



East Kootenay

Division of Family Practice

A GPSC initiative

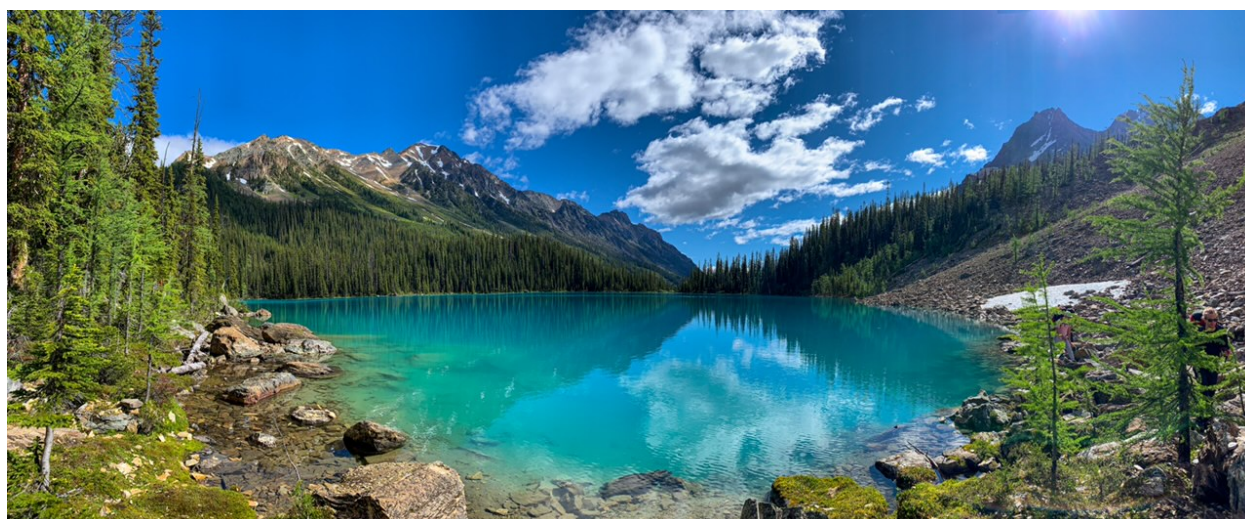


Annual Report 2019–2020

FOR THE PERIOD ENDING MARCH 31, 2020

Table of Contents

MISSION AND VISION	3
LEADERSHIP REPORT	4
THE YEAR IN REVIEW	5
PATIENT-FOCUSED INITIATIVES.....	6
PRIMARY CARE SOCIAL WORK	6
RECRUITMENT AND RETENTION	6
SHARED CARE MATERNITY	7
SHARED CARE PALLIATIVE CARE	8
SHARED CARE CHRONIC PAIN	10
PHYSICIAN-FOCUSED INITIATIVES.....	12
PATHWAYS	12
INTERPROFESSIONAL DEVELOPMENT WORKSHOPS	13
MICROBLOGGING MD	14
COMMUNICATIONS AND ENGAGEMENT	15
CONTINUING PROFESSIONAL DEVELOPMENT	15
PRIMARY CARE NETWORK	17
BOARD OF DIRECTORS AND STAFF 2020.....	18
STATEMENT OF FINANCIAL POSITION	19
STATEMENT OF OPERATIONS	19
CONTACT US.....	20



Mission and Vision

Cranbrook
41

Creston
22

Elkford
5

Fernie
22

Golden
13

Invermere
12

Kimberley
9

Sparwood
4

We are **128** Members strong
across **8** Communities

VISION

To represent family physicians and empower them to lead and influence improvement in primary care

MISSION

To enable and support family physicians as they work to optimize the health care needs of our population and communities

VISION

The East Kootenay Division of Family Practice strives to always be:

- Collaborative
- Inclusive of members and communities
- Focused on integration
- Effective
- Seeking to drive better primary care

Leadership Report

In reflecting on the accomplishments of the past year, we are grateful for the hard work of many physicians, Division staff and partners that have helped to ensure another successful year.

