



Campbell River and District  
**Division of Family Practice**  
A FPSC initiative



2023  
TO  
2024

# ANNUAL **REPORT**

RELEASED DECEMBER 2024



# TRADITIONAL TERRITORY ACKNOWLEDGEMENT

---

The Campbell River & District Division of Family Practice honours and expresses gratitude for living and working on the traditional lands of the Ligwilda'xw, and the unceded territories of the Kwakwaka'wakw, and for working with the Coast Salish and Nuu-Chah-Nulth peoples.

Acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally informed care to First Nations, Inuit, and Métis people in BC.

The Campbell River & District Division of Family Practice is committed to promoting culturally safe engagement for all within primary care and strives to be humble in its approach to the personal and systemic biases within primary care, in an effort to develop and maintain respectful processes and relationships based on mutual trust.

# TABLE OF CONTENTS

---

01	Executive Director's Report
03	Co-Chairs' Report
05	Our Board of Directors
06	Planning for the Future
07-08	2023-2026 Strategic Plan
09-14	Operationalizing the Plan
15-17	Beyond the Plan
18	Our CRD & PCN Team
19-20	Primary Care Network
21-23	Audited Financial Statements
24	Contact Us



# MESSAGE FROM THE EXECUTIVE DIRECTOR

---

Reflecting on the past 18 months in this role, I am filled with gratitude, pride, and a deep sense of responsibility for the work we do together. When I stepped into this position, I knew I was joining a community of dedicated professionals committed to making a tangible difference in healthcare.



Dawn Hamilton

Over this time, I've had the privilege of witnessing firsthand the incredible work of our members—our family physicians—who provide unwavering care to individuals and families across our community. Your impact goes beyond medicine; you are often the cornerstone of trust and support in people's lives, and for that, I thank you. It is a privilege to support you and serve alongside you as we strive to strengthen healthcare in Campbell River and District.

Equally, I want to recognize the exceptional contributions of our staff, past and present. Their expertise, dedication, and heart are at the core of everything we do, and their efforts have made a lasting impact on our organization and community. To those who have moved on this year, we extend our heartfelt gratitude for their contributions and wish them all the best in their future endeavours.

I would also like to take a moment to acknowledge our incredible Board members for their ongoing dedication to governance and leadership in a rapidly changing environment. A special thank you goes to our Co-Chairs, Jordyn and Pauline, for their unwavering support and guidance over this past year. Your insight, collaboration, and commitment have been instrumental in helping us navigate challenges and seize opportunities.



## MESSAGE FROM THE ED CONT.

---



This past year, like recent years, has brought significant changes to the primary care system. With these challenges have come opportunities, and we have focused on supporting our members' priorities, addressing gaps in care, and advocating for Campbell River & District at local, regional, and provincial levels. Through this work, our Primary Care Network (PCN) has continued to grow and thrive as it enters its third year of implementation. Highlights include advancements in cultural safety programming and the expansion of clinical services with new primary care providers, registered nurses, social workers, and allied health professionals.

The success of these initiatives is a testament to the spirit of collaboration that defines our community. From family physicians to staff, partners, and board members, each of you plays a vital role in shaping the future of primary care in our region.

This report provides insight into the Division's strategic priorities, the work being done to fulfill those priorities, and our plans for the year ahead.

**I am extremely hopeful for 2025 and look forward to continuing to work together as a team to continue to build a healthier community.**

Warm regards,

Dawn Hamilton  
Executive Director

# MESSAGE FROM THE CO-CHAIRS

---

Much has happened this year – we would like to highlight some of the hopeful changes we've seen over the last 12 months.

## Division Highlights

The last two years have seen a nearly complete changeover in Division staff. The team that has been assembled is incredibly skilled and passionate about making the work we do more enjoyable and effective. With Dawn's consistent leadership, they have been intentional about connecting with our physician members through clinic visits, a new MOA Network and various CME events.

