



# Annual Report 2019–20

FOR THE PERIOD ENDING MARCH 31, 2020

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# Our Vision & Strategic Plan

A healthy Nanaimo through empowering and supporting our primary care community.





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# Leadership Report

As we write this report, please imagine you are hearing the calm, confident and informed voice of Leslie Keenan.



Leslie Keenan,  
Executive Director

Although retired from Division responsibilities now (hence the ghostwriting of this report), Leslie sailed the Nanaimo ship through the waters of 2019 into 2020. Little did she, nor we, know what a turbulent time was to come – but more of that in next year's report!

We believe Nanaimo to be a fertile nest of creative solutions, and the can-do attitude of the community was reinforced, if not a little tried, as we became a testing ground for provincial initiatives such as the Urgent Primary Care Centre and a new Nurse Practitioner Clinic. Although we were compelled to delay some of our strategic planning whilst we negotiated these new challenges, I am pleased the Nanaimo membership stepped up to the mark – as always! Building on our collaborative relationships, we managed to continue forward in our PCN planning whilst simultaneously supporting the province's first UPCC co-located at Medical Arts Clinic, which now houses Physicians, Nurses and Allied Health Professionals, and continues to be a resource for collaborative health authority and Family Physician team-based care in Nanaimo. It is a testament to our collaborative tables' strength, such as the CSC (Collaborative Steering Committee), and its members shared values and vision that we could deliver our expression of interest for a Primary Care Network in Nanaimo to the Ministry of Health in early 2020.

Financially, the organization remains sounds as we rounded out 2019/20 with a small surplus. We have been approved to

carry funding over to continue the project work already started in:

**Addictions:** The first Shared Care initiative to span Vancouver Island – building and reinforcing a network for Opioid Agonist Therapy prescribers to provide continuity of care to patients transitioning between places of home. This work was supported by a sub-project funded by the new Ministry of Mental Health and Addictions to engage with, and learn from, the experiences of urban Indigenous substance users.

**Behavioural Support Team Care for patients with BPSD:** This project found its legs in 2019 with pilot initiatives in 4 Long term care facilities in Nanaimo. As the Plan-Do-Study-Act (PDSA) quality improvement cycle continues, we are working with Island Health and LTC centres to spread the project throughout Nanaimo and neighbouring communities.

**Long Term Care Initiative (LTCI):** Our LTCI, which provides Family Physician care to over 93% of the LTC population in Nanaimo, has been a great success. We are pleased that the Physician Master



Leslie Keenan, Executive Director and  
Roger Walmsley, MD Chair.

Agreement was negotiated to allow the GPSC to continue funding this initiative. By working closely with Long Term Care Managers and Patient family partners, our team of approximately 30 dedicated Physicians provide care that meets the General Practice Services Committee's best practice expectations.



**Beccy Robson,**  
Executive Director

**Recruitment and Membership:** In 2019, our Division consisted of over 200 funded members located in clinic practices, hospitals, and we are pleased to welcome 7 new Family Physicians and 16 Family Medicine Residents to the Division.

As Dr. Zuccaro takes the reins of the UBC Resident Program in Nanaimo, I would like to extend heartfelt thanks to Dr. Beerman, who tirelessly and passionately supported resident training for 13 years. The results of our recruitment team, Dr. Beerman, and his colleagues' hard efforts are demonstrated by the high numbers of newly qualified Physicians who make Nanaimo their first home as Family Physicians.

In 2019 Snuneymuxw First Nation opened its new Health Care Centre in South Nanaimo. This beautiful building houses a cohort of Family Physicians and allows space for alternative therapies and teams of AHP to provide care for Snuneymuxw residents. We look forward to seeing the next chapter in this health care story and continuing to build relationships with our partners at Snuneymuxw and Snaw-Naw-As First Nations and Tillicum Lelum Friendship Centre. We thank all our Indigenous partners for their representation at our Primary Care planning tables and commitment to

improving health care in their communities.

