



**Central Okanagan**

**Division of Family Practice**

A GPSC initiative

# **Annual Report**

# **2013 / 2014**

**Notes:**

## Table of Contents

---

Message from the Physician Lead	4
Message from the Chair	5
Message from the Executive Director	6
Activities and Highlights	7
A GP FOR Me	8
Shared Care Gastroenterology	8
Shared Care Mental Health	9
Shared Care Geriatric MH	9
Shared Care Residential Care	10
Dermatology	10
Child and Youth Mental Health	11
Transitions In Care	11
Palliative Care	12
Low Risk FP Obstetric Service	12
Health Promotions	13
Shared Care Maternity and Child	13
Supporting GPs with Active Privileges	14
Diagnostic Imaging	14
Summary of Committees	15
Statement of Operations	16
Statement of Changes	16
Statement of Financial Position	17
Notes	18 & 19
Board of Directors and Staff	20

## Message from the Physician Lead – *Dr. Gayle Klammer*

---



It has been another busy year for the Central Okanagan Division of Family Practice. This year we formally separated the roles of Board Chair and Physician Lead. It has been my privilege to work on your behalf as the Physician Lead. I'm very appreciative of the hard work and dedication of Jeanne Mace as she stepped into the role of Board Chair.

In addition to the initiatives we've been working on over the last year we've also been focusing on engaging with our members through medical education events, newsletters and surveys. As well, we have invited a number of family physician guests to our board meetings to learn more about their areas influence, look for opportunities for collaboration and to give them greater insight into the workings of the Division.

As the Division has matured we've had even more opportunities to engage with our community, the health authority, GPSC, Shared Care Committee, the Ministry of Health, UBC-O and others. In all our interactions we are clear in our mission: we are a grassroots, physician led organization working to improve care of patients and working with partners to improve health in our community. These interactions are always worthwhile and often lead to great opportunities to collaborate; but occasionally they are challenging as others seek to leverage the voice and reputation of the Division to further their agendas.

Since January we have focused a large of amount of energy and work on our GPforMe proposal which was approved in July 2014. We clearly have a significant number of unattached patients in our community. It will be exciting to implement our plan that will help us to recruit and retain physicians; enhance physician/patient relationships; expand our community services and health system network; and develop a patient/GP matching registry targeting vulnerable populations (starting with those over 65).

I'm looking forward to each challenge and opportunity that will present itself over the next year as we strive together toward our vision of "Excellence in care, vibrant communities and strong collaborative family medicine".

## Message from the Division Chair – *Dr. Jeanne Mace*

---



The structure of the board has developed such that it became apparent the benefits of separating the roles of Chair and Lead. I have been fortunate to take on the Chair position and thus have the responsibility of conducting and overseeing the Board meetings. It has been an honor and a privilege to work with this group of bright and dedicated physicians. Our meetings are productive and meaningful through honest and respectful discussions.

The role of chair also lends itself to supporting the Physician Lead in various arenas such as CSC and ISC (our joint IH meetings). Although often overlooked, the work we do with IH has an impact on our practices and the lives of our patients. I do believe that there has been a positive shift in the recognition of Family Doctors through the work of Divisions. I would like to thank Gayle Klammer for her effective leadership and resulting accomplishments. She brings great dedication to our profession and is an inspiration in physician leadership.

In the last year the Board has embarked on developing a strategic plan for our Divisions. This developed into a thorough process that introduced us to a new stage in our development. This included multiple engagements with our members and our partners (ie IH, community groups, Doctors of BC et al). This strategic plan has encompasses 8 key priorities:

- Recruitment and Retention
- In Hospital Care/FP Obstetrics
- Health Promotion
- A GP for Me
- Member Engagement
- Residential Care
- Mental Health and Substance Use
- Collaboration with Health System and Community

Upon reviewing the work of the past year, I found it rewarding and gratifying to think of all that we have accomplished yet humbling to think of what we can yet achieve. Through this plan we have reviewed our budget to best allocate not only our time and resources but those of our supporting staff. Our meetings have thus shifted from simply reviewing the various initiatives to more in-depth conversations around key areas that we want and need to focus on. Despite the priorities highlighted in the strategic plan we continue to struggle at times with the overwhelming requests from our partners (IH, community, specialists) for our involvement and support. We therefore truly appreciate your input and guidance through the next year to ensure that we remain what we all want of our Divisions; a member-led grass roots organization.

