



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

A GPSC initiative



*Callanan Lake, Riske Creek, BC PC: Melissa Klassen*

# ANNUAL REVIEW

## 2021-2022

9 FAMILY PRACTICE CLINICS  
41 MEMBERS  
12 STAFF

## Our Values – How We Show Up

**Impact** – What we do is relevant for all primary care providers in our region. We provide effective, measured, local contributions that are interconnected and purposefully linked to our larger healthcare system.

**Integrity** – We commit to showing up in a transparent manner for our members, partners, and community.

**Empowerment** – Through teamwork, collaboration, and trust, we foster our members' unique voice in the healthcare system for rural primary care access.

### Vision

Our vision is that the Central Interior Rural Division is known as a sought-after region to practice family medicine because we offer multiple practice options, work life balance through coverage and collegiality, and integration with interdisciplinary teams. We, the Central Interior Rural Division (CIRD), play a critical and trusted role in supporting our members to engage and lead in meaningful work.

### Purpose

We, the Central Interior Rural Division, serve family physicians and nurse practitioners in our region through integration, support, navigation and advocacy to make their lives easier and better.

**Integration** - The Division works to integrate current and new members into the medical community across different practice models and healthcare teams.

**Support** - The Division supports our current and future members with the tools they need to thrive in their clinical practice, in the business of family medicine, and as a valued member of our community.

**Navigation** - The Division is known as the trusted resource to navigate members across the local, regional and provincial system.

**Advocacy** - The Division practices advocacy on behalf of our membership in a responsible manner to the appropriate channels in an effort to be heard, understood and collaborated with across multiple partners.

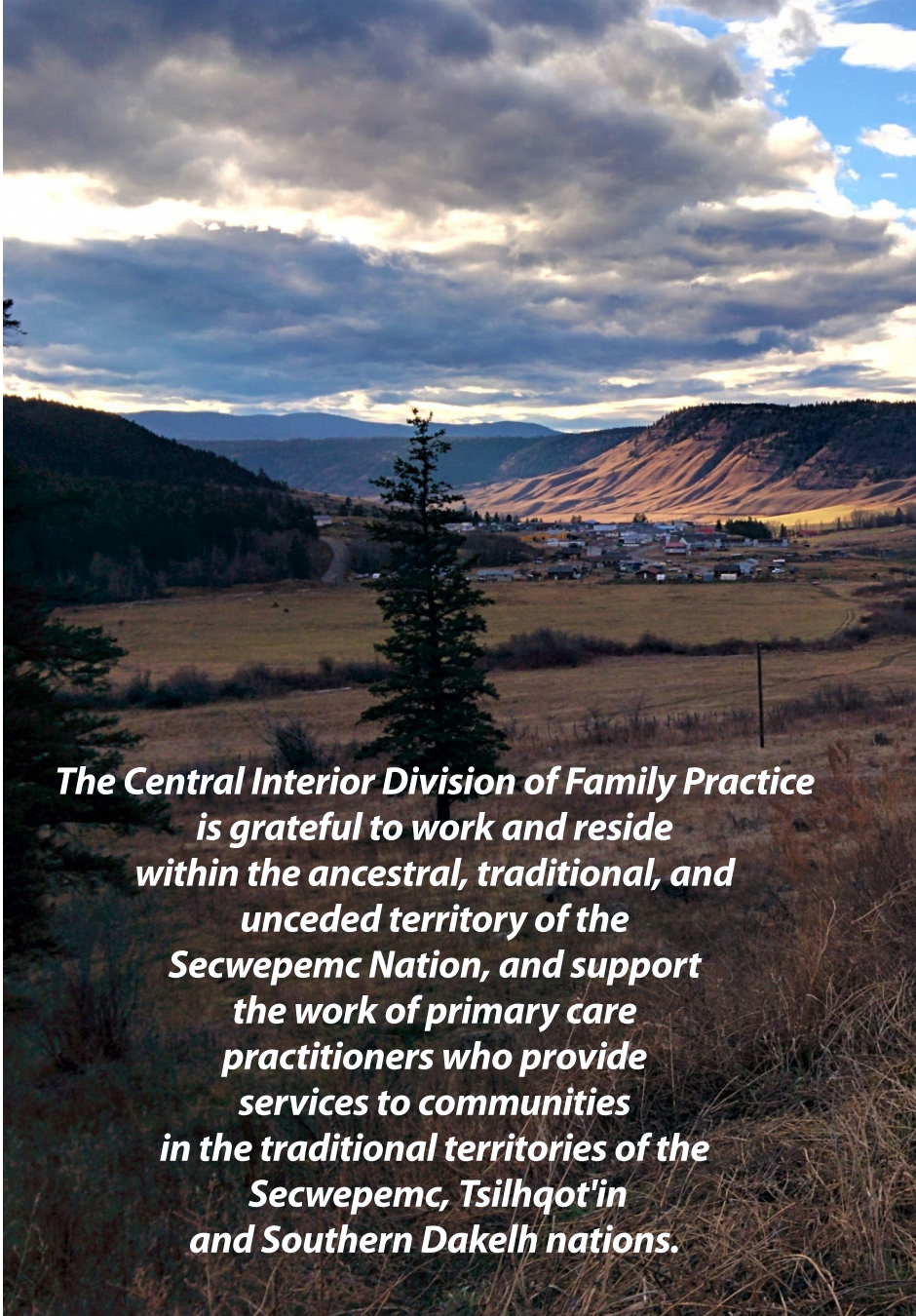


**Strategic  
Areas of  
Focus**

## Our Strategic Enablers

In order to pursue our strategic areas of focus we recognize the following as our core strategic enablers:

-  **01** To provide regular and timely communication materials we share with our members, our Primary Care Network and at times to the public, and to offer opportunities for members and partners to provide feedback and communications to the organization
-  **02** To create a Health Emergency Management structure outlining how the CIRDC responds to crisis, participates in local and regional incident command structures and supports sharing tools to members to ensure clinics are as prepared as possible for emergencies.
-  **03** To weave cultural safety and humility into our Division initiatives and our Primary Care Network by increasing members' awareness, capacity, and knowledge through toolkits, training and site visits.
-  **04** To measure and monitor the impact of the organization's work on achieving easier and better lives for members.
-  **05** To continue to practice sound fiduciary responsibility and governance in all our Division initiatives.
-  **06** To focus on training and development for the Division staff and physician leadership.
-  **07** To maintain and continue to build upon our role as Pathways administrator for our Region's profile.