Over the year, we also collaborated with our close allies at the Nanaimo Medical Staff Engagement Society. Working together, our two societies held a disastrous night of speed dating to learn

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*"Individually, we are one drop.  
Together, we are an ocean." –  
Ryunosuke Satoro*

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about emergency preparedness, and we once again had an enjoyable if a tad blustery Summer bar-be-que at the Cottonwood Golf Club. As I look back on that day, and at our last Division social event at the Port Theatre in February 2020, I wonder at how unaware we were about the year we were about to SPLASH into, but also very much look forward to a time when we can celebrate our friendships and camaraderie together once again.

We would like to thank all the Nanaimo members for their continued passion for, commitment to, and advocacy on behalf of their patients. I am reminded of your *raison d'être*, and is our privilege as the Operations team to support the hard work and ideas this inspires.

**Beccy Robson**  
Executive Director

**Roger Walmsley, MD**  
Chair

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# Initiatives

## PRIMARY CARE NETWORK (PCN)

### OBJECTIVES

- Build community readiness to undertake service planning for Nanaimo's Primary Care Network
- Engage and involve family physicians/clinics in foundational PMH development and engagement in Primary Care Network – as the foundation of the PCN
- Develop a collaborative partnership to guide work forward
- Engage community, providers and Indigenous communities to understand current gaps in care, needs, opportunities and health disparities to inform future PCN Service Planning
- Undertake PCN Service Planning by engaging providers and patients around potential service opportunities to address the identified service gaps and opportunities.

### ACCOMPLISHMENTS

- **Development of Core Values for the CSC and the PCN Working Group:** Through several facilitated sessions, the PCN planning partners developed a set of values and guiding principles for how the partnership will work together in planning our PCN. This allows us to lean into our values to resolve conflict and ensure that our future PCN aligns with these values.
- Established **3 PCN Task Groups** to develop plans for Community Engagement, Physician Engagement and Cultural Safety (Truth & Reconciliation in Health Care): Each of these groups was comprised of members from the PCN working group and other key community stakeholders. Each group developed a plan and

did the pre-work necessary to complete sections of the PCN Expression of Interest.

- **Continuation of the Truth and Reconciliation Working Group:** While this task group was instrumental in preparing for Nanaimo's PCN EOI, this group has a more long-term mission to guide us along a journey of Truth & Reconciliation in Health Care. The group has developed initial ideas for acknowledging the history of the Nanaimo Indian Hospital and understanding how that impacts experiences with health care today. This process moves us towards building relationships with local First Nations and provides an approach to achieving meaningful change towards culturally safe and appropriate care in Nanaimo's PCN.
- **PCN Expression of Interest Submitted on January 6, 2020:** The partnership was completed and signed off on Nanaimo's EOI, with subsequent approval by the Ministry of Health to enter into PCN Service Planning.
- **MHSU Working group and MHSU Primary & Community Care Mapping Session:** Stemming from the rollout of the new MHSU LOCUS referral tool, which aimed to address the long waitlist for Psychiatry, a small group including reps from the Division, Island Health MHSU, Psychiatry and Family Practice came together to work towards a more collaborative solution. The group met from August 2019 to January 2020 to better understand how to improve care for patients with MHSU concerns. This work culminated in an Adult MHSU Primary and Community Care Mapping Session hosted by the UBC ISU team. The results of this work directly informed the PCN service plan.
- **Primary Care Planning Event on February 26, 2020:** This event brought together Physicians, Nurse Practitioners, Specialists, First Nations, and

Island Health Leadership and staff from Community Health Services and Mental Health and Substance Use. Table discussion allowed for fulsome discussion on potential service opportunities to address gaps in care identified from earlier engagement activities.

- **Provider and Island Health Staff Survey:** From February to March 2020, both a provider survey and an Island Health Survey were developed and implemented. The Surveys provided valuable information to understand better the patient populations, which providers and health care staff were most worried about, barriers to care and services and support.
- **Patient Engagement:** Created a community engagement plan and patient survey. Activities put on hold due to COVID-19, but the planning team worked with BC Patient Partners Network to add 2 Patient Partners to the CSC.
- **Identified Service Opportunities:** The pandemic halted much of the previous planned PCN Service Planning Activities by mid-March 2020, as Division Staff and PCN Partners pivoted to support our community to adjust to a new normal. Planning work that could be done without engagement, such as analyzing and consolidating the information collected at the February 26 Engagement Event and Surveys, was the focus of the next fiscal year (April/May). This information became the foundation to carry us to finalizing the PCN Service Plan

- **Integration of the NP Clinic (Nexus) into the future PCN:** With the Collaborative Services Committee's commitment, a small task group worked to ensure that the NP Clinic would be well integrated into the future Primary Care Network. The primary focus was on the shared PCN resources, specifically how the allied health professionals will work as part of a team in our PCN to support multiple clinics.

