

# ANNUAL REPORT 2016–2017



**Central Interior Rural**  
**Division of Family Practice**

A GPSC initiative



## MISSION STATEMENT

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

## VALUES

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

## MISSION KEY ELEMENTS

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



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## BOARD CHAIRMAN'S REPORT



Dr. Bruce Nicolson  
Chair

This past year has been a year of transition for the Central Interior Rural Division (CIRD), with the winding down of the implementation phase of A GP for Me, and now entering into the patient medical home (PMH) assessment and development initiative. Ongoing programs now include our Assigned and Unassigned

Inpatient Care programs, the recently revamped Residential Care programs, our Veterans Affairs Attachment program and our Locum program. FETCH (For Everything That is Community Health) is up and running as is our MOA Collaborative program. We continue to focus on recruitment and retention in an effort to maintain a positive balance between members coming and members leaving. This will be an ongoing challenge as more of our senior members move into retirement.

Current programs in development include our virtual EMR program, our team-based care program, our urgent care program and our quality improvement and quality assessment program. We are now one of a small number of proof of concept communities, which speaks to the ability of our directors and hard-working support staff, who have managed to keep us ahead of the curve in regard to ongoing primary health care delivery. We continue to seek innovative ways to improve healthcare outcomes for our patients and quality of life for our members.

Looking forward, we have challenges as we confront changes in the Societies Act that may result in redefining our original purpose and identity as a not-for-profit association. At the same

time, primary health care delivery is transforming, and we need to continue to take an active role in that transformative process. At the board level, we are committed to ongoing transparency and membership solicitation as we move forward. Membership input is welcome and encouraged.

Finally, I would like to thank once again the board directors, executive staff, and program directors for the exceptional work they do. I remain confident that we will continue to work with our partners and other stakeholders to secure a brighter future for our patients and our members.

Bruce Nicolson



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## EXECUTIVE DIRECTOR'S REPORT



Trevor Barnes  
Executive Director

I am nearing the end of my time with the CIRD. When I first came to work for the CIRD, I had little idea of what a division should do, and most importantly, how the division was to advance and support the interests of family physicians and their patients. Luckily, no one else in the province had a handle on how to do that either! I

have heard many times that the provincial A GP for Me initiative did not succeed. While not everyone in the province who wanted to be attached to a physician was attached to one, access to care for many improved, while thousands more avoided unattachment from their care provider. And if you look at A GP for Me as the vehicle that allowed divisions to come of age and take their place as full partners in the primary health care discussion, then the initiative was a success for divisions. By the end of 2016, divisions had established themselves as the main innovators and creative sources of new and exciting primary care initiatives in BC.

I have seen and participated in the discussions and meeting which have solidified our place at the table. Without divisions, the primary care initiative would go nowhere. This is because the Division is the membership; an example of how you take grassroots representation to the top. The General Practice Services Committee (GPSC) recognizes that physician participation in the change process is the key element to its success. The rural and the smaller divisions in the province have a built-in advantage. In 100 Mile House, Tatla Lake, and Williams Lake physician members already have a culture of cooperation with their healthcare partners. The organic coordination of services within the local Health Authority continues.

As always, I would like to end my report by recognizing our Division's board directors and the staff and contractors in the CIRD. The sage advice, wisdom, and experience of Dr. Nicolson, Dr. Fedor and Dr. Neufeld has helped me to stay focused and on a positive course. Jill Zimonick is an excellent program manager and a trusted agent for the CIRD. Her advice and insights are always sought and appreciated by myself and the board. Shilo Labelle is the glue which keeps the administration of the CIRD together and moving forward. Laurie Walters has developed a recruitment and retention program which continues to set new benchmarks for small and rural divisions. Laurie and her coordinators, Tanya Kielpinski and Tshidi Machete, are to be commended for their good work.

Thank you for the opportunity to work for the Division.

Respectfully submitted,

Trevor Barnes







Photo: The team on MOA Day.

#### Practice Coverage Program:

- The physician coverage program was implemented by our Recruitment and Retention team and has assisted in placing 15 locums and has over 80 potential locums on the locum list.
- A regional recruitment campaign, called Tick Tock Find us a Doc was developed and implemented. It included a contest where people were asked to submit names of physicians who could potentially practice medicine in the CIRD. The contest closed March 31, 2017, and gave us 17 names to follow-up with. The campaign also brought in substantial donations, both in dollars and merchandise, from local businesses.

#### Patient Medical Homes:

The CIRD ran a program called the Clinic Snapshot; a project that assessed how physician practices in the CIRD look in relation to the 12 attributes of the patient medical home. The results of this will be used in part to form a strategy around the shift to patient medical homes in the Division. This work will be furthered in the next two fiscal years.