## Message from the Executive Director – *Tristan Smith*

---



Dear Members,

During the year 2013-14 we have continued to enjoy success by working with our members through collaborative initiatives within the health system.

Amidst the busy-ness of our work throughout the year, our board has strategically placed our organization in prime position for success in the future by completing our Strategic Plan. This plan has allowed staff to focus our efforts to best achieve results for our members, your patients, and our community.

The A GPforME assessment phase that started in the fall of 2013 has reinforced the need to consider vulnerable populations and how to creatively and collaboratively care for these patients with strong family medicine at the core. As such, our lead physicians continue to advocate for the principles of family medicine when attending meetings with health system partners regarding A GPforME as well as all other Divisions initiatives.

Results during the year of 2013-14 have built on the success of family doctors, specialists, and motivated health authority staff working together to improve care for patients. The Gastroenterology Shared Care initiative resulted in a dramatic reduction in the endoscopy waitlist and improved access to colonoscopies while providing needed guidance to an external provincial program aimed at introducing FIT testing and a Cancer Agency algorithm of care. This initiative is an example of how we strive for achieving local results while being flexible during larger system changes.

Our organization has grown significantly in the last 4 years. We continue to have the triple aim (patient outcomes, patient/provider satisfaction, and larger system benefits) in focus, which will be a driver of future success. In addition, working closely with our membership will be vital as we aim to effectively and efficiently support family doctors during the evolution of primary care in our community.

I'd like to acknowledge the professionalism of Dr Gayle Klammer and Dr Jeanne Mace who seamlessly integrate modern principles of leadership into our organization. I'd also like to thank our Administrative Assistant, Monica McLean, who continues strengthen our organization through her work and dedication. Finally I'd like to thank all of our contractors and staff who support our Divisions, Shared Care, and GPforME initiatives.

## Divisions Activities and Highlights

---

### Community Engagement

Interior Health  
City of Kelowna  
City of West Kelowna  
District of Peachland  
District of Lake Country  
Regional District of Central Okanagan  
University of British Columbia-Okanagan  
Ministry of Children and Family Development  
School District 23  
Canadian Mental Health Association  
Other Provincial Divisions of Family Practice  
Practice Support Program (PSP) & Provincial Information and Technology Office (PITO)  
Local Aboriginal organizations

### Continuing Medical Education

Apr 13, 2013	Dr. Cathy Clelland A GP FOR Me & In Hospital Care Initiatives
April 16, 2013	Dr. Kathy Wise MORE OB
July 23, 2013	Dr. Carmel Anderson Consult Dermatology
Nov. 6 <sup>th</sup> , 2013	Dr. Cathy Clelland In Hospital and FP Obstetrics
Dec. 4 <sup>th</sup> , 2013	Physician Health & Divisions Update

### Division Newsletter

The Division newsletter continues to provide meaningful information to support clinical decision-making and share information about news and events.  
This year we had newsletter editions for: February, May, July, October & December 2013 and February 2014.

### Webpages for Division Members

Webpages are offered to members as an opportunity to share information and resources such as office hours, staff information, phone numbers, FAQ's from patients, links to clinical information and common patient handout materials.

## A GP FOR Me

---

**Date initiated:** November 2013

**Physician Leads:** Dr Gayle Klammer, Dr Jan McIntosh, Dr Rosalie Swart

**Major Issues Identified:**

1. Approximately 25% of people in the Central Okanagan do not have a family doctor. There are numerous reasons for the lack of attachment to a family practice. It is not known how many of the unattached would like a family doctor.
2. Primary care capacity building in the Okanagan will focus on recruitment, retention, team building for complex care patients and decreasing hassles (improving efficiency) in offices.

