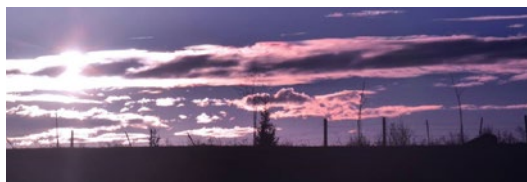


# Annual Report 2017–2018





# Central Interior Rural Division of Family Practice

A GPSC initiative

## MISSION

The Central Interior Rural Division of Family Practice drives improvement in healthy outcomes in our communities and supports our care giving members in their well-being and practice.

## VISION

Everyone in the communities within our region will be able to access quality healthcare when they need it. Relevant information about their health will be easily available to them, and to their care providers. No matter who they receive care from, they'll be confident that the care is the best available, and that their primary care provider has the all of information about their care that they require.

CIRD members will deliver the scope of care and services that best fit the community needs, their own professional aspirations, and their preferred business model. Administrative tasks they undertake will support their practice and leadership within the health community and will reflect their interest and expertise. Working effectively with other care providers in and/or outside of their clinics, they'll be able to ensure that their patients receive timely care, and that receiving that care does not always rely on their patients seeing them.

Through this distribution of care and administrative support across teams and networks, physicians will gain more time to spend with their patients, and more time for life outside of their practice.

## VALUES

- Patient Centred Care
- Integrity
- Respect
- Collaboration
- Evidence based decision making
- Innovation
- Adaptability

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# Message from the Board Chair

These last twelve months have been the busiest since our inception as we move forward on multiple fronts. The Nurse Practitioner Pilot project is underway and we are hopeful to finalize two contracts in the region with two nurse practitioners starting in 2018. Our patient medical home and team-based care initiatives are moving forward as are our plans to move forward with the primary care network.

Retention and recruitment continue to present challenges in all of our communities, as it seems we are always on the verge of a crisis in maintaining an adequate supply of providers. This remains a priority issue for us.

Once again, I wish to thank our hard working and productive staff for their continued success in keeping us ahead of the curve as primary health care moves forward with the transformative initiatives of Patient Medical Homes and Primary Care Networks coming down through the GPSC.

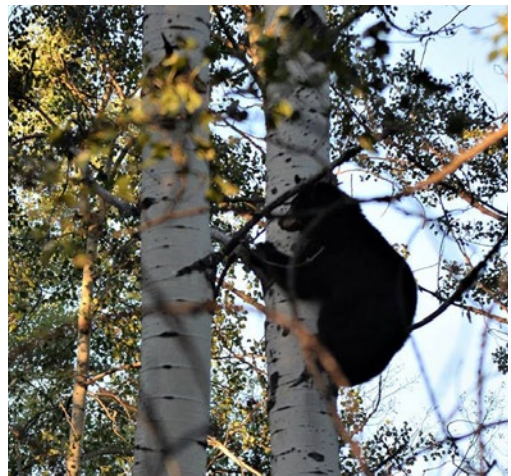
Finally, as I will be stepping down from the chair position after our AGM later this fall, I will take this opportunity to thank my directors for their much-valued assistance, and the membership for its ongoing support over the last four years.

Sincerely

Bruce Nicolson  
CIRD Chairman



Dr. Bruce Nicolson  
Chair



# Executive Director's Report

The 2017–2018 year was a time of preparing for change. Trevor Barnes, who has worked with the division since 2014, prepared for his pending retirement by working closely with the Board of Directors and myself to make plans for his departure. The knowledge and insight that Trevor brought to the CIRD will be greatly missed, and this organisation would not be the machine it is today without his leadership and direction.

Our core staff remained the same for most of this year, with me, Jill Zirnhelt, as the Program Manager; Laurie Walter, Tanya Kielpinski, and Tshidi Machette as the Recruitment and Retention team; and Shilo Labelle as the administrative guru. As we got closer to transitioning to a new operating year, under new management with new contracts, we ramped up our staff to prepare for the year ahead. Three new contractors were retained at the end of the year, including Executive Assistant Joanne Meyrick who will work closely with the Project Leads and Executive Director. Also new to the team is Sarah Fletcher who joined Tanya Kielpinski as the Program Leads for the patient medical home initiative. Our final new team member is Sheena Brink, who joined the Recruitment and Retention team to replace Tanya. I am delighted to work with all of our staff and we are fortunate to have found such a talented group of contractors.