## PROJECT MANAGERS

Laura London

Brenda Adams

## PHYSICIAN LEADS

Dr. John Trepass – Primary Care Network (PCN)  
Lead

Dr. David Sims – Patient Medical Home (PMH)  
Lead

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*"Planning a Primary Care Network hasn't been about creating a big transformation. It's been more about building relationships, listening to people's stories and finding creative ways we can make things a little bit better for patients and providers, with the tools we have on the table." Laura*

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## LONG TERM CARE INITIATIVE (LTCI)

### OBJECTIVES

- Improve patient-centred care for Long Term Care (LTC) residents in care centres.
- Reduce barriers to Physicians providing care to LTC patients by implementing solutions identified via collaboration with all key stakeholders.
- Provide support to Physicians to work towards the GPSC 5 Best Practice expectations, namely:
  - Undertake proactive visits to residents.
  - Meaningful medication reviews;
  - Attendance at case conferences;
  - The completion of patient documentation in a timely and retrievable format
  - On-call availability
- Provide solutions which work towards the service level outcomes of:
  - Reduce unnecessary/inappropriate hospital transfers.
  - Improve patient/provider experience
  - Reduce cost per patient as a result of a higher quality of care.
- Evaluate new processes using a quality improvement approach

### ACCOMPLISHMENTS

- Funding for this program has been provided by the GPSC since 2015 to allow locally driven solutions and processes to fulfil the purposes and aims described above.
- Approximately 30 Family Physicians and 1 Nurse Practitioner participate in the LTCI, providing care to nearly 900 residents or 93% of Long Term Care beds in Nanaimo.

- Teams of LTCI Physicians work together to improve services within Long Term Care centres and contribute to the overall success and quality improvement goals of the LTCI program.
- In 2019 a PEAK on-call pilot initiative was launched to support Physicians in providing cover for their colleagues during busy holiday periods and maintain care provision to vulnerable patients. This has been extended into 2020, but public health restrictions due to Covid-19 have impacted this program's delivery.
- On January 21, 2020, the LTCI Program collaborated with Island Health to present an educational forum on Seniors' needs. Dr. Paul Hasselback, MHO Island Health Region 2, opened the afternoon with an epidemiological presentation and brought the day to a successful close after receiving presentations about services for elderly patients from Island Health Community Service leads and Family Physician, Dr. Otte. The day's highlight was an opportunity to welcome back Dr. Launette Rieb to present her keynote talk on Seniors and Addictions.

### PROJECT MANAGER

**Beccy Robson**

### PHYSICIAN LEADS

**Dr. Erfan Javaheri – RCI Core Physician**

**Dr. Diane Wallis – RCI Core Physician**

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*"The nearer people approach old age the closer they return to a semblance of childhood, until the time comes for them to depart this life, again like children, neither tired of living nor aware of death." Desiderius Erasmus*

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## BEHAVIOURAL SUPPORT TEAM (BeST) MANAGEMENT FOR DEMENTIA PATIENTS IN LONG TERM CARE (LTC)

### OBJECTIVES

Working in partnership with Family Physicians, Specialists, Island Health MHSU, and Long Term Care Facilities in Nanaimo, this project aims to create Behavioural Support Teams to support dementia patients in residential care by:

- Reducing the amount of inappropriate referral to Psychiatric services and therefore prioritizing urgent referrals
- Improving patient outcomes by reducing the prescribing of inappropriate anti-psychotic medications and improving functional wellbeing for patients (improved or remained independent in mid-loss ADL)
- Developing a behavioural management team approach to managing and assessing dementia patients by creating and training **Behavioural Support Teams (BeST)** at Nanaimo Residential Facilities
- Building a culture with Family Physicians and facility staff of a holistic, person-centred behavioural approach to managing dementia patients.