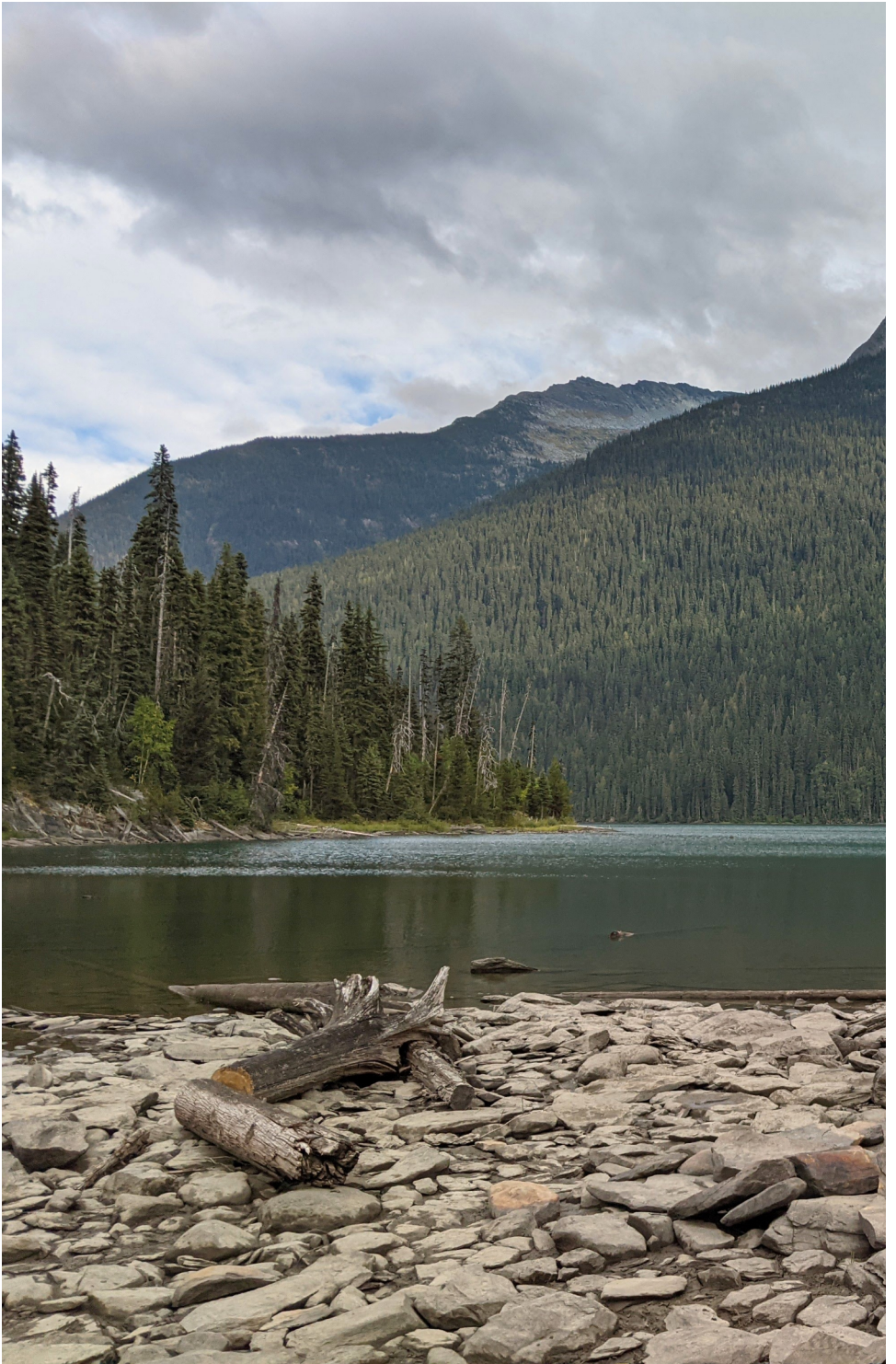
A landscape photograph showing a valley with a small town, mountains, and a cloudy sky at sunset or sunrise. The sky is filled with large, dark clouds, with some light breaking through near the horizon. The mountains are covered in trees, and the valley floor is a mix of grass and brush. A single evergreen tree stands in the foreground, slightly to the left of the center. The overall scene is peaceful and scenic.

***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 Dakelh nations.***



A landscape photograph showing a dirt road that splits into two paths, leading into a valley. The hills are covered in sparse vegetation and some evergreen trees. The sky is filled with large, white and grey clouds, with a bright light source breaking through near the horizon, suggesting a sunrise or sunset. The overall tone is natural and serene.

***We recognize that this land  
continues to be home to  
diverse Indigenous Peoples  
(First Nations, Métis and Inuit)  
whom we recognize as  
contemporary stewards  
of the land  
and vital contributors to  
our society, and  
to the project work of the CIRB.***





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## MESSAGE FROM THE CHAIR

At the AGM last year, we elected a Board with many new faces, and I stepped into the role of Board Chair. This was during a time when COVID continued to tax the healthcare system. A system already strained by a provider shortage affecting our region and the country. As primary care providers, we are on the frontlines every day, pushing ourselves to the limit by caring for more patients, working more shifts, and trying to keep an outdated, broken system running. This is why healthcare transformation is not only necessary, but vitally urgent. One of COVID's valuable lessons was that healthcare could be adaptable and change quickly when necessary. We need to keep this spirit and sense of urgency with us as we continue to tackle and push for health care transformation in the years to come.

Recognizing and being realistic about the fact that the healthcare provider shortage is not ending soon, the Board decided to focus on how the Board and Division could support physicians and nurse practitioners locally. Looking for ways to build up supports that will relieve workload, address burnout, and make physician and nurse practitioner lives in the region easier and better. This simple principle guides the decisions of the Board.

Intending to make our providers' lives easier and better, the Board set to work on creating the 2022-2027 strategic plan for the Division and establishing the focus and work direction for the next 5 years. Some of the significant changes that came out of the work this year was the rebranding and refocusing of Recruitment and Retention to Integration, Support, and Navigation which better captures the work being done by the team. This work includes the integration of new providers and PCN resources into the medical community, providing navigation for members across the medical system, and supporting members with tools and resources. In this work, the Division funded and integrated 17 locum physicians, introduced 5 new PCN resources, and established a referral process for the PCN resources with each clinic. We challenged our community partners and leadership to step-up and work collaboratively with us to tackle the provider shortage, looking for ways they can contribute to making our community a sought-after and desirable place to practice. One of the major outcomes from this was funding provided by the City of Williams Lake and their creation of 2 Health Care Landing Coordinator positions to support intermediate housing and provide a warm welcome to new locums and providers. The other major Board decision made this year was to stop offering primary care appointments through Bridge Care Virtual Clinic for our unattached patient population. A tough but necessary decision to make at a time when many of the region's population don't have a family provider. Having local providers shoulder the heavy burden of unattached patient care on top of full clinic panels and hospital work is unsustainable and a better, permanent solution is necessary.