## CARIBOO LOCAL ACTION TEAM WORK



Anna Meyers,  
Cariboo Local Action  
Team Project Lead

The Cariboo Local Action Team (LAT) of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, is one of nine teams in the Interior Region, who has been moving forward with creating awareness and putting support systems in place for children and youth struggling with mental health and substance use issues.

The patient journey maps completed in 2015 continue to inform the team's strategies to increase access to CYMHSU services. It was through this mapping process that the need for a parent support group was identified. The Cariboo Parent Connections group was established in late 2015 to provide a safe and supportive environment for parents and caregivers of children, youth, or teens with a mental health or substance use concern. The group provides a safe and supportive environment for parents to share, and provides education and coping strategies via community professionals.

The Cariboo LAT continues to support Calvin Dubray, the Principal of Marie Sharpe Elementary, in developing a Trauma-Informed Toolkit. Marie Sharpe piloted a trauma-informed approach and had great success in 2014–2015 school year. The toolkit will provide resources and implementation guidelines to other schools interested in adopting this approach to instruction. The toolkit will be completed by October 2017, and a presentation on the trauma-informed school will be done at an upcoming conference.

The Cariboo LAT hosted and partially funded an event that presented the work of the Communities

that Care initiative, and the data from the Prevention Needs Assessment survey — a standardized survey instrument that measures risk and protective factors of all youth from grades six through twelve. They surveyed Williams Lake youth in 2009 and again in 2015. Data from the 2009 survey was used to inform priorities for action. The 2016 survey results provide comparative data that allowed us to measure our progress. The profiles for the community can be viewed at: [www.sd27.bc.ca/healthy-schools-healthy-students/communities-that-care](http://www.sd27.bc.ca/healthy-schools-healthy-students/communities-that-care).

The Cariboo LAT hosted this event for approximately 80–100 guests from the school district, MCFD employees, RCMP, physicians, and clinicians.

To make resources more accessible for physicians, parents, and service providers, the Cariboo LAT launched a comprehensive website and app for Williams Lake child and youth mental health resources. The app is available on the App Store: WL Crisis. [itunes.apple.com/ca/app/williams-lake-crisis-phone/id1050495612?mt=8](https://itunes.apple.com/ca/app/williams-lake-crisis-phone/id1050495612?mt=8)

We have three active physicians on our Action Team: Dr. Glenn Fedor, Dr. Jeff Peimer, and Dr. Matthew Burkey.

Dr. Glenn Fedor has actively participated and chaired the Cariboo LAT since it has been first established. Dr. Fedor has been invited and attended multiple conferences to speak about the Cariboo LAT and its progress.

Dr. Matthew Burkey, a child and youth mental health psychiatrist, has a passion for increasing accessibility to services via capacity building within the local community. Dr. Burkey has traveled to meet with First Nations communities as well as the service providers who work in the rural and remote Tsihłqot'in (Chilcotin), including Dr. Coetzee. He had the opportunity to hear the challenges faced by service providers as well as families seeking services that live and work in the rural Chilcotin. Dr. Burkey





Above: CYMHSU group.

partnered with the First Nations Health Authority to develop the ability to provide tele-health and tele-psychiatry in these communities. The goal is to increase timely access to care by reducing barriers, like travel, while continuing to build capacity within the local service providers. Dr. Burkey has been an integral part of the Crisis Response Advisory Committee that has been working with Interior Health's Crisis Response Team to help build skills when dealing with children and families in crisis.

Dr. Jeff Peimer was instrumental in the development of the new ER Protocols. These ER protocols have been implemented by Interior Health and are being adopted throughout the province. Dr. Peimer provided training on the ER protocols to ER staff and community service providers, Interior Health, and has recorded a WebEx presentation for future learning.

The Cariboo LAT has funded three programs in the community:

**Denisqi Services Society: Friends for Life program.** To provide outreach services one day a week to three First Nation Schools. This is BC Ministry of Education and Ministry of Children and Family Development approved curriculum that addresses childhood anxiety and depression from a prevention standpoint.



Left: Dr Jeff Peimer speaking at ER Protocol event.

**Communities That Care: Toolkit.** Creating a toolkit that will facilitate discussions and encourage meaningful and authentic engagement of youth and families on the priority risk and protective factors as identified by youth in the Prevention Needs Assessment Survey.

**Canadian Mental Health Association: Yoga Therapy.** Yoga therapy innovatively supports individuals who have experienced trauma by equipping them with improved coping skills through a body-mind connection.

With the CYMHSU Collaborative ending December 31, 2017, the Cariboo Action Team is actively trying to seek funding to continue and ensure success for developing systems they are working on.

