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# 2014–15 ANNUAL REPORT



### **Mission Statement**

*CIRD of Family Practice drives improvement in health outcomes in our communities and supports our care giving members in their well-being and practice.*



### **Values**

- Innovation
- Collaboration / Harmony
- Team based care
- Evidence based decisions
- Transparency
- Trust / integrity / professionalism
- Inclusivity
- Flexibility
- Adaptability
- Respectful
- Consistency
- Patient focused care
- Equanimity

### **Mission Key Elements**

- Build relationships
- Improve physician experience
- Improve health outcomes for Caribou region
- Establish priorities
- Influence change
- Increase local control
- Improve health outcomes

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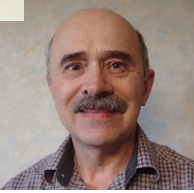
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# Report from the Chair



Glenn Fedor, Chair

It has been an exciting year for me to Chair the CIRD Division as we enter our fourth year of service to the family doctors of the Cariboo Chilcotin. Your Division has engaged in various initiatives that saw many members step forward to help build new relationships and take on new leadership roles. Under the direction of Trevor Barnes, our Executive Director, we have added staff and now have a home base at Zirnhelt Timber Frame office at 150 Mile House. This has allowed the Division to support the various activities that will serve its members.

We have continued our partnership with the Cariboo Regional District to support recruitment; have built upon our working relationship with the Health Authority through the Collaborative Services Committee to support mental health services and Cardiac Rehab; and are beginning our work on the provincial A GP for Me initiative. Our Division's A GP for Me implementation plan will help physicians get time off, improve office efficiency, and participate in First Nations Tele-health.

*Our Division's A GP for Me implementation plan will help physicians get time off, improve office efficiency, and participate in First Nations Tele-health.*

The Board and support staff participated in a strategic planning exercise in September 2014 to develop the Vision and Direction that will help better serve the members. One of the key components will be the continued engagement of Division members that will drive change, innovation, and improvement. The new Health Policy papers from the Government on Rural Health and Primary Health Care has given Divisions an exciting opportunity to partner with the Health Authorities to provide meaningful input.

I would like to extend a special thank you to Dr. Rod Dickey, one of our Division's founding members, who has retired from the Board as Co-Chair and has moved to North Vancouver. Dr. Walter Rees has also retired from the Board, which leaves opportunity for other members to step forward. I will also be stepping down as Board Chair as I take on my new role as Health Authority Medical Advisory Committee (HAMAC) Chair. Dr. Bruce Nicolson has agreed to be Board Chair until affirmed by the new Board after the Annual General Meeting. I would like to thank the Division members and the staff of CIRD for the support you have given me and the opportunity to drive change and improvement.



# Report from the Executive Director

The last fiscal year has been an exciting and productive year for the Central Interior Rural Division (CIRD). I began my work with the CIRD on May 14, 2014.

1. In nine months the CIRD completed the planning, assessment, and implementation proposal writing phases of our work in A GP for Me, a joint initiative of the Government of BC and Doctors of BC. On March 30, 2015 the Implementation Group (Dr. Fedor, Dr. Nicolson, Berni Easson, Jill Zimonick, and I) successfully presented our Implementation Proposal to the General Practice Services Committee (GPSC) in Vancouver. The proposal was considered one of the best presented to the GPSC and approval for the CIRD implementation phase of A GP for Me was granted. Much of the credit for the hard work which has resulted in this excellent outcome must go to Jill Zimonick and her team.
2. In 10 months Sally Bartsch and I have revamped the budgeting and finance reporting for the CIRD and the Board. These changes have allowed the CIRD Board to have a much more effective and efficient finance and budget planning process.
3. The CIRD now has an excellent administrative component which allows for a timely and accurate information and administration network. Shilo Labelle has organized our office administration and she provides the administrative support for our Board, our Committees, our funders, and our contract staff. The CIRD now has an office location in 150 Mile House, at 3031 Cariboo Highway.
4. The Cariboo Action Team (Child and Youth Mental Health and Substance Use) led by Dr. Fedor and Dr. Peimer is a provincial leader in the areas of community mobilization and service and program development and integration for children and youth with substance abuse and

mental health issues. Anna Meyers is the program coordinator for the CAT.

