



# Central Interior Rural Division of Family Practice

A GPSC initiative



*Dr. Rob Coetzee, Horn Lake*

# ANNUAL REVIEW

## 2020-2021

10 STAFF

35 MEMBERS

10 FAMILY PRACTICE CLINICS



# Central Interior Rural Division of Family Practice

A GPSC initiative

## MISSION

The Central Interior Rural Division of Family Practice drives improvement in health outcomes in our communities and supports our care giving members in their well-being and practice.

## VISION

Everyone in the communities within our region will be able to access quality healthcare when they need it. Relevant information about their health will be easily available to them, and to their care providers. No matter who they receive care from, they will be confident that the care is the best available and that their primary care provider has all of the information about their care that they require.

CIRD members will deliver the scope of care and services that best fit the community needs, their own professional aspirations, and their preferred business model.

Administrative tasks they undertake will support their practice and leadership within the health community and will reflect their interest and expertise. Working effectively with other care providers in and /or outside their clinics, they will be able to ensure that their patients receive timely care, and that receiving that care does not always rely on their patients seeing them.

Through this distribution of care and administrative support across teams and networks, physicians will gain more time to spend with their patients, and more time for life outside of their practice.



Adaptability



Patient  
Centred Care

Integrity



Innovation



## OUR VALUES



Respect

Evidence Based  
Decision Making

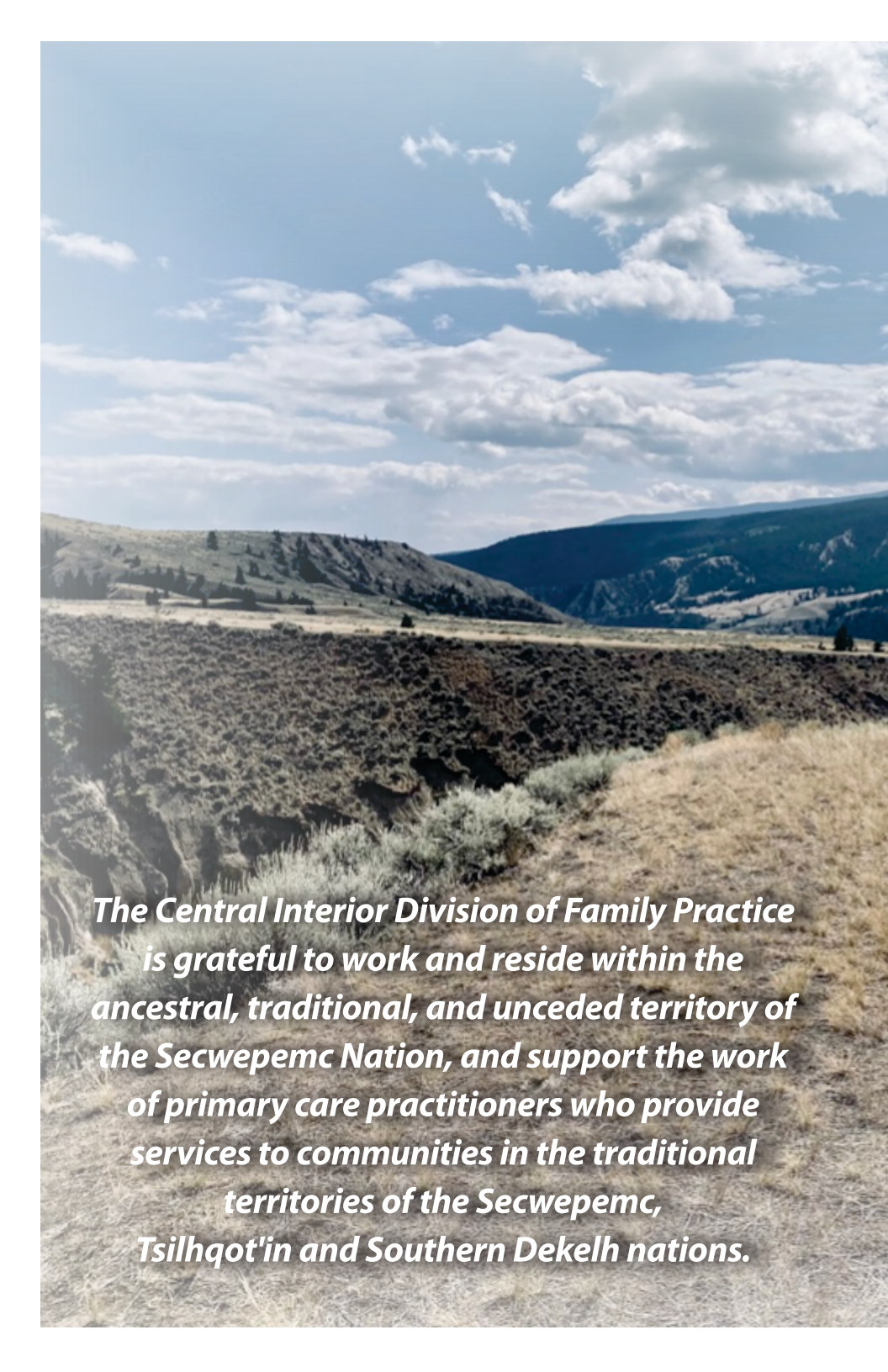


Collaboration

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*The Central Interior Division of Family Practice  
is grateful to work and reside within the  
ancestral, traditional, and unceded territory of  
the Secwepemc Nation, and support the work  
of primary care practitioners who provide  
services to communities in the traditional  
territories of the Secwepemc,  
Tsilhqot'in and Southern Dekelh nations.*



# MESSAGE FROM THE CHAIR

This past year continued to challenge our region and I find the strength and adaptability of our communities remarkable. COVID-19 remains prevalent in our lives, and this past summer was another demanding fire season with hospital and long-term care evacuations. All of this was complicated by an increasing attrition of providers in both communities, which makes everything more difficult. Through all this the Division continues to work hard to provide support to our practices and communities.

The scope of work for the Division has continued to expand at a rapid pace, including: PCN development and management, ongoing COVID-19 responses, recruitment and retention, managing patient attachment, and many more exciting initiatives. This means we are always looking for physicians to get involved. There are ample opportunities, big and small, to provide input and gain leadership skills. Please reach out if you are interested.