Primary Care Network (PCN) development continues to be at the forefront of our work. In partnership with IH and the Ktunaxa Nation, we are excited to see the first-year resources begin to be implemented for your clinics. The remainder of the new resources will be implemented over the next 3 years.

Other important activities this past year have included:

- The EK physician communities coming together to form the East Kootenay Continuing Professional Development (EK CPD) program, which will offer regional CPD.
- We have continued to offer workshops for clinics with Dr. Tyla Charbonneau, R. Psych., to enhance interprofessional communication and conflict resolution.
- Shared Care projects included: Chronic Pain in Fernie, Maternity in Golden, Palliative in Cranbrook with outreach across the region, and Microblogging MD across the region.
- Supporting physician recruitment continues to be an important priority for the Division, as we support each community's unique needs and work with other partners to bring new physicians on board.
- Supporting the Cranbrook physicians to address both a shortage of family physicians, as well as seeking funding partners and/or system change to help stabilize family physician in-patient care at EKRH.
- The AGM was held during the EK CME Day on October 5, 2019 in Fernie. It was a successful event that brought together many of the 128 members and gave us the opportunity to introduce the board members again. The diverse board structure continues to be highly effective and we appreciate the unique perspectives and contributions of each member.

The COVID-19 response dominated the end of the fiscal year, as individual physicians, MSAs, Interior Health, and the EK Division worked to ensure that each community was set up to care for patients and protect health care workers. The Division helped to coordinate the response in Cranbrook and Kimberley, where the MSA is less community-GP focused. This included developing a virtual walk-in clinic for unattached patients, who may not have been able to use the regional hospital emergency department in the event of an outbreak in the area. We had 10 local physicians offer to staff the clinic, and feedback from the MOAs indicated the patients were extremely appreciative to have the service.

We also continued to provide outreach support to the outlying rural communities and their MSAs who worked so hard on preparing and responding to the pandemic. We continue to be the conduit for distribution of personal protective equipment to all EK clinics from Interior



Dr. Michael J. Walsh
Board Chair



Dr. Todd Loewen
Physician Lead



Megan Purcell
Executive Director

Health. The Pathways launch was also accelerated this year in response to COVID-19, as a streamlined mechanism to distribute information to physicians.

We are grateful to our members, staff and partners for supporting the Division's continued growth and development as a membership organization. This was Dr. Todd Loewen's final year on the Board of Directors, after 8 consecutive years, and Dr. Kimberley Barden also concluded her term on the Board. We are grateful to our departing board members for their incredible service and vision for primary care. This past year we helped to support significant contributions to the East Kootenay health system, including the ongoing PCN work and addressing the new challenges that emerged with the pandemic, and we look forward to new opportunities to contribute in the year ahead.

Dr. Michael J. Walsh (Chair), Dr. Todd Loewen (Physician Lead), and Megan Purcell (Executive Director)

The Year in Review

- Spring PCN Planning Events
- Transforming our Work: Thriving in Medicine Workshop
- Establishment of the East Kootenay Continuing Professional Development Steering Committee (EK CPD)
- Establishment of a Shared Care Steering committee
- Division AGM and EK CME Day
- Pediatric Conference with Dr. Jody Carrington
- Chronic Pain Conference
- Red Carpet Committee re-launch
- COVID-19 virtual walk-in clinic for unattached patients
- Regional COVID supports

Pediatric Conference
Presenter Dr. Jody
Carrington



Patient-Focused Initiatives

PRIMARY CARE SOCIAL WORK

In 2018, the Division first partnered with the Ktunaxa Nation to fund and manage Primary Care Social Workers across our communities. In 2019, we received additional funding to sustain the program from the GPSC and the federal government for Jordan's Principle. This year we received confirmation of ongoing, permanent funding through the Primary Care Network (PCN) to sustain and expand social work services.