5. Shilo and I have edited and processed a policy and procedures manual which provides us with up-to-date human resource, finance, and board policies and procedures.
6. Sally Errey and Lynn Roberts are an innovative and creative team who have developed an effective recruitment and retention program for family physicians and doctors in the CIRD.
7. Lastly, Sally Errey, with the assistance of the provincial Divisions of Family Practice office has revamped our website. A newsletter is published every two months. Members are up to date on what is happening in the CIRD.

The CIRD is doctor led and doctor driven. The CIRD has developed an effective business relationship with our partners, especially with the Interior Health Authority and Doctors of BC. While we might not always agree totally with our partners with respect to some of the issues or choices before us, we will always look for ways to work and problem solve together. The stage is being set for major changes in the delivery of rural health care and primary health care. Like all Divisions, the CIRD is a nimble, creative, and innovative organization which is well positioned to allow for our physician members to have an effective platform from which they can be part of the change process.

I would like to end by thanking Dr. Fedor, Dr. Dickey, and Dr. Nicolson for the patience, wisdom, and leadership they have given me as I found my feet in my new work with the CIRD. I also want to specifically thank Jill Zimonick, Shilo Labelle, Sally Bartsch, Sally Errey, and Lynn Roberts for their support and good work.



Trevor Barnes,  
Executive Director

## A GP for Me Annual Review



Jill Zimonick,  
A GP for Me  
Project Lead

In June of 2014 the CIRD Executive Director applied to the General Practice Services Committee (GPSC) to participate in A GP for Me, a province-wide joint initiative of the Government of BC and Doctors of BC aimed at finding a family physician for anyone who wants one. This application was approved and a Project Manager was hired in August of 2014 to move forward with the Planning and Assessment Phase. In the fall of 2014, wide community engagement was undertaken to gain an understanding of the needs of physicians, MOAs, community health partners, First Nations, and the general public. This data was combined with existing research and several main themes were identified for the CIRD. These themes were presented and explored at a Think Tank hosted by the CIRD which had excellent physician participation (the highest for a CIRD event to date). Program outlines were created and prioritized at the Think Tank, after which working groups were created to refine the ideas over the next three months.

CIRD's A GP for Me team presented the Implementation Plan including three main program ideas with a total budget of \$399,880 to GPSC on March 31, 2015.

The programs presented were:

1. Improved access to rural and First Nations communities through telehealth
  - a) Partnering with First Nations Health Authority (FNHA) on their Telehealth Expansion Project
  - b) Expanding telehealth through a secondary platform
  - c) Promoting Indigenous Cultural Competency training in the Division
2. Practice Efficiency Program involving:
  - a) EMR training for MOAs and Physicians
  - b) Team-Based Care Exploration
  - c) Building networks between physicians and community health partners
3. Physician Coverage Program

The projects were all approved and the Implementation Phase started on April 1, 2015.

The Think Tank event.



# Cariboo Action Team Report

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative that was prototyped in the Interior Region continues to spread across the province with over 350 members. In the Interior, there are currently nine teams (Cariboo, Thompson, Shuswap, North Okanagan, Central Okanagan, South Okanagan Similkameen, Kootenay Boundary, and two in East Kootenay – Creston and Kimberly/Cranbrook). A tenth team is forming in Revelstoke. Across the province there are currently seven teams on the Island and seven between Fraser and Vancouver Coastal with several more areas engaged in the forming process.

The Local Action Teams focused on grassroots changes in their communities are supported by 11 provincial systems working groups: Physician Compensation, Physician Recruitment, Specialist Support, Rural and Remote Telehealth, Transitions in Care, Youth and Youth Adult Services, Youth to Adult Transitions, ED Protocols, Information Sharing, Evaluation, and Models in Care.

In addition to the CYMHSU Steering Committee, two clinical facilities on mental health and substance use, respectively, support local teams with clinical expertise.

The Local Action Team, known as the Cariboo Action Team, has been moving forward with creating awareness and putting support systems in place.

One of the major projects the team has focused on was two Patient Journey Maps explaining the process of Child Youth Mental Health through the eyes of the involved. A presentation at a recent conference in Vancouver outlined the creation of one of the maps. Both maps were on display at the conference and have received positive feedback.