This year, the Division worked to engage with locums and residents with the objective of recruiting to our area. As a division, we opened up additional supports for locums, and continue to discuss options for alternative models of clinic structure and remuneration. As a result of this work, we now have contracts available for new physicians looking to build a panel. We are actively growing our Primary Care Network and because of this work we are starting to see more resources available for our patients. We continue to work closely with regional partners to develop new and innovative ways to provide care and support for family doctors. Our goal continues to be creating strong, longitudinal, primary care for patients and membership wellness.

**From the Division Board** - Thank you for your ongoing commitment to our communities, for being patient and adaptable as we work through these ongoing challenges. These last 2 years have been unlike any others, and by working together we can continue to move forward.



**DR. EMMA TUCKER,**  
**CHAIR OF THE BOARD OF DIRECTORS**

# MESSAGE FROM THE EXECUTIVE DIRECTOR



It's hard to believe that it has been a year since I have written the annual Executive Director message. It feels like only months ago I sat down to write a similar message as we prepared for our first semi-virtual, semi-in-person AGM, which was a... moderate success. Since then, we have lived a life full of virtual everything, meetings, appointments and even some social interactions! All with varying warmth and success.

Usually I start with something like "What a great year!". And while I can't say that this year, I can say, "What a year". It's been dark and heavy at times – covid 19, physician shortages, wildfires -, with some bright spots, and a lot of learning. This past year, all of us have adjusted to so much. From virtual appointments and meetings, to children being home, quarantines, not shaking hands, stepping back, stepping-up, re-focusing work, re-structuring, and yet through all of that, we have had some wins. And, we have done a lot of quality improvement on a lot of systems. Looking back, and ahead, it seems like a waste of energy to actively wait for the crises to end, considering they seem to roll in one after another with little to no reprieve between them. Perhaps instead, we need to look at how to find brightness and calm in the moment, instead of waiting for the proverbial "light at the end of the tunnel" to arrive.

With that, I'd like to highlight some of that brightness; some true wins out of these dark times. One of which is the strong partnership that has developed between physician administration and the health authority during both the pandemic and the wildfires. Structures have been put in place that put physicians at the top, along with Health Authority leaders, to plan, monitor and manage crisis situations. I expect this partnership laid the foundation for much more effective collaboration moving forward.

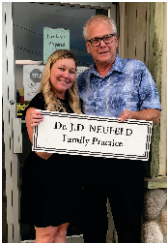
Perhaps the hardest reality this year is the loss of so many amazing physicians in the region. For an organization whose focus is to support physician supply, it was very hard to see so many leave. However, this situation has shed light on the dedication and support of the physicians who remain in the community, Interior Health, and the Ministry of Health. Everyone has rallied to bring in short-term funding to support locums for primary care, and specifically in-patient care in Williams Lake, and Emergency Physicians in 100 Mile House. We have secured 4 new-to-practice contracts from the Ministry of Health that our team will hit the ground running with in the months to come. Despite the loss of physicians this year, many of our remaining physicians stepped up to support the Bridge Care Virtual Clinic, ensuring our unattached patient population has access to primary care. Collaboration between the Division, our physicians and Interior Health partners really made a difference in recruitment, and saw us successfully welcome some really wonderful new providers to the region.

# MESSAGE FROM THE EXECUTIVE DIRECTOR

No, it is not enough, but without this concerted effort, I cannot imagine where we would be.

Despite the numerous hurdles 2020/21 has thrown in our path, this has been our biggest year yet, in terms of budget and output! I know that through all of the crises, asking physicians to participate in administrative work has been impossible, and it has been challenging to not have this engagement that is so intertwined in our work and crucial to our successes. In saying that, many of you graciously shared your limited time, and we gained critical information to move work forward. I would like to say thank you to all who contributed and really made this work possible.

Although the size of our membership has not changed much, the volume of projects and supports coming to physicians in our communities continues to grow. To support that work is a dedicated Board of Directors, which will see some significant changes in the upcoming year.



## **CIRD Board of Directors**

Dr. Neufeld closed his family practice of 30 years in Williams Lake and moved to the Island to be with his family. His clinic practice and participation in Division work will be greatly missed. During his time with the Division, Dr. Neufeld has been board chair and co-chair, a PCN Lead for Williams Lake, and a member of many provincial working groups and committees. Thank you, Doug, for your contributions.

We are also saying farewell to our current Board Chair, Dr. Emma Tucker, who has been a board member for 2 years. Dr. Tucker has been active in provincial and regional meetings and has provided critical direction through these last 2 chaotic years. Thank you so much Emma, your leadership will be greatly missed.

Our board next year will be quite different. Earlier this year we welcomed Dr. David Ramorasata from 100 Mile House, and we anticipate electing two new members at the AGM later this year as well. I look forward to working with this new group and seeing the direction we move in under different leadership. Returning board members include, Dr. Glenn Fedor, who has been with us since inception. We are grateful to have his wisdom and experience with us still. Dr. Travis Routtu has been a part of the Board since 2017, and in which time he has been board chair, treasurer, and recently has taken over as the lead for our maternity projects. He will be stepping down as Director at the 2021 AGM.



# MESSAGE FROM THE EXECUTIVE DIRECTOR

New to the board last year at the AGM were Drs. Elswawi Omer and Chris Kriek. Thank you both for your first year on the board and for all your hard work. Dr. Omer has been very active in the virtual clinic, and Dr. Kriek is our Vice Chair, participating regularly in many local and provincial meetings, as well as being the Cultural Safety lead and very active in our R&R work.

## CIRD Board of Directors & Admin Staff



Jill Zirnheft, Caitlin Foote, Dr. Chris Kriek, Dr. Emma Tucker, Dr. Glenn Fedor, Joanne Meyrick, Dr. David Ramorasata, Dr. Doug Neufeld, Dr. Travis Routtu, Dr. Sawi Omer

**REMINDER:** the CIRD made the commitment long ago to be physician led and driven. If you have input on how you would like to see primary care stay or change this year, please reach out. On the following page is a diagram outlining where physician leadership exists and is needed. A huge thank you to all our physician leaders. The work of the Division could not move forward without your direction and commitment.

