary Care Network Working Group **(PCN WG)**
2. Care of the Elderly Working Group **(CoE WG)**
3. Mental Health and Substance Use Working Group **(MHSU WG)**

The Victoria CSC brings the VDFP's local GP voices to the table with Island Health and the GPSC.

What makes the CSC an effective group is that it brings together senior leaders from the Division, Island Health, and other partners to discuss joint priorities to improve care for people in our area, and to make joint decisions to support this aim.

This is complex and challenging work and by working together, we can achieve meaningful changes that will improve access to primary and community care in Victoria.

:: PHIL LAWRENCE, ISLAND HEALTH

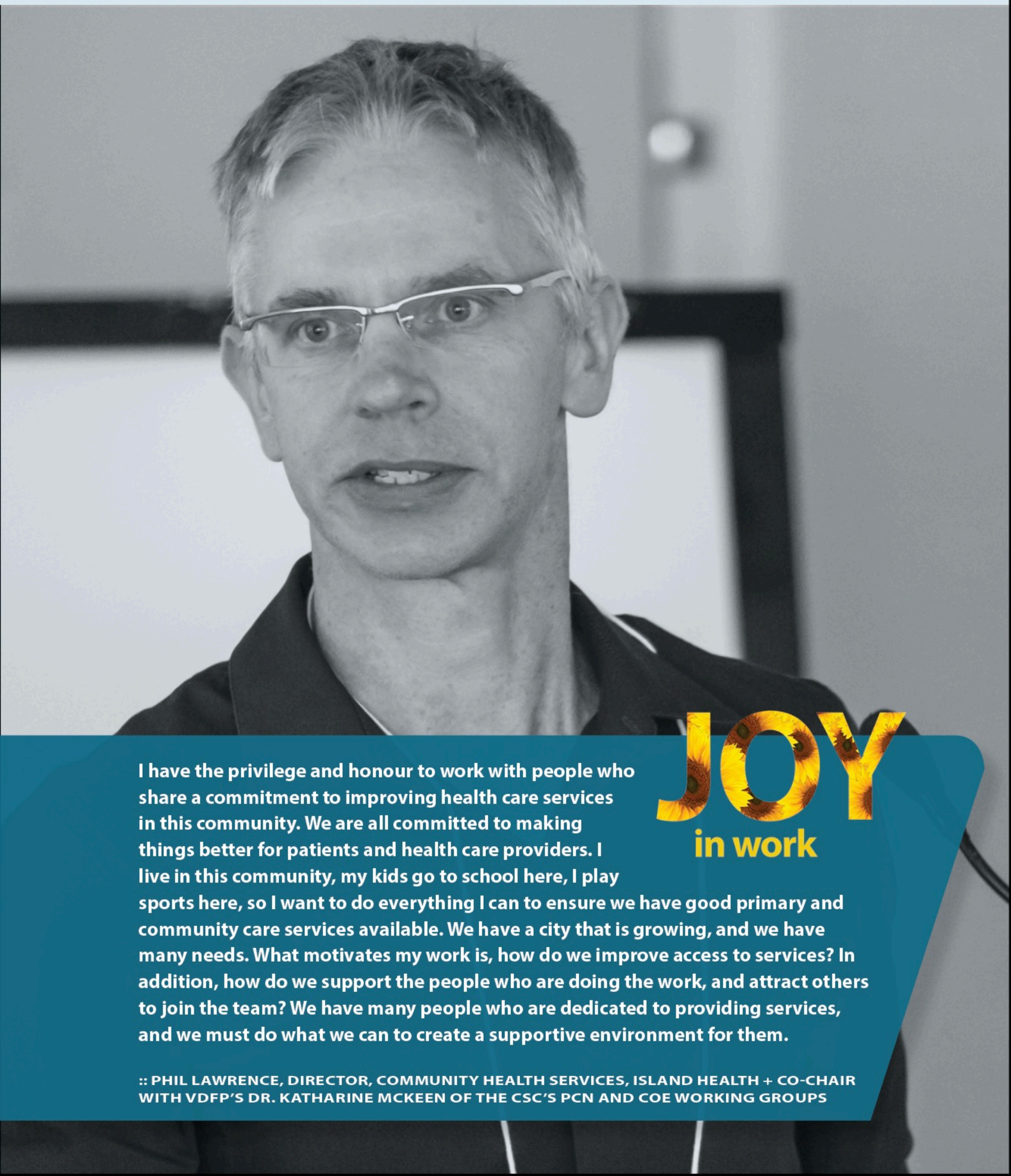
PRIMARY CARE NETWORK WORKING GROUP (PCN WG)

Over the past year, the PCN WG's priority has been planning for the creation of PCNs in Victoria. The B.C. Ministry of Health (MoH) has mandated the creation of PCNs as a critical mechanism to stabilize and improve primary and community care.

In mid-July, the PCN Working Group organized a collaborative meeting between all CSC Working Groups (CoE, MHSU, PCN) and the VDFP PMH Steering Committee, with participation from the CSC, VDFP Board, Island Health, and the MoH.

Each of the groups and committees presented their recommendations for what should be included in primary care networks in Victoria. Next steps for PCN service planning are presently being determined.