### ACCOMPLISHMENTS

- A complete guide has been created as a stand-alone resource to support facilities create their **Behavioral Support Teams** – ‘BeST in a Box.’
- An on-boarding procedure has been developed to manage expectations and support the change management process. New facilities can have a ‘BeST Buddy,’ a manager of a facility similar to their own (either in size or funding), who will be available to answer operational questions and provide advice.
- An online medication education program has been designed by our community LTC Pharmacist Advisory Committee member, Hafeez Dossa, which aims to answer common questions from patients’ families and loved ones about medication regimens. It also provides resources to address common ‘myths’ which exist amongst LTC care and support staff.
- An innovative new concept of multi-disciplinary Shared Rounds has been implemented, which allows all participating LTC centres a regular opportunity to come together with a Geri-Psychiatrist to discuss case studies of patients with increasing or challenging behavioural concerns. These bi-weekly sessions have not only proved valuable in providing cross-learning for the participant but have also demonstrated clear and positive outcomes for the patients.
- The next stage is to complete one complete PDSA (Plan – Do- Study – Act) quality improvement cycle with a cohort of LTC facilities using the tools above to create the BeST implementation model.

### PHYSICIAN LEADS

**Dr. Erfan Javaheri – GP**

**Dr. Anysia Rusak – Psychiatrist (on leave)**

## EVOLVING DOORS: INCREASING ACCESS TO OPIOID AGONIST THERAPY FOR PATIENTS IN THE CENTRAL/NORTH VANCOUVER ISLAND REGION.

### OBJECTIVES

- Create a community of practice by increasing the number of and enhancing connections between OAT Prescribers in the Central / North Vancouver Island region. This will improve patient access to OAT across the Central / North Island (Island Health Geo 1, 2,3) and provide a continuum of care for patients across the region.
- Provide a sustainable mechanism to facilitate communication and connections between all OAT prescribing Physicians in the region.

### ACCOMPLISHMENTS

- This Shared Care funded project is unique by collaborating with 5 Divisions of Family Practice and Rural and Remote Division to explore transitions for patients receiving OAT treatment on Vancouver Island.
- A Physician support algorithm is being developed, which will be hosted on the Doctors of BC PATHWAYS website in 2020.
- Whilst activities to map prescribers and resources have continued, a parallel stream of work has emerged to examine barriers to prescribing experienced by Addictions Physicians. Learning about these more intangible concerns will be shared with leaders in system planning and participating communities.
- In late 2019 a new subproject emerged to collect information to reveal barriers, gaps and successes in urban Indigenous peoples' access to substance use and related services to improve primary care resources.



- A series of engagement events were designed to meet urban Indigenous substance users 'where they are at' to hear first-person experiences of navigating life with addictions, accessing, and maintaining treatment. The events' objectives and design were created by consulting with FNHA, primary care prescribers, Island Health MHSU, and local First Nation representatives.
- Five local organizations are recognized as working closely with the urban Indigenous populations designed and planned events in overdose 'hotspot' communities. We connected with each organization to collaborate on the development of events and information gathering. All events were scheduled to be held in March. However, due to Covid-19 restrictions, only one event was held. Funding for the other four planned events has been carried over into the 2020/21 fiscal year

### PHYSICIAN LEADS

Dr. Sandy Barlow

Dr. Patricia Mark

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*"I believe I need to be on long-term suboxone... To succeed I need passion, and to avoid boredom...something to strive towards... I have set goals for myself. [I am] working towards moving out on my own and am studying to go back to school... exercising and trying to take better care of my health and body."*  
Vancouver Island OAT patient

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## WOUND CARE

### OBJECTIVES

- Enhance partnerships with Island Health, Specialists, and Family Physicians to enhance Wound Care Referrals and Services' coordination in Nanaimo.
- Create a clinical decision support tool to simplify the complexity in wound care assessment and referral for Primary Care Providers (Wound Care Algorithm on Pathways.ca)
- Leverage technology to better enable team-based care through the sharing of secure photos for a quick consultation with specialists
- Create tools to empower patients in self-management of wounds. (Patient Self-Management Materials on Pathways.ca)
- Host CME events for knowledge sharing and education between specialists, providers, and Wound Care Nursing.