As the Board and I look ahead to the future work, we realize the importance of healthcare system transformation and the integral part that Primary Care Networks and team-based care will continue to play in this transformation. Implementing a true, team-based care model where we see our region's PCN resources working in conjunction with primary care providers, is the best solution right now to help address the primary care provider shortage and provide patient centred care. This will be a major focus of our efforts in the future as we work towards making your lives easier and better.

We wish to thank our hard-working staff at the Division for all their work, keeping us on track, supporting our practices and the community, and pushing primary care system transformation forward in our region.

To our members, through all that has happened in the last two years and going forward, we hope you continue to be involved in healthcare reform and lend your time and voice to the Division's projects. We thank you for your ongoing commitment to our communities and for being supportive and adaptable as we work through these ongoing challenges.

**DR. CHRIS KRIEK,**  
CHAIR OF THE BOARD OF DIRECTORS



# MESSAGE FROM THE EXECUTIVE DIRECTOR

This year has been one of change and growth for the CIRDC and navigating healthcare system challenges continues to test the boundaries of the organization's work. It has also shown me how valuable adaptability and flexibility are to the work we do, so we can pivot quickly in response to a healthcare landscape that seems to be in constant flux.

Last year our Board of Directors went through a major change, gaining mostly new directors and it's been wonderful to see new faces at the table. They came in with fresh eyes, new perspectives, and invigorated energy for tackling the challenges we are facing in healthcare and the work of the Division. This Board has challenged me, and the staff at the Division, to think and work differently, to be innovative and reprioritize the work we were doing. I am excited to see where they will take us this year.

Change and growth also happened at a staff level for the Division. We saw some staff move on, but gained new members who have brought different and new skills to our team. Overall, the compliment of talent we have sets us up to tackle nearly any task put in front of us, and to bring the Board's vision to life.

In addition to new staff, the Division has also seen changes in funding this year, seeing old programs end and new programs start. Further, we have received funding that is flowing directly to physicians through several new pots of incentive dollars and for another year, we see growth in the overall amount of funding received and the output of the organization.

The provider shortage has really pushed us to consider how we provide care, what supports are needed for members, and how can we work more collaboratively with our partners on finding solutions to not only the provider shortage but crises more generally. This has meant working with our partners differently and really pushing them to step-up to work collaboratively with us on major issues affecting our region.

Another area of focus this year has been advocacy for Division members. This has come in a variety of ways including incentives, more funding, contracts support, locum support, and adding a rural perspective to everything. Every one of your voices counts and we support you in being heard and working towards getting what you need to do the work you do.

**To our members:** Thank you for working as hard as you do, every day, to keep things together and to ensure patients are seen and cared for. We are a nimble organization that is responsive to your needs and the larger healthcare landscape that is here to support you. Your input is invaluable and informs the work we do.

**To our Board of Directors:** Thank you for the energy you bring, even when you are so tired, and for your leadership and vision. You make tough decisions when faced with hard choices and your dedication to finding solutions to healthcare challenges is commendable.

**To the Division Staff:** A huge thank you for joining our team and continually showing up for hours and hours of hard work and for your dedicated spirit. You are the ones making the vision of the organization come true and should be very proud. I know I am.

**JILL ZIRNHELT,**  
CIRD Executive Director



## CIRD BOARD OF DIRECTORS

This year we saw significant turnover in Board members and started the year with a very new Board made up of almost all new members. Sadly, we said farewell to Dr. Emma Tucker, our past Board Chair. She handed the reins to Dr. Chris Kriek, previously the Vice Chair, and he has done an exceptional job stepping into those shoes and leading the Board with confidence, empathy, and wisdom. We also said goodbye to Drs. Glenn Fedor, Doug Neufeld, and Travis Routtu who left their positions as Board members this year.

We were excited to welcome several new members to the Board this year including Dr. Fransien Van der Merwe and Dr. Adrienne Stedford as members and Dr. Roland Engelbrecht as Vice Chair. We appreciate the diversity of practice settings they represent, including private practice, specialization, and emergency health. They each have their own unique passions in medicine and their respect and regard for all members in our communities is evident. They have all brought fresh and valuable insight to the Board.

Both Dr. Sawi Omer and Dr. David Ramorasata continued as Board members this year. Sadly, as of the 2022 Annual General Meeting, we say goodbye to Dr. Omer as a Board representative from 100 Mile House. We are grateful for his contribution to the Board as Treasurer; additionally, his oversight as the medical director for BCVC has been invaluable and effective. We appreciate all his hard work and commitment to the Board on top of balancing his own practice and community commitments in 100 Mile House. We hope to find another Board member to help represent the 100 Mile House area alongside Dr. Ramorasata.

The new Board has brought a variety of new perspectives to the issues we are facing, and their enthusiasm and engagement have contributed to moving ideas into action this year. Although Board membership shifted, and continues to shift, we see a consistent focus on caring for our member's needs year after year.





***In order left to right:***

***Dr. Fransien Van der Merwe - Director at Large, Williams Lake***

***Dr. Chris Kriek - Board Chair, Williams Lake,***

***Jill Zirnhelt – CIRD Executive Director***

***Dr. Roland Engelbrecht - Vice Chair, Williams Lake,***

***Dr. David Ramorasata - Director at Large, 100 Mile House ,***

***Dr. Sawi Omer – Treasurer, 100 Mile House***

***Dr. Adrienne Stedford - Director at Large, Williams Lake (not pictured)***

# CIRD STAFF OVERVIEW



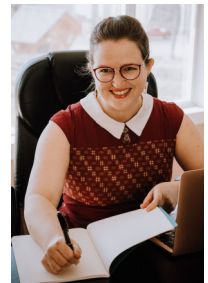
This year we had **Tanya Kielpinski** and **Sarah Batke / Andrea Moe** leading the Integration, Support and Navigation work. Tanya is known to the team as energetic and fun, with a kind heart. She has been an excellent mentor and on-boarding coach to Andrea this year and she is full of patience. She always has a ton of creative ideas to face any challenge. With Sarah's departure in February 2022, Andrea stepped into her place in March and hit the ground running as ISN Coordinator.

She has been an incredible team player who is always willing to help. She is a great support to Tanya and shares her enthusiasm for their work, is eager to learn, and is reliable.



**Joanne Meyrick** continued as Program Manager and expanded her role to include Primary Care Network Manager when Debbie Grimes left in May 2022. Joanne is a kind and sincere leader who has been an excellent support to the team with her reliability, honesty, great listening skills, and patience. She keeps us all organized, on task, and true to the CIRD's purpose and values. Her thoughtful processing and guidance are the oil that keeps the gears of our operation running smoothly.