Identifying priorities common to both GPs and Island Health —through shared leadership—to enable improvements in the local primary care system.



JOY in work

I have the privilege and honour to work with people who share a commitment to improving health care services in this community. We are all committed to making things better for patients and health care providers. I live in this community, my kids go to school here, I play sports here, so I want to do everything I can to ensure we have good primary and community care services available. We have a city that is growing, and we have many needs. What motivates my work is, how do we improve access to services? In addition, how do we support the people who are doing the work, and attract others to join the team? We have many people who are dedicated to providing services, and we must do what we can to create a supportive environment for them.

:: PHIL LAWRENCE, DIRECTOR, COMMUNITY HEALTH SERVICES, ISLAND HEALTH + CO-CHAIR WITH VDFP'S DR. KATHARINE MCKEEN OF THE CSC'S PCN AND COE WORKING GROUPS

TRANSFORMATION:

PRIMARY CARE/COLLABORATIVE SERVICES COMMITTEE (CSC)

Frail seniors, and individuals experiencing mental health and substance use issues, are two priority populations for the CSC. Their respective working groups include VDFP members and staff with Island Health representatives. Their shared aim is to better meet the needs of these vulnerable patients.

MENTAL HEALTH AND SUBSTANCE USE WORKING GROUP (MHSU WG)

In the past year, the MHSU WG worked to develop a series of service delivery recommendations that would support patient medical homes (PMHs) and improve care for patients and families experiencing mental health and substance use disorders.

The group held a series of sessions to analyze gaps in existing services, and to prioritize future opportunities. The resulting recommendations, which have been presented to the PCN Working Group, focus on creating MHSU same day/walk-in services, giving family doctors access to mental health consultants, and the creation of a MSHU GP-Network.

MHSU Health Consultant

The group also provided support to a pilot that tested the effectiveness of aligning a specialized MHSU Health Consultant with the physicians at Lansdowne Professional Centre during a 12-month period.

Physician Connectors

The Physician Connectors have now been equipped to provide information and intake about MHSU services.

Core Principles

MHSU CARE SHOULD:

- Establish a centralized place to which any PMH can refer an attached or unattached MHSU patient and have the confidence that the patient will receive, or be directed to, quality care
- Support and sustain PMHs
- Ensure care is accessible to both attached and unattached patients
- Ensure care is family responsive
- Ensure care is simplified for patients and primary care providers, while minimizing patient transit and opportunities for them to get lost in the system

CARE OF THE ELDERLY WORKING GROUP (COE WG)

The CoE WG dedicated much of the past year to developing service delivery recommendations designed to support frail older adults, and those with complex care needs.

The WG used a series of meetings and brainstorming sessions to assess needed system improvements, to highlight gaps in care, and to identify priorities. The resulting recommendations focus on the creation of a multidisciplinary seniors' clinic, and a roving outreach team that would be equipped to support primary and community care providers. These recommendations were presented to the PCN Working Group in July.

Wellness Monitoring Program

The Wellness Monitoring Program launched in October 2018 to support members of the risk population who need support but who are not yet known to Community Health Services. The trial PDSA began with five GPs, one naturopath, two occupational therapists, and 17 patients to identify clients and improve care coordination.

Core Principles

POPULATION HEALTH:

- Through innovative and appropriate models of team-based care, improve coordination of care, capacity, access and attachment to primary and community care services to better support and improve the health and care of medically complex frail seniors

PATIENT EXPERIENCE:

- Create a system of primary and community care that supports all medically complex, frail elderly living at home Victoria, including those who are attached or not attached to a primary care provider, those who are homebound, and those who are mobile

PROVIDER EXPERIENCE:

Create a system of primary and community care that supports providers:

- Retention and capacity of existing Family Physicians/ PMH
- Recruitment of new FP/NP through development of new models
- Recruitment, retention and capacity of Community Health Services
- Efficiencies in access and care coordination between Family Practice, Community Health Services

SUSTAINABILITY:

Through improved linkages with existing services and prioritized net new services, develop recommendations for a service plan that can be implemented in a rational, financially viable, phased approach that meets the current and future needs of patients and providers in Victoria

Identifying priorities common to both GPs and Island Health —through shared leadership—to enable improvements in the local primary care system.

The CSC work demonstrates the benefits of collaboration between the Victoria Division and Island Health, showing a positive effect at many levels in our community.

TRANSFORMATION:

PRIMARY CARE/PMH STEERING COMMITTEE

In June, the PMH Steering Committee delivered a series of recommendations to the PCN Working Group, in preparation for service plan development.

VDFP's Patient Medical Home (PMH) Steering Committee is comprised of a diverse group of 12 family physicians and two Division staff, and over the past year has been providing advisory functions and recommendations to the PCN Working Group in the lead-up to service plan development.

"It's very similar to the work we've been doing all along with the Division, focused on aspirational goals and ideas around how physicians feel that primary care needs to evolve in Victoria," says PMH Steering Committee Chair Dr. Aaron Childs. "Everyone has really been engaged and interested, tasked with what we see PMH becoming, and how we can shape this to really make a lasting, sustainable change."