# PHYSICIAN LEADERSHIP OPPORTUNITIES

## CULTURAL SAFETY

**DESCRIPTION:** Provides direction on programming to enhance cultural safety amongst care providers

**COMMITMENT:** As Needed; 1 Physician Lead

**PHYSICIAN LEAD(S):** Dr. Chris Kriek

**DIV STAFF CONTACT(S):** Allie Grey

## PRIMARY CARE NETWORK

### STEERING COMMITTEE

**DESCRIPTION:** Decision on how \$4.6m annual resources rolled out in the region

**COMMITMENT:** Meets monthly on Tuesdays at 8am  
Three Physician Leads (WL, OHM & Chilcotin)

**PHYSICIAN LEAD(S):** WL: **VACANT** OHM: Dr. Bruce Nicolson **Chilcotin:** Dr. Rob Coetzee

**DIV STAFF CONTACT(S):** Jill Zirnhelt & Debbie Grimes

## MATERNITY

**DESCRIPTION:** Guide projects related to maternity providers for region

**COMMITMENT:** As Needed; 1 Physician Lead

**PHYSICIAN LEAD(S):** Dr. Travis Routtu

**DIV STAFF CONTACT(S):** Sarah Fletcher

## RECRUITMENT & RETENTION

**DESCRIPTION:** Point of contact for staff to arrange R&R activities and support R&R committee

**COMMITMENT:** As Needed, Quarterly R&R Committee; 2 Physician Leads

**PHYSICIAN LEAD(S):** Dr. Chris Kriek, Dr. Adrienne Stedford

**DIV STAFF CONTACT(S):** Tanya Kielpinski & Sarah Batke

## COLLABORATIVE SERVICES COMMITTEE

**DESCRIPTION:** Working with IH, municipalities, First Nations in partnership on primary care

**COMMITMENT:** Monthly, needs at least 2 physician members

**PHYSICIAN LEAD(S):** Dr. Chris Kriek, **One VACANT**

**DIV STAFF CONTACT(S):** Jill Zirnhelt & Caitlin Foote

## BRIDGE CARE VIRTUAL CLINIC

**DESCRIPTION:** Clinic leadership and oversight. Assist with QI projects, and communication between providers.

**COMMITMENT:** Medical Director

**PHYSICIAN LEAD(S):** **Current:** Dr. Andrew Juren  
**Incoming:** Dr. Sawi Omer

**DIV STAFF CONTACT(S):** Allie Grey & Angela Elliot

## VIRTUAL CARE:

From Consultation to Conversation

**DESCRIPTION:** Developing constructive and easy virtual facilitation between specialists, primary care providers and patients

**COMMITMENT:** Provide direction to Project Lead; 1 Physician Lead

**PHYSICIAN LEAD(S):** VACANT

**DIV STAFF CONTACT(S):** Hannah Diether

## INPATIENT PROGRAM DOCTOR OF THE DAY

**DESCRIPTION:** Assist with schedule and rolling out incentive for the unassigned inpatient network

**COMMITMENT:** As needed

**PHYSICIAN LEAD(S):** Dr. Chris Kriek

**DIV STAFF CONTACT(S):** Caitlin Foote

## LONG TERM CARE (WL/OHM) & COMPLEX CARE FOR OLDER ADULTS

**DESCRIPTION:** Assist with QI project and communication between providers and facilities

**COMMITMENT:** Quarterly meetings

**PHYSICIAN LEAD(S):** Dr. Glenn Fedor &  
Dr. David Ramorasata

**DIV STAFF CONTACT(S):** Allie Grey & Caitlin Foote

## INTERIOR STRATEGIC COUNCIL (ISC)

**DESCRIPTION:** Table for the HA, Division EDs, and physicians to meet and strategize current health systems, as well as strengthen ties.

**COMMITMENT:** As needed

**PHYSICIAN LEAD(S):** Dr. Emma Tucker

**DIV STAFF CONTACT(S):** Jill Zirnhelt

## INTERIOR DIVISIONS NETWORK (IDN)

**DESCRIPTION:** Table for the HA, Division EDs, and physicians to meet and strategize current health systems, as well as strengthen ties.

**COMMITMENT:** As needed

**PHYSICIAN LEAD(S):** Dr. Emma Tucker

**DIV STAFF CONTACT(S):** Jill Zirnhelt

## NETWORK OF RURAL DIVISIONS

**DESCRIPTION:** Table for the rural Divisions to strategize, problem solve, and relationship build.

**COMMITMENT:** Monthly

**PHYSICIAN LEAD(S):** Dr. Chris Kriek

**DIV STAFF CONTACT(S):** Jill Zirnhelt

# MESSAGE FROM THE EXECUTIVE DIRECTOR

Last, but certainly not least, to my amazing CIRDC Team, I want to say, THANK YOU! When I am asked what my greatest success is, I often say you, the team. And, while I cannot take credit for finding all of you, I can certainly take credit for hiring all of you and seeing your potential for the organization.



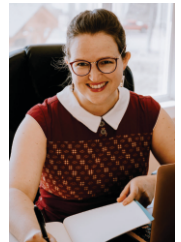
This year we have **Tanya Kielpinski** and **Sarah Batke** heading up R&R. And let me tell you, these ladies have been busy and making things happen like never before. We have received many, many positive comments from physicians - new, visiting, and leaving- on the wonderful work they do in recruitment and retention. Their dedication and 'go above and beyond' attitude have been crucial in successfully securing new recruits this past year. You are a critical part of this organization's success, thank you.



**Joanne Meyrick** stepped into the Program Manager role; a role we have been trying to fill since I left the position 4 years ago. I have to say, it was well worth the wait. Joanne is a wonderful support for the project team and has done an absolutely amazing job of moving our projects forward. You might not see her face as much as our project staff, but her contribution behind the scenes, in each and every one of our projects, has been significant. Having Joanne in her role has allowed me to shift my focus to more regional and strategic efforts, a goal I have had for 2 years. Welcome Joanne.



New and exciting this year, **Sarah Fletcher** expanded her knowledge and skills in evaluation, which is a skill set that we have not had in-house before. The amount of evaluation and quality improvement we've seen because of this has been invaluable. Sarah will be temporarily leaving us soon to have a baby, congratulations! We will eagerly anticipate her return in Summer 2022.



**Debbie Grimes** joined our team this year to implement the Primary Care Network, no easy task! She has been hard at work getting our PCN off the ground; working with our Change Management Team and the partners of the Steering Committee to set up systems and roll out resources in the region. While we have budget to hire Debbie admin support, unfortunately we have not found the right person yet. Luckily for us Debbie can do the work of two, and Caitlin has done an excellent job, as she does with almost everything, filling in to support the PCN as needed.



# MESSAGE FROM THE EXECUTIVE DIRECTOR



We have truly found a gem in **Caitlin Foote**. Loved by all for being cheery and upbeat, and loved by me for being clever, efficient, and reliable. Caitlin has her finger on the pulse of everything the Division is doing and has made all our lives a little better by joining our team.