When **Sarah Fletcher** temporarily left our team to have her third baby, we shifted some of the evaluation work to other team members. In the meantime, we continued to utilize Reichert & Associates for their evaluation expertise. We welcomed Sarah back with open arms in September 2022 and are excited to have her thoughtful ideas, intelligent, analytical mind and joyful personality back!



**Debbie Grimes** was the driving force of our Primary Care Network this past year. She worked hard to setup the PCN positions and implement the service plan alongside the PCN Steering Committee and PCN Change Management Team. We could not have moved this project forward without her expertise, drive and passion for the work. Unfortunately for us, Debbie took a new position with the Williams Lake First Nations Wellness Centre and left us in May.

# CIRD STAFF OVERVIEW



**Melissa Klassen** joined us in April 2022 as the PCN Coordinator. This role was created to provide PCN admin support and assist in the integration of new PCN resources. She has also become a key support for the Nurse Practitioners in bridging connections with each other and the PCN group. She is organized and creative in her work, an analytical problem solver, and can quickly accomplish tasks and support anyone on the team who needs it.

Thankfully, we have strong support for the whole team, especially for Jill, by the ever-enthusiastic **Caitlin Foote**. She is an incredible help to anyone who needs it, and we are so grateful for her excellence and efficiency. She wears so many hats, but with skill and willingness to do what it takes to help the team succeed. Beyond all the work she does, she continues to make everyone smile with her positive attitude and sense of humour.



**Allie Grey** has been a strong lead for the Bridge Care Virtual Clinic (BCVC) and team. She is detail oriented and thoughtful in her approach and has led this project with incredible determination and efficiency. While keeping the virtual clinic running, she has also been integral in supporting the PCN resources as they began to rely on BCVC as their hub for referrals and scheduling.

Allie could not have accomplished all she has for BCVC without the amazing support of **Angela Elliot** and **Amy Saville**. Angela has continued to be a positive and reliable team player as a Patient Support Coordinator for BCVC. She is a bright and kind face to the public and providers and has kept this program operational.



With the addition of Amy in January 2022 as a second Patient Support Coordinator, these two have become an unstoppable team. They have smoothly navigated sharing this role and allowed increased access to the virtual clinic for patients. Amy has a great sense of humour and is hard working, full of great ideas. BCVC could not operate without these wonderful women.



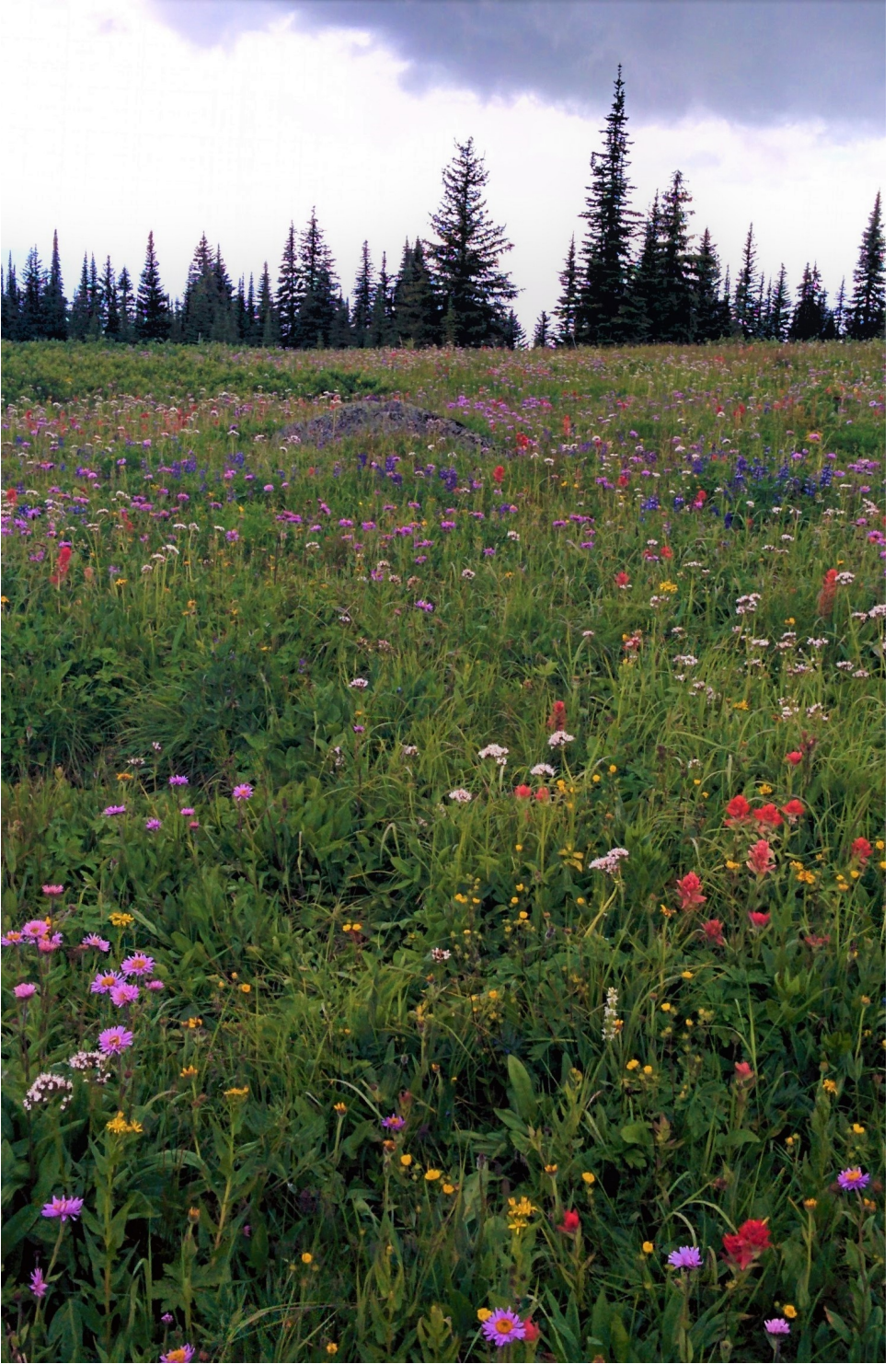
**Hannah Diether** has continually adapted in her role over the year and has become a critical lead in the development of our cultural safety initiatives and communications. She is regarded by our team as smart, resourceful and organized. She thinks outside of the box and can put scrambled ideas into clear words and beautiful presentations from newsletters to comics to brochures.

**Jinny Fournier** continues to keep our financials organized in an efficient way. As a committed contractor to our team, she continues to thrive in her role as our bookkeeper and is an irreplaceable support to the Division. She is organized and hard-working and we rely heavily on her expertise and excellence.