In June—after eight months of consultation and collaboration with Division members, literature reviews, and discussions with those who have led successful PCN reform in Alberta—this group submitted several recommendations to the PCN Working Group.

The Primary Care Network collaborative meeting held in mid-July brought together representatives from the VDFP, Island Health, MoH, and several working groups to discuss primary care network recommendations and planning.

JOY in work

Seeing things that I have been instrumental in getting started continue to do well and to run effectively makes me feel that my contributions were important. I was able to start my own office, and we've just had our third anniversary of being in this new space. One of the joys I have is knowing that I was able to do that. My office is bright and new, and I have some new colleagues, so that reinforces the fact that I am creating something that's welcoming, and that people want to be a part of.

Recently, I was at a meeting of Division Recruitment & Retention Coordinators on the island, which I had been involved with initially. Being part of that again was great to see. All these people had been working away at something we had gotten started, still enjoying it, still passionate about it, was amazing to see. Feeling like I'm a part of something, being able to contribute from a physician's perspective to make things better for physicians, that kind of work does give me joy.

Finally, the whole concept of living and working here in Victoria brings me joy. I'm just so glad I live here.

:: DR. AARON CHILDS, CHAIR,
VDFP PMH STEERING COMMITTEE

TRANSFORMATION:

PRIMARY CARE/PMH STEERING COMMITTEE

Facilitator Mary Koffski leads Downtown and Cook Street physicians during one of many PMH Engagement Sessions held between Fall 2018 and Spring 2019.

Keep telling us what you think, even if it's not positive, because we need to get this right. We don't have a second chance at this.

We need to be strong in our commitment, strong in our values around what we see needs to happen, and not compromising on that.

:: DR. AARON CHILDS

CONTINUED FROM PAGE 36

"Overall, the work was well received," says Childs, acknowledging that the priorities of all stakeholders must be balanced in the service planning process, and that the new PCN service planning Structure will take time to become established. "Now, it's important that we're figuring out how to bring those recommendations into service planning."

Meanwhile, PMH Steering Committee members continue to act in an advisory role to support the planning process.

"Local physician leaders have continued to show their engagement, their dedication, and their passion to keep working on this," says Childs. " Right now, we are in a bit of a pause as we figure out the landscape, but things are going to evolve, and we remain committed to this being a physician-driven process. We'll continue to work as hard as we can to hear our members."

"We are a huge voice," he says. "Without the Division voice, someone else speaks for us, and so fostering broad continued feedback and participation from members throughout the service planning process really is key."

Explore what joy looks like in the workplace. What makes a good day for you? When we are at our best, what does that look like?

JOY in work

JOY in work

Protect psychological safety. Make people feel secure, capable of changing, and free to speak up without retribution or fear of punishment.

IT troubleshooters heading to GP offices for joint IT trial

This year, the Victoria and South Island Divisions established a Joint Information Technology (IT) Working Group to address issues related to technology in GP offices that were not being covered through any other work.

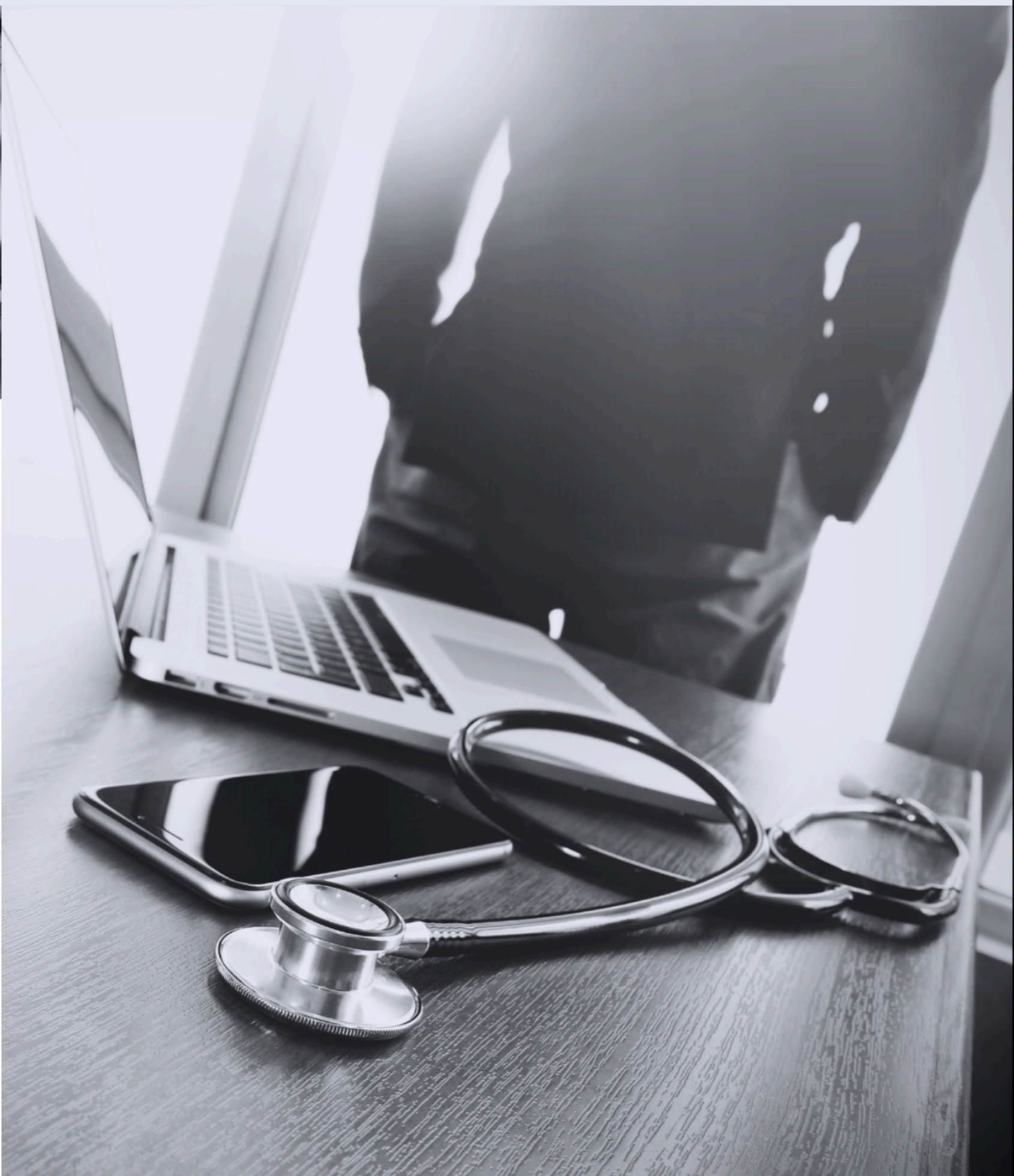
The group has initiated a trial service involving technicians from Island Health, who are reaching out to provide in-office technical support.