# CIRD'S COMMUNICATIONS REPORT



Sally Errey  
Communications Liaison



Shilo Labelle  
Communications Liaison

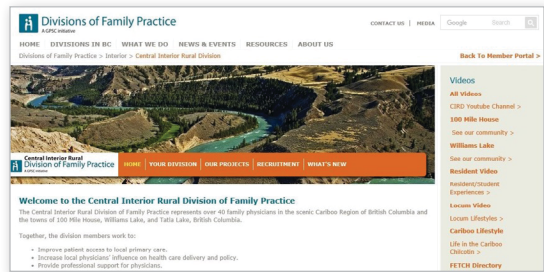
## Communications

This year we were able to continue to leverage existing communication tools within the CIRD:

- We continue to use an eBulletin template that is attractive and easy to use. We also utilize a communications management software called “Campaign Monitor” to ensure consistency and manage recipients. This software reports email open rates which demonstrates that we consistently achieve a 60% read rate.
- Facebook and social media have played a significant role in our communication to the public and stakeholders, specifically in the area of announcing new physicians and local relevant news.
- The CIRD website, [www.divisionsbc.ca/CIRD](http://www.divisionsbc.ca/CIRD), has been regularly updated with news and events, project updates, and has been the perfect vehicle to include the Rural Physician Debt Reduction Calculator. Internally, on the website dashboard, news and events relevant to physicians only are posted.
- Additional communications tools have been created on a case-by-case basis and include speaking notes for the ED and board,

posters, postcards, invitations, social media strategies and planning, communications plans, key messages, and one-page project summary/information sheets. The Program Assistant, along with two other CIRD staff, attended the Cariboo Chilcotin Coast Tourism Association (CCCTA) event, “Learn the fine art of storytelling with us!” In 108 Mile on May 4.

- The five videos produced by the Recruitment and Retention team continue to be viewed on the CIRD's YouTube channel, Facebook page, and website. A diverse marketing plan was developed to share the videos with stakeholders including the Interior Health Authority, City of Williams Lake, and District of 100 Mile House. It also included the Chilcotin Tourism Association, the Cariboo Chilcotin Regional Hospital District (CCRHD), the Cariboo Regional District (CRD), BC universities, electronic media and our local doctors.



## Working with Partners

- Both the eBulletin and CIRD website have allowed us to share the news of our key stakeholders and their offerings to MOAs and physicians. These include UBC Professional Development, Continuing Medical Education, Interior Health, Practice Support Program, GPSC, BC Centre for Disease Control, Public Health Services Authority, other divisions of family practice, Cariboo Action Team, First Nations Health Authority, etc.

## Tick Tock Find us a Doc Regional Physician Recruitment Campaign

The rollout of this campaign included the following communication efforts:

- Creating a one-page document to introduce the campaign to stakeholders.
- Adding the Tick Tock Find us a Doc campaign to the CIRD website.
- Writing radio scripts for the GOAT (Greatest of All time) and Cariboo Radio stations.
- Working with a graphic designer to develop campaign logos.
- Learning about Facebook ads to promote the campaign

DECEMBER 2016

# The Bulletin

Central Interior Rural  
Division of Family Practice  
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- [Optimizing Communication for Excellence Course](#)
- [Practical Ophthalmology for the Non-Ophthalmologist](#)
- [Tick Tock Find Us a Doc Campaign success continues...](#)
- [2017 BC Rural Health Conference - Prince George](#)
- [Prescribing Exercise as Medicine - Cornell University](#)
- [Developing tools to support primary care providers for STI Partner Notification - Session rates available](#)
- [Merry Christmas & Happy New Year](#)
- [Links of Interest](#)

### Optimizing Communication for Excellence Course

UBC CPD is hosting two offerings of our all-day Optimizing Communication for Excellence workshop in Vancouver, BC.

Course Offerings:  
Date: Friday January 27, 2016  
Course: <http://ubccpd.ca/course/communication-jan>  
Register: <https://www.enply.com/communication-jan>

Date: Friday Feb 17, 2016



# RECRUITMENT AND RETENTION REPORT



Laurie Walters

It has been a busy year for the Recruitment and Retention team. We have been working together to assist in physician recruitment with the goal of securing doctors in the region for today and into the future.

This year, members of the R&R team attended three physician events

focused on residents, graduates, and locums. These events were well attended and provided an opportunity to collect potential locum/physician information, represent the Cariboo/Chilcotin region, and extend invitations to potential physicians to visit the region. These events also provided staff development, networking opportunities, and resource sharing among colleagues.