In October of this year, we said goodbye to two long-standing board members, Dr. Hutchinson and Dr. DeSwardt. We would like to take this opportunity to recognize the outstanding commitment, perspective, and contribution that they both brought to the CIRD over the years.

While we were sad to see these two board members leave, we were pleased to welcome two new board members. Dr. Juren from 100 Mile House and Dr. Routtu from Williams Lake have joined our board and bring with them a fresh perspective. Both of these physicians are new to their practices and will truly complement the knowledge of our existing board members.



Jill Zirnhelt  
Executive Director

Perhaps the biggest opportunity facing the CIRD in the year ahead is the direction provided by the Ministry of Health to transform the way primary care is delivered throughout the province through primary care networks. For the CIRD, this will require significant member engagement and planning to determine how to make this shift, and what the needs of our region are. Through our Collaborative Services Committee, we will be working with our First Nations partners and Interior Health to make a plan for our primary care network, which is likely to be the main focus of the upcoming year.

I look forward to our 2018–2019 year as we embark on a year of “new” and am forever grateful to my predecessor, Trevor Barnes, who brought me into this outstanding organization.

Jill Zirnhelt  
CIRD Executive Director 2018–2019

# Timeline: Highlights 2017–18



- Practice Survival Skills event in Vancouver
- CIRDC Members Information and Consultation Meeting
- GPSC Spring Summit in Vancouver
- Attended the quarterly ISC meeting

- Welcome Dr. Krivokapic, Williams Lake
- Welcome Dr. Montgomery, 100 Mile House

- A GP for Me Impact project



APR

MAY

JUN

JUL

AUG

SEP

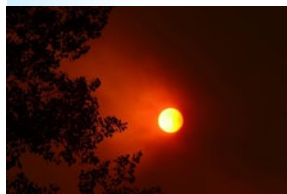
2017



- Hosted the Travelling Roadshow
- Walk With Your Doc in 100 Mile House



- Welcome Dr. Malherbe, Williams Lake
- Region wide wildfire evacuation



- Membership consultation meeting
- Launched the Patient Experience Tool
- Attended the quarterly ISC meeting

- 2016–17 Annual General Meeting
- Goodbye and thank you to Dr. Stefan deSwardt, Secretary-Treasurer, and Dr. Gord Hutchinson, Director
- Welcomed new directors, Dr. Travis Routtu, Secretary-Treasurer, and Dr. Andrew Juren, Director



## TICK TOCK find us a DOC

- Hosted a billing event for physicians and MOAs
- Attended the quarterly ISC meeting
- Wrap up of Tick Tock Find Us A Doc campaign



- MOA learning event
- Welcomed Dr. Gabrielle, 100 Mile House
- Ramping up for 2018–2019 with three new hires
- Rolled out the Shared Care EASE program and the MicrobloggingMD platform
- Quality Forum 2018: People-Powered Improvement



OCT

NOV

DEC

JAN

FEB

MAR

2018



- Board governance review session
- Attended the quarterly ISC meeting
- The Physician in Transition (PiT) project funding approval



- Disaster Preparedness consultation
- Welcome Dr. Hassan, Williams Lake



- CIRD Strategic Planning session
- Wrapped up the Child Youth and Mental Health collaborative
- Trevor Barnes retired, welcomed new executive director, Jill Zirnhelt

# CIRD Projects Annual Review

Project Lead — Tanya Kielpinski

Over the course of the 2017–2018 year, the Central Interior Rural Division (CIRD) transitioned from A GP for Me work into the planning and assessment phase for patient medical home projects. The CIRD also undertook new project work funded by Shared Care, continued to support and work with the Practice Support Program (PSP) within clinics, and continued to support the Medical Office Assistance Network. The collaboration between health care providers, PSP, Interior Health, other divisions, stakeholders, and the CIRD has grown immensely over the past few years.