The Cariboo Action Team has hosted two community events to promote awareness of the resources available. The Who's Who in the Cariboo event took place in February 2015 and had a positive turn out of physicians, school counsellors, RCMP, mental health workers, etc. The second event, The Service Providers Fair, was hosted at a local high school and featured 20 booths of CYMHSU resources available to the youth; approximately 100 students attended the event.

We have two very active physicians involved on our team. Dr. Jeff Peimer is trying to streamline Emergency Room Mental Health Pre-Printed Orders and protocols. Dr. Glenn Fedor has been invited to present the progress of the Cariboo Action Team to the CYMHSU Steering Committee in Vancouver.

The Cariboo Action Team is currently working with Communities that Care developing a youth survey. This project is in development with a tentative launch date of the fall of 2015.



Anna Meyers, Project Lead for the Cariboo Action Team



# Recruitment & Retention Activities

## General Update

- We represented CIRD and attended two physician events in Vancouver, with an aim to attending events where there is a focus on residents and graduates. Tables, large visual and computer displays, draw prizes, and networking were conducted at the UBC Practise Skills Conference, June 14, 2014 and the BC College of Family Physicians Fall Conference on October 18 & 19, 2014. These conferences give us a great opportunity to collect potential locum/physician information, represent the Cariboo/Chilcotin region, and extend invitations to potential physicians to come and visit us. These events also serve as staff development, network connections, and resource sharing.
- Our conference booth displays and zap banners continue to attract conversation and Sally has developed a slideshow of community pictures using a laptop and large monitor. We give out CIRD DVDs, real estate papers, active living guides, Division give-aways (pens, mints, etc.), and a draw prize to engage potential locums and residents seeking a place to practise.
- A Recruitment and Retention Strategic Plan has been developed and acts as a general guide to our activities. The data collected from the physician interviews from our work in the provincial A GP for Me initiative has allowed us to address anticipated gaps for future healthcare provision.
- We are working closely with other divisions as we meet them – understanding each others needs and working together to facilitate better recruitment and retention opportunities.

From left, Lynn Roberts (Williams Lake Recruitment Liaison) and Sally Errey (100 Mile House, BC Recruitment Liaison) at the BCCFP Conference – with a special guest appearance by Dr. Glenn Fedor.





- The CIRD's new physician engagement programs include CHAPS (cardiac health advancement), First Nations Telehealth, Methadone Program, Walk with Your Doc event, and A GP for Me.
- The last 12 months have seen us work successfully with HealthMatch and Interior Health to fill another GP position for 100 Mile House. Our focus has been on first-class red-carpet visits and enhancing the "landing" of new physicians into the Cariboo. Activities involved include organising accommodations, invitations, social events, car rentals, bank appointments, and providing community connections and information. Working collaboratively with all agencies has allowed a smoother transition, quicker work starts, and hopefully better-settled physicians and warmly welcomed families.
- We have also started dialogue with physicians and partners on retention ideas for the doctors in our community.
- We are also represented on the Interior Health Region's Inter-Divisional Strategic Council and contribute to discussions on challenges and solutions on recruitment and retention at a regional level.
- We have four new physicians in Williams Lake!
  - A gynaecologist from Edmonton Sept 2014
  - A GP from Newfoundland working in ER Feb 2015
  - A child psychiatrist in process from the US
  - Continued Locum support in internal medicine



Walk with Your Doc event, 100 Mile House

- After attending this year's medical conferences and conversing with attendees most residents expressed interest in filling locum positions only, and were not keen on starting a practice of their own. Other divisions have successful "Locum Pool" models to follow and can share their systems and documents. There is also an online BC-based locum site that physicians can advertise positions on. The CIRD board has agreed to implement a Practice Coverage / Locum Program as part of the A GP for Me Implementation phase.
- Over the last 12 months we have seen good progress and we are excited about prospects and projects in both recruitment and retention for 2015–2016.