**Allie Grey** has been with us for about a year and a half now and has been instrumental in the operation of the Bridge Care Virtual Clinic. Allie's diligence and commitment to this project, and leadership with the clinic team, is truly commendable. We are very grateful for her herculean effort to get this project off the ground and up and running.



**Angela Elliot** has been a saving grace for the BCV Clinic. She works tirelessly to support the physicians and the patients of the Virtual Clinic, and without her the clinic would not have lasted as long as it has. Thank you for joining our team, Angela!

Brand new to our team is **Hannah Diether**. Hannah spent part of her childhood and adolescence in the Cariboo and recently moved back to us from Vancouver, where she spent the last 12 years working for Providence Health Care. Hannah's skillset, background in healthcare administration, and degree in Communications will be a welcome addition to the team. We are excited to have her dive into the virtual care needs of our members. Big, warm, welcome to you, Hannah!



And finally, but definitely not least, **Jinny Fournier** our dedicated and competent bookkeeper! The one that moves and tracks all the money, and every year we keep adding more. Jinny and I have been working together now for 6 years, and the efficiencies and systems we have put in place have resulted in a well-oiled machine. Thank you, Jinny, for everything you do and for always having that bookkeeper eye!

**Jill Zirnhelt,**  
CIRD EXECUTIVE DIRECTOR

# TIMELINE - HIGHLIGHTS 2020-2021

- PCN Steering Committee formed
- Adopted an Electronic Funds Transfer Payments System
- Welcomed Dr. Vanessa Kriek to the Long Term Care on-call group
- Welcomed Dr. Chris Kriek and Dr. Sawi Omer to the CIRDR Board of Directors
- Annual Audit successfully carried out
- Annual Budget for 2020/2021 approved by Board
- Said goodbye to Dr. Johann Schreve
- PCN Funds Transfer Agreement approved and signed by Board
- 2020 BC Rural and First Nations Health and Wellness Summit
- Division-run Virtual Clinic gets go ahead to create model and implantation plan
- Dr. Glenn Fedor represents the CIRDR at the Health Data Coalition AGM

APRIL

JUNE

AUG

2020

MAY

JULY

SEPT

- Caitlin took over as MOA for the LTC on-call group
- Said goodbye to Sheena Brink, Recruitment Lead
- Discussions begin on opening a Division run Virtual Clinic
- Unattached patient population becomes a hot topic
- Submitted Advocacy letter to Joint Services Committee for Rural Retention Premium increase
- CMH begins surgical expansion
- Welcomed Debbie Grimes, Division PCN Manager
- COVID-19 funding is approved by MoH
- PCN Steering Committee looks at filling Nurse Practitioner positions
- Welcomed Dr. Magdy Attalla to OHM

- CIRD 2020 AGM takes place virtually
- Submitted tender proposal to Cariboo-Chilcotin Rural Hospital District for R&R funding
- The Division led Bridge Care Virtual Clinic opens

- New physician sessional compensation rate comes into effect and is back paid
- CCRHD contract ends
- JSC emergency locum funding approved

- CIRD works on a Cultural Safety environmental scan to identify gaps
- Some projects are postponed due to COVID-19
- Vaccination planning begins
- Year 2 PCN allocations are finalized



2021



- Submitted emergency locum funding request to JSC
- Virtual Strategic Planning Session with Board of Directors

- CIRD adopts a new Sessional tracking system
- COVID-19 vaccines begin
- CIRD begins work with Locums for Rural BC
- Bridge Care Virtual Clinic becomes a template for other areas
- Dr. Emma Tucker and Dr. Chris Kriek join the Collaborative Services Committee

- Welcomed Dr. Dorcas Chatukuta to OHM, Dr. Amer Daab to OHM, Dr. Mariska Neuhoff to WL
- CIRD teams up with NIRD for Recruitment project
- CareConnect expands to be accessible through most EMRs
- The College of BC Physicians and Surgeons begins a standards review of virtual care

# COVID-19 PANDEMIC RESPONSE

Throughout the pandemic, the team worked closely with the clinics supporting them in their COVID-19 response by ensuring they had up-to-date information, and the appropriate supplies necessary to keep physicians, clinic staff and patients safe.

In April and May, Division staff facilitated five different training sessions that were focused on enhancing and strengthening our members' and their MOAs' understanding of the changes to health care brought about by COVID-19.

## Sessions covered the following:

### Zoom Training:

How to use and navigate the platform which was followed by an opportunity for participants to ask questions.

### Doxy.me:

40 participants learned workflow, and tested a call with a 'patient', and did a Q&A session with presenter

### Business Supports for Family Practices:

Presenter Joanne Wall joined us to provide an update and answer questions on business support services and tax changes that affect family medicine clinics.

### Virtual Supports for Rural Docs:

Presenters shared their expertise on virtual supports for Emergency and Family Physicians. Dr. Du Toit and Dr. Blacklaws also spoke to their experience using RUDI and ROSe, 24/7 services that connect providers to experienced physicians.

### Patient Communication:

This session covered communication resources and tools to help reach patients, get clinic information live and online, and to explore the ideal patient journey through a doctor's visit that might not involve being in the doctor's office.



## EVALUATION RESULTS OF SESSIONS:

Combined, the sessions had over 30 attendees and 10 different presenters. In the evaluation, attendees reported the sessions were:



**EXTREMELY  
USEFUL**



**VERY  
USEFUL**



**THEY WOULD  
MAKE CHANGES  
BASED ON  
THE SESSIONS.**

Project staff facilitated bi-weekly meetings between First Nations Health Centres, Hospital staff and Family Physicians, creating a forum to discuss issues and air concerns arising from the pandemic. A survey conducted with participants reported the importance of this opportunity for communication between these partners who rarely have an opportunity to interact.

Additionally, the Division also partnered with the Health Authority to create an Interim Primary Care Plan during the pandemic, and received funding from the Ministry of Health to help physicians set up facilities and systems in the early days of our COVID-19 response, including a respiratory unit at each hospital.

This past year, health care has faced unprecedented challenges due to the COVID-19 pandemic. The Projects Team demonstrated their agility, pivoting quickly in response to the changing and emergent supports required by our physician membership as they navigated the pandemic and regional pressures, such as the wildfires and an increasing unattached patient population. These factors have been a driving force behind a rapidly changing health care landscape, both locally and provincially, fostering innovation in areas such as virtual care, change management and practice support. The Division's ongoing work in all of these areas positions us well for an exciting and dynamic 2021/22.