**A GP FOR ME Goals:**

1. Confirming and strengthening the GP-Patient continuous relationship
2. Better supporting the needs of vulnerable and underserved patients in our community
3. Increasing the capacity of the local primary health care system
4. Enabling patients who want a family physician to find one as capacity in the system increases

**Next Steps**

1. Complete Physician Survey
2. Engage partners and public
3. Draft recommended solutions

## Shared Care Gastroenterology – Family Doctors and Gastroenterologists

---

**Date initiated:** January 2012

**Physician Leads:** Dr Milt Stevenson, Dr Carla Nash, Dr Gayle Klammer, Dr Peter Butterworth, Dr Bruce Borthistle

**Major issues identified:**

1. Wait list screened with more than 9000 patients and an average wait time of 105.9 weeks for screening endoscopy and non-emergent investigation.
2. Inconsistent communication from GP office to Gastroenterology to assist with screening and triage
3. Lack of coordinated management of wait listed patients

**Results:**

1. Initial waitlist reduced to 1480 patients actively waiting for an endoscopic procedure with an improved average wait time of 25.3 weeks.
2. Waitlist data as of Sept 27, 2014 show 2022 patients waiting with an average time of 15.1 weeks with an average wait of 6.8 weeks for FIT positive patients. The increase in patient numbers over the past six months is felt to directly reflect the initiation of FIT positive screening requests.

The BCCA population Colon Screening Program was introduced over the fall of 2013. The GI working group is monitoring this process and the potential impact to access for GI services in general. An algorithm (Colon Screening Pathways) was developed by the working group to help physicians identify the correct form for referring patients for GI procedures. This form, along with a Q&A document, has been posted on the Division's website. An initial supply of the new GI form, Colon Screening Pathways, and Q&A document were distributed at the February 25<sup>th</sup> CME. Packages were hand-delivered to physicians who did not attend the CME.



## Shared Care Mental Health – Family Doctors and Psychiatrists

---

**Date initiated:** January 2012

**Physician Leads:** Dr Jeanne Mace, Dr Marianne Morgan, Dr Jan McIntosh, Dr James Chin

**Major issues identified:** lack of timely access to psychiatry for assessments, uncertainty regarding who is accepting patients, inconsistent communication between psychiatrists and family physicians causing challenges in triaging and ongoing management of care, uncertainty regarding services offered in the Central Okanagan.

**Results:**

1. One time psychiatric assessment services starting in Oct 2012 for patients attached to a family doctor for assessment and follow up with linkages to community resources to support family doctor managing patients with mild to moderate mental illness.
2. 1PAC available to all FPs now.

## Shared Care Geriatric Mental Health – Family Doctors and Geriatric Psychiatrists

---

**Date initiated:** December 2013

**Physician Leads:** Dr Toye Oyelese, Dr. Bill Carlyle, Dr. Anna Wisniewska

**Major issues:**

Building on the success of the first phase of our Adult Mental Health Initiative, this initiative aims to develop tools to better support family physicians and Geriatric Psychiatric specialists in their identification of and work with elderly patients dealing with mental health issues.

**Some of the current gaps or issues include:**

- Limited Geriatrician consultative services available in the Central Okanagan and extended wait times for Geriatric Psychiatry due to demands within the system.
- Coordination of resources currently available in the Central Okanagan.
- An identified knowledge gap with respect to providing optimum care for Geriatric Mental Health patients in the community

**Goals of this initiative are to:**

- Provide Family Physicians with the tools and resources to help them provide more effective case management plans while working with geriatric patients with mental health issues
- Provide primary caregivers and family members with the tools and resources to help them care for geriatric mental health patients as appropriate, with the primary goal of reducing stress on both the caregivers and their patients.

Strengthen relationships between family physicians and specialists in order to provide the best care possible for geriatric mental health patients.

## Residential Care

---

**Date Initiated:** Nov 2012

**Physician Leads:** Dr Rob Williams, Dr Bernie Lewke, Dr Willie Mackle, Dr Tara Sebulsky

**Major issues identified:**

1. Acute care and community patients require an MRP before they can be transferred to residential care.
2. Lack of quality clinical assessments of patients in residential care.
3. Poor communication between physicians and residential care staff during office hours.
4. Care conferences scheduled during physician clinic time.
5. Inadequate remuneration for residential care.
6. Geographic spread of facilities in Central Okanagan.
7. Polypharmacy concerns with patients in residential care.

