

# Annual Report 2014-2015





# Report from the Chair:

Much has happened since the last AGM. We have gone from one subcommittee - End of Life, to three ongoing



committees including the Residential Care Steering Committee and the Child and Youth Mental Health and Substance Use – Local Action Team. The A GP for Me project continues under the guidance from four working groups along with support from community partners and the Division membership at large.

As highlighted in our newsletter, three staff were hired in the spring for the A GP for Me project. Hard at work are Julie Collis, FETCH and administrative support; Tasha Page, Resource Navigator; Linda Elias, MOA Connector, and Janet MacDonell continues as Operations Coordinator while leading Recruitment, Retention and Locum Coordination for the project. Christine Colbert continues to

manage the project while assuming the position of Executive Director in April 2015. The project is due to wrap up in March 2016 however, work will continue with community agencies, Island Health, First Nations Health Authority, GPs and their staff to serve the needs of patients and support physicians and clinic staff.

The board also participated in two strategic planning sessions resulting in a vision and mission statement to provide a foundation and guidance in the work ahead. Come the new year, with input from membership and with the new board of directors well orientated, another session will be held to map out priorities and the resources needed for a 3 to 5 year strategic plan.

Locally, the Division has been involved with Island Health, First Nations Health and the Strathcona Regional District to develop a district-wide Community Health Network. The Division also has representation on the committee for the Centre of Excellence in Aboriginal Maternal Health and GPs are keeping active in the community with involvement in "Be Active Every Day" and in "Walk with your Doc".

Our bi-monthly meetings of the Collaborative Services Committee (CSC) with executive representation from IH, FNHA, Campbell River Hospital and GPSC, continues to provide a forum for open communication and a spirit of good will. Recently the Interdivisional CSC spearheaded a joint GPSC Physician Visioning process to help the GPSC to influence policy, set priorities, and allocate its budget over the next three to five years. Other Division representation included participation at a Provincial Round Table workshop where the future of primary care in BC and the increasingly important role of divisions, is at the centre of discussion amongst colleagues, GPSC and the Ministry of Health.

A strong and cohesive Division membership is essential moving forward. As the work continues we welcome participation of members on the various working groups and subcommittees that are driving important initiatives shaping the local delivery of primary care and influencing policy and direction at a provincial level.

Finally, we would like to extend a heartfelt thank you to three inaugural board members who are stepping down. Jim Proctor, Patrick Rowe (treasurer) and Pete Friderichs (co-chair) stepped up to the plate for the hard work of establishing a board and providing direction and vision for a fledgling division. Tough job and we are appreciative of their contribution and continuing work on committees.

Cheers.



View our physician recruitment video on the Division website <a href="www.divisionsbc.ca/campbellriverdistrict/home">www.divisionsbc.ca/campbellriverdistrict/home</a>
Visit FETCH for health and social service resources <a href="http://campbellriver.fetchbc.ca/index.html">http://campbellriver.fetchbc.ca/index.html</a>

# Activities Update to September 30, 2015

The following activities address the four strategic directions established by the Board of Directors to guide the Division's efforts. Ongoing input from membership will continue to guide the strategic focus and resulting efforts in the years ahead.

# **Strategic Focus**

- 1. Increase capacity (support practice, address gaps in patient care)
- 2. Enhance professional satisfaction
- 3. Build relationships and inter-professional collaborations
- 4. Influence healthcare policy

# A GP for Me Project Activities

- \* A GP for Me physician and community survey
- \* Securing of implementation funding of \$400K for fiscal April 2015 to March 2016
- \* GP- Community Agency Engagement Event
- \* MOA Engagement Event and development of a MOA Network Working Group
- \* Two-day Mental Health First Aid Training for MOAs
- \* Development of clinic office efficiency support for MOA and other clinic staff
- \* Introduction of a Resource Navigator service—assisting physicians to support complex care patients
- \* Launch of FETCH—online community health and social services directory
- \* Production of a physician recruitment video Practice Medicine ~ Play in Nature
- \* Development of a physician and locum welcome package in partnership with regional Economic Development Organization
- \* Work towards a centralized locum coordination process