## **Central Interior Rural Primary Care Network**

The goal of the CIR PCN is to facilitate access to quality, culturally safe, team-based primary care to all residents of the Central Interior Region. The PCN Steering Committee oversees the implementation of the approved service plan and provides feedback and transparent reporting of both subjective and objective lessons learned. The CSC delegated full authority to the PCN Steering Committee for any decisions and directions of the CIR PCN.

**PCN MISSION:** Optimizing accessible primary care service delivery with coordinated, team-based, culturally safe approaches.

## **WORK PLAN OBJECTIVES:**

**To increase attachment and facilitate longitudinal client-practitioner relationships, through recruitment and deployment of primary care providers and allied health clinicians**

**Integrate Allied Health Professionals into primary care; creating a model of team-based care, which will support primary care providers and enhance recruit-ability of new providers**

**To implement and operationalize the funded activities of the approved Service Plan**

**To ensure cultural safety is foundational in recruitment and hiring of new providers**

# PCN Resource Allocation



## PCN Manager 1.0 FTE

**Implementation Status:** Hired  
**Comments:** Debbie Grimes

## Change Management

**Implementation Status:** Appointed CIPOD Staff  
**Comments:** Joanne, Tanya, Alie, and Sarah, F, focus on communications, evaluation, integration and orientation.

## Tsilhqot'in - 0.2 NP

**Implementation Status:** \* 1.0 FTE Posted  
 Posted Nov 2020; No applicants.  
**Comments:** \*0.2 PCN Funding added to existing 0.8 vacant NP position to create 1.0 FTE

## Secwepemc - .75 NP

**Implementation Status:** Hired.  
**Comments:** Hired through Three Corners to provide service to Secwepemc communities

## Ulkatcho - 0.5 NP

**Implementation Status:** Hired. Start Date: Jan 22/21  
**Comments:** \*Resource allocation upped to 0.8 FTE

## Williams Lake - 1.0 NP

**Implementation Status:** Posted November 2020  
**Comments:** Working with interested candidate on contract & relocation

## Williams Lake TRU - 1.0 NP

**Implementation Status:** Posted November 2020  
**Comments:** No Applicants

## WLI/OHM 0.4 SW

**\* 1.0 FTE Posted**  
**Implementation Status:** Hired. Start Date: Nov 9/20  
**Comments:** \*0.4 PCN funding added to existing 0.6 vacant Palliative Care Social Worker to create 1.0 FTE

## OHM/WL - 1.0 RT

**Implementation Status:** Posted Feb 2020  
**Comments:** No Applicants

# CIRD PROJECTS ANNUAL REVIEW CONT.

## Bridge Care Virtual Clinic

Throughout the pandemic we saw our unattached patient numbers rise and in June 2020 work began on researching virtual care options for this population. The team assessed the need and physician interest in setting up a virtual care clinic that would address the primary care needs of the unattached patient population. The project team met with physicians in the region, surveyed the membership and researched various models of virtual care already being delivered throughout the province. As a result, the Bridge Care Virtual Clinic launched in late October, staffed by a Patient Services Coordinator and supported initially by a group of 7 local physicians, covering 4-hour shifts, 5 days per week. This project came together very quickly and took a considerable effort by many partners and because of that, was able to open only 4 months after the initial concept was discussed.



**Served:**  
1000+ Patients



**Doctors:**  
10+ Physicians,  
1 Nurse Practitioner



**Going the Extra Mile:**  
932 after hours  
appointments



**Appointments:**  
1,958 to date

While staffing the clinic with local physicians is the ideal solution due to their familiarity with the region and patient population, it adds an additional burden to an already over extended physician group. As such, different models have been explored and implemented, including partnering with Interior Health to bring on a Nurse Practitioner to work shifts, as well as locums who are familiar with our community, and in the near future adding a registered nurse, funded through the PCN to support the clinic.

# CIRD PROJECTS ANNUAL REVIEW CONT.

## Attachment Mechanism

In concert with the launch of the BCVC, the Cariboo-Chilcotin Patient Attachment List was developed and promoted to patients who are currently unattached. Patients are able to register online or by calling the Patient Services Coordinator. Initially, a small group of patients were able to attach to open practices in 100 Mile House. As new providers arrive in the community, additional attachments are being made. The project team is working closely with clinics when spaces become available and helped to make urgent attachments when necessary.

**3172 names on list in WL**  
**196 names on list in OHM**  
**400+ attached in both**



## Recruitment and Retention

This has been a very interesting year for R&R. The pandemic brought about several challenges including physicians reluctant to relocate during a pandemic, and not being able to meet face-to-face. Additionally, the Division lost its annual R&R funding from the CCRHD. A number of physician and nurse practitioner retirements and departures left our communities in a crisis situation. This gave us ample reason to secure emergency funding for primary care locums. Because of all of these challenges, we've been able to secure funding from a variety of sources to tackle the provider shortage crisis that arose this year.

In the fall, as COVID-19 restrictions started lifting, the R&R team re-gained its momentum, continuing its important work to recruit residents, students and locums to the area. The R&R Team received exciting news early in the New Year when emergency funding was secured through the Joint Standing Committee on Rural Issues to support locum travel and accommodations. This funding resulted in an unprecedented number of locums (10+) coming into the community to practice. The R&R team worked hard to ensure a positive experience for each of the locums, as many of them are new graduates looking for a permanent community.

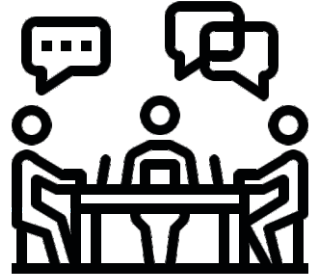
Greater collaboration between the Division, the Interior Physician R&R Committee and Interior Health has allowed us to engage on a broader scale with both the Practice Ready Assessment and International Medical Graduate programs. As a result, we welcomed 5 new physicians to 100 Mile House and Williams Lake this year. Clinics were eager to sign up for next year's IMG/PRA draft, which the R&R team led.