As you know, we have had to say farewell to a few cherished staff members and leaders this year. We want to take a moment to recognize and thank Dr. Angela Logan, who stepped away from her PCN convener role after decades of service to both the PCN and the Division.

This year, Pauline was instrumental in developing a Board Orientation Manual and routine board-evaluation process, so that our new and future board members will better understand the unique role of the Division board and its governance structure.

## Membership Highlights

Much has changed for our physician members over the last twelve months as well.

In the spring, we saw the expansion of the LFP payment model to include inpatient, LTC, palliative and maternity care.



Dr. Jordyn Vanderveen



Pauline Bernard



## MESSAGE FROM THE CO-CHAIRS CONT.

---



This included second and third waves of changes to our funding. Alongside Divisions in similar communities, we continue to advocate for incentives that reflect our current needs.

In addition to funding changes, we saw further modifications to the UNIT program, with adjustments to which groups provided care, the creation of a capacity cap for the remaining groups and the inclusion of the MedBridge internal medicine group. We are happy to report that leaders and administrators within Island Health have stepped up to support family medicine. We are grateful to Drs. Tika Okuda and Sophie Waterman for taking up the helm to lead the Family Medicine Department and Albatross UNIT team, and to Dr. Dean Percy for stepping into the role of Medical Chief of Staff.

In the community, the Primary Care Network (PCN) has made incredible progress adding allied health and primary care services to many of our clinics. Further, the Indigenous Community Health Centre will open its doors in 2025. We are excited for the breadth of care that will be offered to our community through this unique clinic.

Also in our community, we've assisted in resurrecting the Collaborative Services Committee, which unites local Indigenous leaders, Island Health and the Division to advise on and improve health service delivery in our community. We've also helped to launch the Primary Care Access Clinic and continue to be involved as plans develop to expand this clinic into a fully-funded UPCC.

There is much to look forward to in the year to come, and the Division is ready to respond and adapt to the needs of our membership.

**We look forward to working with you and for you in the year to come.**

Sincerely,

Jordyn & Pauline  
Division Board Co-Chairs

# OUR 2025 BOARD OF DIRECTORS

---



Co-Chair  
Dr. Jordyn  
Vanderveen



Co-Chair  
Pauline  
Bernard



Treasurer  
Kent  
Moeller



Dr. Erika  
Kellerhals



Dr. Brianna  
Crighton



Dr. Sameena  
Shah



Dr. Sarah  
Wong  
(R2)



Dr. Julia  
Vander Heiden  
(R1)



Jay  
Havelaar

WITH OUR THANKS & GRATITUDE  
we say farewell to our outgoing Board Members

---



Wendy  
Richardson  
*6 year  
community  
rep*



Brian  
Evernden  
*6 year  
community  
rep*



Dr. Julia  
Robson  
*2 year  
resident  
rep*



# PLANNING FOR THE FUTURE



Following the 2023 Annual General Meeting, the Board of the Campbell River & District Division of Family Practice met for a facilitated strategic planning session to set the Division's direction for the next three years.

Included in the session was a review of the Division's existing Vision and Mission.

The exercise resulted in a thoughtful discussion and some strategic edits to the Division's Mission, including the addition of a fourth mission statement:

“Ensure community members have sufficient access to primary care providers to support their longitudinal needs.”

Following a full day of strategic discussions and exercises, a two-page Strategic Plan was created to guide the work of the Board and Division staff until 2026.



## VISION

A robust network of **healthy and engaged Family Physicians**, driving primary care that is reflective of and responsive to our diverse community.

## MISSION

1. Develop **strong** local, regional and provincial **partnerships**.
2. Promote the **well-being, involvement and leadership of Family Physicians**.
3. Bring the **voice of Family Physicians** to influence and shape **responsive delivery of primary patient care**.
4. Ensure community members have **sufficient access to primary care providers** to support their longitudinal needs.