## **Ongoing Division Activities**

- \* Coordination of Recruitment, Retention and Locum work and participation on an island-wide committee
- \* 2nd Annual Walk with your Doc and Be Active Everyday events
- Collaborating with PSP to deliver small group learning sessions on EMR optimization and Maternal Care
- \* Co-chairing of the Collaborative Services Committee (partners FNHA, IH, CR Hospital)
- \* Partners in the development of Community Health Network for Strathcona Regional District
- \* Formation of a Child Youth Mental Health and Substance Use Local Action Team (LAT) funded by Shared Care (\$63K per year to 2017); Community Developer hired
- \* Committee members of the Aboriginal Maternal Centre of Excellence
- \* Securing of \$7K for the planning of a local strategy for the Residential Care Initiative
- \* Ongoing EOL/Hospice advisory group
- \* Interdivisional Committee (IDC), an Island wide physician co-chair and executive director working group
- \* Doctor of the Day scheduling and payment
- \* Physician lead and staff participation in two Provincial Round Tables, learning webinars and reference groups
- \* Support of family practice medical resident involvement in working groups/committees/Division events

#### **Board Activities**

- \* Completion of the GPSC Leadership and Management Development Program by board Chair
- \* Two strategic planning sessions resulting in the selection of project strategies and Vision and Mission Statements to guide the strategic focus
- \* Co-hosting of GPSC GP Visioning Event
- \* Ongoing leadership in monthly meetings and steering committees

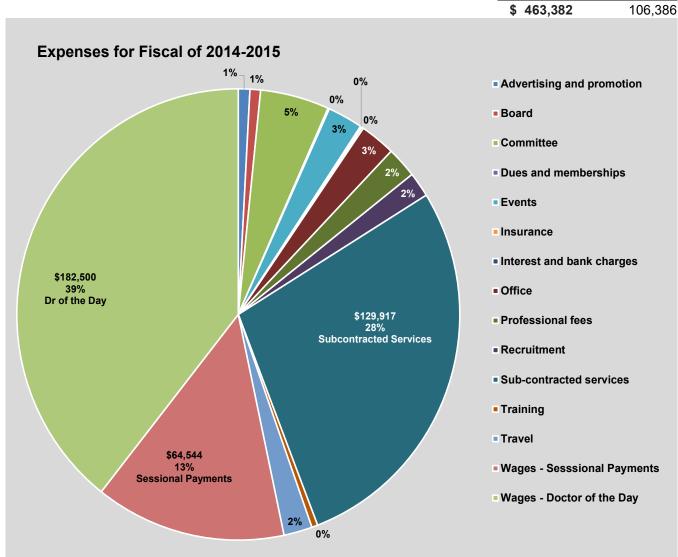




# **CAMPBELL RIVER & DISTRICT DIVISION OF FAMILY PRACTICE SOCIETY**

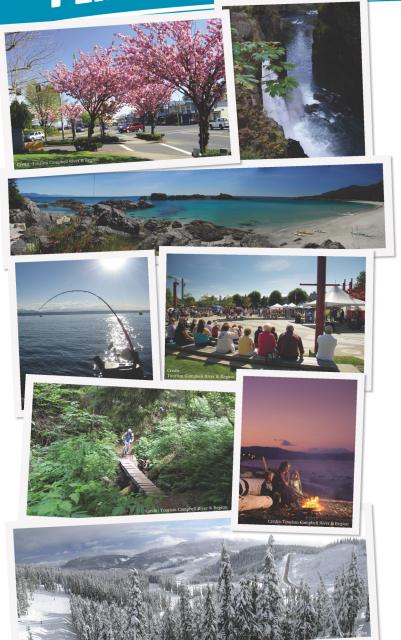
# Statement of Operations and Changes in Net Assets Year Ended March 31, 2015

	2015		<b>2014</b> 7 months
REVENUE			
Doctor of the Day - Ministry of Health	\$	183,085	\$ 73,300
Infrastructure	\$	131,476	33,086
A GP for Me - Assessment & Planning	\$	148,821	
		463,382	106,386
EXPENDITURES			
Advertising and promotion	\$	3,903	
Board	\$	3,585	
Committee	\$	23,295	
Dues and memberships	\$	477	
Events	\$	11,871	800
Insurance	\$	550	750
Interest and bank charges	\$	588	
Office	\$	11,924	5,549
Professional fees	\$	10,288	
Recruitment	\$	8,275	
Sub-contracted services	\$	129,917	14,758
Training	\$	2,026	
Travel	\$	9,639	
Wages - Sessional Payments	\$	64,544	12,029
Wages - Doctor of the Day	\$	182,500	72,500
	\$	463,382	106,386





# PRACTICE MEDICINE PLAY IN NATURE



## The Campbell River and District Division of Family Practice

Campbell River ~ Oyster River ~ Quadra Island ~ Cortes ~ Sayward ~ Gold River

#### Our Vision

An engaged network of family physicians driving quality primary care reflective of our community.  $\,$ 

#### Our Mission

To foster physician well-being and engagement, to increase local influence and build partnerships in the delivery of patient care.

## **Photo Credits:**

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