There are currently six social workers working across the EK communities, all of whom are employees of the Ktunaxa Nation. They work in both the physician clinics and the Band Health Centres. We have greatly appreciated the partnership with the Ktunaxa Nation in sustaining the social work program, and we look forward to working with the Nation and IH as we transition into the PCN structure.

While the social workers each support unique communities and population sizes, they are each able to see an average of 6.4 new patients per month and support an average of 15.7 existing patients. They offer a range of services including counselling, advocacy, accessing supports for income, education/training, disability and many others. They work closely with the patient's family physician, clinic MOAs, and other health and community providers, as well as the patient's family.

[Watch Dr. Shaun van Zyl \(Kimberley\) and Social Worker, Tara Ross, discuss Social Work in Primary Care](#)

RECRUITMENT AND RETENTION

The East Kootenay Division of Family Practice continues to provide broad regional recruitment support to all 8 East Kootenay communities.

The Division connected with over 13 new FPs and locums interested in practising in the East Kootenays. Two of these have committed to practices. The Division was pleased to welcome 10 new members to the society over the past year.

The East Kootenay Division also participated in the Interior Physician Recruitment and Retention Steering Committee. The steering committee provided input into streamlining the community placements of International Medical Graduates and developed tools and resources for equitable recruitment across BC's interior.

In March, we reconvened the Cranbrook Physician Task Force and the Red Carpet Committee to provide additional support for recruitment in Cranbrook.

[Watch Cranbrook's new Recruitment video](#)



SHARED CARE MATERNITY

The aim of the Golden Maternity Shared Care project is to improve patient and provider experience by developing and expanding the multidisciplinary, collaborative approach to perinatal care. The project got underway in February of 2019. Following patient, provider and community stakeholder engagements and surveys, the project developed Action Plans and Working Groups to:

- Improve collaboration and collaborative care between primary providers in Golden and the regional specialist team in Cranbrook of OBGYNs and Pediatricians
- Build relationships, trust and improved communication locally and regionally
- Improve perinatal care through:
 - review and improvement of mental health education and service delivery;
 - updating local prenatal and postpartum written resources into a “baby binder”;
 - updating prenatal education curriculum and coordinating education with a new service delivery model – Group Prenatal visits;
 - creating, implementing and evaluating Group Prenatal visits introduced through the Interprofessional Collaborative Practice (ICP) team in Golden.

While the novel coronavirus pandemic of March 2020 slowed our in-person regional collaboration process, the local Golden Maternity ICP built on momentum to respond effectively as a team to the demands and stressors of this unique time. The team retained communication channels with regional specialists and developed virtual care pathways for prenatal education and mental health support for women experiencing heightened concerns during their pregnancies and postpartum. The project remains on track to complete its objectives with efforts focused on delivering the baby binders, implementing and evaluating Group Prenatal and reinvigorating initiatives related to improved regional collaboration.

PHYSICIAN LEADS

Dr. Meghan Guy

Joyce Totton, RM

PROJECT LEAD

Melissa Weber

SHARED CARE PALLIATIVE CARE

The Open Conversations in Palliative Care Project continues to bring together health professionals involved in palliative care. To date engagement events have been held in Cranbrook, Kimberley, Creston and Invermere with events planned for Golden and the Elk Valley post-covid-19. These events facilitate collaboration and development of integrated palliative care teams in each East Kootenay community. Participants include physicians, patients/family, hospice, health authority, Aboriginal partners, social workers, pharmacists, paramedics and other allied health professionals/services. The project aligns with and informs Interior Health's End of Life planning processes.