## VALUES

**Inclusive**  
**Respectful**  
**Open**  
**Innovative**  
**Responsive**





## Actively attract, recruit, & retain Family Physicians.

- Continue to support and enhance local recruitment efforts.
- Foster a welcoming and supportive environment to engage medical learners within our Division.
- Support connections between physicians and locums.
- Collaborate with other organizations to market and promote our Division.

## Support Family Physician wellness, personally and professionally.

- Navigate physicians access to the correct agencies for ideas and concerns.
- Create and support a MOA network to provide training and mentorship.
- Advocate for sustainable workloads.
- Promote physician partner and family integration within the community.
- Support physician education, leadership, succession, and retirement planning.

## Anticipate and respond to community needs with culturally safe care.

- Provide cultural safety training and educational opportunities for physicians.
- Engage physicians in projects and initiatives that address priority needs of the community.
- Support community healthcare changes in response to climate change.

## Amplify Family Physician voices.

- Encourage and support physicians from all clinics to participate in local, regional and provincial decision-making committees and initiatives.
- Reinvigorate the Physician Action Committee (PAC) as a vehicle to direct physician ideas, issues and concerns.

## Strengthen the Division's organizational capacity and sustainability.

- Intentionally recruit a diverse Board, with representative experience from the communities it serves.
- Build leadership, collaboration, and alignment between the work of the PCN and the Division.
- Annualize a full organizational review of Division operations and governance, including succession planning.

# OPERATIONALIZING THE PLAN

---



With our new Strategic Plan in place, Division staff developed an Operational Plan to ensure the work the Division undertakes aligns with the priorities identified by our membership.

The plan is based on five pillars, each of which includes two to five strategic priorities that break the pillars into smaller, more tangible goals.

In our Operational Plan, Division staff have identified key activities that move us toward achieving each

priority and accomplishing the goals of each pillar.

Some activities are continued and ongoing, some involve re-vamping existing programs or resources, while others are entirely new.

The plan – an extensive spreadsheet – is a living document that will help the Division measure its success, as well as hold staff accountable to our Board and membership.

Here are some highlights!

FLIP!

# ACTIVELY ATTRACT, RECRUIT, & RETAIN FAMILY PHYSICIANS.

Although the scope of the Division is focused on integration and retention, during our clinic visits, we heard from FPs that recruitment is a very high priority.

With this feedback and clear direction from the Board to “Actively attract, recruit and retain FPs”, Division staff have been and will continue to put significant resources and energy toward recruitment.

## Some Highlights:

### In Progress

- Developing a recruitment toolkit with marketing materials that highlight what makes Campbell River an attractive place to live and work.
- Creating support mechanisms to ensure medical residents feel continuously supported during their residency.
- Welcoming and supporting PRA-BC docs before and after their arrival in the community.
- Updating our Physician Handbook in order to provide new and potential recruits with comprehensive information on living and working in Campbell River.

### Ongoing

- Providing a warm welcome to FPs considering Campbell River as a place to live and work through initiatives like rural site visits and the red carpet program, as well as through partnerships with the City (e.g. welcome bags).
- Introducing residents to our community through the Residents Engagement Program with UBC.

# SUPPORT FAMILY PHYSICIAN WELLNESS PERSONALLY & PROFESSIONALLY

We've heard loud and clear that many in our membership are burnt out and in need of greater support to lighten their administrative responsibilities.

Supporting the wellness of our FPs is a long-term effort, and the Division is focussing on both the professional and personal aspects of their lives.

## Some Highlights:

### Completed

- Drafted a physician onboarding pathway that provides FPs with timely information regarding Division membership and practicing within the Division.
- Co-hosted the Summer BBQ for Division & MSA members.

### In Progress

- Working on initiatives to support physician succession and retirement planning, as well as promote physician partner and family integration within the community.

### Ongoing

- Hosting a MOA Network that meets every six weeks, providing MOAs a space to share learnings and information.
- Curating a monthly MOA newsletter and SharePoint space.
- Supporting the transition to and uptake of the new Provincial Attachment System (PAS).