**Progress:**

1. Residential Care Support Group formed. Financial support through IH and Shared Care. This group offers a mechanism to attach and share care of patients when transferred from acute to residential care. There are currently 19 doctors as members of the group; they are looking for approximately 7 more doctors.
2. Working group, with the leadership from Baptist Housing, has developed a communication tool to be trialed between family practice and residential care facilities. Evaluation shows very positive results for staff, physicians and patients.

## Shared Care Dermatology – Family Doctors and Dermatologist

---

**Date initiated:** December 2012

**Physician Leads:** Dr. Milt Stevenson, Dr Carmel Anderson

**Major issues identified:**

1. Timely access to dermatology consults.
2. Regional travel to dermatology for short assessments.
3. Dermatology service highly utilized and respected, yet some cases could be dealt with through more efficient means.

**Results:**

1. ConsultDerm services are available to physicians in the Central Okanagan.
2. CME with Dr Carmel Anderson to introduce Consult Dermatology.
3. Access to Online Dermatology reduced to 1 week.
4. Preliminary results show wait time for patients being assessed by Dermatology have decreased from 6 months to same week (occasionally same day).

Next steps to monitor utilization and then spread to rural areas of IH/ other Divisions.

## Child and Youth Mental Health – Family Doctors, Pediatricians and Psychiatrists

---

**Date Initiated:** April 2013

**Physician Leads:** Dr Marianne Morgan, Dr Jeanne Mace, Dr Jim Ketch, Dr Mike Ocana, Dr Stan Szombathy,

**Partners:** MCFD, SD 23, FORCE, CMHA, IH, RCMP, Bridge, KCR, CO Division of FP

**Major issues identified:**

1. Lack of coordinated services for CYMH in the Central Okanagan
2. Lack of addictions services in area
3. Lack of knowledge regarding current services available

**Progress:**

1. MCFD / local system navigation analysis and proposed solutions/supports aimed at helping patients and families navigate all service offered in the Central Okanagan.
2. Kelowna Community Resources is developing a robust resource list of services for children who require support for mental health issues. One resource list focused on the needs of providers and one list focused on the needs of clients.
3. CYMH PSP program available to members
4. Community information sharing regarding resources
5. Complex case management
6. Transitions from Youth to Adult continue to be a focus with working groups

## Transitions In Care

---

**Date initiated:** November 2012

**Physician Lead:** Dr Mark Hickman

**Steering Committee and Working Group Physicians:** Dr Gayle Klammer, Dr Jeanne Mace, Dr Rob Williams, Dr Mike Penney, Dr Mike Ertel, Dr Cara Wall, Dr Sandy Nash

**Major issues identified:** lack of coordinated communication between physicians transferring patients in and out of KGH, including KGH ED.

**Goals:**

1. Improve communication, knowledge transfer and relationship between Hospitalists, ED physicians and Family Physicians.
2. Improve the communication and knowledge transfer between physician and patient.
3. Improve Hospitalist and Specialist Physician connections through Shared Care Practices that support and provide the continuity and quality of patient care.
4. Include patient voice in project and system redesign.

**Results:**

11 Clinics (55 physicians) in the Central Okanagan Division of Family Practice volunteered to participate in the pilot phase. The Chair of the Steering Committee and Physician Lead, Hospitalist Dr. Mark Hickman, introduced the Form to each of the participating community clinics during the week of May of 27<sup>th</sup>. Hospitalists and Emergency Physicians were educated during the same time period.

The main success of the Transition in Care project is that it demonstrated how community Physicians and KGH Physicians can collaborate to achieve a shared goal, improved continuity of care when patients transition into and out of KGH; and it was accomplished through increased communication between community Physicians and KGH Physicians.

## Palliative Care

---

**Date initiated:** January 2011

**Physician Leads:** Dr Gayle Klammer, Dr Jeanne Mace, Dr Gillian Fyles, Dr Mike Banwell

**Major issues identified:**

1. Lack of reliable local nursing support during night time for palliative patients.
2. Lack consultation service available for complex patients in hospice.
3. Lack of pain and symptoms management in community for non-malignant palliative patients.

Overarching goals for palliative care is to provide the right services in the right location to minimize the contact of this vulnerable population with the emergency department and acute care.