- **Key Messages:** Integrated Collaborative Practice; Holistic Wellness – Patient Centered; and Communication—Critical Conversations.
- **Key Principles:** Integrated Interaction; Solution-Focused Issues Identification and Collaboration; Resolutions and Key Actions; Dialogue and Conclusions; Shifting Practice
- **Key Standards:** Resource Sharing – Human and Capacity; Value Patient/Family Voice; Foster Meaningful Relationships; Writing the Very Best Last Chapter

In each community, a family member has shared their story which have resulted in Patient Journey Maps that can be used as communication tools to support initiating difficult conversations: *“Every person's story matters. Loved ones need to be listened to and wishes need to be respected”*. In addition, a Collaborative Team Poster has been produced listing the various interdisciplinary team members that can support Palliative Practice. Watch for these tools to be delivered to physician clinics and other allied services locations.

An evaluation framework and survey tools for the project are nearing completion. Surveys will be distributed via email over the next several months to those who have participated in the project. Please complete this short survey as it will be valuable to inform further Palliative events as well as guide future Palliative Care projects/networks.

PHYSICIAN LEAD

Dr. Greg Andreas

PROJECT LEAD

Shannon Girling-Hebert



The Power of Story: Writing the Best Last Chapter

The Power of Story: Writing the Best Last Chapter
It takes a community to support their own to die well

AN INTERVIEW WITH PHYSICIAN LEAD, DR. GREG ANDREAS

“Empathy and vulnerability can be uncomfortable, but is often the reason we signed up as health care providers, to help people,” states Cranbrook’s Dr. Greg Andreas. Taking on a project involving the subject of Palliative conversations and listening to people’s stories and experiences can’t be easy, but it is meaningful to Andreas... and to patients. “Everyone has a story. I enter their story as the physician.”

The driving questions: How do we interact to improve and enhance the experience for patients, their families, the physicians and other care team members? What works well? What does not?

“We began with engagements with local teams, and pilots in several different communities, but we were unable to complete these in-person meetings due to COVID-19,” says Andreas, who has currently put the project on-hold, believing in the value of in-person meetings.

“We created story boards,” Andreas explains. “We listened to patient and family member’s stories and experiences; I was blown away by the stories. They created an awareness. We want to deliver the care we would expect for ourselves and for our loved ones.”

Andreas says outcomes are difficult to measure. “We are not looking for a statistical, numerical improvement. Our opportunities here have been to move between coordination of teams from Interior Health and other practitioners, linking folks, shifting paradigms, with a focus on a patient centered approach.” How do we relay back to teams, patients and families (process)? How do we diligently use resources? How do we augment each other’s work and not duplicate?

For anyone considering taking on a palliative project or replicating some of the work Andreas and his team have done, he suggests, “Listen to, and look for, the stories of the people. It’s easy to get stuck in best care guidelines and lose the story... it’s bigger than just that one person.” He continues, “we want them (palliative patients) living their best last chapter, beyond the medical issues.”



[Watch an interview
on both the Long
Term Care Initiative
and the Open
Conversations
Shared Care Project](#)

[View the
Palliative Team Poster and
Patient Journey Maps](#)

SHARED CARE CHRONIC PAIN

Since the beginning of the Shared Care Chronic Pain project in June 2019, different actions have been undertaken to improve chronic pain care in the Elk Valley.

To help patients better self-manage their pain, two classes developed by Pain BC were offered between October and December 2019 in Fernie. A seminar facilitated by Pain Specialist, Neil Pearson, in February gave 35 people the opportunity to learn skills and gain tools to better understand and cope with chronic pain. A 6-week pain management group class is currently being developed with the objective to run the program once before the end of the Shared Care project, and then regularly in the future.

The webpage www.painbc.ca/elkvalley has been developed to improve access to online resources for patients and health professionals. Different educational sessions on chronic pain care have been provided to health professionals including the PSP module and two conferences, which gathered 28 primary care providers and 35 allied care providers respectively.

Thanks to the project, local complementary skilled professionals have been identified to support the improvement of chronic pain care including physicians, social worker, nurse, counsellor, physiotherapists and IH representatives. Furthermore, the intervention of the British Columbian Pain and Addiction Specialist, Dr. Mandy Manak, in Fernie helped to strengthen the connection between the specialist, based out of Kamloops, and local physicians.