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*"Our iterative process of designing and testing the project tools led to a high level of engagement, stronger relationships with Island Health and to eventually influencing changes to island health wound care services."*

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### ACCOMPLISHMENTS

- **Write and Submit Final Report to Shared Care:** While the wound care project itself was completed prior to April 1, 2019, the only remaining work for 2019/2020 was to write and submit our final project and evaluation report to Shared Care.
- **The outcome of the Nanaimo Wound Care Project:** The most significant outcome of the wound care project was building a relationship with Island Health, Community Health Services. This led to a substantial enhancement to Island Health Wound care services through the hiring of a Specialty Wound Care Nurse. This role had only existed within acute care before. There are 6 specialty wound care nurses in the mid-island who provide wound care, enhance practice standards and train home and community care nurses.
- Without the Nanaimo Wound Care project, this would not have been possible better to understand the current system of care through environmental scans, wound care audits, patient journey mapping and interviews, a Physician survey, a physician forum, and countless face to face meetings.

### PROJECT MANAGER

**Laura London**

### PHYSICIAN LEADS

**Dr. Derek Poteryko**

## OBSTETRICS COLLABORATIVE

### OBJECTIVES

- The Obstetrics Collaborative is a community of Family Physicians who provide maternity care; Obstetrician/Gynecologists; Midwives; and Labour & Delivery Nurses. Working together to enhance understanding of roles across professions, improve relationships, streamline everyday work, and ultimately enhance the childbearing experience for women and families in Nanaimo.

### ACCOMPLISHMENTS

- Due to changes in process and staffing at Shared Care and Island Health in 2019, this group paused during 2019.
- The Advisory Group met in February 2020 and reaffirmed their interest in pursuing a prenatal

education program; however, COVID-19 put the group on hold.

### PROJECT MANAGER

Brenda Adams

### PHYSICIAN LEADS

Dr. Sheila Findlay – GP Maternity Lead

Dr. Evelyn Eng – OB/GYN Lead

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*“The improvement of understanding is for two ends: first, our own increase of knowledge; secondly, to enable us to deliver that knowledge to others”  
(John Locke)*

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## ADULT MENTAL HEALTH AND SUBSTANCE USE (AMHSU).

### OBJECTIVES

- Increase awareness of AMHSU services
- Improve the referral process to AMHSU resources
- Enhance the coordination of care and communication between providers
- Reduce the burden on Family Physicians, Psychiatry and MHSU



### ACCOMPLISHMENTS

- EOI approved for \$70,000 Total Budget
  - Gate 1 Funding FTA received for \$15,000 in January 2020
- Advisory Committee formed with representation from:
  - 4 community clinics
  - 1 rural team-based care clinic
  - Adult MHSU, VIHA

### PROJECT MANAGER

Myla Yeomans-Routledge

### PHYSICIAN LEADS

Dr. Derek Poteryko – GP

Dr. Joris Wiggers – Psychiatry



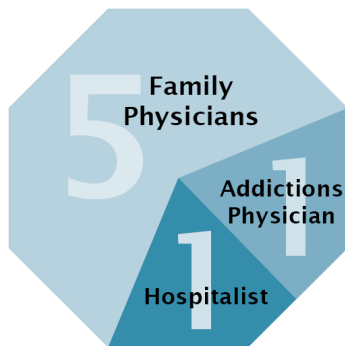
# Physician Recruitment & Retention

## OBJECTIVES

- Improve Physician practice coverage and increase the availability of Locum Physicians.
- Develop local, regional, and international marketing and advertising strategies.
- Provide ongoing support to UBC Family Medicine Residents and early career Physicians.
- A collaboration of shared knowledge, information and resources with other Divisions, health authorities and provincial or national entities.