# ANTICIPATE & RESPOND TO COMMUNITY NEEDS

This pillar is forward-looking, and we have several key projects in the pipeline that will position us to meet evolving community needs.

## Some Highlights:

### In Progress

- Assessing how the Division can expand its diversity training across all of its community engagements.
- Preparing to undertake Shared Care projects again. (This will require FP leadership.)

### Ongoing

- Cultural safety is an important aspect of this pillar. In recent months, the Division has coordinated two cultural safety training events, one in the spring with Cathy Camilleri and one in the fall with Len Pierre.

### Future

- The Division plans to develop initiatives aimed at supporting healthcare changes in response to climate change and implementing specific healthcare projects focused on sustainability.

# AMPLIFY PHYSICIAN VOICES

Your voice matters, and we need to hear it in order to amplify it! The Division's goal is to provide meaningful opportunities for FPs to be heard.

## Some Highlights:

### Completed

- Following the release of the 2023-2026 Strategic Plan, the Division conducted Clinic Visits to provide members an opportunity to share their feedback. A report was then circulated outlining high priority initiatives raised during those visits, and those initiatives were integrated into the Division's Operational Plan.

### In Progress

- Working to invigorate the Physician Advisory Committee (PAC) as a forum for physicians to provide recommendations, guide projects and activities, and offer perspectives on primary care issues within our community.

### Ongoing

- The Division recruits and supports FPs in taking part in various decision-making committees, at the local and regional levels. This includes on the Division Board, Collaborative Services Committee (CSC), the PCN Operational Committee (OC) and the PCN Steering Committee (SC).



# STRENGTHEN THE DIVISION'S ORGANIZATIONAL CAPACITY

The Division is only as strong as its Board, its staff and its operational processes and procedures. With this in mind, the Division is prioritizing succession planning.

## Some Highlights:

### Completed

- Attained Gate 1 and Gate 2 funding to provide backbone support to the Primary Care Network, as well as to create collaboration and efficiencies between the Division & PCN.
- Reviewed the roles and responsibilities of Division staff to ensure role clarity and accountability.

### In Progress

- Interviewing FPs, NPs and community members about the pros and cons of NP membership. The feedback will be provide to our membership in advance of a vote.
- Formalizing the Division's HR Handbook, policies and performance reviews.

### Ongoing

- Recruiting for a diverse Board.
- Implementing annual Board self-assessments to ensure a culture of continuous improvement.
- Developing a comprehensive Board Orientation Manual that will be updated on an ongoing and regular basis.
- Building leadership, collaboration and alignment between the work of the Division and PCN.

# BEYOND THE PLAN

---



It's important to note that the activities highlighted within the Operational Plan are not all inclusive of the work being done by the Division.

For instance, the Division continues to oversee payroll for FPs working in long-term care (LTCI) or with unattached in-patients as part of UNIT.

It also administers local listings on Pathways, conducting six month reviews of all profiles and providing access to new users as they join our community.

It facilitates the monthly Collaborative Service Committee (CSC), bringing together partners to discuss ways to improve local healthcare.

Division staff attend recruitment conferences, and participate in the Vancouver Island Recruitment, Retention and Retirement Collaborative.

The Division also supports the coordination of ROAM and LTCI learning events, and it co-hosted the 2023 Spirit Awards with the MSA.

Here are some highlights!

FLIP!

# PROGRAM HIGHLIGHTS

## Long-Term Care Initiative

- Campbell River supports 318 beds at four long-term care facilities.
- LTCI is co-led by Dr. Kari Miller and Dr. Marissa Dry (transitioning to Dr. Chantal Piek).
- There are currently 21 physicians involved in LTCI.
- **A new 153-bed facility is slated to open behind the hospital in Fall 2027.**

## Recruitment, Retention & Integration

- **Successfully recruited 7 new family physicians and 3 nurse practitioners in the past year.**
- Created a comprehensive onboarding process to help new providers integrate smoothly.
- Partnered with external contractors to develop a Recruitment Toolkit—a resource that will enhance our ability to effectively attract and retain providers.