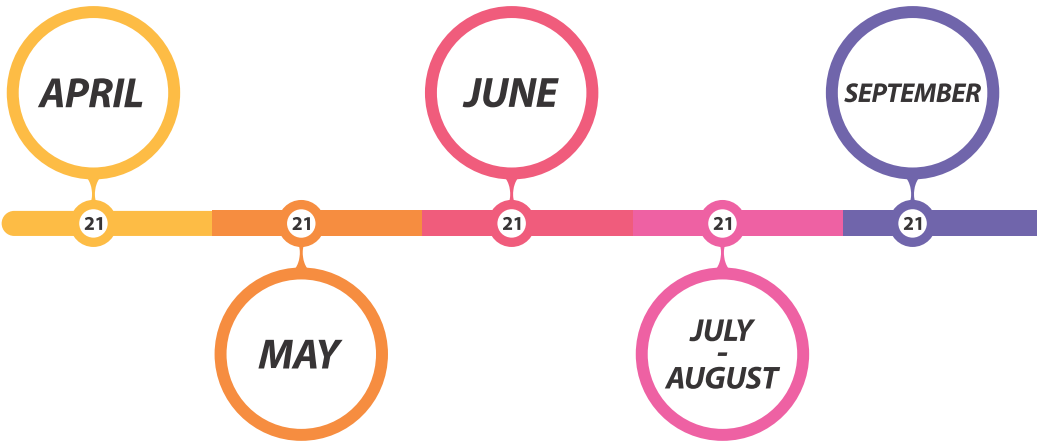
Finally, our fearless leader, **Jill Zirnhelt**, has been an incredible Executive Director for our Division team. She is confident, intelligent, and kind. She is always building up and caring for her staff. Her drive and passion for her work have brought tremendous growth to our team and services. She keeps the team focused on the vision and committed to the important work we do through her inspirational leadership.





# TIMELINE - HIGHLIGHTS 2021-2022

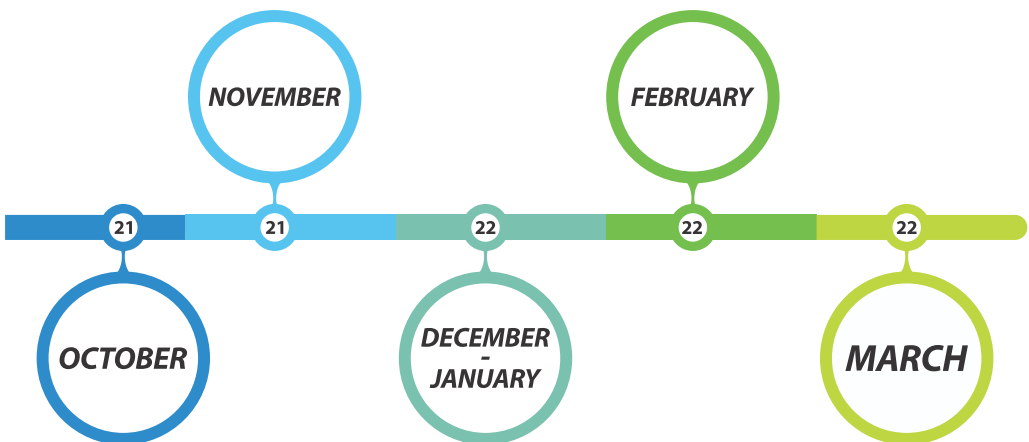
- The newly formed Collaborative Services Committee holds it's first meeting.
- The CIRD begin talks for collaboration with the NIRD on recruitment.
- Welcomed Dr. David Ramorasata to the CIRD Board of Directors.
- The Board starts to discuss the possibility of Nurse Practitioners joining the membership.
- Annual audit successfully carried out and budget showed overall growth for the CIRD
- Annual Budget for 2021/2022 approved by Board
- The search for a new Bridge Care Virtual Clinic Medical Director begins
- The CSC begins holding broad table discussions
- Nurse Practitioners joining the Division becomes a membership discussion
- The Board votes unanimously to adopt September 30th, Truth and Reconciliation Day, as a formal statutory holiday.
- Dr. Fedor represents the CIRD at the 2021 Pathways AGM



- Conversation 2 Consultation is introduced and the CIRD team starts looking at hiring a Virtual Care Coordinator.
- COVID-19 frustration among patients starts to ramp up and the CIRD team helps strategize with MOAs on how best to deal with them.
- The R&R team received Emergency Locum funding and locums start coming to Williams Lake and 100 Mile House
- Wildfires have forced some 100 Mile House patients to evacuate to Williams Lake
- Division-run Virtual Clinic gets go ahead to create model and implement plan
- Dr. Glenn Fedor will represent the CIRD at the Health Data Coalition AGM
- Division requests Locum funding to be extended to the end of the year
- Welcomed Hannah Diether as new Virtual Care Coordinator

- The 2021 AGM is held at the Williams Lake Golf Course, with Dr. Brian Goldman speaking
- A new Board of Directors is elected and we welcome: Dr. Roland Engelbrecht, Dr. Adrienne Stedford, and Dr. Fransien Van der Merwe.
- Dr. Chris Kriek becomes Board Chair, Dr. Roland Engelbrecht becomes Vice Chair and Dr. Sawi Omer becomes Treasurer.
- The membership says thank you and a fond farewell to former Board members Dr. Glenn Fedor, Dr. Emma Tucker, Dr. Doug Neufeld, and Dr. Travis Routtu.
- Nurse Practitioners become members of the Division by approved motion
- Retired physicians can now remain members of the Division by approved motion.

- Request to JSC for more locum funding is denied
- The CIRDC pens a letter in collaboration with East Kootenay Division pleading for more locum funding
- The Division submits requests for Bridge In-Patient funding to GPSC
- NP Leah Young and NP Emily Warren begin working at the BCVC
- The deadline for mandatory vaccinations for all healthcare providers is fast approaching and the Board discusses contingency plans
- The CIRDC team says goodbye to Sarah Batke
- Nominations submitted by the Board for the BC Family Physician of the Year Awards



- COVID-19 number restrictions on gatherings begins to lift
- The Board decides to expand the BCVC to include PCN resources
- The Long Term Care on-call group met with facilities to discuss processes, 3rd booster vaccinations and voted in favour of using PointClickCare.
- The Division team plans more time in 100 Mile House onsite

- A dedicated amount of surplus funding is put aside for locum funding
- Surplus LTC funds to be returned to LTC on-call group physicians
- COVID-19 vaccinations become mandatory for staff
- Rural Locum Program funding ends. Application to Joint Services Committee for more locum funding began.
- The Division begins search for new PCN Steering Committee Williams Lake area representative
- COVID-19 restrictions begin again