**Progress:**

1. Night call structure for IH improving through partnership between Community Care Nurses and Hospice House Staff. New nighttime coverage to commence in April 2013.
2. Audit of palliative care sessional payments in the Central Okanagan with progress for identifying clinical sessional time for consultation at Hospice.
3. Review options for providing consult service in hospice house and outpatient pain and symptom management for non-malignant patients.

## Low Risk FP Obstetrics Service

---

**Date Initiated:** April 2011

**Physician Leads:** Dr Marianne Morgan, Dr Julie Parker, Dr Louise Graham

**Major Issues Identified:**

1. Challenge in combining regular family practice with obstetrics.
2. Difficulty finding locum coverage.
3. Concern for future of FP OBs and concern regarding the care of low risk obstetrical patients without a coordinated and supportive approach.

**Progress:**

1. KGH built a business case for a low risk obstetrical clinic and presented to senior administration.
2. CO Division is sponsoring FP OBs meetings in efforts to strengthen FP OBs network and coordination and application of evidence based practice. In addition, the group will serve to promote and strengthen retention and recruitment. As part of this, the group will liaise with IH staff and specialists.

**Update:**

1. Awaiting IH SET decision regarding Walter Anderson clinic.
2. The FP OBs support group will continue to host events throughout the year

## Health Promotions

---

**Date initiated:** October 2012

**Physician Leads:** Dr Roger Crittenden, Dr Mike Koss, Dr Mark Fromberg

**Community Partners:** Ron Mattiussi (City of Kelowna), Louise Roberts-Taylor (City of Kelowna), Murray Kopp (Regional District), Chris Fibiger (UBC-O Medical School), Bob McCoubrey (Retired Farmer), Bob Callioux (Farmers Market), Casey Hamilton (Food Policy), Brad Sieben (Tourism), Betty Brown (IH), Pam Moore (IH), Heather Deegan (IH).

**Major issues:** Incidence of chronic disease and other illnesses related to lifestyle.

**Aims:**

1. Improve the health of our community including children, adults and older adults through conversation and initiatives focused on healthy activity and diet.
2. Improve the long-term health outcomes of individuals in our community through lifestyle coaching related to activity and diet.
3. To establish Family Doctors as a key component and leaders in health promotion related behaviors in our community
4. To begin long-term health planning for our community in efforts to decrease incidence of disease related to poor activity and diet such as chronic disease.

**Results:**

1. Development of a tool for family doctors to use with patients requiring lifestyle education and counseling using best evidence.
2. Improve linkages between family doctors offices and community supports through new website.
3. Family doctor involvement with community partners related to activity and nutrition- Health Festival that had family physicians/ Division of Family Practice in: Castanet, Capital News, Courier, Shaw TV, CBC Radio and AM 1150.
4. Development of a Community Health Coalition with members from the City of Kelowna, Regional District, UBC Okanagan, Interior Health, SD 23 and others.

## Shared Care Maternity and Child – Family Doctors, Pediatricians and OBGYN

---

**Date initiated:** January 2014

**Physician Leads:** Dr. Jeanne Mace, Dr. Marianne Morgan, Dr Katherine Smart, Dr Roberto Leon

**Major issues identified:** Issue identification still underway. Initial focus to include breastfeeding support and potential improvements to the paging system for doctors practicing obstetrics.

**Results:**

1. Preliminary survey of physicians, midwives and nurses complete. Results currently being analyzed.
2. Subgroup has formed with a focus on best practice with breastfeeding throughout the spectrum of acute care to community. Areas of improvement have been identified.

## Supporting Family Doctors with Active Privileges at KGH

---

**Date initiated:** February 2011

**Physician Leads:** Dr Jeanne Mace, Dr Rob Williams, Dr Jan McIntosh

**Major issues identified:**

1. Access: patients, privacy, charts, computers, clinical data, parking.
2. Efficiency: disjointed hospital, incorrect inpatient census, on-call functionality, knowledgeable and accessible charge nurse, in office disruptions (call-ins, phone calls, returned pages).
3. Respect: staff communications, adequate compensation.
4. Continued issues facing family doctors and paging errors. Current switchboard has incomplete data source for on call doctors and switchboard operations moves to ER admissions during night-time without appropriate information regarding call schedules. Nursing wards have no access to call schedules.
5. Correct identification of Family Doctor upon admission an issue, specifically through ER.