The trial is helping technicians to better understand the unique needs of family physicians.

The group is also gathering important information about IT-related obstacles in clinical practice. So far, the trial has identified common issues that can be used to improve training and education for GPs, and has helped technicians to better understand the unique needs of family physicians.

So far, 15 physicians have signed up for the trial, and 10 initial visits have been completed.

Collaborating to address IT-related obstacles in clinical practice through research, training, and in-person technical support.



Pathways easing connections for MOAs, residents

The province-wide Pathways website that connects GPs and MOAs with up-to-date specialist information has only been in place for a few years, but it's easy to forget what the old days were like.

"We had our rolodex sitting right beside our fax machine," remembers Division Co-chair Dr. Tim Troughton's MOA Brenda Quon, who has been with Cook Street Village Medical Clinic for 21 years. "If there was a new doctor in town, or a change in office, they would fax us and we'd have to update it. You can imagine over the years it was pretty beat-up looking. Pathways is more reliable, and we know that it's most likely current."

Cook Street Village Medical Clinic MOAs [L-R] Brenda Quon, Kim Isbister, and Jennifer Campbell are some of the region's highest Pathways users.

Quon and her MOA counterparts Kim Isbister and Jennifer Campbell make sure the system is up and running first thing every morning. They use it most to determine which specialists are most appropriate and have the shortest wait times. "It was Dr. Troughton that really brought us the information and got us on board with it," she recalls. "It's the one resource we have that has made the biggest impact."

> **I can't recall a time when we haven't been able to find something on Pathways that we were looking for.**
>
> :: BRENDA QUON, MOA, COOK STREET VILLAGE MEDICAL CLINIC

Pathways also alerts Quon when there's a new specialist in town so she can try to make connections for patients. "I use it to find doctors to refer to in a timely way, and to give people more realistic wait times," she says.

Optimizing patient referrals to specialists and clinics through this secure, up-to-date, GP-designed online tool. Pathways also maintains vetted health resources that GPs can send to patients.

Dr. Irfan Rajani uses Pathways more than any other local resident.

As a brand new R1 resident, Dr. Irfan Rajani was surprised to hear that usage stats list him as the top resident user of Pathways. "I love technology," he says. "I'm a bit of a geek when it comes to this stuff, so anything that can be helpful and allow me to navigate the health care system, I'm all for it."

Rajani finds the tool useful to link patients to different resources, and often compares wait times to first-hand advice from his preceptor to make referral decisions.

He says the system can be an important time saver for residents like him who have busy lives, between juggling courses, hospital shifts, seeing patients in the community, and other responsibilities. "Pathways has definitely made finding answers easier," he says.

JOY in work

The main thing for us is the people you work with. If you're working with kind, supportive, empathetic people, it affects your whole job. And having positive energy. Everyone who works here is doing this kind of job to try and make other people's lives a bit easier when they are in a vulnerable stage. Being supported by your employers, so you feel comfortable going to them with problems, as well as feeling valued for the work you do, are also really important.

:: COOK STREET VILLAGE MEDICAL CLINIC MOA TEAM

The thing I like most is talking with my patients. I feel like there is almost always something to be learned from every patient you see, and that there is a wealth of wisdom from every interaction. The other thing that's an immense privilege, as a doctor, is that you get a snippet into the most intimate and darkest moments in people's lives, and you have the opportunity to hear people, and to bring them a better quality of life.