## Patient Attachment through HCR

- There are approximately 2471 patients waiting for a PCP on the Campbell River Health Connect Registry.
- **We have successfully matched more than 1776 patients with FPs or NPs in the last year.**
- The wait time for an FP or NP is now less than a year.
- Six local clinics have participated in enhanced Provincial Attachment System training.
- We have collaborated with local clinics to streamline referral processes, creating a seamless experience for patients and providers.

# PROGRAM HIGHLIGHTS

## Unattached In-Patient Care

- Unattached Inpatient Care Program (UNIT) ensures that unattached inpatients—those without a family physician—receive high-quality, consistent care during their hospital stay.
- Stewarded transition funding to fairly compensate a Family Physician (FP) Lead to assign MRPs to inpatients and fairly compensating FPs not billing under the Longitudinal Family Physician (LFP) program.

## Shared Care Projects

- Staff attended a Shared Care conference in Vancouver attended by over 200 physicians and Shared Care project leads, gaining valuable insights into Shared Care methodologies and best practices.
- Although we have not recently taken on new Shared Care projects due to capacity, our team is now equipped and ready to support future initiatives.
- The success of Shared Care depends on the active involvement of physicians. By participating, family physicians and specialists help create a healthcare system that values collaboration, reduces service duplication, and prioritizes patient-centered care. Physician insights and expertise are crucial to building care pathways that improve outcomes for our most vulnerable patients.

Who's doing the work?



## OUR CRD TEAM

---



Executive Director  
Dawn Hamilton



Program Manager  
Tanya Forsyth



Program Coordinator  
Kate Macdonald



Comms & Admin  
Coordinator  
Nicole Veerman

## OUR PCN TEAM

---



Project Lead  
Kirstie Stewart



Indigenous Support  
Lead  
Jen Cooley

## WITH OUR THANKS & GRATITUDE WE SAID FAREWELL TO:

---



Stacy Folk



Sadie Mack



Michelle Cowles



Andrea Luckhurst



Emily Yates

# PCN HIGHLIGHTS

---

## PRIMARY CARE NETWORK Campbell River & District



Dr. Erika  
Kellerhals



Dr. Marissa  
Dry

In 2024, Dr. Erika Kellerhals and Dr. Marissa Dry stepped up as PCN Co-Convenors, following the departure of PCN Lead Dr. Angela Logan.

The Campbell River & District PCN has now entered its third year of implementation, advancing its nine strategies across the spectrum of health services in our region.

Late last year, the FPSC announced a governance refresh for PCNs. As part of this, all Divisions became responsible for providing backbone support to the PCN and appointing a physician Convenor to the Steering Committee.

The strength of the Campbell River & District PCN is evident with the addition of new staff, services, and an expanding clinic network.

This includes onboarding physicians and nurse practitioners, as well as expanding clinical services with registered nurses, social workers, a dietitian, and a clinical pharmacist.

For more highlights...



# PRIMARY CARE NETWORK CONT.

## Some key PCN highlights from the past year include:

- Ministry approval for the \$2.6 million Indigenous Community Health Centre. The ICHC is expected to open its doors in early 2025.
- Significant progress in cultural safety programming, including training for primary care providers and allied health professionals.
- Collaboration with community partners on the Discovery Islands to submit a service plan for a new community health centre.
- Hosting the first Vancouver Island-wide Indigenous Advisory event, bringing forward recommendations to the Ministry of Health.
- Supported several clinics in accessing Minor Tenant Improvement Grants up to \$40,000 to create space to incorporate PCN resources into their clinics.



Dr. Angela Logan

## Thank You

The Division would like to extend its gratitude to Dr. Angela Logan for her many years of dedication and leadership as Physician Lead to the PCN. Her commitment and contributions have been instrumental in shaping the PCN's progress and ensuring its positive impact on our community.