# CIRD PROJECTS ANNUAL REVIEW CONT.

## This retention work included:

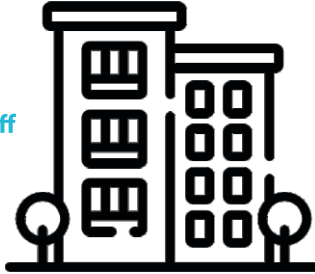


Securing short term rental accommodations



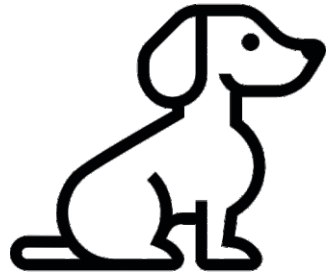
Connecting locums with colleagues for support

Hosting virtual meet and greets with candidates, physicians, and Division staff to ensure a good fit



Showcasing local leisure activities and amenities to locums

Working with spouses to support their transition, including assistance in finding work



Sometimes, even finding doggy daycare

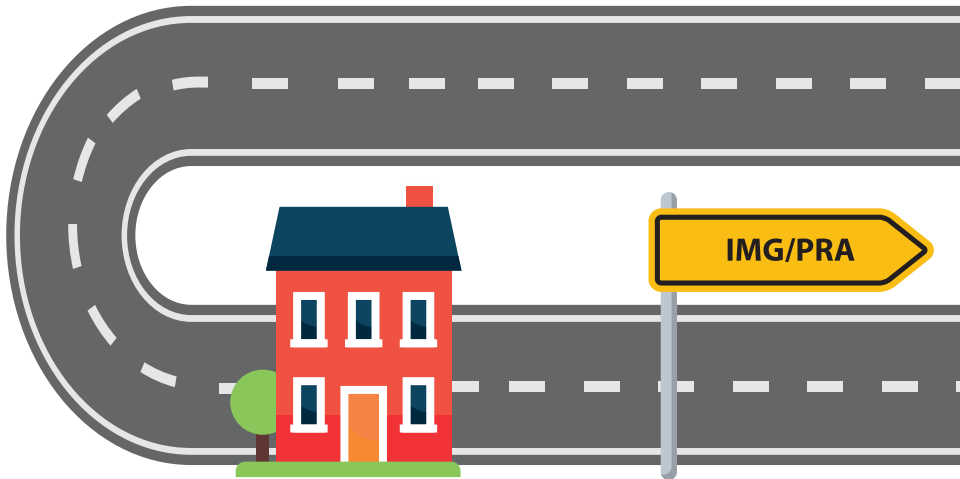


**STUDENT/RESIDENT**

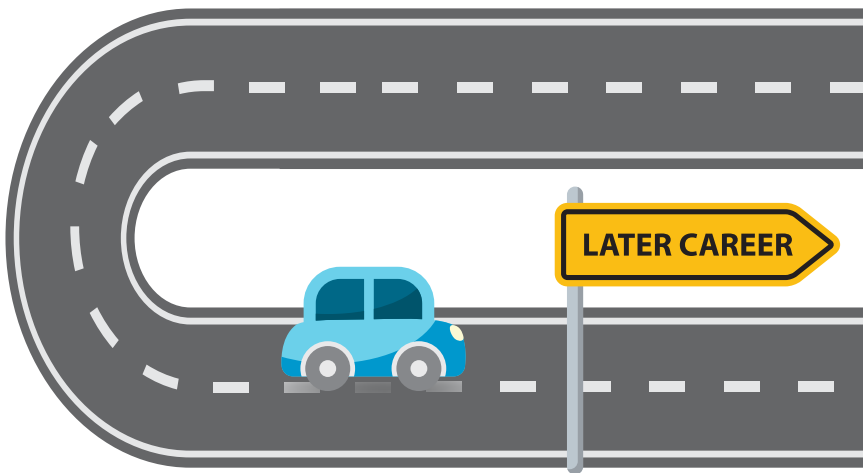
Meeting practising physicians at Uni tours. Finding accommodations, welcoming to the community, intro to the medical community, keeping in touch for locum opportunities



Introductions to physicians and practices, checking in with locum opportunities, help with housing and incentives. Customized support for physician and family in joining the community

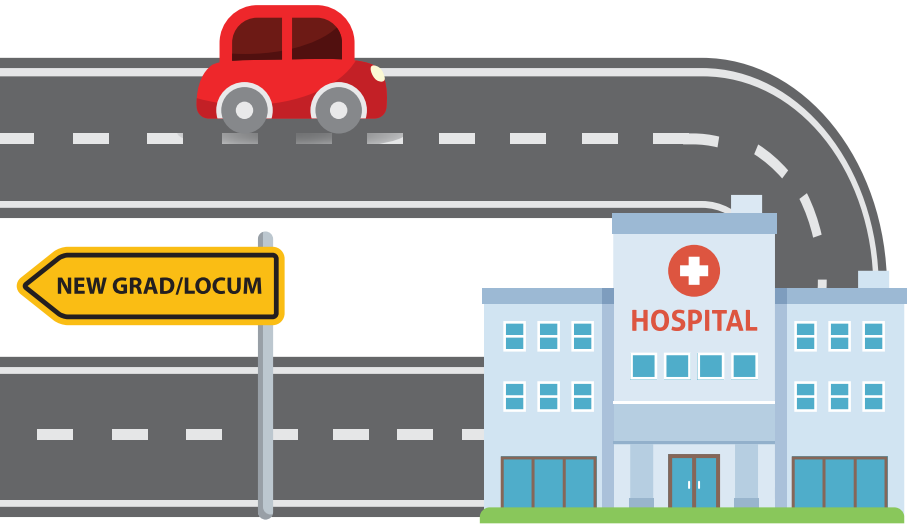


In clinic support, support of medical office staff, locum coverage, medical community navigation, support customizing practices. Work with community and Ministry partners in crisis situations to secure funding and providers