:: DR. IRFAN RAJANI, R1 RESIDENT

I have Pathways running on my laptop 24/7. As a locum, it allows me to have everything at my fingertips, instead of searching for it in a new workspace.

LOCUM

I use Pathways all the time, and find it has been invaluable in helping me get to know the Victoria health care community.

NEW PHYSICIAN

Since the GPs started using Pathways, referrals to our office have become easier to triage, and I do not need to send them back for more information.

SPECIALTY OFFICE MOA

VDFP Administrative Assistant Alanna Robertson and Victoria Pathways Administrator Cherith Golightly prepare for a fun *Game of Thrones* themed Dine and Learn event that challenged family physicians to test-drive Pathways to find specialists for health issues in a number of character-based case studies.

JOY in work

Be approachable and accessible.
Show humility and fallibility.
Use clear and direct language,
and always invite participation.

Optimizing patient referrals to specialists and clinics through this secure, up-to-date, GP-designed online tool. Pathways also maintains vetted health resources that GPs can send to patients.

EDUCATION:

DINE + LEARN

> **It feels like one-stop shopping. Exposure to a lot in a short period of time.**
>
> MEMBER PHYSICIAN

TOP: Victoria Gastroenterologists introduce themselves before rotating between round tables to present updates in their respective areas of interest to local GPs.

BOTTOM LEFT: Family physicians and longtime Dine + Learn organizers Dr. Caitlin Harmon and Dr. Jessica Fry have moved into their fifth year of coordinating the events.

BOTTOM RIGHT: Dr. Oscar Cruz-Periera leads a discussion about non-alcoholic fatty liver disease (NAFLD).

Connecting GPs with specialists in social settings to exchange knowledge, and to solidify strong relationships.

DR. TARA MOGENTALE, SEPTEMBER 1971-APRIL 2019

Well known for her compassion as a physician and as a natural community builder, Dr. Tara Mogentale was also instrumental in spreading the Division's Dine + Learn series.

The passing of Dr. Tara Mogentale has been a tremendous loss for Victoria's family physician community.

A Victoria local, Tara was born at the Royal Jubilee Hospital, where she returned for her residency after completing a BSc at UVIC and graduating from UBC's Faculty of Medicine in 1999. She was known for providing compassionate care to every patient she met, whether at the Island Sexual Health Society, or at any of the offices where she practiced.

Tara was dedicated to lifelong learning, and contributed to continuing education for her colleagues through local interdisciplinary meetings and by writing educational materials.

An enthusiastic community builder, Tara's role on the organizational team for the Victoria Division's Dine and Learn series came naturally to her. She drew people together through friendship and her many connections.

Tara took her own advice and lived a healthy lifestyle, continuing to be an active runner—and even completing two half-marathons—after her serious diagnosis while undergoing chemotherapy.

She was generous to a fault, and a devotee of the handwritten thank-you card. Her greatest joys were her family, her husband, and her two beautiful daughters. She filled their lives with happy times on camping trips, and travel to Europe and Hawaii.

Taken from us much too soon, we are ever grateful to hold the memories of her presence in our lives.

TRANSITION:

VIC–SI RESIDENT WORKING GROUP

JOY in work

It boils down to relationships, with the residents, with other local family doctors, with patients. What makes longitudinal care so appealing is understanding someone's context and how that may affect their health. Another huge part is feeling valued, and having the people you interact with appreciate the work you're doing. Appreciation can look like a, 'thank you' or, 'I can see you're working hard'. It's so simple, and it's not always about money.

:: DR. LIZ PHARO, MEDICAL RESIDENT + VDFP RESIDENT BOARD MEMBER

Return of service recognizes Victoria's need for IMGs

Liz Pharo is a sort of conduit between worlds, being a voice for her fellow medical residents while representing the VDFP as a Board member and on the Vic-SI Resident Working Group. For Pharo, a lot of that work revolves around supporting strategies—such as networking and educational events—that strengthen ties between the Division and her cohort.

But this year, the most exciting breakthrough surrounded the group's successful advocacy for changes to the return of service process. The system requires International Medical Graduates (IMGs) to practice for two years in communities deemed to be in need, within the health authority where that physician's residency took place.

"For a number of years, the list of those communities in need had become static," says Pharo, which resulted in physicians being sent to unfamiliar, often isolating towns that didn't offer much work. "Victoria is in dire need of family doctors, and we actually required these doctors to leave for two years, even though a lot of them would like to have stayed. It's counterproductive, and not in alignment with anyone's goals."

After two years of attempts to communicate this disconnect, all the pieces aligned. The group's concerns were heard, and a handful of positions became available in Victoria this year. The Ministry and health authority have also agreed to reexamine the list of communities deemed to be in need, so that list becomes dynamic and accurately reflects where need exists.

> **With my generation, there is a risk of taking Divisions for granted. We have never worked in a place where all these things didn't exist. I appreciate the opportunity to be involved, especially now when so much change is happening that will impact us the most.**
>
> DR. LIZ PHARO

Promote an environment of respect, so that people are willing to share ideas, questions, and concerns.

New grads attracted by diverse, team-based practices

As one of the people in Victoria who knows residents best, UBC Department of Family Practice Program Manager Josie Terlesky says grads are looking to join team-based practices that have diverse levels of physician experience to reduce the pressure of starting out.