## ACCOMPLISHMENTS

**7 Physicians  
Recruited or Retained**



**Conferences attended**

100+ interested GP & NP \*Leads

*\*All leads shared with other Island Divisions depending on the indicated community*



**UBC Family Medicine  
Residency Support**



- **Collaborative Recruitment Process Mapping Session:** Vancouver Island Regional R&R Collaborative met to streamline the recruitment process on Vancouver Island with 19 attendees including, representation of 8 Island Divisions, Island Health, Health Match BC, and Canadian Association of Staff Physician Recruiters (CASPR)
- **New Community Partnerships:**
  - Vancouver Island University,
  - Nanaimo District Hospital Foundation,
  - Nanaimo City Council
  - Central Vancouver Island Multicultural Society

## PROGRAM LEAD

**Leslie Keenan / Myla Yeomans-Routledge**

**Regan Grill, Coordinator**

## PHYSICIAN LEADS

**Dr. John Trepess**

**Dr. Taylor Swanson**

**Dr. Armon Molavi, R2 Resident Rep**

**Dr. Carmen Chornell, R2 Resident Rep**

# Continued Medical Education (CME) & Events

The Division was pleased to host continuing medical education events on:

## MAY 2019

- **Provincial Guidelines for the Clinical Management of Alcohol Use Disorder Seminar Series**  
Wednesday, May 1, 2019, The Grand Hotel  
Presented by Dr. Jeff Harries

## JULY 2019

- **Annual Summer BBQ**  
Thursday, July 18, 2019, Cottonwood Golf Course

## OCTOBER 2019

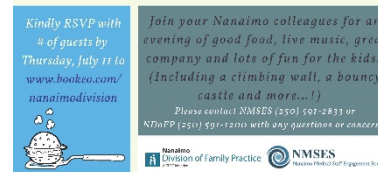
- **Trauma Informed Practice**  
Tuesday, October 1, 2019, Nanaimo Golf course  
Presented by Dr. Terri Aldred & Courtney DeFriend

## NOVEMBER 2019

- **A Disastrous Night of Speed Dating: Medical Care and Your Medical Practice in a Disaster Affecting our Community (in partnership with NMSES)**  
Thursday, November 21, 2019  
Presented by Dr. Chris Rumball and Dr. Mike Flesher

## JANUARY 2020

- **Trauma Informed Nanaimo Seniors Forum – Caring for older Adults in Nanaimo**  
Friday, January 31, 2020, at the Coast Bastion Hotel  
Presented by:
  - Dr. Launette Rieb
  - Dr. Jessica Otte
  - Dean Brumwell – OT
  - Jacqueline Myronuk – Psychiatric RN
  - Nicole Tremblay – Clinical Educator, Practice Support Team
  - Andrea Hunter – Clinical Educators, Practice Support Team



## FEBRUARY 2020

- **Splash**  
Thursday, February 13, 2020  
Social reception & private Symphony rehearsal, Port Theatre

## CME COORDINATOR

Karita Sedun (on leave)

Kelsey Chandler

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# Board of Directors and Staff 2020

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## BOARD MEMBERS



**Dr. Roger Walmsley**  
Board Chair



**Dr. Melissa Gillis**  
Director at Large  
Pathways Physician  
Lead



**Dr. Diane Wallis**  
Director at Large  
LTCI Physician Lead



**Dr. John Trepess**  
Director at Large  
PCN Physician Lead



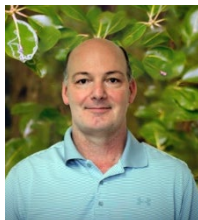
**Dr. Duncan MacGillivray**  
Resident, Director at Large



**Dr. Taylor Swanson**  
Director at Large  
R&R Physician Lead



**Courtney Defriend**  
Director at Large



**Doug Torrie**  
Director at Large



**Dr. Matthew Toom**  
Director at Large  
Treasurer

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## STAFF

Leslie Keenan, Executive Director

Becky Robson, Project Manager

Myla Yeomans-Routledge, Operations Manager | Program  
Manager (on leave most of the year)

Teresa Graham, Operations Coordinator | Executive Admin

Regan Grill, Coordinator

Karita Sedun, Coordinator (on leave)

Kelsey Chandler, Coordinator

Meghan Bajzath, Administrative Assistant

Sandra-Beate Weymouth, Administrative Assistant

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## CONTRACTORS

Laura Loudon, Project Manager, PCN | PMH

Brenda Adams, Project Manager, OB Collaborative | BeST

Janice Schmidt, Nanaimo Pathways Administrator



**Left to right:** Teresa Graham, Brenda Adams,  
Regan Grill, Meghan Bajzath, Katrina Love, Ari Rivas,  
Myla Yeomans-Routledge.