A model of team-based care with a patient-centered approach has been conceived, taking into consideration the available local resources. A pilot with a chronic pain coordinator was launched in January 2020 with the objective to engage patients to develop a treatment plan, help them implement it and monitor their progress. Even though the COVID-19 pandemic impacted the execution of the pilot, the role of the chronic pain coordinator showed value. Discussions have begun to find sustainable funding to maintain the position after the end of the Shared Care project.

PHYSICIAN LEADS

Dr. Joel Stimson

Dr Todd Loewen

PROJECT LEAD

Anne-Charlotte Sawatzky

[View the
Back in Control
program workbook](#)



AN INTERVIEW WITH PHYSICIAN LEAD, DR. JOEL STIMSON

As the number of people experiencing chronic pain increases, Dr. Joel Stimson in Fernie, sees a real need for this kind of project, “New treatments are not keeping up with the pace of this”. A relatively new physician to the area, Stimson says, “being involved with the project has been a big learning curve, but I can see the impact we are having.” Some of the work of the team has been thwarted by COVID-19, “We had a lot of momentum prior to COVID-19. We had a large team involved and, unfortunately, need a physical space for full success of this initiative.”

Stimson says “the work began with brainstorming and goal setting. Four objectives were set out. We wanted to include patient self-care and education; health professional education; creation of a local support network; and an archive of tools, and patient journeys for data collection.” The project launched with funding from Shared Care through the EK Division, and the hiring of Project Coordinator, Anne-Charlotte Sawatzky. Stimson describes this as a work in progress, having hosted sessions for patients and practitioners, and initiating two trials, movement and theory programs. “We’ve also completed two of the three PSP Chronic Pain module and begun to develop the network, and are combining theory about the understanding of pain and movement with physio in the Back in Control Program”. Further plans include a patient-led peer support group, running the Back in Control pain management course regularly, and completion of events placed on hold due to COVID-19, among others.

Stimson is happy to speak to colleagues about the work, and has some recommendations. “Chronic pain is difficult and a challenge under fee for service. It’s a big piece of work, so ensure you have a strong team with you, including allied health, physio, therapists, etc.” He adds, “and a good coordinator is key.” He explains, “there’s a lot that has been done, so there’s no need to reinvent the wheel. Reach out to others who have done, or are doing, the work.”



Physician-Focused Initiatives



Hanlie Du Plessis
Pathways and CME
Coordinator

PATHWAYS

After many months of training and preparation, EK Division officially launched Pathways on March 18, 2020. Pathways access keys were sent to all family physicians. Clinic managers and MOA's received access keys if a completed survey was received from a physician in their clinic. As of March 31, 2020, the Division registered 217 accounts of which 53 have been accessed and used and over 23 specialists are now in the system. A significant milestone was reached when GPSC agreed to include specialists from Alberta to EK Pathways.

In response to COVID 19, a Virtual Care Directory was launched by Pathways, which provides information to the public on how to access physicians and specialist in their communities.

The EK Division also welcomed the new EK Division Pathway Administrator, Hanlie Du Plessis (eastkootenay@pathwaysbc.ca), and recently retired Cranbrook physician, Dr. Ross Dawson (dr.rossdawson@pathwaysbc.ca) as Physician Lead to the EK Pathways team.

Dr. Dawson states: "The Pathways program is quite new to our Division and I don't think all communities or physicians are really aware of it. It is a desktop resource similar to Up-To-Date (free to Division members). Whereas Up to Date provides current clinical information, Pathways provides a detailed listing of clinical supports, such as specialist physician information, community support services, Health Authority clinical services, lab requisitions and referral forms, and patient information resources.

Pathways also has topical provincial, regional and local information for family physicians in one, easy to access location. I see Pathways as being increasingly valuable to physician practice here in the East Kootenays."

If this is not yet part of your toolkit, please feel free to reach out to either of these team members for more information.