- Welcomed Andrea Moe to the Division team as ISN Coordinator
- The Board submits a letter to GPSC regarding Obstetrics Delivery Incentives
- The Board begins planning a Strategic Planning Session
- We welcome Dr. Jacques Neuhoff to the Division, in Williams Lake

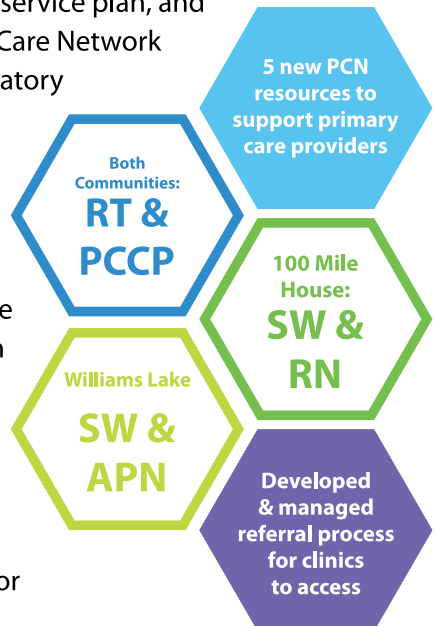
# CIRD PROJECTS ANNUAL REVIEW

With the COVID pandemic stabilizing, most of the Patient Medical Home projects concluding last year, and the new strategic plan in development, the focus of the project work shifted to implementation and hiring for the Primary Care Network, operating and managing Bridge Care Virtual Clinic, and looking for ways to support the membership by assisting with locum coverage, hosting new grads and students for recruitment efforts, and helping to settle new doctor's arriving. This year the healthcare system in our Province continued to experience strain and stress from the pandemic and deepening provider shortages, all of which highlight the need for system redesign and improvement. Work the Division has already started with the implementation of our Primary Care Network and will continue in 2022/23 with the building of team-based care through PCNs and working with partners on creative solutions to make our region a sought-after place to practice will be a strong focus of our work in the future.

## Primary Care Network

Division staff continued work on primary care system transformation in the region through Primary Care Network implementation and the addition of allied health resources in primary care. Last year was the second year of implementation of our Primary Care Network service plan, and in 2021-2022 we integrated five new Primary Care Network resources, including 2 Social Workers, a Respiratory Therapist, a Registered Nurse, and a Primary Care Clinical Pharmacist.

Division staff, along with the allied health resources, have been busy defining and building these new positions, working to ensure referred patients are looked after to the full scope of practice. Having the allied health resources working to their full scope of practice is crucial to making an impact on an over-taxed system by shouldering some of the patient load. Whether that is keeping patients out of ERs or helping patients with specific supports that eliminate repeat visits for





management, building team-based care will continue to be a major focus for the Division. These resources are here now and available to support our primary care providers and patients, especially patients who would benefit from longer appointments or need specific supports and education. Our team also worked hard to develop and support the referral process for the new allied health resources through the development of the PCN Referral Hub (formally BCVC) and integrating them into members clinics. Along the way, Division staff learned a lot and have been able to streamline the process with each new hire.

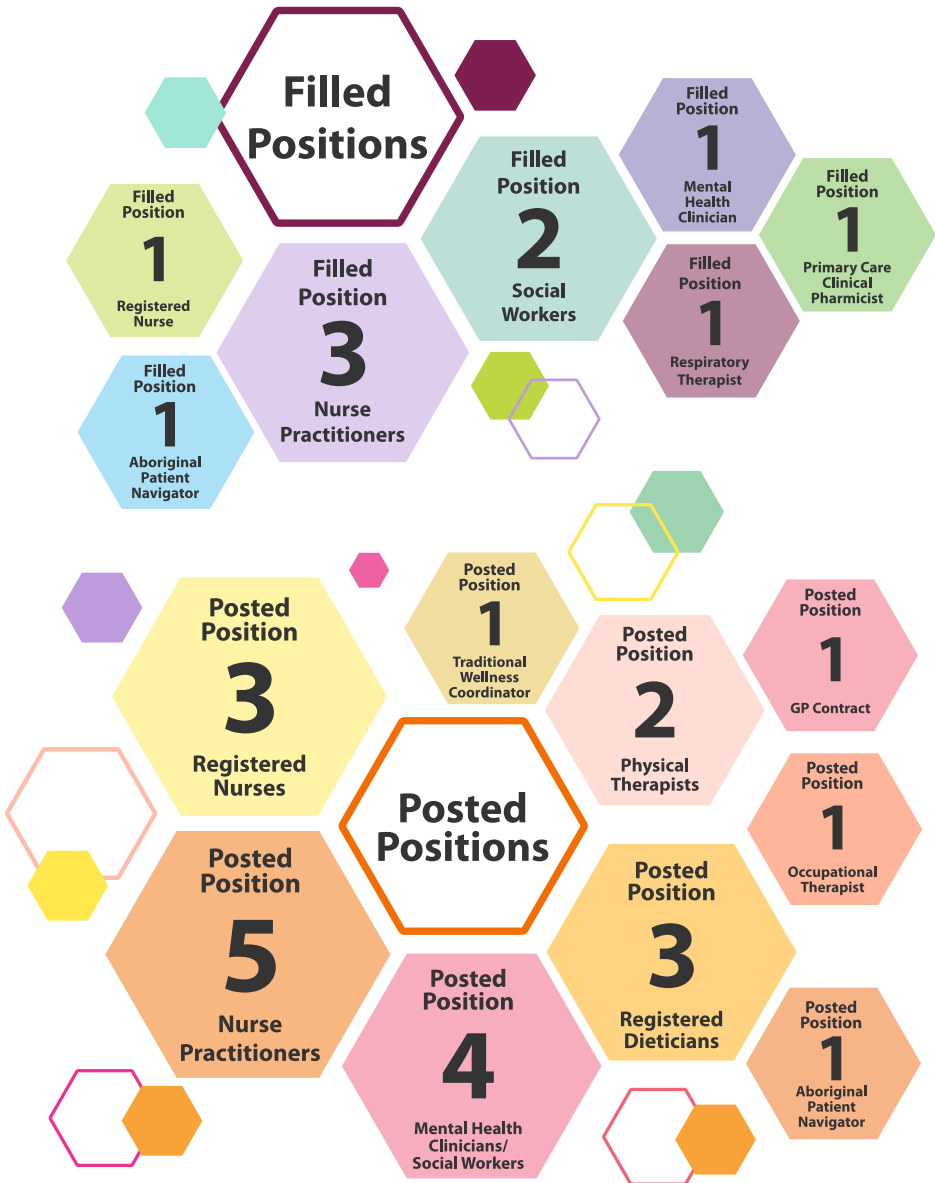
The strain on the primary care system by the lack of providers is evident and expanding team-based care by adding allied health professionals and coordinating access to specialized community services programs is one approach to this complex problem. Division staff continue to evaluate the success of this program, adapting along the way and making changes as needed to support a successful implementation.