# Communication Activities

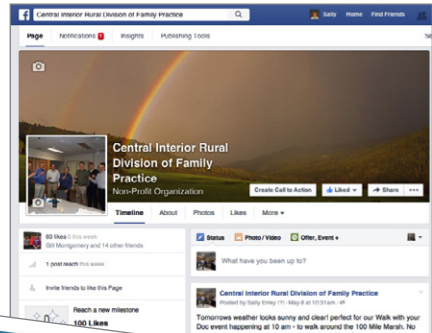


Sally Errey,  
Communications

In June of 2014 the CIRDD hired a part-time Communications Lead on contract. Since then we have been able to implement:

- The CIRDD Division website. We were one of the first to adopt the new Divisions of Family Practice website format ([www.divisionsbc.ca/cird](http://www.divisionsbc.ca/cird)). This allows much more flexibility over public postings such as news, events, and job postings, and internal postings to our member physicians on the Dashboard. The new site contains local images and content and enhanced descriptions of our communities.
- A bi-monthly newsletter, “The Bulletin”, which shares current events, physician announcements, upcoming CME of interest, and CIRDD programs.
- Regular emails to physicians and MOAs, resulting in better physician engagement and responses and increased awareness of CIRDD and A GP for Me activities.
- A new Facebook page! [www.facebook.com/CentralInteriorRuralDivision](http://www.facebook.com/CentralInteriorRuralDivision)

With these viral communications efforts we are seeing enhanced physician engagement, increased communication, increased awareness of programs, and enhanced public brand recognition for the CIRDD in the Cariboo Chilcotin region.



# AGM Agenda

**ANNUAL GENERAL MEETING –  
June 18, 2015  
7:00 pm – 8:00 pm**

The Hills Health Ranch, 108 Mile, BC

## AGENDA

**Chair: Dr. Glenn Fedor**

- 1. Attendance:** (sign-in sheet)
- 2. Welcome and Call to Order:**
- 3. Introductions:**
- 4. Minutes of May 2014  
Annual General Meeting**
- 5. Presentation of Financial Reports:**
  - a. Motion to accept the 2014–2015 audited financial statements
  - b. Appointment of 2015–2016 Auditor
- 6. Amendment of bylaws**
  - a. Presentation of amendments
- 7. 2014–2015 Annual Report:**
  - a. Report from the Chair
  - b. Executive Director report
  - c. A GP for Me Annual Report
  - d. Cariboo Action Team
  - e. Recruitment & Retention Activities
  - f. Communications report
- 8. Election of Directors, 2015–2016:**
  - a. Introduction of Members 2015–16 Board of Directors Executive positions
  - b. Election of Board of Directors and Executive Positions
- 9. Member Feedback, Questions,  
Discussion:**
- 10. Visioning Steering Committee**
- 11. Adjournment:** 8:00 pm

# Proposed Bylaws Amendment

## AMENDMENT OF BYLAWS

To be voted on at the Central Interior Rural Division of Family Practice Society (CIRD) Annual General Meeting at the Hills Health Ranch on June 18, 2015.

### 2.2 Eligibility Criteria

#### Current:

A Person must be a physician with or without hospital privileges in order to be eligible for membership.

#### Proposed amendment:

In order to be eligible for membership a person must be:

- (a) a family physician or general practitioner with or without hospital privileges in the CIRD geographical area;
- (b) a specialist physician with or without hospital privileges in the CIRD geographical area; and,
- (c) A licensed nurse practitioner practicing medicine in the CIRD geographical area

### 4.11 Entitlement to Vote

#### Current:

Each Member is entitled to one (1) vote.

#### New:

Each family physician or general practitioner is entitled to one (1) vote. All other members are non-voting.

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## Central Interior Rural Division of Family Practice

### Contact information

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



### Photo credits

Photos – Salley Errey

### 2014-15 Board of Directors

Dr. Glenn Fedor – Chair  
Williams Lake

Dr. Rod Dickey – Co-Chair  
100 Mile House

Dr. Stefan deSwardt – Secretary  
Williams Lake

Dr. Walter Rees – Treasurer  
Williams Lake

Dr. Bruce Nicolson – Director  
Williams Lake

Dr. Gord Hutchinson – Director  
100 Mile House

### Support Team:

Trevor Barnes – Executive Director

Jill Zimonick – A GP for Me Project Manager

Laurie Walters – A GP for Me Coordinator

Shilo Labelle – Administrative Assistant

Sally Bartsch – Finance Clerk

Sally Errey – 100 Mile House Recruitment  
Liaison

Lynn Roberts – Williams Lake Recruitment  
Liaison

Anna Meyers – Project Lead for the Cariboo  
Action Team

Sally Errey – Communications



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)