The CIR D Welcoming program is one of our most successful recruitment programs. This year it was enhanced and grown to welcome locums, students, residents, and doctors visiting our region. We have been able to leverage our dollars with in-kind donations from many businesses in both communities. The visiting locums, students, and residents are presented with a gift basket and lunch or dinner. The recruitment team also assisted with finding accommodations, travelling around the area, and arranging social and recreation activities for the visiting doctors.

The Locum Coverage program is continuing as part of the Recruitment and Retention program. This program has grown from the previous year by securing, assisting, and supporting 13 locums into our communities. The increase in locum placements can be contributed to:

- Increase of physicians submitting locum coverage request forms.
- Increase of locum prospects on the CIR D Locum Database.
- Securing more locum placements from shows.
- Incentives provided to locums (accommodation, transportation, show specials).
- Advertisements on the [www.locums.ca](http://www.locums.ca) website.

Our client profile database has grown to 88 potential prospects.

The Tick Tock Find us a Doc campaign wrapped up in March and the campaign will end in December 2017.

- 17 eligible names have been submitted from the public.
- \$30,000 community sponsorship was raised.
- CIR D profile has been elevated worldwide.



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In February, Laurie Walters was invited to Ottawa to attend the Rural Summit to Advance Access to Care for Rural Communities in Canada. This was the roll out of the rural road Map for Action that came with 20 recommendations to enhance healthcare equity for rural Canada.

We continue to work closely with other divisions as we connect with them and understand each other's needs and continue to work together to facilitate better recruitment and retention opportunities.

We continue to grow our relationships with the Northern Medical Trust Programs – UNBC, and UBC.

**The activities and program improvements mentioned above are guides and tools to assist with recruitment and retention in the Central Cariboo region. Much of the work and resulting successes we have experienced can be attributed to the physicians in our communities who work hard to recruit, mentor, teach, and welcome potential colleagues into our communities.**



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# REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

## **To the Members of Central Interior Rural Division of Family Practice Society**

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2017 and the summary statements of revenues, expenditures and net assets, are derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 22, 2017. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by the Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Central Interior Rural Division of Family Practice Society.

## **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the Canadian accounting standards for not-for-profit organizations.

## **Auditor's Responsibility**

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

## **Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2017 are a fair summary of those financial statements, in accordance with the Canadian accounting standards for not-for-profit organizations.

100 Mile House, BC  
June 22, 2017



PMT CHARTERED PROFESSIONAL  
ACCOUNTANTS LLP

## Summary Statement of Financial Position

March 31, 2016

	2017	<i>Restated</i> 2016
<b>ASSETS</b>		
Current		
Cash	\$ 206,201	\$ 320,474
Accounts receivable	17,516	14,794
Prepaid expenses	3,539	8,162
	<b>\$ 227,256</b>	<b>\$ 343,430</b>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 112,072	\$ 121,152
Deferred income	77,551	163,082
	<b>189,623</b>	<b>284,234</b>
<b>NET ASSETS</b>		
General	37,633	59,196
	<b>\$ 227,256</b>	<b>\$ 343,430</b>

## Summary Statement of Revenues, Expenditures and Net Assets

Revenue		
Doctors of BC	\$ 643,814	\$ 668,150
Ministry of Health	193,450	193,450
Cariboo Chilcotin Regional Hospital District	60,000	60,000
Sponsorship	20,870	–
Interior Health Authority	–	36,546
Miscellaneous	4,273	1,600
	<b>922,407</b>	<b>959,746</b>
Expenses		
Contracted staff	399,551	418,968
Meetings, events and training	71,365	83,806
Physician fees	369,260	346,081
Travel and accommodation	61,747	66,749
General and administrative expenses	42,047	53,438
	<b>943,970</b>	<b>969,042</b>
Deficiency of revenue over expenses	<b>(21,563)</b>	<b>(9,296)</b>
Net assets — beginning of year, as previously reported	112,027	68,492
Prior period adjustment of deferred income and revenue	(52,831)	–
As restated	59,196	68,492
Net assets — end of year	<b>\$ 37,633</b>	<b>\$ 59,196</b>



## Board

Dr. Bruce Nicolson – Chair  
Dr. Doug Neufeld – Vice-Chair  
Dr. Stefan deSwardt – Secretary/Treasurer  
Dr. Glenn Fedor – Director  
Dr. Gord Hutchinson – Director  
Dr. Neetha Vithahal – Director

## Staff

Trevor Barnes – Executive Director  
Sally Errey – Communications Liaison  
Shilo Labelle – Administrative Assistant  
Jill Zimonick – CIRd Project Lead  
Laurie Walters – Physician Recruitment  
Tshidi Machete – Physician Recruitment  
Tanya Kielpinski – Program Assistant

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All photos: Gerri Toews and CIRd.

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

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