# CIRD PROJECTS ANNUAL REVIEW cont.

## Resource Allocation

The CIR PCN Steering Committee allocated the clinical resources, as outlined in the table below, for implementation in Year 2. The following highlights the results and offers some details related to recruitment efforts associated with each position.



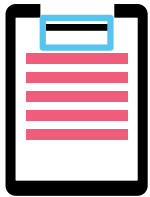
## Bridge Care Virtual Clinic

BCVC continued to provide care to the unattached patient population in the Cariboo, seeing over 3,000 patients in 2021-2022. The clinic is supported by local physicians and this year it became too big of an additional burden to the physicians seeing patients there and because of this Division staff examined different models to see if they could find a more sustainable solution. The solutions explored included having a Nurse Practitioner work shifts, as well as locums who were familiar with our community, and by adding a full time RN through our PCN to support physicians practicing in the clinic. Recognizing that the clinic was only ever meant to be a temporary solution, and the ongoing burden it was placing on local physicians, the Board made the decision to discontinue GP and NP services as of December 2022.

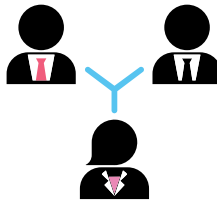
Provided  
**3000**  
patient visits  
over the  
last year

Patient list  
grew from  
**700 to 2500**  
from April  
2021-22

## Attachment Mechanism



**3300**  
*patients have registered with the Health Care Registry as unattached in our region*



*We have been working closely with clinics and on priority attachments*



Over  
**500**  
*patients have been attached from this list to providers*

## Integration, Support and Navigation

This year Recruitment and Retention got a facelift, and was rebranded and refocused as Integration, Navigation and Support to better reflect the work the team was doing and the direction of the Board.

The ISN team works to integrate new providers into our medical community, including locums, new primary care providers and the PCN allied health, and it was a busy year for them! This year, working with members and the Rural Locum Program, the ISN team brought and integrated 17 locums to the region. This provided the ISN team with a real opportunity to learn more about enhancing the locum experience and streamlining the locum integration process. In addition to the locums, the ISN team continued their integration learning journey working to integrate the new PCN resources and establish a referral process for each PCN resource within each clinic.

The ISN team also provides system navigation for Division members across the local medical system, regional rural supports and incentives and new provincial initiatives. Staff work with new providers to ensure they have access to the supports available in our medical community, including GPSC incentives, Pathways, Up-to-Date, dictation, Personal learning lab, CME, and the specialist team.

Last but certainly not least, the ISN team has supported new and established members with tools and resources including toolkits for new PCN resources, regular monthly meetings with clinic staff, contract questions and answers, clinic profiles and Health Match postings.



14

meet and greets facilitated with residents, new grads and locums



2

new PRAs were supported in transition and navigation of our communities



17

locums in total were brought to the region, some with multiple assignments



**WELCOME  
TO THE TEAM**



DISTRICT OF  
**100 Mile House**

***Dr. Gani Owoeye***



***Dr. Jaques Neuhoff  
& NP Nik Kondratyev***

# CIRD PROJECTS ANNUAL REVIEW cont.

## Advocacy

We increasingly work collaboratively with partners to implement PCN, address provider shortages, and implement healthcare system redesign for the region. Advocacy will become an increasingly important part of the work the Division does going forward because there are no easy solutions or quick fixes to the problems we are facing in the healthcare system today and into the future. The Division recognizes the importance of collaboration in advocacy and collaboration is already happening at all levels. It is happening locally with our PCN change management team, PCN steering committee partners and with local government. It is happening regionally with other divisions, regional groups and the health authority. It is happening provincially with the Ministry and GPSC, and we will continue to represent and strongly advocate for our members needs at these tables.



**CIRD Advocacy definition:**  
The Division's role in Advocacy is to represent the interests, and be the voice, of our members.





## Cultural Safety and Relationship Building

Cultural safety remains a key enabler for the Division with a strong focus on increasing members awareness, capacity and knowledge through toolkits, training, and site visits. To support this, Division staff created the Primary Care Network Cultural Safety & Humility Learning Opportunities for Providers toolkit. As the title suggests, the toolkit outlines different training opportunities, reports that have been influential in pushing cultural safety to the forefront, information on local nations and communities and more, all in an easy-to-use format with links. The toolkit also gave the PCN Steering Committee an opportunity to set its own cultural safety training and education requirements for the Central Interior Rural's PCN hires which was rolled out this Fall to all PCN hires and is now introduced in orientation. To support cultural safety and humility in the organization all Division staff took and completed San'yas Training. Organizing cultural safety training for providers proved challenging though, and was unsuccessful mostly, due to the format and time requirements of the course that was being offered by Interior Health and providers heavy workloads. The Division continues to explore cultural safety training for providers and did give feedback to Interior Health on ways to improve the format and delivery of their provider training. To encourage providers to engage in ongoing cultural safety and humility learning, Division staff implemented the Cultural Safety Corner in the PCN Newsletter which highlights a different Indigenous film, book, musician, social media account and local event each month. With COVID stabilizing this summer and things



opening up, attempts were once again made to organize dates to take providers out to community. Due to high demand for the Nations time and prioritizing organization of events for their own communities and members, the Division was unable to secure dates from the Nations to do this.

## 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 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. This year Dr. Vanessa Kriek took over as LTC Director and is looking for new members to join the LTC team for 22/23. Dr. Kriek is passionate about quality improvement, work which the Division is just getting started on and will be the focus of the work this year.