## Planning and Assessment for Patient Medical Home (PMH) Projects

The initiation of PMH projects has involved extensive consultative and data collection processes, including focus groups with our physicians and staff as well as the administration of the GPSC Patient Medical Home Assessment Tool. The results collected have helped set priorities for the division's work around PMH, and resulted in the CIRD being funded \$203,000 to implement these projects. The PMH project was initiated in March 2018 and will be completed in March 2019.

## MOA Network Project

The Medical Office Assistant Network (MOA Network), was developed by the CIRD to support, train, and share knowledge with MOAs working within our division boundaries. The CIRD and PSP provide both technological and administrative support to ensure optimization and adaptability for any changes within their clinics.





## See and Treat Project

The purpose of the See and Treat Project was to collect data to determine whether the Cariboo Memorial Hospital (CMH) Emergency Department had usage issues. As the initiative progressed questions arose around the exact nature of ER usage issues at the CMH. Funded by Shared Care, the CIRD began collecting data from two data collection sources:

- Surveys by the patients in the ER (during two time periods February 2018 and April 2018).
- Cariboo Memorial Hospital administrative data review using a variety of data reports that were requested from Interior Health for the CMH ER.

Findings from the data review will be presented back to the See and Treat Committee to determine next steps.

## Electronic Access to Specialist Expertise Project and MicroBloggingMD

This project stems from a pilot project Kootenay Boundary Division initiated with Interior Health. MBMD is a secure messaging system IH designed for general practitioners, specialist, and facility staff to communicate. The CIRD assisted in training our members on the application and will continue to train as needed.

Key evaluation measures and indicators will be created as part of the project development and will run concurrent to project activities until its completion in March 2019.



# Recruitment and Retention Report



It has been a busy year for the Recruitment and Retention (R&R) team. We have been working together with local physicians and our partners at Interior Health to recruit and retain an adequate supply of doctors in the region to meet the needs of our population today and in the future.

This year, members of the R&R team attended the Rural Locum Conference held in Prince George and the UBC Practice Survival Skills Conference held in Vancouver. These conferences focused on promoting practices in the CIRD to residents, graduates, and locums. Both events were well-attended and provided an opportunity to invite physicians to visit the region and showcase our communities to potential locums and permanent physicians.

We partnered with the Cariboo Regional Hospital District to bring the Traveling Roadshow. These efforts brought university medical students to the Central Interior for future recruitment efforts.

## Site Visits

This year the team coordinated a total of six site visits in Williams Lake and 100 Mile House as two of the candidates were interested in visiting both communities. The physicians were able to tour clinics, meet colleagues, and get an idea of the lifestyle available in the Cariboo.

## Locum Coverage

The Locum Coverage Program continues to grow. We were able to welcome 11 locums into our communities and assist them by finding accommodations, planning activities, and providing financial incentives.

Our physician profile database has grown to over 200 potential prospects. Profiles in the database cover a broad range of prospective physicians including students, residents, locums, full-time physicians, and some specialists.





### Tick Tock Find us a Doc

The Tick Tock Find us a Doc Regional Physician Campaign continued with its final wrapup in December of 2017. During the course of the campaign, 17 eligible names were submitted from the public (physicians who we may be able to recruit) with one successful referral resulting in a physician practicing in 100 Mile House. The residents and businesses of Williams lake and 100 Mile House were very engaged in this campaign with over \$30,000 of sponsorship raised.

Additionally, the profile of the CIRDC was elevated locally, regionally, and beyond.

### Welcome Program

The CIRDC Welcoming Program is proving to be successful in leveraging our funding with in-kind donations from many businesses in Williams Lake and 100 Mile House. The recruitment team meets with visiting locums, students, and residents and provides them with a gift basket of local goods. Additionally, the team has assisted with finding accommodations, providing clinic, hospital, and community tours, and arranging social and recreational activities for the visiting doctors and students.

### Physician in Transition

The Physician in Transition Project was initiated late in the year and will carry on into 2018–2019. This project involves creating a web-based tool to support out-of-country physicians and their families in transitioning into a new community. The tool address the following needs:

- before arrival
- upon arrival
- getting settled in

The goal of this tool is to improve the support physicians receive when they arrive in a new community, and to streamline access to relevant information to ensure a smooth and healthy transition process. If physicians have a positive transition into a community, the expected outcome is that they will stay longer and provide long-term care for patients, leaving fewer unattached patients.