**Progress:**

1. Access to parking during morning rounds 7:00am – 9:00am.
2. Access for 1 parking spot for urgent FP Obstetrics cases daytime.
3. Improved communication between ward staff and family doctors during morning rounds through colour coded Family Doctor ID badges and lanyards paid for by Division.
4. Working with KGH switchboard and administration to resolve errant paging.
5. Member engagement with respect to In Hospital Care compensation from GPSC.

## Shared Care Diagnostic Imaging – Family Doctors and Radiologists

---

**Date Initiated:** April 2011

**Date Completed:** December 2011

**Physician Leads:** Dr Gayle Klammer, Dr Wendy Wickstrom, Dr Milt Stevenson, Dr Cathy Staples

**Major issues identified:** Inadequate physician to physician communication for emergent DI, Waitlist for DI procedures did not allow for patients to be prioritized (most were selected as urgent).

**Results:**

1. Physician to physician phone line established, reducing patients being redirected to KGH ED for emergent DI.
2. New DI referral form that allows for better triage by family doctors and radiologists reducing waitlist from 4 weeks to 48 hrs if necessary.
3. Improved physician confidence in KGH DI to see patients when required.
4. Radiology department in the Kootenays are interested in our project results. Sharing as requested. Radiology waitlist updates continue on our newsletter.

This initiative was presented at the 2014 Institute for Health Care Improvements 15<sup>th</sup> Annual International Summit on Improving Patient Care in the Office Practice and Community.

## Summary of Committees

### Collaborative Services Committee

The Central Okanagan Collaborative Service Committee (CSC) brings together representatives from the Central Okanagan Division of Family Practice, the General Practice Services Committee and Interior Health. These partners share issues of concern for patient care outcomes, co-determine priorities and co-design solutions to the complex and interconnected issues facing the healthcare system and the delivery of primary care. All partners work together to improve patient care and system efficiencies within their sphere of influence.

Currently the Central Okanagan CSC is discussing Palliative Care, Mental Health and Substance use and changes to the Integrated Health Network.

**Co-chairs:** *Dr. Gayle Klammer (CODFP), Bryan Redford (IH)*

**Division Members:** *Dr. Gayle Klammer (Co-Chair), Dr. Jeanne Mace)*

**Division Staff:** *Tristan Smith, Monica McLean*

**Physician Engagement Lead:** *Jeff Malmgren*

**GPSC:** *Dr. Khati Hendry*

**Interior Health:** *Claire Ann Brodie, Community Area Director, IH Central, Bryan Redford, COK Administrator, CIHS, CO-Chair of CSC, Dr. Alan Gow, IH Physician Lead, CIHS, Chair of ISC, Kristine Larsen, CO CSC IH Central Facilitator, Sharon Cook, Health Service Administrator, Kelowna General Hospital, Vanda Urban, Residential Health Service Administrator Central Okanagan; Greg Cutforth, IH Allied Health Services*

### Inter-divisional Strategic Council

The Inter-divisional Strategic Council (ISC) is a formal group representing senior executive administrators for Interior Health, all Interior Health Division Leads, the General Practice Services Committee and the Ministry of Health.

Its strength lies in the collaboration of the Divisions within IH and our ability to connect with the highest levels of IH administration as well as GPSC and the Ministry of Health. Together we endorse and sponsor initiatives including improving access to Child and Youth Mental Health services, adult MHSU, Integrated Health Network transition.

**Division Representation on ISC:** *Dr. Gayle Klammer, Dr. Jeanne Mace and Tristan Smith*

## Central Okanagan Division of Family Practice Society

This following statements of operations, changes in net assets, and financial position have been extracted from the complete financial statements for the year ended March 31, 2014 audited by Crowe MacKay LLP, Chartered Accountants. A complete copy of the audited financial statements is available upon request.