PHYSICIAN LEAD

Dr. Ross Dawson



INTERPROFESSIONAL DEVELOPMENT WORKSHOPS



Jacqui van Zyl
Program
Manager

The East Kootenay Division engaged with physicians to learn about the types of business supports that may be needed in clinics to help improve clinic functioning and cohesiveness, recognizing that creating a better work environment in clinics will help ease the transition toward team-based care.

Based on this feedback, the Division contracted a local psychologist to develop and deliver workshops designed to:

- help clinics build cohesive teams
- increase clinic efficiency
- reduce conflict and stress
- adapt to team-based-care models
- enhance integration for new PCN team members

Workshops were tailored to the unique needs of each participating clinic, and offered training in effective communication skills, conflict resolution, communication strategies with patients and coworkers.

Workshops were held in five clinics across the region (Golden, Fernie, Cranbrook, and Kimberley) and have been attended by a total of 23 physicians and 32 clinic staff members.

These workshops are expected to continue throughout the next fiscal year as well.

AN INTERVIEW WITH INTERPROFESSIONAL DEVELOPMENT WORKSHOP ATTENDEE, DR. SARAH PEARCE

“Tyla Charbonneau met with our office staff for 2 half days before we all met as an office group for another ½ day. Tyla used icebreakers, dialogue and exercises.” Sarah explains. “One exercise was to examine and provide clarity around perceptions of and the reality of staff duties and roles.” She says this was a bit of an eye opener. “She provided us with an opportunity to engage as equals and explore a new conversation in a facilitated way by a qualified third party.” She adds, “With a professional therapist, while there is still some vulnerability, this encouraged trust and a safe place to share.”

Asked if she would recommend the workshop to other GP’s, Sarah says, “I would recommend this for other physician clinics, especially with the pre-meet with staff first. It has made a difference in relationships, less conflict, and with more compassion and understanding of each other.” She adds, “There is a significant need to have more than 1 session. You just can’t retain it all.” She suggests it would be good to have Tyla again since the relationship of trust is already established. With COVID-19, no one is sure what that could look like.

MICROBLOGGING MD

The East Kootenay Division continued to support the adoption of the Microblogging MD Application. The app helps improve secure clinical communications between family physicians and specialists.

From April 1, 2019 to March 31, 2020 usage data confirms 110 different users, 61 of those being family physicians. Specialist users accounted for 69, and another 10 users (nurses, pharmacy etc.) make up the total.

Of the 110 users, 15 people used MBMD between 5-9 times. Another 14 people used MBMD between 10-19 times, and 7 used MBMD 20 or more times.

Key uses for MBMD in the EK region are:

- Patient information on admissions and discharges
- Call board consulting and calling through available specialist information
- Sending and receiving of photographs and x-rays
- Messaging for non-urgent advice from specialists.

Should you want more information on how to use MBMD, or how to maximize the value of the App, please contact Jacqui van Zyl at the EK Division.



Communications and Engagement

CONTINUING PROFESSIONAL DEVELOPMENT

The EK Division supported the East Kootenay communities to come together and develop a formalized Regional Continuing Medical Education program in 2018/2019.

The Regional CME program was implemented in the first quarter of 2020, and the EK CPD Steering Committee held their first meeting in June 2020. This committee includes physician representation from each of our 8 communities and provides direction for our regional CPD program.

The EK Division supported 3 regional CME events in the past fiscal year:

- EK CME Day - at Lizard Creek Lodge in Fernie featuring nine guest speakers with 66 attendees
- Alcohol Use Disorder Lunch and Learns across the region featuring guest speaker Dr. Jeff Harries with 49 attendees
- East Kootenay Pediatric Conference – at Kimberley Conference Centre featuring six guest speakers with 44 attendees

Feedback from attendees at the events has been positive overall, and included the following:

- “Really BIG thanks to all our presenters. Lots of good info in short time.”
- “Thank you for including medical students in the event!”
- “Thanks to organizers and presenters. Excellent day.”
- “Thanks Dr. Tara [Chalmers-Nixon]/Crew on your vision to start this great program”
- “Great to have our local specialists and physicians covering the topics.”