Overall, we have had a very busy and rewarding year in the recruitment and retention department.

# Report of the Independent Auditor on the Summary Financial Statements

## **To the Members of Central Interior Rural Division of Family Practice Society**

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2018 and the summary statements of revenues, expenditures and net assets, are derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 21, 2018. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by the Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Central Interior Rural Division of Family Practice Society.

## **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the Canadian accounting standards for not-for-profit organizations.

## **Auditor's Responsibility**

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

## **Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2018 are a fair summary of those financial statements, in accordance with the Canadian accounting standards for not-for-profit organizations.

100 Mile House, BC  
June 21, 2018



PMT CHARTERED PROFESSIONAL  
ACCOUNTANTS LLP

# Summary Statement of Financial Position

**March 31, 2018**

	<b>2018</b>	<b>2017</b>
<b>ASSETS</b>		
Current		
Cash	\$ 118,207	\$ 206,201
Accounts receivable	375,452	17,516
Prepaid expenses	2,957	3,539
	<hr/> \$ 496,616	<hr/> \$ 227,256
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 122,520	\$ 112,072
Deferred income	377,326	77,551
	<hr/> 499,846	<hr/> 189,623
<b>NET ASSETS</b>		
General	(3,230)	37,633
	<hr/> \$ 496,616	<hr/> \$ 227,256

# Summary Statement of Revenues, Expenditures and Net Assets

**March 31, 2018**

	<b>2018</b>	<b>2017</b>
<b>Revenue</b>		
Doctors of BC	\$ 586,724	\$ 643,814
Ministry of Health	193,450	193,450
Cariboo Chilcotin Regional Hospital District	60,000	60,000
Sponsorship	8,880	20,870
Miscellaneous	2,125	4,273
	<hr/> 851,179	<hr/> 922,407
<b>Expenses</b>		
Contracted staff	390,002	399,551
Meetings, events and training	41,446	71,365
Physician fees	377,215	369,260
Travel and accommodation	38,634	61,747
General and administrative expenses	44,746	42,047
	<hr/> 892,043	<hr/> 943,970
<b>Deficiency of revenue over expenses</b>	<b>(40,864)</b>	<b>(21,563)</b>
<b>Net assets — beginning of year</b>	<b>37,634</b>	<b>59,197</b>
<b>Net assets — end of year</b>	<b>\$ (3,230)</b>	<b>\$ 37,634</b>

# CIRD Board of Directors

- Dr. Bruce Nicolson** – Chair
- Dr. Doug Neufeld** – Vice-Chair
- Dr. Travis Routtu** – Secretary-Treasurer
- Dr. Glenn Fedor** – Director
- Dr. Neetha Vithalal** – Director
- Dr. Andrew Juren** – Director



From left to right: Doug Neufeld, Jill Zirnheld, Travis Routtu, Neetha Vithalal, Bruce Nicolson, Glenn Fedor, Andrew Juren, Shilo Labelle

# CIRD Staff

- Joanne Meyrick** – Executive Assistant
- Sheena Brink** – Program Assistant
- Laurie Walters** – Program Lead
- Tanya Kielpinski** – Program Lead
- Shilo Labelle** – Administrative Assistant
- Tshidi Machete** – Program Assistant
- Jill Zirnheld** – Executive Director
- Sarah Fletcher** – Program Lead



Back row from left to right: Joanne Meyrick, Sheena Brink, Laurie Walters, Tanya Kielpinski

Front row from left to right: Shilo Labelle, Tshidi Machete, Jill Zirnheld, Sarah Fletcher,



**Central Interior Rural Division  
of Family Practice**

Mailing Address:  
Box 1038  
150 Mile House, BC V0K 2G0  
Phone: 250-296-4432  
Fax: 250-296-4426  
Email: [cird@divisionsbc.ca](mailto:cird@divisionsbc.ca)

Nature photos courtesy of Gerri Toews  
All other photos courtesy of the CIRD

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.

[www.divisionsbc.ca/cird](http://www.divisionsbc.ca/cird)