*thank  
you*

# Financial Statements

## STATEMENT OF FINANCIAL POSITION

### NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

#### Statement of Financial Position

March 31, 2020

2020

2019

\$

\$

#### ASSETS

##### Current Assets

Cash	861,825	886,638
Short Term Investment	207,378	203,912
Accounts Receivable	31,712	43,064
GST Recoverable	5,118	7,653
Deposit on Lease	1,648	1,648
	<u>1,107,681</u>	<u>1,142,915</u>

#### LIABILITIES

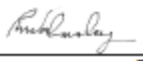
##### Current Liabilities

Accounts Payable (Note 3)	86,863	113,042
Wages Payable	14,794	18,422
Government Remittances Payable	15,264	19,289
Deferred Revenues (Note 4)	<u>961,540</u>	<u>966,409</u>
	1,078,461	1,117,162

#### NET ASSETS

29,220	25,753
<u>1,107,681</u>	<u>1,142,915</u>

Approved by the Directors:

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

CHAN NOWOSAD BOATES  
CHARTERED PROFESSIONAL ACCOUNTANTS



## STATEMENT OF OPERATIONS

### NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

#### Statement of Operations and Changes in Net Assets

Year Ended March 31, 2020

2020

2019

\$

\$

#### Revenues

Government Funding

1,437,151

1,287,627

Interest

3,467

2,531

1,440,618

1,290,158

#### Expenditures

Administrative (Schedule 1)

1,280,558

1,165,288

Conferences

13,448

2,187

Events

34,076

31,298

Office

49,938

35,248

Professional Fees

15,346

16,678

Promotion and Member Engagement

6,357

3,030

Rent

34,792

31,215

Telephone

2,636

2,100

1,437,151

1,287,044

#### Excess of Revenues Over Expenditures

3,467

3,114

#### Net Assets - Beginning of Year

25,753

22,639

#### Net Assets - End of Year

29,220

25,753

CHAN NOWOSAD BOATES  
CHARTERED PROFESSIONAL ACCOUNTANTS

## STATEMENT OF CASH FLOWS

### NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

#### Statement of Cash Flows

Year Ended March 31, 2020

	2020	2019
	\$	\$
<b>Cash Flows From Operating Activities:</b>		
Cash Received from Funding	1,446,169	1,697,370
Cash Paid to Suppliers and Employees	(1,470,983)	(1,282,753)
Interest Received	3,467	2,531
	<u>(21,347)</u>	<u>417,148</u>
<b>Cash Flows From Investing Activities:</b>		
Proceeds from Redemption of GIC	203,912	201,381
Purchase of GIC	(207,378)	(203,912)
	<u>(3,466)</u>	<u>(2,531)</u>
<b>Net Increase (Decrease) in Cash</b>	<b>(24,813)</b>	<b>414,617</b>
<b>Cash and Cash Equivalents - Beginning of Year</b>	<b><u>886,638</u></b>	<b><u>472,021</u></b>
<b>Cash and Cash Equivalents - End of Year</b>	<b><u>861,825</u></b>	<b><u>886,638</u></b>

CHAN NOWOSAD BOATES  
CHARTERED PROFESSIONAL ACCOUNTANTS

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# Contact Us



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## CONTACT INFORMATION

Nanaimo Division of Family Practice  
2137A Bowen Rd.  
Nanaimo, BC, V9S 1H8

Email: [nanaimo@divisionsbc.ca](mailto:nanaimo@divisionsbc.ca)  
Phone: 250-591-1200  
Fax: 250-591-1205

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