PHYSICIAN LEADS

Dr. Kate Buddo - Kimberley

Dr. Bruce McKnight - Golden

Dr. Atma Persad - Creston

Dr. Bruce Johnson - Invermere

Dr. Sarah Chesney - Cranbrook

Dr. Chris Pienaar - Specialist Community

Dr. Virginia Robinson - Fernie

Dr. Tara Chalmers-Nixon - Specialist Community

Dr. Kimberley Barden - Sparwood/Elkford

AN INTERVIEW WITH CME ATTENDEES DRs ANNICK RODRIGUE AND TARA GUTHRIE

Family physicians, Dr. Annick Rodrigue, from Fernie and Dr. Tara Guthrie from Creston both attended the Pediatric Conference and found the content both varied and relevant. “This struck a great balance having local pediatricians share information, knowledge and personal notes, along with the launch of a Provincial resource, the Compass Program.” Says Rodrigue. Both were impressed with final guest speaker Jody Carrington, Child Psychologist, who left Rodrigue and much of the crowd laughing and light hearted, a good way to end the day.

Rodrigue says, “I discovered a couple of local services for my patients that I wasn’t aware were offered in Cranbrook, which saves patients having to travel.” She says she shared that information with colleagues who were unable to attend. “All of the topics were very timely, and becoming a better-informed physician gives me more confidence in treating patients, and places less demand on the specialists,” she adds. Guthrie agrees, “The ADHD talk was excellent, with practical application information such as screening tools, medications and when and how to refer.”

Guthrie stressed the value of regional content. “Having local presenters is huge. I applaud the specialists who participate. I think these events leave us with a better sense of mutual respect for each other”. She continues, “The EK Education days are great, so much of our opportunities are geographically challenging to attend.” She sees great access currently with Zoom, and is hoping once in-person events resume, that there will continue to be a zoom component to support rural attendees.

With COVID-19 impacting how physicians now meet for learning Rodrigue says, “There was a lot of networking value, meeting face to face with pediatric colleagues, which of course, we don’t know when we might do that again.”

Both physicians were impressed with the event, the venue and presenters. Rodrigue comments “I’m very happy with the Division sponsored CME, and hope they are able to do more.”



PRIMARY CARE NETWORK



Sarah Loehr
PCN Manager

In 2019, the East Kootenay Division of Family Practice partnered with Interior Health and the Ktunaxa Nation to begin the development of an East Kootenay PCN Service plan. The plan was completed and submitted to the Ministry of Health for review in June of 2019. In spring of 2020, a final approval and funding letter was received by the partnership from the Ministry.

A mix of new resources for each community in the region have been approved. These resources include family physicians, nurse practitioners, primary care nurses, social workers, mental wellness clinicians, physiotherapists, occupational therapists, respiratory therapists, dietitians, and Aboriginal health coordinators. The resources that each community will receive were determined through various engagement events with providers and other community members throughout the region during the planning phase. Regional resources, including a clinical pharmacist, a leadership team, and change support coaches, have also been approved for the region. A four-year staged approach will be taken in the implementation of these new resources. Once fully implemented, the EK PCN will bring \$8,832,933 of new primary care resources to the region.

Implementation of the EK PCN resources will occur simultaneously in communities throughout the region, beginning in April of 2020. Timing of resource implementation, location of resource in the community, and how the PCN can help to facilitate these changes to care will be informed through continued engagement with providers and other community members.