# AUDITED FINANCIAL STATEMENTS

## CAMPBELL RIVER & DISTRICT DIVISION OF FAMILY PRACTICE SOCIETY

### Statement of Cash Flows

Year Ended March 31, 2024

2024

2023

#### Cash Flows From Operating Activities:

Cash Received from Funding	\$ 2,837,652	\$ 2,020,860
Cash Paid to Suppliers and Employees	(2,464,050)	(1,930,030)
Interest Received	65,418	25,826
	<u>439,020</u>	<u>116,656</u>
<b>Increase in Cash</b>	439,020	116,656
<b>Cash - Beginning of Year</b>	<u>883,435</u>	<u>766,779</u>
<b>Cash - End of Year</b>	<u>\$ 1,322,455</u>	<u>\$ 883,435</u>



# AUDITED FINANCIAL STATEMENTS

## CAMPBELL RIVER & DISTRICT DIVISION OF FAMILY PRACTICE SOCIETY

### Statement of Operations and Changes in Net Assets

Year ended March 31, 2024

2024

2023

#### Revenues

GP Inpatient Care Initiative	\$ 476,576	\$ 500,000
Inpatient Stabilization	481,353	-
Infrastructure	309,450	371,185
PCN Service Planning	381,096	259,456
Doctor of the Day	222,319	179,573
Residential Care Initiative	123,578	126,414
Minor Tenant Improvements	199,301	-
Miscellaneous	192,027	292,273
	<u>2,385,700</u>	<u>1,728,901</u>

#### Expenditures

Advertising	1,398	5,171
Bank Charges and Interest	1,475	2,572
Events	18,368	10,646
Insurance	390	780
Licenses and Dues	1,868	866
Meeting	10,957	13,894
Office	77,418	52,627
Professional Fees	25,246	20,023
Salaries and Wages - Physicians and Staff	1,642,800	1,114,221
Salaries and Wages - Doctor of the Day	179,340	178,850
Sub-Contracts	378,538	301,573
Telephone	7,619	4,926
Training	13,565	12,103
Travel	15,152	10,490
Workshop	11,566	159
	<u>2,385,700</u>	<u>1,728,901</u>

#### Excess of Revenues Over Expenditures

- -

#### Net Assets - Beginning of Year

46,003 46,003

#### Net Assets - End of Year

\$ 46,003 \$ 46,003

# AUDITED FINANCIAL STATEMENTS

## CAMPBELL RIVER & DISTRICT DIVISION OF FAMILY PRACTICE SOCIETY

### Statement of Financial Position

March 31, 2024

2024

2023

### ASSETS

#### Current Assets

Cash	\$ 1,322,455	\$ 883,435
Government Remittances Receivable	5,791	3,495
Prepaid Expenses	1,989	780
	<u>\$ 1,330,235</u>	<u>\$ 887,710</u>

### LIABILITIES

#### Current Liabilities

Accounts Payable (Note 3)	\$ 164,787	\$ 226,081
Government Remittances Payable	19,502	18,539
Due to Doctors of BC (Note 4)	-	16,810
Deferred Revenue (Note 5)	1,099,943	580,277
	<u>1,284,232</u>	<u>841,707</u>

### NET ASSETS

	<u>46,003</u>	<u>46,003</u>
	<u>\$ 1,330,235</u>	<u>\$ 887,710</u>

Approved by the Directors:



Director



Director

# HAVE QUESTIONS OR SUGGESTIONS?

## Contact Us

### **Dawn Hamilton**

*Executive Director*  
dhamilton@crddivision.ca

### **Tanya Forsyth**

*Program Manager*  
tforsyth@crddivision.ca

### **Kate Macdonald**

*Program Coordinator*  
kmacdonald@crddivision.ca

### **Nicole Veerman**

*Communications Coordinator*  
nveerman@crddivision.ca

### **Kirstie Stewart**

*PCN Project Lead*  
kstewart@crddivision.ca

### **Jen Cooley**

*PCN Indigenous Support Lead*  
jcooley@crddivision.ca