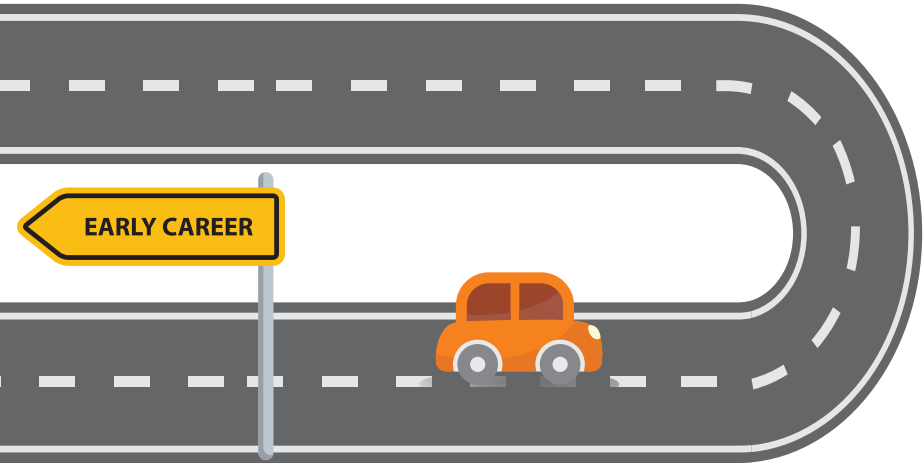




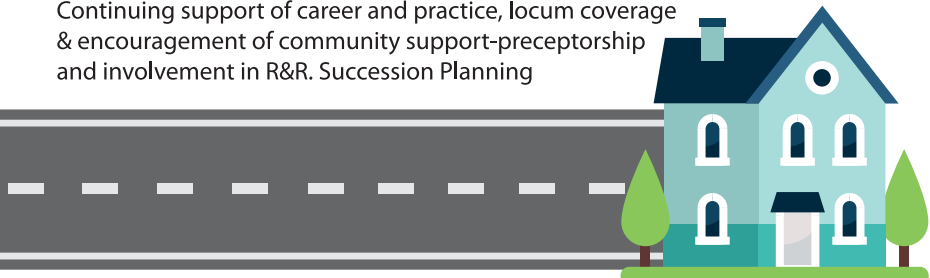
# R&R: WHERE PHYSICIANS INTERACT WITH THE DIVISION



Works closely with IMG/PRA program and clinics to facilitate placements of IMG/PRA candidates



Continuing support of career and practice, locum coverage & encouragement of community support-preceptorship and involvement in R&R. Succession Planning





DISTRICT OF  
**100 Mile House**

***Dr. Daab, Dr. Attalla  
& Dr. Chatakuta!***



***Dr. M. Neuhoff & Dr. Arani!***

## Maternity

The goal of the Shared Care Maternity project was to investigate the impacts and outcomes of lessening maternity services in 100 Mile House. The results of this work were that shared service between 100 Mile House and Williams Lake for low-risk patients would continue with formalized processes. With physician engagement, the team established a care pathway by creating a prenatal care pathway and paperwork package. The final results of the project included the development and implementation of an advanced antenatal care refresher course in which 5 physicians received training. Data collected from both maternity physicians and patients was contributed to the provincial Share Care Maternity Network.



In recent months, the Maternity project team teamed up with the Attachment Mechanism team to include a designated list for patients seeking maternity care with regular follow-ups from the team to help ensure timely access to prenatal care.

## Cultural Safety and Relationship Building

Cultural safety and humility training, and ongoing relationship building with our First Nations community partners remains a key priority for the Division. This year we continue to build relationships at a physician and staff level with our First Nations partners through work at our PCN Steering Committee and Change Management function. Although COVID-19 prevented us from implementing a 2<sup>nd</sup> round of physician visits to First Nations communities, we were still able to move forward with some of our plans. We have created an extensive day to day accounting of cultural safety training opportunities for primary care providers which will be used to build the framework of a locally derived cultural safety training package for primary care providers for the region.



## Long Term Care

The Long Term Care Initiative continues to be supported by the Division. Annually, the group of providers in each community come together to revisit and re-commit to the memorandum of understanding that outlines the best practices expected of participants in the LTCI group and how the incentive will be disbursed.

In addition, the CIRD has secured funding through the Shared Care Initiative to support work on enhancing the communication between providers, including facility staff, specialists and GPs. This work will continue throughout the upcoming year.

## MOA Program

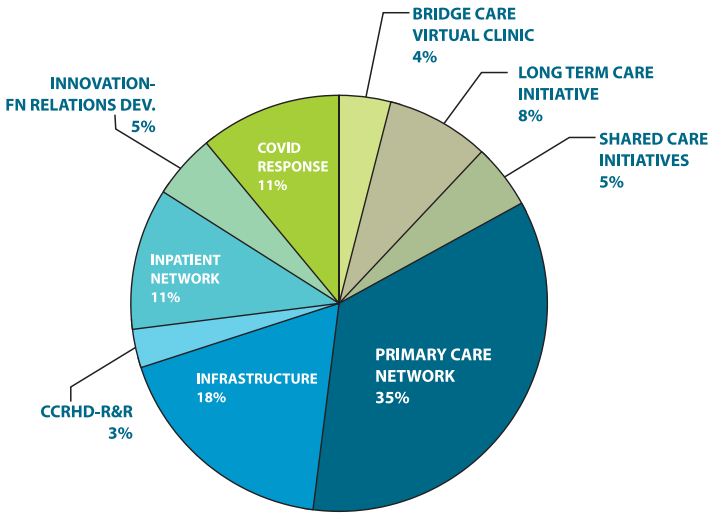
Engagement with Medical Office Assistants is a crucial function of the Division as it is often our most effective touchpoint with clinics. The CIRD has an ongoing commitment to supporting Clinic Managers and MOAs. We resumed the regular monthly MOA Network meeting, which allows for the sharing of clinic management best practice learnings and information between the Division and clinics. COVID-19 didn't allow us to host an event specifically focused on MOAs this year, however, we continue to work towards more engagement and learning with our MOA partners.

## Consultation to Conversation: Virtual Care Coordination (VCC)

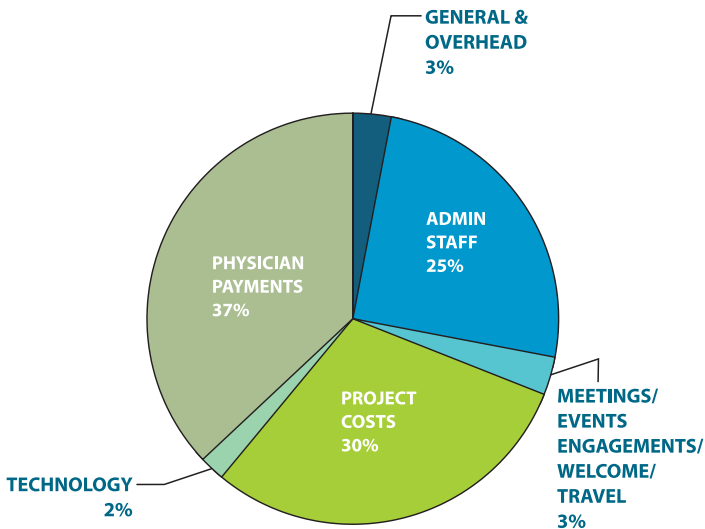
COVID-19 brought about many changes to healthcare and healthcare delivery, one of them being an increased demand and use of virtual care options. The Division, through funding received from the Rural Coordination Centre of BC, is embarking on an exciting new project aiming to connect patients with their primary care provider and a specialist at the same time, using a virtual platform. A Virtual Care Coordinator was hired in August to work closely with the Primary Care teams and Specialists and specialized services to co-ordinate this work and increase the use of 'video-enabled' healthcare visits in the region. We are at an exciting place in health care, where technology is making it possible to reimagine and reshape the way we provide healthcare. Boosting virtual care appointments and bringing specialists and specialized services into conversation with primary care providers and patients fills an important need. It strengthens our commitment to providing quality, patient centered care that is 'closer to home'. In the months to come, look for more information on this important initiative and if you are a member who is passionate about virtual care and want to be involved, please reach out to Hannah Diether at [hdiether@divisionsbc.ca](mailto:hdiether@divisionsbc.ca)