Board of Directors and Staff 2020



BOARD MEMBERS

Pictured left, listed left to right

Greg Wanke (Creston)
Helena Oosthoek (Golden) – Vice-Chair
Jo Ann Lamb (Kimberley)
Dr. Michael J. Walsh (Invermere) – Chair
Mike Adams (Cranbrook) – Treasurer/Secretary
Dr. Todd Loewen (Ferne) – Physician Lead
Missing from photo: Dr. Kimberley Barden (Elkford)

STAFF

Megan Purcell, Executive Director
Laura Vanlerberg, Operations Lead
Jacqui van Zyl, Program Manager
Tina Hochart, Finance Coordinator
Hanlie du Plessis, Pathways and CME Coordinator
Dionne Kowalchuk, Executive Assistant
Kerry Stanley, Administrative Support

SHARED CARE PROJECT LEADS

Shannon Girling-Hebert, Regional Palliative
Melissa Weber, Golden Maternity
Anne-Charlotte Sawatzky, Elk Valley Chronic Pain

REGIONAL PHYSICIAN REPRESENTATIVE COMMITTEE

Dr. Todd Loewen (Ferne)
Dr. Katherine Wight (Cranbrook)
Dr. Suzanne Hopkins (Creston)
Dr. Shaun van Zyl (Kimberley)
Dr. Allison Clare (Golden)
Dr. Gareth Mannheimer (Invermere)
Dr. Michael J. Walsh (Invermere)



Financial Statements

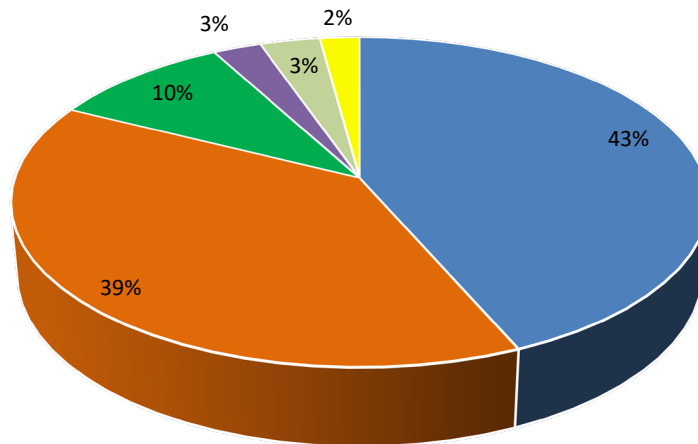
STATEMENT OF FINANCIAL POSITION



Tina Hochart
Finance
Coordinator



Laura Vanlerberg
Operations Lead



Expenses Summary

- Physician Sessional
- Employee and Contractor costs
- Subcontracted Agreements
- Travel
- Facilities and Operations
- Meeting Costs

STATEMENT OF OPERATIONS

East Kootenay Division of Family Practice Society

Audited Income and Expense Statement for Year Ending March 31 2020

2018-19 Funding Carried Forward	\$600,263.00
2019-20 New Funding	\$1,640,401.00
Total Funding	\$2,240,664.00
Less funds returned	\$0.00
Plus interest	\$13,379.00
Less amortization	\$2,678.00
Total Income after adjustments	\$2,251,365.00
Expenses	
Physician Sessional	\$772,205.00
Employee and Contractor costs	\$691,562.00
Subcontracted Agreements	\$171,940.00
Travel	\$45,694.00
Facilities and Operations	\$56,894.00
Meeting Costs	\$37,658.00
COVID Cost	\$1,193.00
Total Expenses	\$1,777,146.00
Unused Funds Forward	\$474,219.00
Total Expenses and Unused Funds	\$2,251,365.00

Contact Us



CONTACT INFORMATION

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Photo Credits: Dr. Shaun van Zyl (page 1), Dionne Kowalchuk, (page 5), Dee Conklin, Invermere, BC (page 8), Anne-Charlotte Sawatzky (page 10), Kevin Hogg (pages 6, 12, 14, 17), Tim Hogg (pages 2, 9, 11, 16), Dr. Madeline Oosthuizen (pages 18 and 20)



Divisions of Family Practice
A GPSC initiative

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.