<b>Central Okanagan Division of Family Practice Society</b>		
<b>Statement of Operations</b>		
<b>For the year ended March 31,</b>	<b>2014</b>	<b>2013</b>
<b>Revenues</b>		
General Practice Services Committee contract	<b>\$463,711</b>	\$468,460
<b>Expenditures</b>		
Amortization	<b>5,556</b>	4,679
Contract services	<b>27,547</b>	14,553
Insurance	<b>1,772</b>	1,345
Interest and bank charges	<b>221</b>	214
Meetings	<b>3,670</b>	28,158
Members engagement	<b>40,426</b>	52,317
Office	<b>11,722</b>	9,965
Organizational development	<b>58,809</b>	58,452
Professional development - members	<b>7,874</b>	21,039
Professional fees	<b>14,248</b>	9,494
Projects - meetings and travel	<b>7,548</b>	4,412
Projects - physician compensation	<b>33,411</b>	34,272
Projects - project management, support and evaluation	<b>28,784</b>	33,032
Society development	<b>52,269</b>	50,924
Telephone and communications	<b>4,683</b>	5,915
Travel	<b>9,731</b>	6,861
Wages and benefits	<b>150,666</b>	155,649
	<b>458,937</b>	491,281
<b>Excess (deficiency) of revenues over expenditures before other items</b>	<b>4,774</b>	(22,821)
<b>Other income</b>		
Interest income	<b>4,310</b>	3,072
A GP for Me	-	-
Shared Care - CYMH	-	-
Shared Care - Gastroenterology and Mental Health	-	-
Shared Care - Obstetrics	-	-
Shared Care - Teledermatology	-	-
Shared Care - TIC	-	-
<b>Excess (deficiency) of revenues over expenditures</b>	<b>\$9,084</b>	\$(19,749)

<b>Statement of Changes in Net Assets</b>		
<b>For the year ended March 31,</b>	<b>2014</b>	<b>2013</b>
<b>Net assets, beginning of year</b>	<b>\$82,768</b>	\$102,517
<b>Excess (deficiency) of revenues over expenditures</b>	<b>9,084</b>	(19,749)
<b>Net assets, end of year</b>	<b>\$91,852</b>	\$82,768



# Central Okanagan Division of Family Practice Society

Central Okanagan Division of Family Practice Society		
Statement of Financial Position		
March 31,	2014	2013
<b>Assets</b>		
<b>Current</b>		
Cash	\$785,177	\$320,775
Accounts receivable	20,601	-
Prepaid expenses	22,696	11,386
GST receivable	7,070	14,463
	<b>\$835,544</b>	<b>\$346,624</b>
Equipment	10,175	9,914
Long-term prepaid expenses	6,326	20,193
	<b>\$852,045</b>	<b>\$376,731</b>
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	\$20,088	\$18,072
Deferred contributions – infrastructure	-	49,969
Deferred contributions – other	605,661	222,351
Payable to British Columbia Medical Association	134,444	3,571
	<b>760,193</b>	<b>293,963</b>
<b>Net Assets</b>		
Net assets	<b>91,852</b>	<b>82,768</b>
	<b>\$852,045</b>	<b>\$376,731</b>

Approved by the Directors:



Dr. Heather Martin  
Treasurer



Dr. Gayle Klammer  
Physician Lead

## Notes:

**Notes:**

## Central Okanagan 2013/2014 Board of Directors

Dr. Gayle Klammer (Physician Lead)  
Dr. Jeanne Mace (Chair)  
Dr. Heather McDonald (Secretary)  
Dr. Heather Martin (Treasurer)  
Dr. Tara Sebulsky  
Dr. Milt Stevenson  
Dr. Roger Crittenden  
Dr. Jan McIntosh  
Dr. Mark Hickman

## Central Okanagan Division of Family Practice

Unit 105, 1605 Gordon Drive  
Kelowna, BC  
V1Y-3G8  
Fax: 1-888-577-1472 (toll free)

### Division Staff

Tristan Smith (Executive Director)  
Phone: 250-718-4533  
[tsmith@divisionsbc.ca](mailto:tsmith@divisionsbc.ca)

Monica McLean (Administrative Assistant)  
Phone: 250-317-5970  
[mmclean@divisionsbc.ca](mailto:mmclean@divisionsbc.ca)

Anita Desjardins (Administrative Assistant – Shared Care)  
Phone: 250-212-9789  
[adesjardins@divisionsbc.ca](mailto:adesjardins@divisionsbc.ca)

### Consultants

Mel Clifford – A GP FOR Me  
Tracy Head – Shared Care Initiatives

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and The BC Medical Association.

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