"Team-based care reduces physician burnout by allowing for time off, family, and other obligations, as well as succession planning for those close to retirement," she says. "That will make it easier for new grads to succeed, and for Victoria to retain them long term."

Linking physician mentors with residents, and getting them involved in Division events, are also important strategies to encourage residents and grads to plant roots in Victoria.

"These things give them the opportunity to be part of a positive community," she says.

Terlesky would like to see a shift toward preventative and biosocial care, and a funding model that doesn't require doctors to rush through visits. "It's important to have the necessary supports so that residents feel welcomed and safe, so that they can succeed in their journey to become fully licensed family physicians."

Program Manager Josie Terlesky has been working for UBC's Family Practice Residency program for 22 years.

JOY in work

My greatest joy is building positive relationships with these young individuals, seeing them grow over their two years of training, and sharing in their experiences, challenges, and achievements. The end result is them becoming amazing family physicians, and having had the privilege of playing an active role in that.

:: JOSIE TERLESKY, PROGRAM MANAGER, UBC DEPARTMENT OF FAMILY MEDICINE

Reasons to Celebrate

Lawn bowling at the Fifth Annual Resident Welcome BBQ made for a fun introduction to the Division for this year's group of new Residents.

The Vic-SI Resident Working Group continues to strengthen ties with residents through engagement events, and this year secured permanent seats for R1 + R2 students on the Victoria Division Board.

PROMOTION:
RECRUITMENT + RETENTION

The recruitment of new physicians is essential to ensure a vibrant and sustainable workforce

VDFP MEMBER STAGE OF LIFE/CAREER

47% aged 45–59 years

62% practicing more than 20 years

Recruitment staff that represent various parts of Vancouver Island often team up to present a regional front.

Recruitment efforts to attract physicians remain steady

The Victoria Division continues to be the best point of contact for physicians who are considering relocation to Victoria.

One key strategy to promote Victoria as an attractive place for physicians to live and work is to attend key medical conferences. This year, we attended the UBC Faculty of Medicine's Practice Survival Skills Conference St. Paul's Hospital CME Conference in Vancouver, and Pri-Med 2019 in Toronto.

The three showcases allowed us to connect with hundreds of GPs who were interested in learning about Victoria as a place to practice family medicine.

JOY in work

Everyone can create joy. Each person in the organization contributes to a positive culture.

REFLECTION:

TIMELINE

MILESTONES LEARNING

NOV 2018

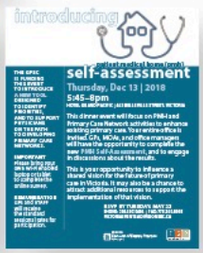
- PMH FORT, RICHMOND & OAK BAY ENGAGEMENT EVENT
- VDFP AGM
- PMH COOK + DOWNTOWN ENGAGEMENT EVENT
- DINE & LEARN: DERMATOLOGY ROUNDTABLE

DEC 2018

- ANNUAL FAMILY HOLIDAY SOCIAL
- GPSC PMH ASSESSMENT EVENT
- RCI LEARNING SERIES: PRACTICAL DE-PRESCRIBING

JAN 2019

- PMH PHASE 1 WRAP UP, GP NETWORK ENGAGEMENT EVENT
- RESIDENT ENGAGEMENT SESSION
- DINE & LEARN: HEMATOLOGY PANEL DISCUSSION
- LOCUM GP NETWORK EVENT



Highlighting the wide variety of educational, visioning, and networking events that we planned this year for our members and the milestones that we celebrate together.

VISIONING NETWORKING

FEB 2019

- VDFP BOARD STRATEGY DAY
- PMH SHELBOURNE-MCKENZIE ENGAGEMENT SESSION, PHASE 2
- PMH COOK + DOWNTOWN ENGAGEMENT SESSION, PHASE 2
- DINE & LEARN: OPHTHALMOLOGY ROUNDTABLE
- PMH FAIRFIELD ENGAGEMENT SESSION, PHASE 2
- LANSDOWNE PROFESSIONAL CENTRE GP NETWORK
- PMH FORT, RICHMOND & OAK BAY ENGAGEMENT SESSION, PHASE 2
- TIC FAMILIAR FACES PRESENTS AT BC PATIENT QUALITY + SAFETY FORUM

MAR 2019

- DIVISIONS LEARNING SESSIONS
- RCI SAANICH PENINSULA AFTER-HOURS COVERAGE REVIEW EVENT
- RCI SGLS 1: MODEL FOR IMPROVEMENT... AND BUILDING YOUR QI TEAM

APR 2019

- RCI SGLS 2: OUTCOME, PROCESS, + BALANCING MEASURES
- VDFP PLANNING DAY – BOARD, PROJECT MANAGERS AND PHYSICIAN LEADS
- RCI LONG-TERM CARE ON THE PENINSULA
- DINE & LEARN: INTERNAL MEDICINE ROUNDTABLE
- TIC PATIENT SUMMARIES AT ISLAND HEALTH QUALITY SHOWCASE

REFLECTION:

TIMELINE

MILESTONES LEARNING

MAY 2019

- VICTORIA COLLABORATIVE SERVICES COMMITTEE PLANNING DAY
- PMH SELF-ASSESSMENT EVENT
- RCI LEARNING SERIES: DEMENTIA
- RCI SGLS 3: GENERATING IDEAS FOR CHANGE WITH YOUR PRACTICE TEAM
- DINE & LEARN: RESIDENTS & MEDICAL STUDENTS | STARTING A CAREER IN FP
- TRANSITIONS IN CARE/RCI LONG-TERM CARE DIALOGUE EVENT
- PATHWAYS MOA EVENT: GAME OF THRONES THEME

JUN 2019

- SPECIALIST ENGAGEMENT, COORDINATING COMPLEX CARE
- RCI LEARNING SERIES: PAIN MANAGEMENT
- DINE & LEARN: CHILD & ADOLESCENT PSYCHIATRY ROUNDTABLE

JUL 2019

- COLLABORATIVE WORKING GROUPS EVENT – CSC, COE, MHSU, PCN
- NEW RESIDENT WELCOME BBQ

*No events in August

Highlighting the wide variety of educational, visioning, and networking events that we planned this year for our members and the milestones that we celebrate together.

VISIONING NETWORKING

SEP 2019

- COLLABORATIVE BBQ: SI MEDICAL STAFF ASSOCIATION, SIDFP, VDFP
- RCI SGLS 4: WHAT CHANGES WILL RESULT IN AN IMPROVEMENT?
- DINE & LEARN: GASTROENTEROLOGY ROUNDTABLE
- RCI LEADERSHIP DINNER
- 8-WEEK CBT SERIES FOR VDFP + SIDFP PHYSICIANS STARTS

OCT 2019

- RCI SAANICH PENINSULA LEADERSHIP DINNER
- DINE & LEARN: GENERAL SURGERY ROUNDTABLE
- GPSC WEBINARS: ED AND CO-CHAIRS
- PRIMARY CARE FORUM: COLLABORATIVE EVENT WITH ISLAND HEALTH AND SIDFP

NOV 2019

- VDFP AGM
- DINE + LEARN: INTERNAL MEDICINE ROUNDTABLE

Statement of Financial Position

March 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Current assets:		
Cash and cash equivalents (note 2)	$ 1,932,591	$ 1,725,659
Accounts receivable	141,035	125,990
Prepaid expenses	4,749	3,019
	2,078,375	1,854,668
Equipment (note 3)	6,006	1,449
	$ 2,084,381	$ 1,856,117
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	$ 402,356	$ 484,051
Deferred revenue (note 5)	1,634,253	1,343,746
	2,036,609	1,827,797
Deferred capital contributions (note 6)	6,006	1,449
Net assets	41,766	26,871
Commitments (note 7)		
Economic dependence (note 8)		
	$ 2,084,381	$ 1,856,117

See accompanying notes to financial statements.

Providing a snapshot of the financial activities and fiscal health of our organization.

Statement of Operations and Changes in Net Assets

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Revenues:		
Residential Care Initiative	$ 1,512,376	$1,234,344
Infrastructure grant	1,147,782	1,252,637
Transitions in Care	256,164	206,210
Primary Care	171,223	110,036
Shared Care	88,225	-
MHSU Publication Sales	69,848	29,720
Partners in Care	23,860	360,579
Interest	19,452	2,830
Cost recoveries from other Divisions	18,580	8,300
Recognition of deferred capital contributions	4,933	3,727
Regional Retention & Recruitment	1,897	19,203
CYMHSU	-	43,242
	3,314,340	3,270,828
Expenditures:		
Wages and benefits	989,445	1,276,176
RCI payments (note 9)	974,444	860,049
Physicians	588,409	507,751
Contractors	324,636	221,712
Administration	215,300	187,544
Event expenses	96,999	87,867
Meeting expenses	81,622	69,393
Travel expenses	14,136	10,017
Conference expenses	9,521	22,889
Amortization	4,933	3,727
Other program expenses	-	20,873
	3,299,445	3,267,998
Excess of revenue over expenses	14,895	2,830
Net assets, beginning of year	26,871	24,041
Net assets, end of year	$ 41,766	$ 26,871

See accompanying notes to financial statements.

Notes to Financial Statements (continued)

Year ended March 31, 2019

5. Deferred revenue:

Deferred revenue represents the unspent portion of contributions received during the year.

Changes in the deferred revenue balances are as follows:

	Opening balance	Net funding received (disbursed)	Fund transfers	Revenue recognized	Ending balance
Infrastructure	$ 139,832	$ 1,205,126	$ (10,974)	$ (1,147,782)	$ 186,202
Transitions in Care	69,391	371,960	60,000	(256,164)	245,187
Regional Retention and Recruitment	10,946	-	-	(1,897)	9,049
MHSU	48,906	(25,147)	101	(23,860)	-
Residential Care Initiatives	1,028,694	1,362,743	(1,028,694)	(1,141,774)	220,969
Residential Care Special Projects	-	-	968,694	(370,602)	598,092
Patient Medical Home	45,977	500,000	-	(171,223)	374,754
Shared Care Secondment	-	86,842	1,383	(88,225)	-
	$ 1,343,746	$ 3,501,524	$ (9,490)	$ (3,201,527)	$ 1,634,253

Five ways to bring **JOY** into your work right away, every day, and to share it with your colleagues!