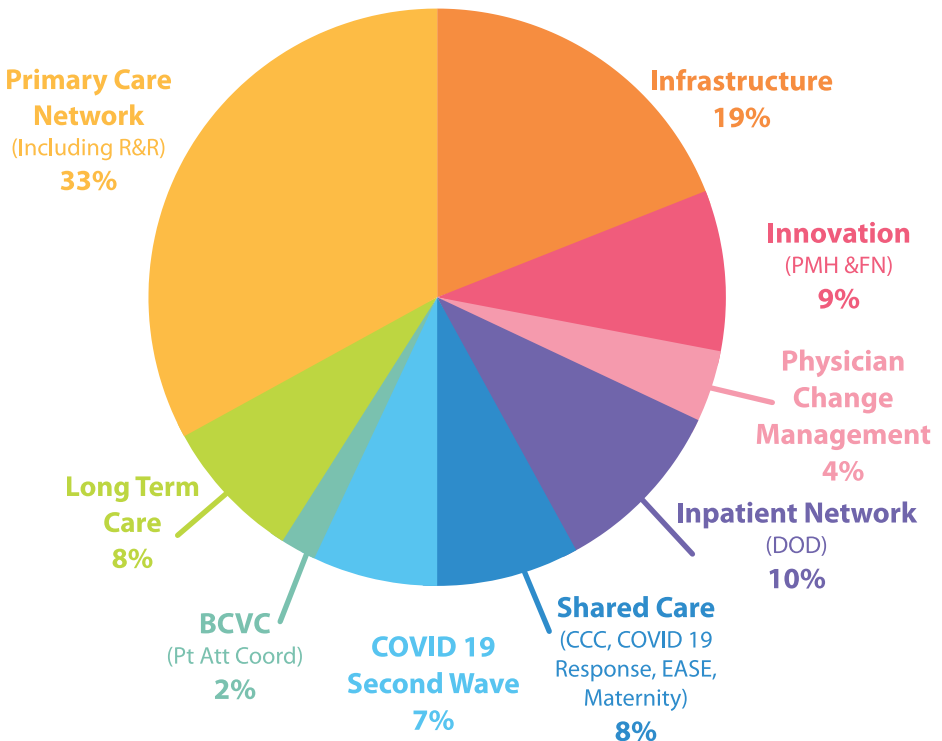


# FINANCIAL HIGHLIGHTS 2021-2022

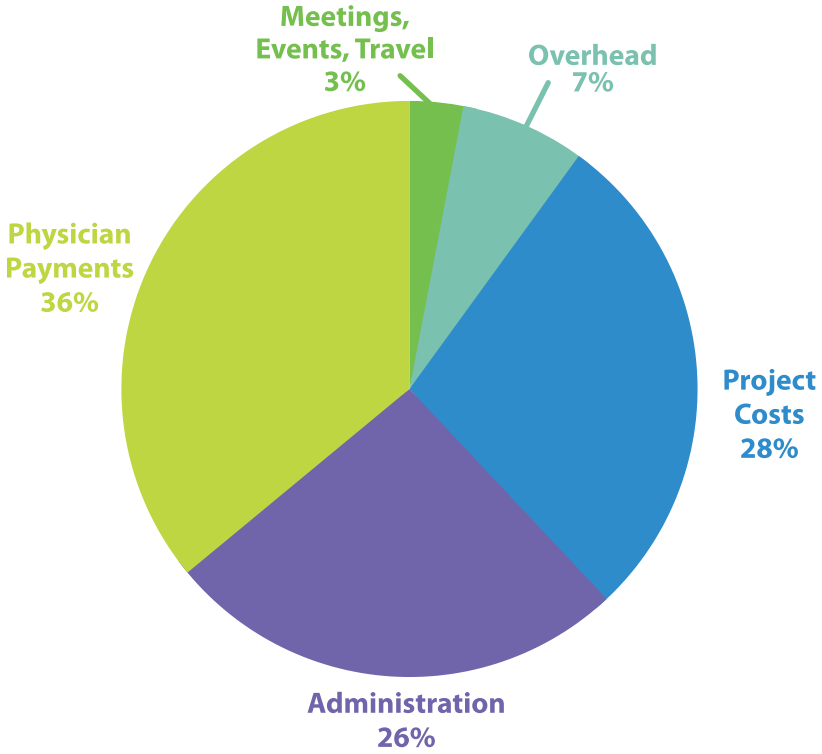
Once again, this year showed an increase in annual revenue. The majority of this increase is in incentive funding for inpatient care and locum supports. Otherwise, our program funding and base funding has stayed relatively stable over the past 2 years. Our funding for this year has come through the Doctors of BC and Ministry of Health's Joint Collaborative Committees, mainly GPSC.

The chart below shows the stability of the organization. Even with a new Physician Master Agreement being negotiated, we know that our base funding and PCN funding will be stable for years to come. The Division, a once new and unknown entity, is becoming more and more of an established, reliable source of support for primary care.

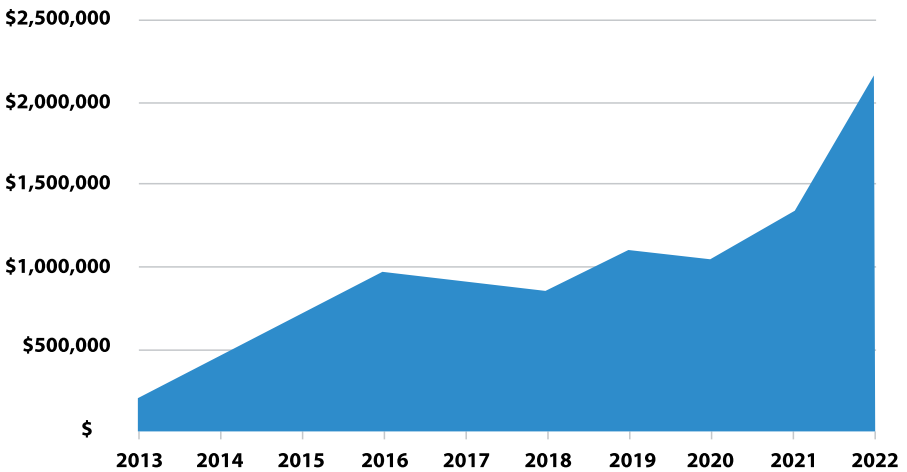
## BUDGET 2021



# EXPENSES 2021/22



## Year over Year Revenue



## CIRD Board of Directors



Dr Chris Kriek – Board Chair  
 Dr Roland Engelbrecht – Vice Chair  
 Dr Sawi Omer – Treasurer  
 Dr David Ramorasata – Director  
 Dr Fransien Van der Merwe – Director  
 Dr Adrienne Stedford – Director

## CIRD Staff



*In order of left to right, top down*

**Amy Saville** – Patient Services Coordinator, **Caitlin Foote** – Executive Assistant,  
**Andrea Moe** – Integration, Support, Navigation Coordinator,  
**Tanya Kielpinski** – Project Lead, **Angela Elliott** – Patient Services Coordinator,  
**Allie Grey** – Project Lead, **Hannah Diether** – Project Lead,  
**Melissa Klassen** – PCN Coordinator, **Jill Zirnhelt** – Executive Director,  
**Jinny Fournier** – Bookkeeper, **Sarah Fletcher** – Project Lead,  
**Joanne Meyrick** – Program Manager





## CONTACT INFORMATION

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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/central-interior-rural](http://www.divisionsbc.ca/central-interior-rural)