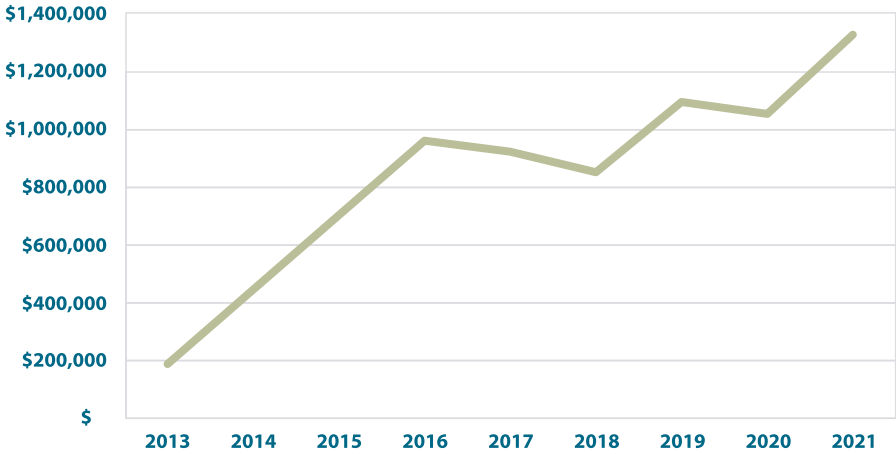
## BUDGET 2020/2021



## EXPENSES 2020/2021



# YEAR OVER YEAR REVENUE



This year we'd like to highlight the increasing annual revenue since the inception of the CIRDC. In 2013 we had an annual budget of about \$188,000. Over the years, this has been in steady incline with the largest budget being \$1,327,000 for 2020-2021. This means that each year the Division is receiving increased funding for project work and increasing costs across the board from physician payments, to staffing costs.

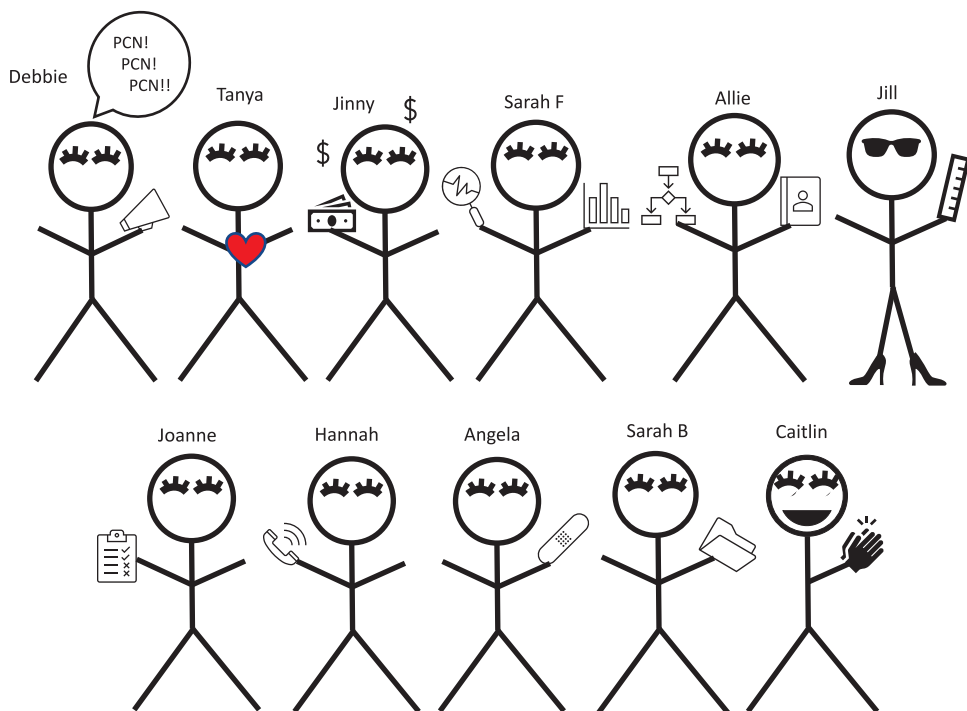
The biggest increase in recent years has been the receipt of funding for the Primary Care Network. While the overall budget is 4.5 million, the CIRDC receives \$507,000 annually for change management and administrative costs to manage the PCN. Exceptional, emergency COVID-19 funding was also received this year and was used to help physicians set up the COVID-19 units and put in place plans for various departments, as well as payment for regular attendance at Incident Command Meetings.

## CIRD BOARD OF DIRECTORS

- Dr. Emma Tucker** - CHAIR
- Dr. Chris Tucker** - VICE CHAIR
- Dr. Travis Routtu** - TREASURER
- Dr. Doug Neufeld** - DIRECTOR
- Dr. Glenn Fedor** - DIRECTOR
- Dr. Sawi Omer** - DIRECTOR
- Dr. David Ramorasata** - DIRECTOR

## CIRD STAFF

- Jill Zirnheld** – Executive Director
- Caitlin Foote** – Executive Assistant
- Joanne Meyrick** – Program Manager
- Debbie Grimes** – PCN Manager
- Tanya Kielpinski** – Project Lead
- Sarah Fletcher** – Project Lead
- Allie Grey** – Project Lead
- Sarah Batke** – R&R Coordinator
- Angela Elliott** – Patient Care Coordinator
- Hannah Diether** – Virtual Care Coordination Lead
- Jinny Fournier** – Bookkeeper



## COVID TIMES TEAM PHOTO



## CONTACT INFORMATION

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Photos courtesy of Monica Lamb-Yorski and the CIRP

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)



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

A GPSC initiative