1 EAT TOGETHER

Make dedicated time for your colleagues to share a cup of tea or lunch. Enjoy each other's company without the distraction of computers or phones.

2 SAY THANK YOU

Create a culture of positivity at your workplace by setting the standard. Normalize verbal and written thank yous, and you will start to hear them back.

3 SEEK LAUGHTER

Laughter brings joy. Tell funny stories, share jokes, and allow yourself to have a laugh, even if you're having a tough day.

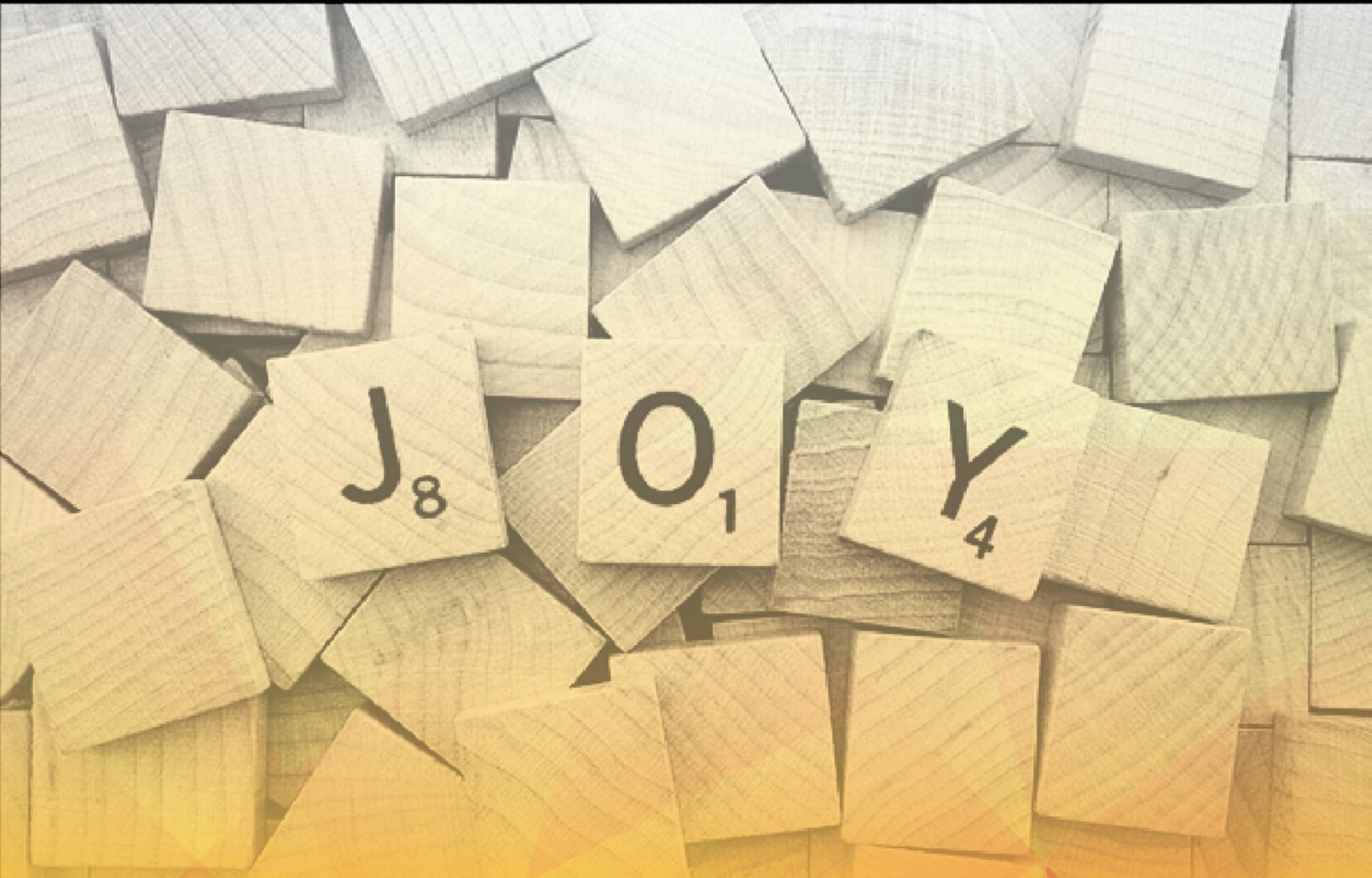
4 LEARN NEW THINGS

Learn about your specialty, about your patients, and about your colleagues. Discovering new things is invigorating and joyful.

5 SUPPORT FLEXIBILITY

Help to promote an environment where everyone's unique needs are respected, and where flexibility and self-management are embedded in the culture.

The theme of this year's *VDFP Annual Report*, Joy in Work, is based on the following white paper: Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)



To find joy in work is to discover the fountain of youth.

:: PEARL S. BUCK
PULITZER PRIZE-WINNING AUTHOR

Victoria
Division of Family Practice
A GPSC initiative

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